

Hillside Residential Care Centre

RACS ID: 6176

Approved provider: Allity Pty Ltd

Home address: 177 Longwood Road HEATHFIELD SA 5153

|  |
| --- |
| 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 03 May 2021.  We made our decision on 13 March 2018.  The audit was conducted on 06 February 2018 to 07 February 2018. The assessment team’s report is attached.  After considering the submission from the home, including actions taken by the home, the Quality Agency decision-maker has decided that the home does now meet expected outcomes 1.6 Human resource management and 4.8 Catering, cleaning and laundry services. |
| 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: Hillside Residential Care Centre

RACS ID: 6176

Approved provider: Allity Pty Ltd

# Introduction

This is the report of a Re-accreditation Audit from 06 February 2018 to 07 February 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:

* 42 expected outcomes

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

* 1.6 Human resource management
* 4.8 Catering, cleaning and laundry services

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 06 February 2018 to 07 February 2018.

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.

# Details of home

Total number of allocated places: 36

Number of care recipients during audit: 35

Number of care recipients receiving high care during audit: 31

Special needs catered for: Care recipients with dementia or related disorders

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Corporate management | 2 |
| General manager | 1 |
| Care manager | 1 |
| Care recipients and/or representatives | 14 |
| Clinical and care staff | 6 |
| Lifestyle staff | 2 |
| Hospitality staff | 5 |
| Maintenance staff | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 6 |
| Medication charts | 6 |
| Personnel files | 3 |

## Other documents reviewed

The team also reviewed:

* ‘Welcome to Hillside’ booklet
* Agency staff orientation checklist
* Audit schedule and various audits
* Cleaning schedules - daily
* Clinical indicators report
* Comments and complaints documentation
* Compulsory reporting documentation
* Continuous improvement documentation
* Dietician intervention summary
* Drugs of dependence register and licence
* Electrical testing and tagging records
* Employee handbook
* Extra cleaning list
* Fire log book and triennial fire safety certificate
* Food safety audit
* Fridge temperature checking charts
* Hazard reports
* Induction checklist
* Infection control survey
* Lifestyle documentation
* Medication management competencies
* Medication management documentation
* Memoranda
* Monthly cleaning floors/curtains folder
* Newsletters
* Palliative care documentation
* Pest control service records
* Police certificate and visa records
* Position descriptions and duty statements
* Preventative and corrective maintenance documentation
* Resident admission pack
* Resident and accommodation agreements
* Resident handbook
* Staff allocation sheet
* Staff nursing registration and medication competencies
* Staff performance reviews
* Training records
* Volunteer documentation
* Wound management documentation

## Observations

The team observed the following:

* Activities in progress
* Advocacy information
* Chemical storage
* Cleaning in progress
* Clinical equipment in use
* Fire evacuation pack
* Hairdresser in attendance
* Hand hygiene facilities
* Interactions between staff, care recipients and representatives
* Internal and external complaints information
* Internal and external living environment
* Kitchen
* Laundry
* Meal service
* Memory support unit
* Notice boards
* Outbreak resources
* Personal protective equipment
* Secure storage of medications
* Short group observation
* Visitor and contractor sign in/out system
* Wound management supplies

# 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 placed on individual logging reports and monitored by the home’s management team. Management uses a range of monitoring processes such as audits and clinical indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives and staff are encouraged to contribute to continuous improvement and are aware of the ways they can make suggestions for improvement. During this re-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:

* Following feedback from a staff survey, the organisation is considering ways in which to improve the engagement of staff. The results of the survey were circulated to all staff and discussed at meetings. The home has introduced awards, certificates of recognition and afternoon teas and barbecue events for staff. A ‘thank you’ carers week was conducted and staff celebrated with massages and chocolates. Staff participation was encouraged. Verbal feedback has been positive and staff are completing 'thank you' cards and complimenting other staff.
* Management noted that the format of newsletters at other Allity homes were more friendly with a bigger font and an improved design. The format of the newsletter was discussed with the lifestyle co-ordinator and care recipients. A draft format was trialled and positive feedback provided by care recipients in regards to the new format. The newsletter includes information about staff, messages from lifestyle, welcome to new residents, birthdays, and hospitality information. Care recipients said they enjoy reading the newsletter and knowing what is occurring within the home.

### 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 organisation 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 these are forwarded to the home. The general manager communicates changes to staff and care recipients as appropriate, and staff have access to updated policies and procedures. Compliance with relevant requirements is monitored through a planned schedule of internal audits. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

Relevant to Standard 1 Management systems, staffing and organisational development, the home maintains a database to monitor professional registrations and police certificates. Care recipients and their representatives were advised of the re-accreditation site audit within legislative timeframes.

### 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. Education needs are captured through a needs analysis, staff appraisal system, and a review of audit results. The home has an annual training calendar and staff are provided with mandatory and non-mandatory training either through the organisation’s electronic training system or face-to-face-training. Attendance is monitored and training courses are evaluated. The effectiveness of the education program is monitored through compliance audits, feedback from staff and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff 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:

* Leadership program for general managers
* Registered nurse development days
* Bullying and harassment

### 1.4 Comments and complaints

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

#### Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. The home has a feedback form which is used to record suggestions, complaints and compliments, and facilities are available to enable the submission of confidential complaints. Complaints are logged and monitored by the general manager to track issues, actions, outcomes and feedback. Comments and complaints are responded to and resolved in a timely manner. Verbal complaints received from care recipients and representatives are recorded on the home’s improvement log. Comments and complaints are reviewed, monitored, and evaluated monthly and discussed at staff and care recipient meetings. Results show complaints are considered and feedback is provided to complainants if requested. Care recipients and representatives interviewed stated they speak directly with management or staff as they find them approachable. All respondents to a consumer experience interview said staff follow up most of the time or always when they raise things with 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 vision, mission and value statements which inform care recipients, representatives and staff of the organisation’s commitment to providing a quality aged care service. This information is communicated through a range of documents.

In response to the consumer experience interview, all respondents agreed or strongly 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 does not meet this expected outcome

While the home has sufficient staff to provide appropriate care to care recipients, the home does not have systems and processes to ensure there are sufficient staff to deliver cleaning services. Management does not review staffing levels to ensure appropriate cleaning services are provided to care recipients. The replacement of kitchen and cleaning staff does not always occur as the home uses existing staff to provide minimum cleaning services. The monitoring of the cleaning schedules is ineffective as follow-up actions are not in place when the cleaning of rooms is not completed. Cleaning staff do not have sufficient time to complete their work.

### 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 maintenance of equipment to ensure delivery of quality services. The organisation uses preferred suppliers and has purchasing guidelines and processes to assist management when purchasing equipment and supplies. Stocks and supplies are ordered through the organisation’s electronic system and supplies monitored by designated staff from the home. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative and corrective maintenance schedules ensure equipment is monitored for operation and safety. Staff interviewed stated they are satisfied they have sufficient stocks of appropriate goods and equipment. Care recipients and representatives interviewed stated 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 the organisation has processes for backup. Archiving and the destruction of obsolete records is generally in place and undertaken by site staff. Key information is collected, analysed, revised and updated on an ongoing basis. Monitoring processes include audits, surveys, policy and procedure review processes and feedback. Data obtained through information management systems is used to identify opportunities for improvement. Results show information is disseminated to staff and care recipients through verbal systems as well as through other mechanisms such as newsletters, memoranda, meetings and informal discussion. Staff interviewed said they are satisfied they have access to current and accurate information. Care recipients and representatives interviewed said they are satisfied the information provided to them 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 organisation has mechanisms to identify external service needs and quality goals. The organisation has an electronic system which monitors external contractor information on the currency of police certificates, registrations and insurance documentation. Contractor agreements are negotiated, monitored and reviewed by corporate staff, and contain information on Allity’s expectations for external contractors. Contractors are required to use the home’s sign-in system which checks the currency of each contractor’s documentation, and complete an electronic induction program prior to entering the home for the first time. There are corporate processes to review and monitor the quality of the external services provided. Care recipients and staff interviewed stated 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 has recently introduced a new electronic medication management system. The introduction of the new system was discussed at staff meetings and training provided by the pharmacist on the use of the system. Reference manuals and folders are also available to assist staff on the use of the new equipment and system. Medication orders are now typed and signed by the medical officer, which has made it easier for staff to read medication orders and has reduced the risk of medication errors. Management said there has been a reduction in medication incidents and missed signatures since the introduction of the system.
* Management identified that improvement could be made to the provision of hearing services for care recipients. Following discussions with care recipients at a resident meeting, management organised for a visiting hearing practitioner to visit the home. Letters were sent to care recipients and/or their families to ascertain interest in receiving the services. A clinic has been established and feedback from those care recipients who attended has been positive, as they no longer need to leave the home to have their hearing tested.

### 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 professional registrations and medication management. There are systems to ensure these responsibilities are met.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for more information. 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.

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

* Wound management
* Pain management
* Continence management

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

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 four monthly. There are processes to ensure staff have access to current information to inform care delivery, including care plans, progress notes, charting and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, monthly clinical indicators report, reviews and feedback. Results show the home initiates changes, as required, based on monitoring outcomes. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff interviewed said they have sufficient time to provide care consistent with individual care plans. All respondents to the consumer experience interview said staff meet care recipients’ healthcare needs, know what they are doing and explained things to them.

### 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, health professionals and medical specialists 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. Monitoring of care recipient specialised needs occurs through monitoring forms, such as blood glucose record forms, medication charts, progress notes and clinical audits. Results demonstrate care plans are updated as required. Staff interviewed said they have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Care recipients and representatives 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. Care recipients and/or representatives are interviewed at admission to determine their specific needs. 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. Management, staff and medical officers refer care recipients to services, such as podiatry, optometry, audiology, speech pathologist, dental technicians, wound care providers, palliative care and mental health specialists. Care recipients and representatives 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. The home uses an electronic medication management system and documented medication prescriptions provide guidance to staff when administering medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed through the multidisciplinary medication advisory committee findings and through the medication management review process. Results show medication processes are reviewed and documented as per regulatory requirements, professional standards and guidelines. Complimentary medication are used in the home and recorded on the medication system. Staff who administer or assist with medications are enrolled or registered nurses who said they receive education in medication management. Care recipients interviewed said they are satisfied their medications are provided as prescribed and in a timely manner.

### 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, allied health professionals and where appropriate specialist services 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. Results show staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of non-pharmaceutical strategies to manage comfort levels. Care recipients and representatives 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 a care 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. Results show referrals are made to medical officers, palliative care specialist teams and other health specialist services as required and equipment to support the care recipient during the end of stage of life is available. Staff follow palliative care plans and respect any changes which may be requested. Representatives of care recipients who recently received end of life care were appreciative of the care provided in supporting the care recipient's needs and preferences.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

Care recipients' 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. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. The care manager monitors nutrition and hydration processes through care recipient weight records, trend analysis and audits. Results show staff have an understanding of care recipients' needs and preferences, including the need for assistance, texture modified diets or specialised equipment. The home refers care recipients to other health specialists, such as dietician, speech pathologist and dentist if a need is identified. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. All respondents to the consumer experience interview said that most of the time or always they enjoy the food provided, and are satisfied their 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, pressure area care and safe manual handling. Results demonstrate progressive healing of complex wounds and skin tears. Training records show wound management education is delivered to relevant staff. Care recipients and representatives interviewed are satisfied with the assistance provided to care recipients to maintain 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' 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. 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. Results show the home's monitoring processes identify when reassessment is indicated, and includes the collection and analysis of data relating to infection. Staff interviewed demonstrated they are conscious of care recipients' dignity while assisting with continence needs. Care recipients and representatives 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 and specialist services as appropriate. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home promotes a restraint free policy. The home offers a secured environment for those care recipients who are at risk of wandering and provides care recipients with alert bracelets as appropriate. A secure garden is available to care recipients. The home's monitoring processes include the collection and analysis of behavioural incident data, audits and surveys. Results showed staff have an understanding of how to manage individual care recipient’s challenging behaviours. Observations of staff practice confirmed effective behaviour management, whilst supporting the dignity of the care recipients. Care recipients and representatives 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. Monitoring includes the collection and analysis of data relating to accidents and incidents which are reviewed at the registered and enrolled nurse meetings and which identifies opportunities for improvement. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Care recipients and representatives 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 include internal audits and the feedback system. 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 are able to attend a dentist of their choice and staff assist in arranging transport to dental appointments. Care recipients and representatives 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. The home's monitoring processes include audits regarding sensory loss. Results show care recipients are referred to appropriate health professionals and provided with support to attend clinics if required. Staff receive instruction in the correct use and care of sensory aids, and are aware of the assistance required to meet individual care recipient’s care needs. Lifestyle staff adapt activities based on the care recipients’ sensory loss. Care recipients and representatives 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. The environment is optimised to ensure it supports natural sleep and minimises disruption. Each care recipient has their own room, or a couples room, which provides privacy and a quiet environment to promote undisturbed sleep. Environmental and clinical monitoring processes include internal audits. Results show strategies used to help care recipient’s sleep include offering food or a warm drink, massage, position change, relaxing music, pain management and appropriate continence management. Staff interviewed confirmed the home promotes alternatives to night sedation for care recipients having difficulty sleeping. Care recipients interviewed are satisfied support is provided to them 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:

* Following visits to other Allity homes, management is implementing the ‘butterfly model of care’. Prior to the introduction of the program there have been discussions with staff and a planning day conducted. A focus group was held with family members to discuss the model of care and to seek their input. The aim of the program is for care recipients to assist with tasks they would normally participate in at home, such as peeling and chopping, making soup, baking bread, icing cakes, washing dishes and sweeping. The home has purchased kitchen equipment for the area, including cereal containers and a toaster, to create a home-like environment. While the program has only recently been introduced, there has been positive feedback as care recipients are engaged in the activities. It is planned to fully implement the program by August 2018.
* Care recipients suggested they would like to participate in a ‘pub crawl’ and suggested they would like to visit six pubs in six months. The suggestion was discussed at a resident meeting and following agreement, a list of local ‘pubs’ was put together by lifestyle staff. Care recipients were advised of the locations and each month attend a different ‘pub’ for lunch. Feedback has been positive as care recipients state they thoroughly enjoy the experience.

### 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 compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

### 3.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for more information. 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.

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

* Dementia care
* Training for staff on the 'butterfly model of care'
* Elder abuse and compulsory reporting

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

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. Care recipients and representatives interviewed are satisfied care recipients are supported on entry to the home and on an ongoing basis, including times of personal crisis. The majority of the care recipients who were respondent to the consumer experience interview either agreed or strongly agreed that there were staff at the home they could to talk to if they were sad or worried. One care recipient said they would speak with their family.

### 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 include feedback, environmental and care reviews and audits. Results show staff are familiar with the individual needs of care recipients. Care staff explained how they assist care recipients to do as much as they can during the activities of daily living. Care recipients and representatives interviewed are satisfied with the information and assistance provided to achieve independence, maintain friendships and participate in the community within and outside the home. All respondents to the consumer interview agreed or strongly agreed they are encouraged to do as much as possible for themselves.

### 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, audits, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff interviewed said they knock and wait for an invitation before entering a care recipient’s room. All respondents to the consumer experience interview said staff always treat them with respect.

### 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. A culturally specific volunteer delivers an activities program to care recipients of German decent. Whilst care recipients are encouraged to attend activities, staff respect their choices if they choose not to participate. Examples of activities offered include bingo, quizzes, exercise groups and community based outings. Staff encourage and support care recipient attendance through program reminders and personal escort. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interests to them. One respondent to the consumer experience interview stated the activities on offer were the best thing about the home.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

Care recipient's cultural and spiritual needs are assessed on entry to the home. A plan of care is developed as required from the assessment information and through consultation with the care recipient and their representative. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Multicultural specific holidays, events and programs are celebrated such as Bastille Day, birthdays, Easter and Christmas. Care recipients have access to clergy and a pastoral care. Results show staff support care recipients to attend and participate in cultural and spiritual events of their choice. Care recipients interviewed confirm 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 interviewed demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients interviewed are satisfied they can participate in decisions about the care and services they receive.

### 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

The home has systems to assist care recipients to understand their rights and responsibilities and security of tenure. Care recipients and their representatives are provided with a tour of the home and information about care recipients' rights and responsibilities, fees and charges, and information contained in the agreement. Each care recipient and/or their representative is provided with an enquiry pack. The care recipient agreement sets out the standard requirements under the relevant legislation, including security of tenure information. The Charter of Care Recipients’ Rights and Responsibilities is displayed in the home. If a change in a care recipient’s 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 include audits and feedback from care recipients and representatives. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients 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:

* Following suggestions from staff, the home has trialled the introduction of salad plates as a third option for dinner, and introduced more seafood options for 'Fish Friday'. An alternative to bacon for breakfast has been introduced and various food items included in the barbecue. Prior to the changes being made, discussions were held with hospitality staff and care recipients. The changes were trialled and following positive feedback from care recipients the changes to the menu are now permanently available to care recipients.
* Management identified that the internal living environment required updating and renovating. The proposed changes were discussed with care recipients and staff and quotes obtained for new furnishings for the foyer, lounge and dining areas. Furniture fabrics were reviewed and samples presented at care recipient and staff meetings. New dining room tables, lounge chairs, matching soft furnishings and curtains, and television cabinets have now been purchased. The dining room tables have condiments on each table, as well a small vase of flowers. A new large screen television set was donated by a local charitable organisation. There has been very positive feedback from care recipients and visitors who state the changes have created a home-like environment that is welcoming.

### 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 work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### 4.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for more information. 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.

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

* Fire and emergency
* Manual handling
* Chemical handling

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Care recipients are accommodated in single and double rooms with shared bathrooms. Rooms are personalised with items from care recipients' homes and are fitted with call bells and secure storage areas. There are communal and private areas for care recipient and visitor use. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, 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. All respondents to the consumer experience interview said they are satisfied with the living environment and feel safe living 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

There are processes to support the provision of a safe working environment, including policies and procedures, routine and preventative maintenance systems, and incident and hazard reporting mechanisms. The home has a work health and safety representative and the work health and safety committee meets regularly. Staff receive training during orientation and on an ongoing basis about key elements of safety including manual handling, chemical handling, and infection control. Personal protective equipment is available to assist staff with the provision of a safe working environment, and staff have access to safety data sheets. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, and analysis of incident and hazard data. Staff were observed to carry out their work safely and said they 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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff. 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 by external contractors. Strategies to provide a safe environment include environmental audits, testing of electrical equipment, and fire drills. Staff have an understanding of their roles and responsibilities in the event of a fire or other emergency. Fire safety is discussed at meetings and care recipients interviewed are aware of what they should do on hearing an alarm and feel safe and secure living 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 follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. 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 interviewed confirmed they are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives 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 does not meet this expected outcome

The home’s system and processes, in regards to cleaning services, have not been effective in demonstrating cleaning services are delivered as directed by the home’s cleaning schedule. The home’s monitoring processes have not been effective in identifying gaps and opportunities for improvement in relation to cleaning services. Cleaning staff do not have sufficient time to complete their work. Care recipients and representatives are not satisfied cleaning services are provided in a way that meets care recipients’ needs and preferences and enhances their quality of life.