



Aged Care  
Standards and Accreditation Agency Ltd

## **McLean Lodge Hostel**

RACS ID 3318

1-2 Little Princes Street

FLEMINGTON VIC 3031

Approved provider: Wintringham

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 24 November 2015.

We made our decision on 3 October 2012.

The audit was conducted on 28 August 2012 to 29 August 2012. 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation 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:

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

Expected outcome	Accreditation 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: Resident lifestyle****Principle:**

Residents 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		Accreditation 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 Resident security of tenure and responsibilities		Met

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

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Accreditation 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



Aged Care  
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# Audit Report

**McLean Lodge Hostel 3318**

**Approved provider: Wintringham**

## Introduction

This is the report of a re-accreditation audit from 28 August 2012 to 29 August 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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 Accreditation Agency conducted the re-accreditation audit from 28 August 2012 to 29 August 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

## Assessment team

Team leader:	Heather Sterling
Team member:	Carlene Tyler

## Approved provider details

Approved provider:	Wintringham
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## Details of home

Name of home:	McLean Lodge Hostel
RACS ID:	3318

Total number of allocated places:	30
Number of residents during audit:	21
Number of high care residents during audit:	18
Special needs catered for:	Aged homeless

Street:	1-2 Little Princes Street	State:	Victoria
City:	Flemington	Postcode:	3031
Phone number:	03 9376 1599	Facsimile:	03 9372 6060
E-mail address:	amanda.campbell@wintringham.org.au		

## Audit trail

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

### Interviews

	Number		Number
Management and administration	6	Residents	8
Nursing staff	3	Lifestyle staff	2
Care staff	4	Ancillary staff	4
Allied health staff	1		

### Sampled documents

	Number		Number
Residents' files	13	Medication charts	5
Summary/quick reference care plans	8	External service contracts	5
Personnel files	4	Resident agreements	3

### Other documents reviewed

The team also reviewed:

- Alcohol and cigarette program records
- Audits, results and analysis
- Clinical documentation
- Communication diaries
- Complaints forms and register
- Contractor information sheets
- Cultural resources
- Daily resident clothing profile
- Daily shift routine
- Education program-calendar, attendance, competencies, training needs analysis
- Feedback and improvement forms and register
- Fire systems maintenance records
- Food safety program
- Hazard alert forms and register
- Incident reports and analysis
- Infection control protocols for infectious diseases
- Infection surveillance reports
- Maintenance system documentation
- Medication documentation

- Medication fridge temperature checking
- Meeting minutes
- Occupancy permit
- Occupational health and safety information
- Organisational chart
- Orientation checklists
- Performance reviews
- Permission and consent forms
- Pest control
- Philosophy and values statements
- Police check and statutory declaration records
- Policies, procedures, guidelines and flowcharts
- Position descriptions
- Professional registration records
- Quality and continuous improvement plan
- Quality and leadership reports
- Recreation and lifestyle information
- Recreation individual project book
- Recreation planner and participation tick sheets
- Recruitment documentation
- Reportable incidents folder
- Resident menus
- Resident social profiles and recreation care plans
- Residents' information handbook
- Residents' information package and surveys
- Risk assessments
- Staff handbook
- Staff roster
- Weekly clinical report
- Worksite inspections
- Wound folder.

## **Observations**

The team observed the following:

- Activities in progress
- Annual essential safety measures report
- Blood and body fluid spills kit
- Charter of residents' rights and responsibilities on display

- Chemical register
- Cleaning in progress
- Clinical waste storage
- Emergency pack and box with resident list and photo cards
- Equipment and supply storage areas
- External complaints and advocacy brochures
- Facility bus
- Facility map showing evacuation points
- Feedback forms and suggestion box
- Fire and safety equipment and signage
- Gastroenteritis kit
- Handover
- Interactions between staff and residents
- Living environment
- Master key security system
- Material safety data sheets
- Meal preparation and service
- Medication round
- Menu display
- Noticeboards and information displays
- Registration as food premises certificate
- Shared computer drive resources
- Sign in book
- Storage of medications
- Third party food certificate.



## 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 residents, 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

McLean Lodge Hostel has a quality system that drives continuous improvement across the four Accreditation Standards. The home identifies opportunities for improvement from a range of sources including resident and staff feedback and improvement suggestions, meetings, complaints, hazards, incidents, survey and audit results. Management document issues and opportunities in the home's quality plan and record actions for individual continuous improvement activities. Management communicate results through reports, meetings, memoranda, newsletters, noticeboards and education. Management review and evaluate outcomes generated through the system. Staff said they are aware of the continuous improvement system and confirm improvements are ongoing. Residents confirmed ongoing improvements occur at the home.

Recent improvements relevant to Standard one include:

- Observation by management identified the need to review allocation of care, administration, recreation and domestic duties to ensure sufficient time for staff to support residents with daily care needs. As a result management approved increased care and recreation hours and created specific positions for kitchen staff and a care assessor. While still in implementation, staff are very happy with the changes in progress and a care audit showed consistency of care for residents has improved.
- An employee opinion survey identified an opportunity to enhance the organisation's procedures for assisting staff to identify, utilise and develop existing skills. As a result, line management met with staff individually to discuss skill areas and task allocations. Staff responded positively and management now include these discussions in annual staff development reviews.

#### 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

McLean Lodge Hostel has a system to identify and comply with relevant legislation, regulatory requirements and guidelines across all four Accreditation Standards. Senior management receives information through a legislative update service, peak bodies and Government departments and provides relevant information to the home's manager. The facility manager then disseminates requirements for regulatory compliance to relevant areas of the home through meetings, memoranda and education. Management review and amend

policies and procedures in response to legislative changes. Staff confirmed they receive information about regulatory compliance issues relevant to their roles. The home includes relevant updates on regulatory compliance at resident meetings and in newsletters.

Examples of responsiveness to regulatory compliance obligations relating to Standard one include:

- The home has a system to maintain police record checks for staff, volunteers and external contractors.
- The home displays up to date information about the Aged Care Complaints Scheme.
- Professional registrations of staff are monitored and maintained.
- The home notified residents, representatives and staff of the reaccreditation visit.

### **1.3 Education and staff development:**

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

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

The home meets this expected outcome

The home provides educational opportunities to ensure staff have appropriate skills and knowledge to provide quality care for residents. Staff complete a training needs analysis in July and an organisational wide meeting with the training coordinator and site managers occurs in October. This meeting develops an organisational wide education calendar comprising of mandatory training, staff requests and issues identified by management. Staff can attend education at any site with training provided face to face and online. Questionnaires and practical assessment are components of the training program. Management assist staff to attend external conferences and attend formal courses to update their qualifications.

A staff matrix identifies attendance and completion of competencies and staff evaluate education sessions. Staff stated they are encouraged and supported to attend education and have completed their mandatory competencies.

Examples of education and training over the last 12 months relating to Standard 1:

- advanced diploma in management
- bullying and harassment
- certificate III and IV in aged care and diploma in nursing.
- continuous improvement.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home provides residents, representatives, staff and community members with formal and informal avenues to make comments and complaints. Management and relevant staff discuss this with residents and their representatives upon entry to the home. The home provides information to stakeholders about internal complaints process and external resolution services through information handbooks, meetings, residential agreements and

brochures. Mechanisms to notify the home of concerns or suggestions include feedback and improvement forms, complaint forms, correspondence, meetings, and direct discussion with management. Documents show the home is responsive to stakeholder feedback and concerns are actioned in a timely manner. Management actively monitors and reviews responsiveness to complaints. Residents and representatives said they feel very comfortable approaching both staff and management with concerns and feel confident appropriate follow up will occur. Staff described appropriate actions for following through on resident comments and complaints.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has documented philosophy and values statements that are on prominent display throughout the home. Management communicate these statements in relevant stakeholder publications such as information booklets and brochures. Staff discuss quality improvement at relevant facility based and organisational meetings. We observed managers and staff actively demonstrating the home's philosophy of "options, dignity and rights", in their day-to-day work.

### **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

The home has systems to ensure appropriately skilled and qualified staff are available to meet residents' individual needs. The home has support from the organisation's human resources department with documented systems and processes for the recruitment, selection, and retention of qualified staff. All new and temporary staff undertake orientation. Line management conduct a performance development review with staff annually. Rosters reflect the appropriate type and numbers of staff are rostered to meet residents' needs. Planned and unplanned vacancies are backfilled through permanent and casual pool staff and, if necessary, with regular agency staff. Staff levels are increased on an as needs basis for special resident requirements and management actively review staff duty allocations. Staff said management supports them and that staffing levels are adequate. Residents and provided positive feedback about staff support available.

### **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 ensures there are sufficient stock supplies to meet residents' needs. The home orders goods through their preferred suppliers with designated staff responsible for ordering

and restocking. There is a preventative maintenance program, staff log their requests online and they can phone for emergency requests. Staff discuss with the manager suggestions for new equipment and requests go to head office for approval. Supplies are stored appropriately with chemicals securely stored in locked areas. Staff and residents confirmed there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests.

### **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

McLean Lodge Hostel has effective systems to ensure that staff, residents and representatives are able to receive and provide information that supports resident care. Electronic information is password protected and backed up nightly on the organisation's central drive. Confidential resident and staff information is securely stored and there are documented procedures for information access, storage and destruction based on relevant legislation. Management regularly review policies and procedures which are accessible to staff on the organisation's shared electronic system. Management communicate information to staff through meetings, noticeboards, newsletters, memorandum and direct correspondence. The home consults with residents and representatives about care and services as part of scheduled care reviews or more frequently as required. Residents and staff are satisfied they have access to 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

The home has effective systems to ensure external contractors provide services within agreed quality standards. The home's head office maintains a register of approved providers with service contracts that management review regularly. External contractors sign in and out of the home and maintenance staff provide them with an orientation. The organisation issues information sheets to all external contract staff covering service and conduct requirements. Processes are in place to ensure current police checks of contractors. Management monitor the effectiveness of external services through a variety of mechanisms including direct observation, meetings, feedback, complaints and quality audits. Staff and residents are satisfied with the external services provided.

## **Standard 2 – Health and personal care**

**Principle:** Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (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

The home has a system that shows ongoing improvements in resident health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard two include:

- In response to a serious incident, management engaged a qualified external training consultant to provide ethical response training to staff. Initially the training did not meet the needs of staff, therefore management worked with the trainer to tailor further sessions to the specific needs of the home. Staff said the training was excellent and helped them to manage incidents of aggression. Management said incidents of aggression have decreased as staff are more aware of triggers and have greater confidence in responding to early signs of aggression.
- Review of recent coroners reports regarding resident smoking behaviours resulted in management reviewing the home's smoking risk assessment procedures. Management developed a new smoking risk assessment tool to assess individual smoking behaviours and develop appropriate interventions. While still in implementation, staff confirmed the new tool provides more comprehensive and individualised information and is consistent with the home's harm minimisation programs.

### **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

McLean Lodge Hostel has a system to identify and ensure the home meets regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard two include:

- The home demonstrates compliance with regulatory requirements regarding medication management and storage.
- Appropriately qualified personnel carry out specific care planning activities and care tasks.
- Management has policies and procedures in place and provides education to staff about their responsibilities in relation to unexplained resident absences.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. Staff who give out medications complete mandatory training in medication management. For details regarding the home’s systems and processes, refer to expected outcome 1.3 Education and staff development.

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

- medication-pain management and sleep
- mobility and falls
- restraint and aggression
- skin, pressure sores
- wound management.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Registered nurses assess residents’ clinical needs on entry to the home and review them every two months. Care staff complete monthly reviews and document daily changes in the progress notes. Reviews include episodes of ill health and review by the doctor, allied health reviews, use of ‘as necessary’ analgesia, assistance given by staff with hygiene, observations, weight, appetite and general health. Doctors visit residents regularly and staff alert them to changes in residents’ condition by phone. Staff communicate changes in residents’ care verbally at handover and document changes in progress notes and care plans. Documentation reviewed confirmed this occurs. Residents were complimentary about the care given by staff.

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

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

#### **Team’s findings**

The home meets this expected outcome

Registered nurses manage and review residents’ specialised nursing care. The clinical care coordinators develop complex care plans to meet the needs of residents. Examples of complex care plans are chemotherapy and infectious diseases. There are detailed care plans to manage smoking and alcohol programs. We observed staff following the care plans for these residents in a dignified and supportive manner. Other specialised nursing care provided includes diabetes management, wound and catheter care and weight management. Staff have access to policies, procedures and flowcharts and contact details for medical assistance in case of emergencies. Residents confirmed staff attend to their specialised needs.

## **2.6 Other health and related services**

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

The home has access to a range of health specialists and refers residents according to their needs. Residents have regular access to doctors, podiatrist, physiotherapist and the dietician. Other services used include speech pathology, wound specialists, palliative care and mental health services. Staff consult doctors for specialist referrals, document appointments in a designated diary and update care plans after consultations. The home can assist residents to attend consultations if required. Review of documentation confirms referrals occur and progress notes and care plans record changes in care. Residents stated the home supports them to attend specialist consultations.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Registered nurses manage residents’ medication safely and correctly. Staff giving out medications complete medication competencies including a practical component. Staff could describe the process for ordering and checking medication including out of hours requests. The home audits the medication system and staff complete incident reports for errors in medication. The organisation has a medication advisory committee to review the medication system. Medication charts have residents’ photographs for identification, any known allergies and how medication is given to residents when there is difficulty swallowing or residents are non-compliant in taking medication. The consultant pharmacist completes reviews of residents’ medication charts and residents who self-medicate have an assessment signed by their doctor. Residents stated they are satisfied with the management of their medication.

## **2.8 Pain management**

*This expected outcome requires that “all residents are as free as possible from pain”.*

### **Team’s findings**

The home meets this expected outcome

The home has an effective system to assess and manage residents’ pain. Review of clinical documentation confirms registered nurses assess residents’ pain on entry to the home and care staff document changes in residents’ pain. Staff document the use of ‘as necessary’ analgesia in progress notes including evaluation of its effectiveness. Other strategies used to manage pain include repositioning, massage and hot packs. Staff notify doctors if residents have an increase in pain and they can refer them to pain management clinics for specialist review. Residents confirmed they are satisfied with management of their pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Management discuss residents’ palliative care wishes when they enter the home and then when the resident enters the palliative phase. Care plans document residents’ funeral requests including service provider and any special music and flowers they would like. Care planning includes pain management, nutrition and hydration requirements, oral and skin care. Staff ask residents for any special requests which may be as simple as chocolate and the home can access hospice and nursing home care at the request of residents. There are policies to guide care and staff have access to palliative care services for support and consultation.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Staff discuss residents’ allergies, likes and dislikes on entry to the home. Staff weigh residents monthly and registered nurses review those with weight loss and refer residents to the doctor, dietician or speech pathologist. The dietician reviews the menu quarterly, making suggestions to improve the variety and nutritional content of the food provided. Each house has its own kitchen and staff prepare food for residents. There is a flexible system for breakfast and tea and residents eat lunch in the dining room of their house. Staff use care plans to guide food requirements for each resident and documentation reviewed included updated information from the dietician. Residents have input into the menu, have alternative meals available and access to hot and cold drinks. Residents were happy with the meals provided to them.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Registered nurses assess residents’ skin care requirements on entry to the home and care staff review residents’ skin daily. Care staff notify registered nurses of changes to skin integrity and complete incident forms for skin tears. Registered nurses develop wound management plans, have guidelines to follow for wound care and have access to wound specialists. Staff consult residents about the wound care options available and they can choose the level of care they desire. Strategies to maintain skin integrity include special soaps and shampoo, specialist mattresses and nutritional supplements. Residents have regular access to podiatry services and wound audits are a component of the auditing system. Residents confirmed satisfaction with skin care.



## **2.12 Continence management**

*This expected outcome requires that “residents’ continence is managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Continence assessments are a component of the initial assessment and ongoing review processes. Registered nurses develop continence plans to maintain residents’ continence and encourage independence with continence needs. Care plans identify assistance required, continence aids, toileting prompts and nutrition and hydration requirements. The home audits infection rates and gives cranberry juice to residents at risk of recurring infections. There are guidelines for bowel management and caring for residents with catheters including equipment required and dates for future care. Residents confirmed staff assist them with their continence requirements.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a unique mix of residents and has developed management plans to address issues relating to smoking and alcohol use. Risk assessments indicate a resident’s ability to budget and manage their smoking and drinking behaviours. This leads to a collaborative approach to planning with residents agreeing to specific care. Care plans identify their needs and there is ongoing consultation to evaluate and manage residents’ requirements. Review of documentation shows comprehensive behavioural management plans, risk assessments and monitoring of care provided and behaviours exhibited by residents. Residents are free to leave at any time and notify staff of their expected time of return. Staff document this and check to ensure residents have returned to the home. The home has access to specialist services such as mental health. We observed staff assisting residents in a dignified and supportive manner. Residents stated they feel supported by staff and safe in the home.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s findings**

The home meets this expected outcome

Staff support residents to maintain their mobility and dexterity and encourage residents to be as independent as possible. Initial and ongoing assessments include a falls risk assessment with the physiotherapist reviewing residents at risk of falls. Care plans include physiotherapy reviews and individual exercise programs. Most residents are independently mobile with residents having access to mobility frames and shower chairs to maintain their independence. Staff complete incident forms following falls, notify representatives and documentation reviewed demonstrates residents receive appropriate follow up by a doctor and physiotherapist. The audit system reviews falls with results communicated to staff at meetings and staff monitor the environment for clutter. Residents confirmed staff assist their mobility and dexterity needs.

## **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

### **Team’s findings**

The home meets this expected outcome

Registered nurses assess residents’ oral and dental needs on entry, review regularly and document their needs on their care plans. The home offers residents referral to dental services and staff document their preferences on their care plans. Staff receive training in oral health and progress note documentation states staff assistance and encouragement of independence in oral hygiene. The home has access to dentists and dental technicians. Staff could identify residents’ individual preferences, the process for changing toothbrushes and stated they encourage residents to participate in their daily dental hygiene. Residents stated staff assist them in their oral and dental care.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

The home has a comprehensive assessment tool to identify residents’ sensory loss. The assessment includes all five senses. Care plans identify the use of glasses and hearing aids, denture care and residents’ personal preferences. Residents have access to auditory, optometry and speech pathology and each house has a large screen television in the lounge. Meal preparation in the kitchens stimulates residents’ sense of smell, staff are aware of residents’ dietary preferences and residents have access to condiments at meal times. The home audits the living environment and staff ensure the home is free of clutter. Residents confirmed staff support them in their sensory needs.

## **2.17 Sleep**

*This expected outcome requires that “residents are able to achieve natural sleep patterns”.*

### **Team’s findings**

The home meets this expected outcome

Staff assess residents’ sleep patterns, routines and rituals on entry to the home and document their preferences on their care plans. Care plans include individual preferences such as watching television before bed, activity patterns, food and drink requests and arising and settling times. Staff have access to snacks and hot drinks for residents overnight and strategies to promote sleep include music, ‘as necessary’ medication, toileting and emotional support. Review of progress notes demonstrates staff use strategies and evaluate their effectiveness. Residents stated they feel secure in the home and sleep well at night.

### **Standard 3 – Resident lifestyle**

**Principle:** Residents 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

The home has a system that shows ongoing improvements in the area of resident lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard three include:

- Management identified the positive impact engagement with pets had for residents and explored ways for a pet to be housed safely at the home. The recreation manager subsequently engaged with residents and a canine companions organisation to identify ways to integrate an appropriate pet into the home. One of the residents agreed to be primary carer for a dog and the canine companion organisation identified a suitable animal and introduced it to the home. Residents and staff confirmed they enjoy having a pet at the home.
- In response to the past interests of residents, management identified the opportunity to be involved with a greyhound-racing organisation. Residents now participate in the “Great chase winning group” and follow their own greyhound. The group participate in social events and spend any winnings on extra communal items and events.

#### **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 resident lifestyle”.*

##### **Team’s findings**

The home meets this expected outcome

The home has a system to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard three include:

- The home demonstrates compliance with obligations related to security of tenure, such as provision of a residential agreement.
- The home has processes to manage compulsory reporting of elder abuse.
- The home provides residents with goods and services as required by the Quality of Care Principles 1997 Division 2.1 Specified care and services for residential care services.
- The home has systems to ensure resident privacy including the secure storage and destruction of confidential information.

### **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 information regarding the home's education and staff development systems and processes.

Examples of education and training in the last 12 months relating to Standard 3:

- accidental counselling
- elder abuse
- foot spa training
- lifestyle conference
- rights and responsibilities, support leisure
- story telling.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home supports residents to adjust to life in their new environment and provides emotional support on an ongoing basis. Prior to coming to the home the resident and their representatives are informed about the home, services available, their rights and responsibilities and information about relevant fees and charges. On entry the resident is orientated to their room, the environment and amenities and introduced to other residents. Management and staff assist residents to settle into the home and commence assessments that capture social, cultural and spiritual histories. Where appropriate, staff actively support residents to address social and emotional barriers to engagement in a lifestyle of the residents' choice, including harm minimisation programs where relevant. Staff provide information to residents and representatives about specialist advocacy and support services as required. Residents said staff are very friendly and caring.

### **3.5 Independence**

*This expected outcome requires that "residents 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

The home supports residents to remain as independent as possible and to maintain friendships, family connections and community links. Staff assess residents on entry regarding individual requirements to support independence and care plans are developed and reviewed regularly. The home has an integrated approach to clinical and lifestyle support ensuring strategies to support and increase independence are personalised and goal directed. A bus is available to facilitate community visits. Staff monitor residents' involvement

in the activities program and in undertaking activities of daily living and identify if additional assistance is required. Residents' said the home supports their independence and they are satisfied with the support and assistance provided.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home ensures staff support and respect each resident's right to privacy and dignity. Staff receive information about privacy and confidentiality during orientation and on an ongoing basis. Residents are encouraged to personalise their rooms with their own belongings. The home manages documentation securely and staff hold confidential conversations in private. Residents confirmed staff knock and request permission before entering their rooms and staff provide personal care in private. We observed staff interacting with residents in a positive, patient and respectful manner.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "residents 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

The home encourages and supports residents to participate in a wide range of interests and activities relevant to their individual preferences. Recreation staff develop a social profile and recreation care plan in consultation with each resident and review this regularly. Activities cater for the needs of residents with physical, sensory and cognitive deficits and residents are sensitively encouraged to try new activities, or pursue interests the resident may not have had the opportunity to explore in the past due to a disadvantaged background. Residents participate in group activities and receive one to one support. Recreation staff maintain participation records and evaluate activities and special events on an ongoing basis. Residents have input into the program through meetings, surveys and direct feedback with the recreation planner adjusted weekly, or more often as required, in response to resident needs and preferences. The home reviews the recreation program in response to resident and representative feedback and against tailored key performance indicators encompassing independence, individualisation and equality. Residents confirmed a wide variety of activities of individual interest is available to them including supported holidays away.

### **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 home provides services in a manner that values and fosters residents' cultural and spiritual lives and supports individual interests. The home identifies residents' cultural and spiritual needs on entry and documents these in each resident's care plan. Residents are encouraged to celebrate days of significance and a visiting pastoral service is available to

residents. Cultural resources are available to staff and interpreter services are available if required. Staff are sensitive to residents' cultural and spiritual needs and demonstrate knowledge of individual residents' requirements in this regard. Recreation staff arrange volunteers of individual cultural backgrounds to provide companionship to relevant residents as required. Residents are satisfied with the way staff acknowledge and respect their cultural and spiritual needs.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 supports residents to exercise choice and control over their lifestyle. Upon entry to the home staff engage with residents to identify their care and lifestyle preferences. Staff document in care plans and regularly review residents' expressed preferences for care and support. Residents are encouraged to express their wishes through residents meetings, individual consultation, surveys, the feedback and complaints process and direct discussion with staff and management. The home documents powers of attorney and alternative decision makers for relevant residents. Information about advocacy services is available to residents and representatives. Information on resident's rights and responsibilities is contained in the resident information booklet and residential agreements. The Charter of residents' rights and responsibilities is on display in the home. Staff confirm they support residents to make choices and decisions about their daily routine. Residents' representatives said residents have opportunity to make choices and decisions about their life at the home.

### **3.10 Resident security of tenure and responsibilities**

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

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

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management provide residents and representatives with information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms prior to entry. The home documents this information in the resident information package and residential agreement. The Charter of residents' rights and responsibilities is on display in the home. The home informs staff about residents' rights and responsibilities, security of tenure and elder abuse through policy, the staff information package, orientation and ongoing education. Residents said they feel secure in their home.

## **Standard 4 – Physical environment and safe systems**

**Principle:** Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, 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

The home has 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.

Recent improvements relevant to Standard four include:

- Through observation of the environment, management identified the need to improve storage of the home’s clinical waste bin for security and infection control. As a result management installed a dedicated lockable shed for the clinical waste bin. The new shed houses the bin securely, away from clean storage areas and enables easy access for staff. Staff confirmed the new storage area has made clinical waste disposal easier and safer.
- Management reviewed the homes nurse call system and found it needed manual maintenance. Management identified this could place the home at risk of having the system down for an extended period while waiting for maintenance. As a result management upgraded the system to one with 24-hour remote maintenance capability. The new nurse call system also enables upgrades, such as portable phones for staff, should this be required in response to changing resident needs.

### **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

McLean Lodge Hostel has a system to identify and ensure the home meets regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance and guidelines released relating to Standard four include:

- Chemical storage is secure and current material safety data sheets are available to staff.
- The home has policies and procedures for monitoring, responding to and reporting infectious outbreaks.
- The home shows evidence of following relevant protocols in relation to compliance with food safety regulations and guidelines.
- Compliance with fire and safety regulations is monitored and maintained.

### **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 information regarding the home's education and staff development systems and processes. Staff complete mandatory training in fire and safety/evacuation, hand hygiene, infection control and manual handling.

Examples of other education and training in the last 12 months relating to Standard 4:

- ethical safety response training
- food safety
- infection control-super bugs
- occupational health and 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 residents' care needs".*

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs and lifestyle. The home's fittings and furnishings are sufficient and appropriate for residents' needs. An effective preventative and responsive maintenance system helps ensure a safe, well-maintained environment which includes testing and tagging of electrical equipment. Head office staff oversee the maintenance program to ensure work occurs as requested and staff are able to contact them for emergency work after hours. The home consists of separate houses linked by paths and gardens. Each resident has direct access from their room to a verandah which is a designated smoking area. Staff prepare meals on site and residents dine in the dining room in their house. Residents stated the living environment is safe and comfortable and were satisfied with the home's maintenance systems.

### **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

The home has effective systems to provide a safe working environment in a manner that meets regulatory requirements. Risk management procedures, including incident reporting and audit processes, are employed to identify and minimise the impact of workplace hazards. An organisational occupational safety committee monitors and supports the home's occupational health and safety activities. Staff are provided with education, equipment and supplies to employ safe work practices. Maintenance staff implement a system of routine and preventative maintenance to maintain the safety of equipment and fabric. Permanent and



contracted staff are made aware of their health and safety responsibilities through documented procedures, mandatory training and the orientation process. Staff provide feedback about workplace health and safety issues using incident and hazard reports, maintenance requests and directly to management and staff health and safety representatives.

#### **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

McLean Lodge Hostel has effective systems to identify and minimise fire, security and emergency risks. The home has a comprehensive emergency management plan that identifies appropriate procedures for a range of external and internal emergencies including contingency plans for total evacuation. Fire and emergency equipment is monitored both internally and maintained by qualified external contractors. Exits and egress routes are free from obstruction. Security systems include master key access and a visiting security guard. Management has also developed a positive relationship with local police consistent with the home's philosophy of harm minimisation. There are designated resident smoking areas and staff conduct a smoking risk assessment for all residents who smoke. Staff have completed emergency procedures training and are able to describe appropriate actions to undertake in the event of an alarm. Residents say they have confidence in the ability of staff to respond to an emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program overseen by the manager. Infection control is a component of the education program. The home benchmarks infection data against other homes within the organisation with results discussed at staff meetings and at organisational quality meetings. Kitchen, cleaning and laundry practices follow current infection control guidelines, the home has a food safety program and there are regular pest control inspections. Staff have access to personal protective equipment and carry antibacterial gel with them. Annual influenza vaccinations are available for residents and staff can access other vaccinations relevant to working in the home. Staff confirmed they have outbreak management information, access to chemical and body fluids spills kits and have completed hand hygiene and food safety education.

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

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

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

The home meets this expected outcome

The home has appropriate processes to ensure hospitality services meet the needs of the residents and staff's working environment. There is a food safety program, a dietitian reviews the menu quarterly and makes suggestions to improve the nutritional value. There is a four

week varied menu prepared by staff onsite. The menu takes into account residents' preferences, allergies, likes and dislikes and residents have the opportunity to make menu suggestions and assist in meal preparation. Each house has a laundry with staff laundering residents' clothing and linen. Staff could describe the process of maintaining infection control processes. Cleaners follow a schedule and there are comprehensive environmental audits to ensure the environment is clean. Staff could describe the processes used to ensure appropriate cleaning of residents' rooms and shared en-suites. We observed the home to be clean and comfortable with generous catering provided to residents. Residents stated satisfaction with the catering, cleaning and laundry services of the home.