



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Parkland House Hostel RACS ID: 3201

Approved Provider: East Grampians Health Service

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

Reconsideration Decision made on 22 November 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 18 May 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 13 July 2015 to 13 February 2019.

Reason for decision

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

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

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

This decision is effective from

22 November 2017

Accreditation expiry date

13 February 2019



Australian Government

Australian Aged Care Quality Agency

Parkland House Hostel

RACS ID 3201
Delacombe Way
WILLAURA VIC 3379

Approved provider: East Grampians Health Service

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 July 2018.

We made our decision on 18 May 2015.

The audit was conducted on 21 April 2015 to 22 April 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

Standard 3: 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		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 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		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Australian Government

Australian Aged Care Quality Agency

Audit Report

Parkland House Hostel 3201

Approved provider: East Grampians Health Service

Introduction

This is the report of a re-accreditation audit from 21 April 2015 to 22 April 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 April 2015 to 22 April 2015.

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

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

Assessment team

Team leader:	Gerard Barry
Team member:	Margaret Lett

Approved provider details

Approved provider:	East Grampians Health Service
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Details of home

Name of home:	Parkland House Hostel
RACS ID:	3201

Total number of allocated places:	10
Number of care recipients during audit:	7
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	Delacombe Way	State:	Victoria
City:	Willaura	Postcode:	3379
Phone number:	03 5354 1600	Facsimile:	03 5354 1610
E-mail address:	willaura@eghs.net.au		

Audit trail

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

Interviews

	Number		Number
Management/administration	5	Care recipients/representatives	7
Clinical/carers/lifestyle staff	5	Volunteers	2
Environmental/hospitality staff	5		

Sampled documents

	Number		Number
Care recipients' files	4	Medication charts	7
Resident agreements	3	Personnel files	3

Other documents reviewed

The team also reviewed:

- Audits, schedules, data and trend analysis
- Blood glucose monitoring charts
- Care recipients' information package and surveys
- Catering, cleaning and laundry records
- Clinical diary
- Complaints folder
- Continuing professional registrations
- Education and staff development records
- Handover sheet
- Incidents
- Infection surveillance documentation
- Lifestyle records and plans
- Maintenance records
- Medication imprest registration
- Meeting minutes, memoranda and newsletter
- Police certificates
- Position descriptions
- Quality records
- Safety data sheets
- Selected policy and procedures
- Staff handbook
- Statutory declarations
- Weight charts

- Wound charts.

Observations

The team observed the following:

- Activities in progress
- Charter of residents rights and responsibilities on display
- Dining rooms and meal service
- Equipment and supply storage areas
- Equipment in use
- Infection outbreak kits and personal protective equipment
- Interactions between staff and care recipients
- Internal and external living environment
- Medication trolley and storage of medications
- Notice boards and information displays
- Notification to stakeholders of re-accreditation audit
- Organisation's values on display
- Short observation of group activity
- Storage areas for clinical and care goods
- Waste management systems.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Parkland House Hostel (the home) is part of East Grampians Health Service (the organisation) and is fully supported and resourced by that organisation. The home actively pursues continuous improvement across the Accreditation Standards and shows improvements in management, staffing and organisational development. Management identify opportunities for improvement from sources including stakeholder feedback, comments and complaints forms, audits, visual observation and quality reports. Key staff regularly analyse a range of data for trends that are reported and actioned. Management monitor and evaluate the effectiveness of improvement processes and outcomes. Residents, representatives and staff are satisfied the organisation works towards continuous improvement.

Improvement initiatives implemented by the home related to Standard 1 - Management systems, staffing and organisational development include:

- An organisational initiative has seen the introduction of an electronic maintenance system. Any staff member can log a maintenance issue through the system. Management and staff said the new system is more efficient.
- A suggestion from the home's manager resulted in converting an underused training room into a separate office for the manager. The new office allows the manager a private space to complete administration duties and allows for a space to interview prospective residents and others. The result is improved efficiency, professionalism and privacy.
- An organisational initiative has seen a change in the chemical supplier. This change brought the home in-line with the organisation's strategic sourcing program. A software program list all chemicals used on site and provides staff with access to all safety data sheets.

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 systems for identifying, communicating and ensuring legislative compliance. Corporate staff identify changes by receiving and reviewing information through a commercial updating service, peak body memberships and communications from Government departments and agencies. Senior management review policies and procedures

in response to legislative changes. Meetings, memoranda, electronic mail and revised policies and procedures inform staff about compliance requirements. An established audit system monitors compliance with relevant legislation, regulations and guidelines. Management and staff said they are aware of their obligations in relation to regulatory compliance.

Relevant to Standard 1 - Management systems, staffing and organisational development the home has systems so that:

- all staff have a valid police certificate and the appropriate statutory declaration
- confidential documentation is stored securely, with individual password protection for electronic systems
- information on the internal and external complaint systems is available to residents and representatives
- the home notifies residents and representatives of the of 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 organisation has a system supporting management and staff to have appropriate skills and knowledge to perform their roles effectively. Management identify education and staff development opportunities through staff surveys, audit results, residents' changing needs, stakeholder feedback and clinical trend analysis. Management and staff access internal and external educators to support education and professional development across the Accreditation Standards. Management document education attendance, review training evaluations and monitor the effectiveness of education through observation of practice improvements, stakeholder feedback and audits. Staff and management said they have opportunities to attend education and the organisation supports their learning and development needs.

Recent education provided relating to Standard 1 - Management systems, staffing and organisational development include:

- advanced care plan workshop
- bullying and harassment for employees
- continuous improvement
- understanding accreditation.

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

Internal and external comments and complaints systems are accessible to residents, representatives and other interested parties. The internal system includes comments and complaints forms, meetings for residents, representatives and staff and access to

management through meetings, telephone or electronic mail. Information about internal and external complaint and advocacy services is accessible in brochures and resident handbooks. Management document complaints and monitor the effectiveness of the complaint system through review of stakeholder feedback on resolution effectiveness. Residents and representatives said they know ways to make a comment or complaint and are satisfied with management's response.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its values and commitment to quality. Management displays these statements prominently in the home and repeats them in selected documentation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management ensures the home has appropriately skilled and qualified staff to ensure care and service delivery is in accordance with the Accreditation Standards and the organisation's values. There are formal processes for selecting new employees and monitoring staff performance. All new employees attend an orientation program including performing shifts under the guidance of existing staff. Audits, competencies and management observations ensure maintenance of optimal staff practices. The home maintains records of qualifications, police certificates, and professional registrations, where required. Monitoring of staffing levels occurs to reflect changes in resident numbers and care needs. Staff confirm they have sufficient time to perform their roles and are satisfied with staffing levels across all departments. Representatives are satisfied with the skills and competency of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems to ensure the availability of stock and equipment. Management and designated staff organise the purchase and replacement of inventory and equipment through budget allocations and checking and ordering processes. Management and staff identify equipment needs through review of care needs, stakeholder feedback, meetings, data analysis and observation. New equipment is trialled and evaluated prior to purchase. Goods are stored safely in secure areas. Preventive and corrective maintenance programs and electrical equipment testing promote safety. Residents, representatives and staff are satisfied with the availability of appropriate goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation has systems to ensure all stakeholders have access to current information on the processes and activities of the home. Scheduled procedure reviews and quality activities ensure information remains relevant, current and completed. Management provide residents and representatives with information on entry and keep them updated through meetings, newsletters, noticeboards, consultation and interactions with staff. Access to policies and procedures and additional information specific to their position and roles inform staff. Scheduled meetings, memoranda, handover and noticeboards inform staff. Management collects, and analyses key information to identify potential risks and improvement opportunities. Electronic systems have security access and data backup. Residents and representatives are satisfied management keep them informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management has processes to ensure externally sourced services meet the home's service needs and quality objectives. Senior organisational staff appoint preferred suppliers and contracts specify the scope of work, quality expectations and outline regulatory requirements. External services at the home include allied health, fire and safety services, specialised maintenance and pharmacy. Service agreements apply and management continually monitor and regularly review the quality of service provision through feedback and reporting processes, meetings and observation. Residents, representatives, management and staff are satisfied with the services provided by the external contractors who service the home.

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

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation actively pursues continuous improvement in care recipient’s health and personal care. Staff document incidents electronically and designated staff analyse a range of clinical data for trends that they report back to general staff via meetings and at shift handover times. Residents, representatives and staff are satisfied the home pursues continuous improvement.

Improvement initiatives implemented by the home related to Standard 2 - Health and personal care include:

- A management initiative has seen the introduction of a sticker to show the resident has a wound. Previously staff found it difficult to identify from a resident’s notes if the resident had an ongoing wound. The new sticker on the resident’s file folder draws staff’s attention to the fact they have a wound. This is leading to improved wound care.
- A management initiative has seen the introduction of yellow ‘as required’ (PRN) stickers. Staff use the stickers in the resident’s progress notes when administering as needed medication. The stickers are providing a visual cue to staff and general practitioners to show if the medication was effective and also the frequency of administration. This is assisting in resident care.

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

For a description of how the home identifies and ensures regulatory compliance about care recipient lifestyle, refer to expected outcome 1.2 Regulatory compliance.

Staff are satisfied management update them about regulatory requirements. Management monitor regulatory compliance through a variety of methods including observations, audits, incident reporting, staff educational competencies and one on one feedback sessions.

Relevant to Standard 2 - Health and personal care the home has systems so that:

- appropriately qualified persons perform specific care planning activities and care tasks
- registered nurses maintain registration currency
- staff store and administer medications according to legislated processes

- the home has systems and processes in the event of an unexplained resident absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of the system.

Management and staff have the knowledge and skills to provide appropriate health and personal care to residents. Staff are satisfied with education opportunities to develop their knowledge and skills in relation to health and personal care. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of recent education relating to Standard 2 - Health and personal care include:

- assist residents with medication
- basic life support
- early recognition of clinical deterioration in aged care
- safe medication management
- wound care modules one to three.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. Registered nurses assess as well as supervise staff that assess new residents when they enter the home and develop care plans based on their assessed needs. Monthly monitoring of residents’ observations and weights, as well as a regular review process which includes reassessment and care plan review, ensures staff are aware of any changes in residents’ care needs. An incident reporting system helps ensure the identification of residents’ changing needs and residents’ referral to other services occurs when needed. Staff learn of residents’ needs through care plans, a diary and a change of shift handover process. They receive clinical education to ensure they possess knowledge to provide appropriate care. Residents said staff are knowledgeable and address their care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Care plans reviewed addressed blood glucose monitoring regimes specified by the resident’s medical practitioner. Staff consult residents regarding their specialised care needs. Staff review specialised nursing care needs along with other documented plans according to a schedule. Residents said trained staff address their clinical needs and they are satisfied with the care provided.

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

Staff refer care recipients to the registered nurse who may then refer onward to the appropriate health specialists in accordance with the care recipient’s needs and preferences. The organisation has access to a range of allied health services through the health service network. A number of these practitioners, including the podiatrist, dietitian and dentist, visit the home regularly. A general practitioner also visits on a regular basis. Staff document instructions or prescribed changes to care and implement these as required. Residents are satisfied with the range and quality of health services available to them.

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

Staff correctly and safely manage care recipients’ medication. Registered nurses manage the medication system and staff monitor the safety of it through audits. An imprest system managed by the health service ensures emergency after-hours access to medications. Staff administer residents’ medications from packs. They store these in locked cupboards in residents’ rooms and store other medications, including schedule medications, appropriately. Staff document regular counts of scheduled medications. Incident reporting includes medication incidents. Medication charts record medication allergies and any special instructions. Residents said they receive their medications on time.

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

All care recipients are as free as possible from pain. Staff perform pain assessments over three days when residents enter the home and when there is a change in their level of pain.

Assessment tools have the capacity to assess the pain levels of residents who are cognitively impaired. Residents with chronic pain are on regular medication in addition to 'as necessary' medications. Registered nurses assess residents need for 'as necessary medications'. Care plans describe strategies to assist any resident with pain. Staff record residents' pain in the progress notes and document the outcome of 'as necessary' pain relief medications administered. Residents' said staff manage their care well.

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

Staff maintain the comfort and dignity of terminally ill care recipients. Management documents residents' terminal care wishes in an advanced care plan. Other documented information includes power of attorney and/or trustee information. Staff commence palliative care following consultation with the medical staff, resident and their representatives. Staff respect residents' care needs and provide their representatives with support. Representatives are satisfied staff consult them regarding the care of their family member and provide support when needed.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Staff assess new residents and record their nutritional and hydration needs in care plans. Review of residents' nutritional and hydration needs occurs as part of the regular review process and earlier if needed. Staff weigh residents regularly and have processes to follow regarding the referral of residents with weight loss (or gain) to a dietitian. Clinical staff inform the kitchen of residents' dietary needs and they maintain information regarding residents' changed needs. Staff assist residents with special needs. Residents like the food and fluids provided.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Staff assess care recipients' skin appearance and skin changes and record their skin care needs in care plans. Staff document in the incident reporting system the development of any skin tears, lacerations and pressure injuries. Management analyse and trend this information. Residents with wounds have these documented in charts and receive referral to a specialist service for consultation if needed. Registered nurses supervise and review the care. Skin care products are available for residents and medical practitioners prescribe medicated skin care products where indicated. Residents expressed satisfaction with the manner in which staff care for their skin.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff commence continence assessments and develop a flow chart when a care recipient enters the home. They then develop continence care plans based on residents’ assessed needs. Staff review care plans regularly as part of the review system as well as when changes are observed. Staff document information about the type of continence aid used and when to assist residents. Staff maintain an adequate supply of aids. Staff provide strategies, including offering fluids, to reduce the risk of problems with regularity and continence. Staff collect and analyse urinary tract infection statistics. Residents said staff assist them with their personal care.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Management demonstrates it manages effectively the needs of care recipients with challenging behaviours. The assessment of new residents occurs when they enter the home and care plans are developed. Care plans document any challenging behaviour and describe strategies to manage it. Staff monitor residents with challenging behaviours and document any new behaviour in their care plans and are able to refer them to specialty services if needed. An incident reporting system enables staff to record, analyse and report behaviour incidents as appropriate. Staff communicate with residents in a respectful manner.

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

Staff assess care recipients’ mobility and dexterity levels and develop care plans to address any identified needs. The use of a validated tool assists staff to identify residents at risk of falling. Falls incident statistics are maintained and analysed. Residents take part in the exercise program and individual residents who are unable to participate in activities receive assistance to mobilise by staff. Regular maintenance of mobility aids, including lifting machines, occurs. Staff receive manual handling training. Residents are satisfied with the home’s approach to maintaining their mobility.

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

Staff assess residents’ oral and dental health and their capacity to undertake their dental care independently when they enter the home and document strategies used to assist their

dental hygiene in care plans. Staff review care plans regularly and update them when needed. Staff refer residents with an assessed need, including oral health, swallowing and dental needs, to dental and allied health practitioners on an as needed basis. Residents said staff assist them with their personal care, including their oral and dental care.

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

Staff identify and manage care recipients’ sensory losses effectively. Registered nurses supervise the assessment of new residents’ sensory capacity and document any identified sensory loss in care plans. Staff refer residents to their general practitioner and allied health practitioners if there is an assessed need. Care plans describe strategies to assist residents with any sensory loss and include the identification of any sensory aid used. Staff review care plans six monthly and update them to include the advice of practitioners. Staff are able to describe strategies used to assist residents with sensory loss. Residents said staff assist them with their sensory aids.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Staff assess residents’ sleep patterns when they enter the home and document their identified needs and preferences in care plans. Sleep care plans document residents’ preferences for light and other environmental factors. Night staff record any sleeplessness in residents’ notes and review and update plans if any changes are required. Staff use aids, including pharmacological strategies and environmental modification, to assist residents who are unable to achieve natural sleep patterns. Residents said they are able to maintain their usual 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

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation’s continuous improvement system shows improvements in the area of care recipient lifestyle. Residents, representatives and staff are satisfied the organisation is actively improving care recipient lifestyle.

Improvement initiatives implemented by the home related to Standard 3 - Care recipient lifestyle include:

- A staff initiative has resulted in the introduction of raised flower beds to provide more stimulation for a number of the residents. Staff assist residents select flowers and vegetables for planting. Residents can continue with the enjoyment of gardening as a pastime.
- Management and staff identified their understanding of dementia needed improvement. Staff have attended significant education on all aspects of dementia. The education has improved communication, activities and care delivered to the residents.
- Staff identified residents received no written communication other than the activity calendar. Staff introduced a newsletter aimed at informing residents of forthcoming and past activities as well as informing them of other matters within the home such as residents’ birthdays. Representatives appreciate the additional communication on behalf of the residents.

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

For a description of how the home identifies and ensures regulatory compliance about care recipient lifestyle, refer to expected outcome 1.2 Regulatory compliance.

Staff said they are well informed and satisfied about regulatory requirements communicated by management. Current policies and procedures reflect regulatory compliance requirements and guide staff practice.

Relevant to Standard 3 - Care recipient lifestyle the home has systems so that:

- residents are provided with an agreement detailing services provided upon entering the home

- the home demonstrates compliance relating to residential agreements that outline obligations, rights and responsibilities and fees to residents and representatives
- there are processes to ensure privacy of residents' personal information
- there is a system to manage reportable incidents.

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

For details regarding the home's systems, refer to expected outcome 1.3 Education and staff development.

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. Staff are satisfied with education opportunities to develop their knowledge and skills in relation to care recipient lifestyle. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of recent education relating to Standard 3 - Care recipient lifestyle include:

- bullying and harassment
- privacy and dignity
- understanding dementia.

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

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Staff provide residents with emotional support when they enter the home and this is available on an ongoing basis. New residents receive an information pack to assist them in preparing for their change in lifestyle. They receive orientation to the home and support by staff. The introduction of new residents to the ongoing routines of the home and to other residents occurs gradually. The review of plans occurs regularly. Staff refer residents to their general practitioner and to other health practitioners if there is an assessed need. Residents said staff assist them to adjust to life in the home and staff remain supportive of them.

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

Staff assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Staff undertake an assessment of residents' needs for independence and participation on their entry to the home and at regular intervals. The lifestyle and physiotherapy programs assist residents to maintain their physical and emotional independence. The lifestyle program includes visits from community members and trips into the community. Management assists residents to maintain their civic independence by facilitating voting at election times. Environmental audits and environmental modification ensure staff maintain the home in a manner which assists residents to maintain their independence. Residents said staff assist them to maintain their independence and friendships as much as possible and provide them with support to access the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff sign a confidentiality agreement when they commence work at the home. Staff inform residents and their representatives of their rights to privacy and confidentiality on entry to the home in the written agreement and in the Charter of residents' rights on display. Residents' information is stored securely and computer access is controlled. An archiving system and policy supports appropriate systems management. Staff practices include knocking on residents' doors prior to entering and calling residents by their preferred name. Representatives confirm staff maintain resident privacy and dignity and support their individual needs and preferences.

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 confirm they are encouraged and supported to participate in the leisure and lifestyle program conducted by the home. Staff assess and document residents' interests and activity needs when they enter the home. A program developed by the lifestyle coordinator and based on residents' expressed needs offers individual and group activities and operates daily. The program is supported by volunteers and community visitors. Information about the program is on display within the home and the home also provides the calendar to residents each month. Staff review the activities program on a regular basis to ensure the program continues to remain relevant to residents' needs. Residents state the program meets their needs and they are able to participate when they chose.

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 recipients confirm they are satisfied staff of the home respect their individual interests, customs, beliefs and cultural and ethnic background. The lifestyle program assists residents with their cultural and spiritual needs. Staff are able to access communication resources in languages other than English. Support of the spiritual life of residents occurs through access to weekly denominational services and the celebration of religious events, including Christmas and Easter. Cultural activities available include the commemoration of important events, including Anzac day, the preparation of special foods, a library of books and audio-visual materials and music concerts.

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

Each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and staff assist them to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. Staff respect the rights of residents to make decisions and to exercise choice. Resident documentation and posters in the home provide information regarding their rights. Management encourages decision making through residents maintaining their right to vote in elections and through their making individual choices regarding participating in activities, choice of clothing and personal care. Staff record, during their entry to the home, the name of their contact person or, where the resident is not able to make decisions for themselves, their representative. Staff invite residents to attend and participate in the resident and representatives' meetings. Residents confirmed they are able to make these choices.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. Management offers information including a handbook and a residential agreement which contains a statement about their rights and responsibilities to new residents when they enter the home. The agreement also provides information on fees and security of tenure. An officer from the health service manages the agreement process and manages the files, which are available on request at the local level. In addition, brochures and posters within the home display information about residents' rights, privacy and advocacy services. Management consult residents and their representatives if a change in a resident's room is to occur. Residents expressed satisfaction with the security of resident tenure.

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

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The home actively pursues improvements to ensure residents live in a safe and comfortable environment. Environmental audits and inspections, third party reports and feedback from stakeholders are examples of mechanisms that inform the home’s continuous improvement system. Staff, residents and representatives are satisfied the organisation seeks to improve the home’s physical environment.

Examples of recent improvement initiatives in relation to Standard 4 - Physical environment and safe systems include:

- Observation identified that some resident rooms facing an internal courtyard required additional privacy blinds. Management responded and have purchased and installed the blinds on the windows of rooms facing the courtyard. Residents said the blinds will not only provide additional privacy but will also keep their rooms cooler in summer and are satisfied with this improvement.
- Following a power outage management identified the need for a policy and procedure to guide staff for future occurrences. Management has implemented a documented policy and procedure which is available for all staff. This document will assist staff to ensure that any future unexpected electrical outages will not compromise safety and security in the home. Staff are satisfied the policy and procedure is now accessible to them.

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 details of the home’s compliance processes.

Staff said they are well informed and satisfied about regulatory requirements provided by management.

Relevant to Standard 4 - Physical environment and safe systems the home has systems so that:

- management actively promotes and manages occupational health and safety
- qualified contractors regularly check and maintain fire systems and equipment
- there is a food safety plan and independent third party auditing of the catering processes.

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 about the home's systems and processes.

Management and staff are satisfied with education opportunities to develop their knowledge and skills in relation to environmental safety and safe systems of work. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of recent education relating to Standard 4 - Physical environment and safe systems include:

- hand hygiene
- infection control
- manual handling
- workplace emergency response.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment. Residents reside in single rooms with a private ensuite, furnishings and fittings are appropriate to individual needs and reflective of individual preferences. Residents have control over the temperature setting for their rooms. The home provides comfortable internal and external environments with appropriate signage and security features. Residents have access to an emergency call bell system. The home has maintenance and emergency systems and procedures. There is a lounge and dining area as well as outdoor areas with landscaped gardens for the enjoyment of residents and their representatives. Residents are satisfied with the safety and comfort in the home.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management works to provide a safe working environment which meets regulatory compliance requirements. Management inform staff of occupational health and safety requirements through handbooks, orientation programs and with support from the occupational health and safety representative. Management monitor and support occupational health and safety through processes such as visual observation, review of

incident and hazard reports, review of maintenance and workplace/environmental audits. Staff said they report any hazards, have equipment that promotes safe work practices and they are encouraged to work safely.

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 working to maintain a safe environment minimising fire, security and other emergency risks. Staff have access to documented emergency procedures and disaster management plans. Fire safety systems include fire plans, fire panel, break glass alarms, sprinklers, smoke and fire doors and fire fighting equipment. Contracted service companies regularly monitor and maintain safety equipment such as fire systems and emergency lighting. Management maintains keypad security and staff secure the home at night. Management and staff are prepared to respond to other emergencies such as bushfire, flood, electrical emergencies, interruption to the water supply and threats. Staff described emergency procedures and said they attend ongoing fire training. Residents said staff would assist them in any 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. Clinical staff manage a system to gather information on resident infections and use the information to monitor the effectiveness of the infection control program. Resources such as personal protective equipment, a spills kit, hand washing facilities and sharps containers are available. Staff training in hand hygiene occurs annually. Staff provide residents and their representatives with information on infection control practices when they first enter the home. Residents and staff are encouraged to take part in the annual vaccination program. The home has a food safety program and a pest control program. Staff stated management monitor their adherence to infection control guidelines.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality staff provide services in a way that enhances care recipients' quality of life and the staff's working environment. Catering services take into account resident preferences as well as nutritional needs and special requirements. Cleaning services consider the frequency of cleaning of resident rooms, the general living environment, staff areas and equipment. Laundry services take into account the frequency of linen services, frequency of resident laundry services and there is an effective lost laundry process. The provision of hospitality services are in accordance with health and hygiene standards, including infection control

requirements for staff. Representatives are satisfied with the catering, cleaning and laundry services provided at the home.