



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

The Lakes Hostel RACS ID: 3244

Approved Provider: Edenhope & District Memorial Hospital

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 20 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 16 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 6 November 2015 to 6 September 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 20 March 2018

Accreditation expiry date 6 September 2019



Australian Government

Australian Aged Care Quality Agency

The Lakes Hostel

RACS ID 3244
107-119 Lake Street
EDENHOPE VIC 3318

Approved provider: Edenhope & District Memorial Hospital

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 06 November 2018.

We made our decision on 16 September 2015.

The audit was conducted on 11 August 2015 to 12 August 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle**Principle:**

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

Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Care recipient security of tenure and responsibilities		Met

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

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

Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Australian Government

Australian Aged Care Quality Agency

Audit Report

The Lakes Hostel 3244

Approved provider: Edenhope & District Memorial Hospital

Introduction

This is the report of a re-accreditation audit from 11 August 2015 to 12 August 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 11 August 2015 to 12 August 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:	Jill Packham
Team member:	Lisa Coombes

Approved provider details

Approved provider:	Edenhope & District Memorial Hospital
--------------------	---------------------------------------

Details of home

Name of home:	The Lakes Hostel
RACS ID:	3244

Total number of allocated places:	22
Number of care recipients during audit:	21
Number of care recipients receiving high care during audit:	6
Special needs catered for:	Not applicable

Street:	107-119 Lake Street	State:	Victoria
City:	Edenhope	Postcode:	3318
Phone number:	03 5585 9800	Facsimile:	03 5585 9891
E-mail address:	info@edmh.org.au		

Audit trail

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

Interviews

	Number		Number
Organisation/management/administration	11	Care recipients/representatives	12
Clinical/care/lifestyle staff	7	Hospitality/environment staff	4
Volunteers	1		

Sampled documents

	Number		Number
Care recipients' clinical files	10	Medication charts	5
Care recipients financial files	5	Personnel files	5
External supplier files	5		

Other documents reviewed

The team also reviewed:

- Activity program documents
- Allied health information
- Audits
- Care recipients' information package and handbook
- Cleaning records
- Clinical and specialised nursing care documents and charts
- Comments and complaints records
- Continuous improvement documents
- Dietary documentation and menu
- Education plans and associated records
- External service provider records
- Fire, security and emergency documents
- Food safety and related documentation
- Handover and communication documents
- Human resource management documentation
- Incident reports
- Infection control documentation
- Inventory and equipment management documents
- Mandatory reporting register
- Memoranda
- Minutes of meetings

- Newsletters
- Occupational health and safety documents
- Pest control records
- Police certificates and statutory declarations
- Policies and procedures
- Preventative and responsive maintenance records
- Professional registrations
- Re-accreditation self-assessment
- Risk assessments
- Roster
- Satisfaction survey results
- Vision, mission and values statement
- Wound care documentation.

Observations

The team observed the following:

- Activities in progress
- Archive area
- Charter of care recipients' rights and responsibilities poster
- Confidential document storage and destruction processes
- Equipment and supply storage areas
- External complaints and advocacy information
- Fire, security and emergency equipment and signage
- Infection control equipment, outbreak kit, spills kit and waste disposal
- Interactions between staff and care recipients
- Internal feedback forms and suggestion box
- Living environment
- Meal and snack services in progress and assistance to care recipients
- Medication administration and storage
- Noticeboards and information displays
- Personal protective equipment
- Short group observation in the dining room
- Sign in/out books
- Vision, mission and values statement displayed.

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

The organisation's quality systems effectively identify, action and evaluate continuous improvements across the Accreditation Standards. Management sources information through stakeholder feedback, analysis of audits and monthly clinical data collection, care recipient needs, legislative changes and strategic planning. Management logs, monitors and evaluates actions with input from relevant departments. Continuous improvement is an agenda item at all relevant meetings. Identified improvement opportunities may result in reviews of policies and procedures, equipment purchases, additional staff training and updates to the audit schedule. Care recipients, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and are encouraged to be part of continuous improvement at the home.

Improvements over the last 12 months relating to Standard 1- Management systems, staffing and organisational development include:

- The organisation introduced a monthly staff newsletter to provide regular, consistent information sharing. Staff receive updates on events, policy changes, reminders of best practice, employee award recipients and any other items of interest. Management stated the easy to read, colourful design has improved communication and they have received positive feedback on the format and style of the newsletter.
- Analysis of a staff survey identified the need for team building to improve staff morale. Management organised an external facilitator to run a customer service coaching program. The program encouraged staff to participate in continuous improvement and provided helpful techniques to assist maintain inter-relationships with work colleagues and care recipients and representatives. Staff from all departments attended and said it was a positive, bonding experience.

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

Management receives regular information and updates on professional guidelines and legislative requirements through the organisation's subscription to a legal update service, membership to peak bodies and notifications from professional networks and government departments. Processes ensure the revision of relevant policies and procedures when required. Monitoring of compliance is through internal and external reviews and the auditing

schedule. Dissemination of information to staff regarding changes to regulations and the home's practices is through electronic alerts, meetings, memoranda and education sessions. The home notifies care recipients and representatives of any relevant changes to legislation.

Regulatory compliance at the home relating to Standard 1 - Management systems, staffing and organisational development includes:

- Staff, volunteers and external contractors have current police certificates and signed statutory declarations as needed.
- Nursing staff have current professional registrations.
- The home notifies staff, care recipients and representatives of re-accreditation site audits.
- Staff receive a Fair Work statement on commencement of employment
- Confidential documents are stored and destroyed securely.
- Information is available to care recipients and representatives on external complaints and advocacy services.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the knowledge and skills required to perform their roles effectively. Management develop an education program in consultation with the clinical educator based on incident reports, audits, stakeholder feedback, equipment purchases, care recipient needs and performance reviews. The education program incorporates online, internal and external sessions covering a wide range of topics. Management follow up attendance at mandatory education sessions. There is a process to evaluate sessions to monitor their effectiveness and staff said they are satisfied with the education opportunities available.

Recent examples of education provided in relation to Standard 1 - Management systems, staffing and organisational development include:

- clinical supervision preceptor training
- customer service coaching
- freedom of information
- leadership and mentoring.

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

Management provides stakeholders with access to internal and external complaints handling mechanisms. Information on the complaints process is in the information handbook and agreements given to care recipients and representatives. The home displays external complaints and advocacy brochures and provides access to internal comments and

complaints forms and a secure suggestion box. Management has an open door policy and regularly consults with staff, care recipients and representatives providing group and individual forums to raise issues or concerns. Analysis of complaint data occurs and feeds into the continuous improvement system. Care recipients, representatives and staff are aware of the process and documentation shows matters are actioned appropriately and in a timely manner.

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's mission, vision and values statement is on display and published in stakeholder documents. The home's plan for continuous improvement confirms a commitment to providing ongoing quality service reflective of their philosophy.

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 ensure there are appropriately skilled and qualified staff sufficient to meet the needs of care recipients. Recruitment and selection processes are based on skill and qualification requirements outlined in position descriptions. Interviews and reference checks are completed and all new staff complete a comprehensive induction program. Resources to guide staff include position descriptions, duty lists and policies and procedures. Staff performance is monitored during the probation period and thereafter through observations of practice, an annual performance development review and stakeholder feedback. There are processes to replace staff for planned and unplanned leave. Care recipients and representatives are satisfied with the care and services provided by 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

Management demonstrates systems to ensure appropriate goods and equipment are available for quality service delivery. Key organisational and site personnel monitor stock levels and re-ordering processes are through an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects identified special needs of the current care recipient population. New equipment is trialled prior to purchase and staff receive training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Care recipients and staff stated adequate supplies of appropriate goods and equipment are available at all times.

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 effective information management systems in place. Care recipients and representatives receive information packs and agreements when moving into the home. Information updates are available through meetings, newsletters and displays on noticeboards. Staff receive information through the intranet, meetings, memoranda, emails, handover processes and the electronic clinical documentation system. Confidential information about care recipients and staff is stored in secure areas and archived and disposed of in accordance with legislative requirements. Systems are in place to ensure authorised access and automatic backup of information stored electronically. Staff said they have access to accurate and appropriate information to perform their roles effectively in the delivery of care. Care recipients and representatives are satisfied the home keeps them informed about care recipients' care, services and activities.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation ensures ongoing quality and responsiveness of externally sourced services. Management monitor contractors' insurance cover, police certificates and qualifications and ensures services meet relevant regulations. Contractors undertake an induction program prior to commencing. The organisation regularly reviews satisfaction with externally sourced services including feedback from management, staff, care recipients and representatives, audits, surveys and observations. A list of preferred service providers is available and staff have access to after-hours emergency assistance. Staff and care recipients are satisfied with the quality of external suppliers.

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

Management and staff actively pursue continuous improvement in relation to care recipients' health and personal care. The audit schedule includes monitoring of clinical outcomes and monthly incident/infection data is collated and analysed. Identified issues result in corrective actions through the quality system. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes.

Improvements over the last 12 months relating to Standard 2 – Health and personal care include:

- The hostel had no formalised handover sheet to update staff on individual care recipients' daily needs. The organisation introduced a new, comprehensive handover document. It contains daily updated information on care recipients' diagnosis, risks, nutrition/dietary requirements, appointments and any special needs or equipment. This provides current, consolidated information for staff and a guide for handover discussions.
- Management reviewed staff practices relating to the use and documentation of pain patches to ensure they follow correct disposal protocols. This resulted in the introduction of a newly designed template which includes a section for the signature of a witness when staff remove the patches. The new process provides robust monitoring of pain management practices.

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

Management ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's systems and processes.

Regulatory compliance at the home relating to Standard 2 – Health and personal care includes:

- Appropriately qualified staff provide medication management and specialised nursing care.
- Medication is stored securely.
- The home has a policy for unexplained absent care recipients with appropriate incident reporting and notification processes.

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

Please 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 care recipients.

Recent examples of education provided in relation to Standard 2 – Health and personal care include:

- antidepressants update
- behavioural disturbance in dementia
- continence care
- decision assist palliative care training
- diabetes management
- medication management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management demonstrate there are systems for ensuring care recipients receive appropriate clinical care. Assessments conducted on entry to the home enable the development of an interim care plan, which details individual needs and preferences while the care planning process is completed. Care staff manage clinical needs using an electronic system incorporating online assessments, charts, care plans and progress notes. Nursing staff regularly review care plans, initiate re-assessment of care recipients in response to changes in their health status and refer care recipients to medical and health specialists as required. Policies, procedures, flowcharts and clinical education guide staff practice. Management monitor clinical care through incidents and infections, care plan reviews and stakeholder feedback. Care recipients and representatives are satisfied with clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Assessment of care recipients’ specialised nursing requirements occurs on moving into the home and when care needs change. Registered nurses develop care plans detailing specialised needs, preferences and care strategies to guide staff practice. There are strong partnerships with local allied health professionals and staff have access to appropriate equipment and educational resources. A registered nurse is available from the co-located hospital after hours if required. Management monitor specialised nursing care

through scheduled audits, care reviews and stakeholder feedback. Care recipients and representatives are satisfied with the specialised 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

Care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences. Medical and allied health professionals are available to care recipients and include medical practitioners, physiotherapy, podiatry, dietetics, speech pathology, diabetes educator and dental care. Staff facilitate community consultations for optometry, audiometry, palliative care and mental health care as required. Care recipients and representatives are satisfied with the way the home arranges referrals to relevant health specialists when required.

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

Management systems ensure care recipients’ medication is managed safely and correctly. Qualified staff manage the administration of care recipients’ medication according to an assessment of needs and preferences, which occurs when a care recipient moves into the home. Medication supply, administration and storage comply with relevant policies and procedures and regulatory requirements. Management ensure appropriate follow-up of any medication incidents with education and competency testing regularly provided. The consultant pharmacist and medical practitioner undertake regular reviews of each care recipient’s medications and contribute to the medication advisory committee. Care recipients and representatives are satisfied with medication management at the home.

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. Pain assessments conducted on entry to the home and repeated regularly include verbal, nonverbal and behavioural indicators of pain. Strategies to manage episodes of pain are available such as analgesia, heat packs and gentle exercise. Management provide education to staff regarding pain management and nursing staff refer complex pain to general practitioners and specialist pain consultants. Care recipients and representatives are satisfied with the pain management strategies provided by the home.

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

Management ensure staff practices maintain the comfort and dignity of terminally ill care recipients. When care recipients move into the home management discuss end of life care with the care recipient and their representative and provide the opportunity to complete terminal wishes documentation. Nursing staff refer to the local palliative care team as required and specialised equipment is available. Management and staff are satisfied they have access to appropriate resources and equipment to care for care recipients during this time.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. During the initial entry period, nursing staff assess individual nutrition and hydration needs and preferences in consultation with the care recipient and their representative. Care plans identify food allergies, clinical needs, personal and cultural preferences and the level of assistance or equipment required. Each care recipient has regular monitoring of body weight with referral to the dietitian if necessary. Modified diets, fluids and supplements are implemented as required. Alternative meals, extra drinks and snacks are available at all times. Input into the menu occurs through surveys, meetings and feedback forms. Care recipients and representatives are satisfied with the meals and drinks provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Initial and ongoing skin assessments identify care recipients’ skin risks and staff use this information to develop care plans to minimise and manage identified risks. Care planning includes the provision of pressure care, exercise programs, pressure relieving mattresses, sun protection and barrier creams. Management provides education regarding skin integrity and investigates all skin integrity incidents. Care recipients and representatives are satisfied with the care provided to manage care recipients’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients receive continence care appropriate to their needs. Staff complete continence assessments when care recipients move into the home and then develop continence plans which they review regularly. Care plans include directives according to established routines, needs and preferences including assistance, aids, equipment and nutritional strategies to maximise independence and wellbeing. Management provides education to staff and appointed staff monitor stock levels and product suitability. Care plan review includes analysis of infection data, assessment of the suitability of aids and feedback from care recipients and staff. Care recipients and representatives are satisfied with the assistance care recipients receive for their continence needs.

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 demonstrate the effective management of the needs of care recipients with challenging behaviours. Care recipients are assessed for challenging behaviours and referrals are made to specialist local services to gain a diagnosis and appropriate treatment if required. Policies and procedures guide staff practice to support a restraint-free environment and care plan reviews monitor the effectiveness of strategies. Care recipients and representatives are satisfied with the home’s approach to managing the needs of care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Care staff and the physiotherapist undertake assessment and care planning for mobility, dexterity and rehabilitation needs when a care recipient moves into the home, at regular intervals and as necessary following a fall or change in health status. Assistive devices and special equipment are utilised to promote independence. Management monitors falls using the incident reporting process and data is trended and analysed with education provided to minimise falls. Care recipients and representatives are satisfied with the support care recipients receive to maintain their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. An assessment of oral and dental needs occurs on entry to the home and care plans detail individual preferences and the level of assistance required. Care recipients have access to a dental service and staff facilitate attendance at local dental services if required. Management provides education regarding dental care and sufficient stock of appropriate equipment is available. Oral care equipment is replaced regularly. Care recipients and representatives are satisfied with assistance provided to maintain oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Care plans detail individual strategies including the care of assistive devices and environmental considerations to minimise the impact of sensory losses. Staff refer to health professionals such as the medical practitioner, optometrists and audiologists as required. The lifestyle program includes resources to support sensory losses such as large print books. Care recipients and representatives are satisfied with the support provided to assist care recipients with sensory losses.

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

There are systems to ensure care recipients are able to achieve natural sleep patterns. Assessment on entry to the home involves understanding care recipients’ rituals, customs, needs and preferences. Care plans include rising, settling and nap times and any interventions required. Strategies to minimise sleep disturbance include hot drinks and snacks overnight, pain management and encouraging activity during the day. Care recipients are satisfied staff provide assistance as required to enable the maintenance of natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management and staff actively pursue continuous improvement in relation to care recipients’ lifestyle experiences. Feedback on the effectiveness of the program and ideas for improvement are from care recipient surveys, meetings and evaluation of activity participation levels. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements over the last 12 months relating to Standard 3 – Care recipients’ lifestyle include:

- The organisation received funding for use on dementia specific equipment. They reviewed the lifestyle activities program and researched equipment and games with a dementia focus. This resulted in the purchase of sensory stimulating items, exercise equipment and fun games. This has increased the variety of the lifestyle program and provides more appropriate activities for care recipients living with dementia. Staff report an increase in the socialisation and engagement of care recipients.
- The hostel had two lounge areas but only one television. At times, care recipients wanted to watch different television shows that clashed. Management decided to purchase a television for the second, smaller lounge room. This gives care recipients the choice of watching sporting or lifestyle shows programmed at the same time in a group setting.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 3 – Care recipient lifestyle includes:

- The home has appropriate documentation to record incidents of elder abuse and maintains a consolidated register for mandatory reporting matters.
- Information for care recipients on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements.
- Guardianship and powers of attorney information is on file.
- The home displays posters of the Charter of care recipients’ rights and responsibilities.

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

Please 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 lifestyle support to care recipients.

Recent examples of education provided in relation to Standard 3 - Care recipient lifestyle includes:

- dementia and recreational national conference
- identifying, reporting and responding to the abuse of older people in care
- suicide prevention workshop
- understanding dementia – activities and occupation.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff provide initial and ongoing emotional support to care recipients and representatives. New care recipients and representatives meet with management and receive an information pack and handbook explaining services and levels of care. They go on a tour of the facility and meet other care recipients and staff. After a settling-in period assessments capture past and current social and emotional histories. Care recipients are encouraged to personalise their rooms and staff invite representatives to join in activities and maintain close contact. The home has access to psycho-geriatric specialists and a social worker if required. Regularly reviewed care plans capture change. Care recipients said the home meets their emotional needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate they support care recipients to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies care recipients' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Exercise programs assist to maintain mobility and strength and lifestyle programs include sensory stimulation activities and community outings. The home assists care recipients to vote in elections, shop for personal items, attend community groups and entertain visitors. Supplied equipment aids and utensils encourage independence and audits ensure the environment is

free of hazards. Care recipients stated they feel they are part of the local community and said staff assist them to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff respect each care recipient's right to privacy, dignity and confidentiality. The organisation provides information to care recipients and staff on their privacy and confidentiality policies. Care recipients sign consent forms for the release of personal information and the display of their photographs. The home accommodates care recipients in single rooms with private en-suite bathrooms. There are numerous internal and external areas to meet with visitors and a room to hold private functions. Files are kept in secure areas, handover occurs discreetly and care recipients have access to a safe in their room for the storage of valuables. Staff knock on doors before entering and address care recipients by their preferred name. Care recipients said staff generally treat them with respect and maintain their privacy.

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

Management and staff support and encourage care recipients to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and regular reviews reflect changes in the individual needs of the care recipients. Surveys, feedback from meetings and participation records monitor satisfaction. Community groups and volunteers are welcomed at the home and care recipients receive assistance to go on outings and to maintain individual hobbies. Friends and family are encouraged to be involved in their life at the home and to join in activities. Care recipients stated staff invite them to daily events and they are satisfied with the variety of the activities program.

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

Management and staff demonstrate they foster and value care recipients' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff access interpreters if needed. Various denominations hold group and individual religious services. Cultural and volunteer groups are welcome and staff assist care recipients to attend community clubs and events. Special events and significant days are celebrated

and care recipients' dietary preferences accommodated. Care recipients stated satisfaction with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff are committed to promoting the care recipient's right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney information is collected where required. Displayed brochures, handbooks and agreements contain information on care recipients' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to policies and procedures on this outcome. Care recipients stated satisfaction with their ability to continue to make independent choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation ensures new care recipients understand their security of tenure, rights and responsibilities, financial obligations and services offered. Care recipients receive an information handbook and the formal agreement covers policies on rules of occupancy, leave entitlements and termination circumstances. Consultation occurs in the event of the need to move a care recipient to another room or into the adjoining nursing home. Care recipients and representatives are encouraged to seek external legal and financial advice and power of attorney information is on file. The home has an open door policy to discuss any concerns and the organisation forwards relevant correspondence to inform of changes. Care recipients and representatives feel secure in the care recipients' tenancy and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management and staff actively pursue continuous improvement to ensure care recipients live in a safe and comfortable environment. Evaluation of strategies and ideas for improvements are through feedback from care recipients, representatives and staff, maintenance requests, environmental audits and incident and infection data analysis. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements over the last 12 months relating to Standard 4 – Physical environment and safe systems include:

- Management received a feedback form from a representative requesting updated curtains in their relative’s room. They reviewed curtains throughout the hostel and received approval from the board of management to implement a replacement program. After consulting with care recipients on their preferred design, they installed new blinds. The double blinds contain mesh and solid layers providing added privacy and glare reduction. Management received positive feedback on the new blinds.
- An audit identified deficiencies in the strength of emergency lighting and exit signs. The organisation initiated a replacement program and installed an improved light bulb design. The new design is longer lasting, more cost efficient and has battery back-up. Maintenance staff report the new lighting is more reliable and provides improved monitoring processes.

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

Management has systems to identify and ensure compliance with relevant regulations to provide a safe and comfortable environment for care recipients and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 4 – Physical environment and safe systems includes:

- Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling.
- Chemicals are stored appropriately with accompanying material safety data sheets.
- The kitchen has a current food safety program and certifications by external authorities.
- Effective monitoring and maintenance of fire and safety regulations occurs.

- The home adheres to occupational health and safety policies.

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

Please 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 enable them to perform their roles effectively in relation to the physical environment and safe systems.

Recent examples of education provided in relation to Standard 4 – Physical environment and safe systems include:

- chemical handling
- emergency controller area warden
- fire extinguisher training
- food handling
- hand hygiene
- infection control
- manual handling/no lift.

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 at the home are actively working to provide a safe and comfortable environment. Care recipients live in single, personalised rooms with en-suite bathrooms. The organisation maintains internal and external environments with appropriate signage and security features. Furnishings and equipment are consistent with care recipients' care and safety needs. Care recipients and visitors have access to a variety of private and communal areas to meet and refreshments are available. Monitoring of safety and satisfaction with the environment is through surveys, audits and a preventative and responsive maintenance program. Policies and procedures guide staff practices and meet regulatory requirements. Care recipients and representatives state the environment is safe and comfortable.

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 occupational health and safety management program provides a safe working environment for staff that meets regulatory requirements. Trained representatives meet regularly with the organisation's occupational health and safety workgroup to review safety related issues and suggestions. Responsibilities include conducting environmental audits and monitoring and mentoring staff practices. Staff receive ongoing training for manual handling, fire and emergency, safe chemical management and infection control. They have access to policies and procedures to guide work practices. Incidents and infections data is analysed and hazards and maintenance requests are dealt with in a timely manner. Identified opportunities for improvement feed into the continuous improvement plan. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury.

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

There are systems for the detection, prevention and management of fire, security and other emergencies. Regular maintenance and servicing of fire equipment and alarm systems occurs. Evacuation boxes are available with a current list of care recipients noting their mobility levels. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The organisation provides effective after-hours emergency measures. Visitors are required to sign a register on entry and exit. Staff attend mandatory fire and emergency training at orientation and annually thereafter. Care recipients receive relevant information in their information handbook, in newsletters and at meetings. Staff are able to detail their actions in the event of an emergency evacuation and care recipients and representatives are satisfied with fire and security measures in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management demonstrate an effective infection control program. Policies, procedures, schedules and flow charts guide staff in all areas of the home. Infection control practices are part of orientation for new staff and included in the annual mandatory training calendar. Management conduct regular audits to evaluate practice. Management monitor infections and benchmarks with the regional inflectional control group. Infection control measures include a current food safety program, vaccination programs for care recipients and staff, pest control, hand hygiene facilities, personal protective equipment and the appropriate disposal of sharps and clinical waste. Care recipients and representatives are satisfied with management of care recipients' infections.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. All food is prepared in the hospital kitchen using the cook chill system according to a dietitian approved nineteen day rotating menu. Care recipients have input into the menu via meetings, surveys, improvement forms and verbal feedback. Cleaning occurs according to schedules and there is a system to accommodate urgent cleaning requirements. Laundry services ensure personal items are well cared for and a labelling process minimises lost clothing. Care recipients and representatives were complimentary of the quality of the catering, cleaning and laundry services.