



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Twin Parks Private Hostel RACS ID: 3340

Approved Provider: Twin Parks Pty Ltd

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 21 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 6 November 2015 to 6 October 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 October 2019



Australian Government

Australian Aged Care Quality Agency

Twin Parks Private Hostel

RACS ID 3340

47 Blake Street

RESERVOIR VIC 3073

Approved provider: Twin Parks Pty Ltd

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 21 September 2015.

The audit was conducted on 17 August 2015 to 18 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

Twin Parks Private Hostel 3340

Approved provider: Twin Parks Pty Ltd

Introduction

This is the report of a re-accreditation audit from 17 August 2015 to 18 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 17 August 2015 to 18 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:	Margaret Giffard
Team member:	Marilyn Howson

Approved provider details

Approved provider:	Twin Parks Pty Ltd
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Details of home

Name of home:	Twin Parks Private Hostel
RACS ID:	3340

Total number of allocated places:	43
Number of care recipients during audit:	41
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	47 Blake Street	State:	Victoria
City:	Reservoir	Postcode:	3073
Phone number:	03 8470 9888	Facsimile:	03 9471 3688
E-mail address:	tpacc@bigpond.net.au		

Audit trail

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

Interviews

	Number		Number
Management	3	Care recipients/representatives	9
Office/administration	2	Allied health/professional	2
Clinical/lifestyle/care/laundry	9	Catering/maintenance/cleaning	6

Sampled documents

	Number		Number
Care recipients' files	7	Medication charts	5
Quick reference care plans	6	Personnel files	7
Care recipients' lifestyle files	6		

Other documents reviewed

The team also reviewed:

- Activity documentation including: assessment tools, social, religious and cultural care plans, daily leisure/activity records, activity program and calendars, bus outings records, activity evaluation and attendance forms, individual care recipient activity attendance spreadsheets, program evaluations, monthly newsletter
- Allied health folder, medical practitioner folder and specialised nursing care folders
- Audit schedule, audits and audit results, survey results, inspection reports, priority action work plan, corrective action request log, quality improvement report
- Care recipient and visitor sign in/out books
- Chemical register, material safety data sheets
- Cleaning schedules and communication documentation
- Clinical documentation, reports and analyses
- Comments and complaints log, compliments and cards of appreciation
- Consolidated mandatory reporting register and flow charts for compulsory reporting
- Contractor register, contractor service agreements, annual supplier/provider performance evaluations, product and services supply agreements
- Dietary details forms, dietary advice folder and menus
- Education calendar, attendance and evaluations
- External safety measures manual, emergency procedures, fire equipment record of maintenance and test reports, essential safety maintenance timeline and essential services inspection schedule
- Food safety plan, certifications and external third party audits
- Medication register and other medication management documentation
- Ordering system for consumables and equipment
- Outbreak policy, guidelines and procedures

- Professional registrations and police checks databases for staff, allied health and lifestyle contractors and volunteers
- Re-accreditation self-assessment
- Recruitment documentation including position descriptions, handbook and orientation information
- Residents' handbook, pre-entry information and agreements
- Restraint and risk assessments and evaluations
- Routine and preventative maintenance schedules, requests and records, inspection reports, asset, sling check and medical equipment registers
- Schedule of meetings, minutes of meetings, memoranda
- Staff, visitors and care recipient incident reports.

Observations

The team observed the following:

- Activities in progress
- Activity resources
- Administration and storage of medication
- Call bell system in operation
- Cleaning and laundry in progress
- Cultural care kit, language charts
- Equipment and supply storage cupboard including chemical, clinical and linen stock
- Feedback forms and opinion box
- Fire panel, fire emergency evacuation and safety plans, exits and maps, emergency backpack containing care recipient information
- Interactions between staff and care recipients and representatives
- Living environment
- Manual handling equipment such as hand rails, mobility equipment and shower chairs
- Meal preparation and service
- Portable first aid kit and outbreak kits
- Re-accreditation audit notices, aged care complaint's scheme and advocacy brochures, Charter of residents' rights and responsibilities, the organisation's vision, mission and philosophy statements, organisation chart
- Secure storage of care recipient and staff files
- Small group observation in lounge area
- Smoking area.

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 has a framework for continuous improvement which is applied across the four Accreditation Standards. The organisation's planning and reporting processes support the home to actively pursue continuous improvement in a systematic manner. Continuous improvement is monitored by management. The quality system utilises a variety of qualitative and quantitative methods to identify opportunities for improvement within the home including meetings, suggestions, complaints, key performance indicators, checklists, audits, surveys, appraisals and informal communication. The home's approach ensures that areas identified as requiring improvement are actioned, monitored and evaluated. Care recipients and representatives reported they are enabled to make suggestions and a review of meeting minutes confirms this. The home has made planned improvements in relation to Accreditation Standard 1 Management systems, staffing and organisational development which include the following examples.

- In December 2014, management identified staff were not following the document control policy. Staff were utilising their own systems of document control and file naming which created difficulty for others who needed to navigate their documents. A new file naming convention was designed and implemented. All policies and procedures were renamed. An audit and subsequent reorganisation of computerised files was undertaken. While the consolidation and standardisation of the document control procedures to allow ease of identification of current, relevant documentation is well underway, the process is not expected to be completed until October 2015. Management said preliminary findings are that identification and navigation of documents is easier and less time consuming for staff as a result of improved documentation processes.
- Staff identified they were sometimes missing their meal breaks as they had to go to the staffroom in the co-located nursing home to have their meal breaks. On occasions they were too busy looking after care recipients to take the time to go to the staffroom. Management renovated the office space in the home to create a formal staff room and staff kitchenette. Kitchen utensils were provided. The renovations were completed in June 2015 and the feedback from staff has been positive as they now take their breaks in their own area and remain accessible to care recipients.
- Staff provided feedback to management in May 2015, that the computers they were using to record care recipients' care were slow and completing electronic documentation was taking them a long time. Management replaced the two computers with more modern computers with faster operating systems. Staff feedback is they are spending less time on documentation and more time with care recipients.

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 has systems to identify compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives information about regulatory compliance through membership of an industry organisation, a legislative update service, industry journals, networking, conferences, as well as being on the mailing list for government departments and agencies. Relevant changes in legislation and guidelines are communicated to staff through memoranda, education, information on noticeboards and at meetings. Management monitors compliance with legislation, regulatory requirements and professional guidelines through the observation of staff practices, appraisals, the audit program and feedback. Staff report they are satisfied with the information provided to them about legislation, regulatory requirements, professional standards and guidelines relevant to their work. Examples of regulatory compliance relevant to Accreditation Standard 1 Management systems, staffing and organisational development include:

- All staff employed by the home are required to have criminal record checks in accordance with the legislation. Management demonstrated that staff have a current criminal record check completed.
- Management ensures all care recipients, their representatives and staff have access to internal and external comments and complaints mechanisms.
- Care recipients and representatives were informed about the dates of this re-accreditation site audit.

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 appropriate skills and knowledge to perform their roles effectively in relation to the Accreditation Standards. An annual training schedule, including all mandatory training, is developed from sources such as a training needs survey, performance appraisals and feedback from staff. There is also flexibility for the provision of education and training topics in response to staff and care recipient feedback, changes in care recipients’ needs, audits, clinical indicators and incident reports. Education is delivered internally and externally, on an individual or group basis and online through various websites. The organisation encourages and supports professional development. Management monitor and evaluate the effectiveness of the program through attendance records, competency evaluation, observations, feedback and quality activities. Management and staff are satisfied with the education and training opportunities offered.

Education and training scheduled and attended in relation to Standard 1 Management systems, staffing and organisational development include:

- comments and complaints
- continuous improvement activities

- information systems
- powers of attorney, guardianship, administration and Victorian Civil and Administrative Tribunal
- 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

Care recipients and representatives advised they are aware of how to make a comment or complaint. Care recipients and representatives are informed of complaint mechanisms when the care recipient moves into the home and they are encouraged and supported through informal discussions, meetings, notices and surveys to provide feedback on the services provided. The resident handbook and agreement include information about complaints mechanisms. The staff handbook provides information about the complaints' mechanisms available to staff. Staff take action to address minor concerns that care recipients and representatives report to them. Care recipients and representatives advised they would talk to management if they had any significant concerns or complaints. Management keeps a record of complaints made to ensure that action is taken and feedback provided. Care recipients and staff said when they have raised concerns, management has been responsive.

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 vision, values and philosophy statements are displayed and documented in the home's publications. The organisation's commitment to quality is evident through the resources allocated to quality activities and the policies and procedures that guide the practices of management and staff.

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 there are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the standards and the residential care service's philosophy and objectives. Staff recruitment is managed by human resources and other senior management. New staff complete an orientation program which incorporates initial supervised shifts, a theoretical component and practical activities to assist new staff in adjusting to their roles. All new staff receive position descriptions to guide their practice and

staff sign employment contracts which include confidentiality agreements. Roster vacancies are filled from either staff employed at the home or agency. Staff said management supports them and care recipients and representatives are satisfied with the level and quality of care provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home ensures appropriate stocks of goods and equipment are available for staff to perform their duties safely, efficiently and in a manner that provides quality service delivery. Management ensures relevant stakeholders are consulted prior to the purchase of goods and equipment. Maintenance records show equipment is serviced according to a regular schedule. The home has an effective system to manage corrective and preventative maintenance. A review of documentation shows maintenance requests are attended to in a timely manner. Stock items are ordered only from approved suppliers. Consumables are ordered regularly and management monitors usage. Management and staff review the quality of goods and supplies and all stock is inspected on delivery. Perishable items are identified and stored appropriately ensuring stock rotation. The system is monitored for effectiveness through audits and feedback from staff and care recipients and representatives. Staff advised there are sufficient supplies of goods and equipment to provide quality care for care recipients.

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

Management ensures effective information management systems are in place. Management disseminates information to stakeholders through meetings, newsletters, comments and complaints, quality activities, letters, electronic mail, telephone calls, family meetings and noticeboards. Information handbooks are provided to care recipients, representatives and staff. Staff have access to accurate information to provide appropriate clinical care and services through handover, electronic care plans, communication books, allocation folders, clinical management folders, memoranda, policies and procedures. Electronic programs are password protected and electronic data is backed up daily. Archiving and document destruction processes ensure privacy and confidentiality principles are applied. Management monitor the system through quality activities and stakeholder feedback. Staff are satisfied they receive appropriate and sufficient information to support their roles and responsibilities. Care recipients and representatives are satisfied with the various ways they are kept 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

The organisation has a system to ensure that all externally sourced services are provided in a way that meets the home's needs and quality goals. Service and supply agreements are signed with contractors and approved suppliers. Feedback on the quality of services provided by external contractors is encouraged and collected from care recipients and representatives and staff through meetings, audits, comments, complaints and surveys. The organisation evaluates the performance of external service providers annually to ensure the services provided are efficient and effective. The organisation also reviews the performance of external service providers according to relevant regulations and the home's policies and procedures. Identified performance issues are communicated to contractors so that problems can be rectified, if possible, or a new contractor sought. Management and staff expressed satisfaction with the quality of the services currently being provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for further information including a description of the overall system of continuous improvement. The home has made planned improvements in Accreditation Standard 2 Health and personal care which include the following examples:

- In response to a program initiated by the Department of Social Services, management has integrated the palliative approach into the home's palliative care management system. This has included five registered nurses from the co-located sites undertaking palliative approach training, who in turn are providing training to other staff including activity staff. The home's policy and forms have been reviewed in line with the palliative approach and care recipients' care plans will be adjusted as discussions are held with care recipients and their representatives. Consultations will include other members of the health care team as appropriate. The palliative approach will ensure that care recipients' and their representatives' wishes are respected when care recipients' condition deteriorates. Initial evaluation has identified care recipients and representatives are positive about the palliative approach. They appreciate the consultation about their wishes during completion of the new advance care planning forms. Management plan a more formal evaluation of the program in November/December 2015.
- In response to a suggestion at the quality improvement committee meeting in December 2014, the physiotherapist is conducting a falls and balance program which aims to reduce care recipients' falls. The program focuses on care recipients who are assessed as having a high risk of falls. The program commenced in February 2015. The physiotherapist coordinated with activity staff as to the times and days the program is conducted. While the program is conducted once a month in the home, the home is co-located and care recipients are able to access the program three times a month. In addition, an exercise group is held five days a week in the home as part of the activity program. Preliminary data collected by the physiotherapist identified care recipients with cognitive impairment attending the group are unlikely to experience reduced falls but they are likely to increase their muscle strength, stamina and well-being.
- Management identified a need to review and evaluate the effectiveness of the pain clinic in relation to minimising care recipients' pain and increasing their functional ability and lifestyle enjoyment. Care recipients attending the pain clinic have an individualised program which lists their goals and treatment plans and these are reviewed every three months. Discussions were held with the physiotherapist, feedback was gathered from participating care recipients and a clinical pharmacist was asked to undertake an audit regarding care recipients' use of analgesia. Audits conducted prior to and after care recipients attended the pain clinic showed that before the intervention, nine care recipients were receiving regular analgesia. After attending the pain clinic, the number increased to 22, indicating more effective management of care recipients' pain. An improvement in care recipients' pain management was further evidenced by a reduction in the administration of as needed analgesia, from 34 care recipients down to 22. All care recipients audited experienced a reduction in pain, as regular analgesic regimes prevent pain becoming too severe.

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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard 2 Health and personal care include:

- Systems to monitor staff practices and compliance with policies and procedures relating to documentation, care provision and medication management include audits and reviews.
- A medication advisory committee provides the home with advice concerning regulatory requirements applicable to medication management and related 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

Management monitor the knowledge and skills of staff to ensure effective performance of their roles in relation to care recipients’ health and personal care. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 2 Care recipient health and personal care include:

- dementia and incontinence
- depression and the older person
- diabetes management
- hearing impairment and management of aids
- medication management
- modified texture diet-identifying swallowing difficulties and nutritional risk
- palliative care approach to care
- stoma care
- understanding dementia
- wound 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

Care recipients receive appropriate clinical care. On entry to the home, baseline assessments and interim care plans provide staff with directions for care recipients’ immediate health care needs. Staff, with oversight by a registered nurse, develop comprehensive care plans once more detailed assessments are completed. Staff are informed of all care recipients’ needs through care plans, handover and other verbal and written communication mechanisms and are further updated if there are any changes to care recipients’ conditions. Medical practitioners, allied health staff and others are notified of changes in care recipients’ health status and review and recommend changes as appropriate. Staff complete transfer forms with care recipients’ details when a transfer to hospital is required and ensure discharge information is communicated to staff when they return. Staff review care plans regularly and discuss changing conditions or needs with care recipients and representatives as required. Staff have access to policies, procedures, resources and equipment to support their clinical practice. Care recipients are satisfied with the clinical care provided by the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Consultation occurs with the medical practitioner regarding medical directives, referrals to specialists and for recommended treatments. Care plans reflect current information and health professionals’ referral information and advice. Health service professionals such as physiotherapist, speech pathologist, dietitian, local hospital outreach services, stoma and continence nurses, wound consultant and palliative care provide regular or as required services. Staff have access to specialised equipment and resources and attend relevant education and training identified through care recipients’ current needs, staff upskilling needs, incidents, management and staff suggestions. Care recipients are satisfied with the specialist services 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 their needs and preferences. Management ensures care recipients have access to physiotherapy, pain clinic, podiatry, optometry, audiology, dental, behavioural management and any other health and related services they may require. Staff support care recipients to attend external appointments if necessary. Communication occurs with the medical practitioner, care recipients and representatives regarding recommended and optional treatments. Care plans contain relevant details to inform staff of current information. Care recipients and

representatives are satisfied with the support provided to care recipients regarding health specialist services.

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 and staff demonstrate there are systems to ensure care recipients’ medication is managed safely and correctly. Appropriately qualified staff administer medications according to medical practitioners’ instructions. Medications are securely stored and safe medication disposal methods available. Medication charts include each care recipients’ photographs, allergies and special instructions for administration. There are processes for assessment of care recipients who self-administer medications. Staff complete annual medication competencies. Regular audits and the medication advisory committee monitor medication management. Staff review and resolve medication incidents in a timely manner. Care recipients and representatives said staff provide medications safely and 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

Management ensure all care recipients are as free as possible from pain. Staff complete pain charts and assessments to record individual pain experiences and the strategies used to assist with pain relief. Physiotherapists and registered nurses participate in the assessment and management of pain, with an in-house pain clinic available for care recipients identified as requiring more complex pain management. Care plans include information on treatments offered such as massage, heat packs, positional changes, diversional therapy and exercise. A review of care recipients’ pain management occurs regularly and if new pain is reported, including the amount of regular and as needed analgesia received by the care recipient. Consultation with the medical practitioner occurs regarding pain management and staff monitor the effectiveness of treatments. There are processes for referral to external pain management services. Care recipients said their pain is managed effectively and responded to in a timely manner.

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 and staff ensure the comfort and dignity of terminally ill care recipients is maintained. Staff support care recipients and representatives to discuss and complete advanced care directives and these are reviewed regularly. Consultation with the medical practitioner and an external palliative care team also occurs for recommendations and advice. Care plans are reviewed and adjusted as care recipients’ health care needs change and identify individual care requests, pain relief and comfort measures. Care staff implement

the use of relevant equipment and resources for minimising pain and clergy are available to provide spiritual and emotional support during the palliative phase.

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

There are systems to ensure care recipients receive adequate nourishment and hydration. A dietary advice form is completed to identify menu choices, personal preferences, allergies and specific requirements. This information is communicated to the kitchen when care recipients enter the home. Care plans reflect details regarding modified food and fluids, adaptive aids and any assistance from staff required. Care recipients’ weights are monitored and a referral process occurs to the medical practitioner, speech pathologist or dietitian in the event of significant or ongoing weight loss and/or other changes. Care plans are reviewed regularly with changes updated and relevant staff informed. Meals, snacks and refreshments are available and offered throughout the day. Care recipients and representatives are satisfied with the meal and refreshment services 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. Staff complete an assessment identifying past and current factors affecting care recipients’ skin integrity. A care plan includes details on equipment, resources and the assistance required from staff when implementing comfort measures. Care plans are reviewed regularly and skin integrity is monitored by staff during all personal care interventions. Nursing staff complete wound charts to record the treatments and progress of wound healing. Consultation occurs with the medical practitioner and a wound consultant when indicated. Staff said incidents for skin trauma and wounds are completed. Management monitor, analyse and evaluate monthly data with regular audits occurring. Care recipients are satisfied with the assistance they receive regarding their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients’ continence is managed effectively. Assessments include care recipients’ continence history, current status and continence charting. Care plans reflect individualised toileting programs, aids, equipment and assistance required by staff. Care recipients have access to their ensuite when in their rooms and there are clearly marked toilets for easy access near communal areas. A proactive approach to bowel management includes offering adequate fibre and promoting mobility and fluid intake. Care staff report signs of infection to clinical staff who action review by medical practitioners, monitor treatments and analyse monthly infection data to identify

trends. Continence is monitored through charting, care plan reviews and audits. Care recipients are satisfied staff respond to their continence management needs in a timely manner.

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 and staff ensure the needs of care recipients with responsive behaviours are managed effectively. Prior history, current condition, charts and other assessments identify care recipients’ behaviours of concern. Care plans reflect information on identified causes of care recipients’ behaviours and the individualised strategies used by staff in care and lifestyle settings, with input from care recipients’ families, where possible. Staff report behaviour related incidents as they occur and there is regular monitoring and analysis of these incidents. Consultation occurs with the medical practitioner, staff and dementia advisory service specialists to obtain further advice as required. Staff demonstrated knowledge regarding their approach to caring for individual 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

Management demonstrates optimum levels of mobility and dexterity are achieved for all care recipients. When care recipients enter the home, staff and a physiotherapist assess and identify their individual functional ability, mobility and transfer needs and complete a falls risk assessment. Individualised exercise programs are developed for each care recipient and a falls prevention exercise group, for those at high risk of falls, has also been developed to optimise strength and fitness. Care plans provide information on each care recipients’ program, abilities, needs, equipment and aids used to maximise independence. Walking, exercise, heat application and massage ensure a consistent approach to maintaining and promoting independence. Staff review care plans regularly and as required, including after falls, with referral processes for physiotherapy reviews. Staff report falls when they occur and all incidents are reviewed and analysed monthly. Care recipients are satisfied with the support received in order to maintain 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

Management and staff demonstrate care recipients’ oral and dental health is maintained. Staff document each care recipients’ oral and dental history, complete an assessment which identifies gum, teeth and mouth problems and current needs. Care plans contain details on the frequency of oral care, aids, products and staff assistance required. Care recipients have choice of their preferred dentist or technician and are consulted for any treatments necessary. Staff support care recipients to attend dental appointments if families are

unavailable. There are processes for the replacement of mouth care aids such as toothbrushes. Effectiveness of oral and dental care is evaluated through care plan reviews, care recipient and staff feedback and audits. Care recipients said staff assist with their oral care on a regular basis.

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. A range of assessments identify concerns with communication, speech, vision, hearing, taste, touch and smell. Care plans inform staff on communication strategies and for the care, application, cleaning and storage of assistive devices. An optometrist and audiologist provide services with relevant information forwarded to the medical practitioner as necessary. The physiotherapist completes a heat tolerance assessment before the use of heat packs is implemented. A range of sensory items are available to support care recipients with sensory loss such as larger print, magnifying glasses, talking books and the environment is well-lit for safe mobilising. Sensory needs are reviewed through care plan reviews, reassessments, feedback and audits. Care recipients are satisfied with the assistance they receive in meeting their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Management and staff assist care recipients to achieve natural sleep patterns. Staff collect prior history and current information and complete charts and assessments to develop interventions to support care recipients to achieve restful sleep. Care plans contain details on rising and retiring preferences, room temperature, lighting and comfort measures and pre-sleep rituals. In combination with sedation use, alternatives offered to assist with sleep including hot drinks, late supper, reading, watching television, listening to music and ensuring privacy for spiritual reflection. Staff review care plans regularly, audits are completed and care recipient feedback is sought to ensure current interventions remain effective. Care recipients said the environment is quiet at night and they sleep well.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for further information including a description of the overall system of continuous improvement. The home is making planned improvements in Accreditation Standard 3 Care recipient lifestyle which include the following examples:

- An audit on leisure activity documentation in April 2015 identified care staff had insufficient information on the activities in which care recipients wished to participate. This meant they did not always have care recipients ready on time to attend their preferred morning activities. The diversional therapist created a form that identifies the activities in which care recipients participate on a daily basis. Spiritual and cultural information is also included for each care recipient. This information is kept with the quick reference care plans. Care staff are now aware of the activities in which individual care recipients want to participate and assist them to be ready before the activity starts. Feedback from staff and care recipients has been positive.
- In January 2015, the activity staff identified they were purchasing items for sale in the care recipients’ kiosk without providing care recipients with an opportunity to request items they would like to buy from the kiosk. A whiteboard was placed in the kiosk area on which care recipients can write their requests. Care recipients have made many requests for items which are now stocked. Care recipients are pleased they can buy favourite items conveniently at the kiosk.
- In response to feedback from administration and reception staff and increased requests from care recipients and representatives for telephone access in care recipients’ rooms, management decided to upgrade the telephone system. The new system provides a much higher expansion capacity. Care recipients now have the option to continue using their existing external line or can choose to connect through the home’s new system. Having a better telephone service assists care recipients to keep in touch with families and friends.

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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard 3 Care recipient lifestyle include:

- Management has a system for the compulsory reporting of alleged and suspected reportable assault and/or abuse as required under amendments to the Aged Care Act 1997. Management and staff have received information and education on elder abuse policies and procedures.
- The obligations of staff to maintain the confidentiality of care recipients' information and to respect care recipients' privacy are included in the staff handbook.
- All care recipients and representatives receive a copy of the residential agreement prior to the care recipients' entry to the home and this document provides information about care recipients' entitlements.
- The Charter of care recipients' rights and responsibilities is displayed in the home.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management monitor the knowledge and skills of staff to ensure effective performance of their roles in relation to care recipients' lifestyle. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 3 Care recipient lifestyle include:

- care recipients' rights, elder abuse and mandatory reporting process
- leisure interests and activities
- privacy and dignity
- understanding Chinese culture
- understanding Italian culture.

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

The home has systems to ensure each care recipient receives initial and ongoing emotional support. This includes an orientation when care recipients move into the home. All new care recipients are visited by staff including activity staff who support and encourage social involvement during the settling in process. All care recipients are assessed for linguistic, cultural, spiritual, leisure and social interests and preferences. Initial and ongoing emotional needs are identified and arrangements can be made for additional support from religious visitors in response to care recipient requests. Care and support are planned in consultation with care recipients and representatives and staff provide one to one time according to individual needs. Care recipients are encouraged to personalise their rooms and visitors are welcomed. Observation of staff interactions with care recipients showed warmth and respect. Care recipients and representatives said they are satisfied with the way care recipients are assisted to adjust to life in the home and with the ongoing support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients' level of independence, preferences and specific need for assistance are assessed when they move into the home and are regularly reviewed. Care recipients are encouraged and assisted to maintain friendships and interests, and to participate in community activities in accordance with their individual abilities and preferences. The home arranges bus trips and access to the community. Care recipient meetings, feedback forms and surveys provide the opportunity for care recipients and representatives to raise issues and provide feedback. Planned activities, including entertainment by community groups, encourage care recipients to participate. Family and friends can visit at any time and care recipients were observed entertaining visitors. Several volunteers visit the home and assist in providing activities. Provision of specialised equipment promotes independence. Documentation shows care recipients are encouraged to maintain independence including decision-making, personal hygiene and attendance at activities. Mobile polling booths are set up on site during elections. Care recipients said they are encouraged and assisted to maintain their independence and friendships.

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

The home recognises and respects each care recipient's right to privacy and dignity through the identification of care recipients' care needs and planning, cultural and spiritual needs and staff practices. On entry to the home care recipients and representatives are provided with information on privacy, dignity and confidentiality. We observed secure management of confidential records. Each care recipient has their own room with ensuite bathroom. Observation of staff practices and interactions with care recipients show staff treat care recipients respectfully and with dignity. Staff requirements regarding confidentiality are included in the staff handbook. Interviews demonstrate care recipients are satisfied with staff practices regarding care recipients' privacy and dignity. We observed care recipients who are reliant on staff for their dressing and grooming requirements to be well groomed and dressed appropriately.

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

The home demonstrates care recipients are encouraged and supported to participate in a range of interests and activities of interest to them. Care recipients' specific needs, interests and preferences are assessed on entry and on an ongoing basis in consultation with care recipients and representatives. Assessments identify emotional and social needs and contribute to the development of care recipients' social, religious and cultural care plans.

Activity staff provide group and individual activities six days per week. Care staff provide some activities on Sundays. Care recipients who have difficulty self-initiating activities are prompted and provided with one-to-one activities with staff. The home's activity program has a variety of in-house and community based activities. Noticeboards display the activities calendar and staff remind care recipients about activities. There is a focus on activities suitable for care recipients' interests and capabilities. Staff complete daily participation records. Care recipients expressed satisfaction with the type and range of leisure activities available at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home recognises and respects each care recipient's cultural and spiritual life. Care recipients' cultural and spiritual needs are identified during the home's assessment processes on entry. Care recipients' individual interests, customs, religions and ethnic backgrounds are recorded. Cultural resources including access to community groups are available for care recipients who come from a culturally and linguistically diverse background. Regular religious services are held at the home and local clergy and chaplaincy are available to provide ongoing spiritual support for care recipients, representatives and staff. Cultural days relevant to care recipients' cultural backgrounds are commemorated with appropriate festivities. Care recipients' birthdays are celebrated. Care recipients and representatives are satisfied with the way the home manages care recipients' spiritual and cultural requirements.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure individual care recipients and representatives are able to exercise choice and control over care recipients' lifestyles. Some examples include: choice of medical practitioner and allied health services; participation in decisions about care and services; dietary preferences and meals; and choice to participate in activities or not. Surveys, informal conversations and also the comments, complaints and suggestion forms provide opportunities for care recipients and representatives to express views about the care recipients' care and service provision. Comments and complaints feedback forms and brochures are readily available. All care recipients receive a handbook and residential agreement which provide information about the services available and they and are orientated to the home upon entry. Care recipients have personalised their rooms with memorabilia and items of their choosing. Care recipients' authorised representatives' contact details are recorded. The Charter of care recipients' rights and responsibilities is displayed. We observed staff consulting with care recipients about their wishes and preferences. Care recipients and representatives are satisfied with the provision of choices available and the processes that support them to make decisions about the care recipients' lifestyle.

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 and representatives reported they are satisfied with the information the home provides to care recipients on entry regarding care recipients' entitlements, details of tenure as well as the fees and charges. A residential agreement is explained and offered to care recipients on entry which meets the requirements of the applicable legislation. The resident handbook which is provided to care recipients on entry contains information about the services available, processes for making complaints and care recipients' rights and responsibilities. Management advised that care recipients and representatives are consulted prior to the care recipient moving between rooms.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for further information including a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard 4 Physical environment and safe systems which include the following examples:

- In April 2015, management identified care recipients were becoming more frail with a few care recipients requiring full assistance with transfers. Management decided to install ceiling tracks in care recipients’ rooms. The installation of the ceiling tracks was prioritised depending on the care recipients’ transfer/mobility status. Eighteen care recipients’ rooms now have ceiling tracks installed with the remainder to be installed during 2015. A ceiling hoist was purchased. The physiotherapist conducted training for staff in the use of the ceiling hoist. Staff are now able to perform their duties safely through the use of suitable equipment appropriate to care recipients’ needs.
- During a power outage one evening in June 2015 staff had to borrow a portable back-up power source from the co-located nursing home to power medical equipment, operate a high low bed and an air mattress. Management decided staff would be better prepared for any future power outages if they had their own portable back up power station. This was purchased in July 2015 and is mounted on a trolley for ease of access to the area where it is needed. Staff are pleased to have this resource allocated for their use.
- An audit in March 2015 identified there was insufficient signage around the building to guide people who were evacuating the building to the assembly areas. In March 2015, signs were erected around the building indicating the direction of the assembly areas. Staff, care recipients and visitors can now easily identify the assembly points during an evacuation or emergency procedure.
- In December 2014 a care recipient’s representative suggested the garden area needed improvement. Management has installed a new pergola outside the activity room near the sunshade to encourage care recipients’ use of the outdoor area. Some of the old garden furniture has been replaced by more suitable garden furniture. More outdoor pot plants have been purchased. Early indications are that care recipients are spending more time outdoors as the weather permits. A more formal evaluation is scheduled for October/November 2015 once the weather warms up.

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 legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please refer to expected outcome 1.2

Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard 4 Physical environment and safe systems include:

- Audits, surveys and checklists are used to ensure compliance with relevant legislative requirements in the areas of food safety, infection control, laundry processes, fire safety and security.
- To ensure compliance with manual handling requirements all staff have undertaken manual handling education and attend regular update training.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management monitor the knowledge and skills of staff to ensure effective performance of their roles in relation to physical environment and safe systems. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Education and training scheduled and attended in relation to Standard 4 Physical environment and safe systems include:

- chemical training
- fire and emergency response and warden training
- fluid/food texture modification
- food hygiene and allergen refresher
- occupational health and safety
- testing/tagging electrical equipment.

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 is actively working to provide a safe and comfortable environment according to the needs of care recipients. We observed the home to be clean and free from clutter. The internal temperatures are kept at a comfortable level and there is adequate ventilation and natural lighting. We noted the environment to be secure with key pad entry for added security. All care recipients are accommodated in single rooms with ensuite bathrooms. Care recipients have a key to their room and to a lockable area within their room. The home has a preventative and reactive maintenance program to ensure the environment is safe and well maintained. The safety and comfort of the home is monitored through feedback from care recipients, observations from staff, accident/incident reports, hazard logs and environmental audits. Care recipients and representatives describe the fittings, furnishings and environment as meeting the needs of care recipients.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system which ensures management and staff are actively working together to provide a safe working environment. The occupational health and safety committee's discussions include risk management and audit results. Incidents/accidents and hazards are also discussed and evaluated for any applicable preventative action. All staff attend mandatory safety training including manual handling as required. Staff members report any work safety incidents and these are followed up by management with a focus on injury prevention. Staff have access to necessary personal protective equipment. Care recipient and staff incidents are monitored to ensure the home is a safe living and working environment.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home's systems include compulsory training, policies and procedures, emergency equipment and evacuation plans. Chemicals are stored and managed safely and an electrical tagging program is in place. Staff training records show staff undergo fire and emergency response training during orientation and on a regular basis. Regular monitoring and testing of fire and other emergency equipment is carried out by an external contractor and monitored by management. Smoke detectors and sprinklers are installed throughout the building. Signs advise that security cameras are installed. Staff procedures ensure the security of the building. Care recipients stated they feel safe living at 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 has an effective infection control program in place. Personal protective equipment, hand washing facilities and processes for staff and care recipients who are unwell are in place to minimise the risk of infection. Review and analysis of infection data occurs and annual mandatory training includes infection control with handwashing competencies. Staff identify care recipients at risk of infection with appropriate reviews undertaken and implementation of treatment, as needed. The home undertakes pest control inspections and appropriate waste disposal processes are in place. Staff demonstrate an awareness of the practices required during a gastroenteritis or other infectious disease outbreak. Staff said there are adequate supplies and equipment to assist staff in minimising the risk of infection. Care recipients and representatives are satisfied staff wear protective equipment and attend to hand hygiene.

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 working environment of staff. Food is prepared in both the main kitchen and the hostel kitchen and is served according to current dietary requirements and preferences and in line with the food safety program. Care recipients' personal clothing and the general linen is laundered on site and ironing is available. There is a labelling system for marking clothing and there are processes to help identify lost clothing. Cleaning staff work to cleaning schedules and follow infection control and chemical handling guidelines. Catering, cleaning and laundry services are monitored through verbal and written feedback, internal and external audits, observation of staff practices and meetings. Care recipients and staff are satisfied with the hospitality services provided in the home.