

Warrina Park Hostel

RACS ID: 6171

Approved provider: Warrina Homes Inc

Home address: 59 George Street PARADISE SA 5075

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| 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 08 July 2021.  We made our decision on 10 May 2018.  The audit was conducted on 04 April 2018 to 05 April 2018. 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.

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Warrina Park Hostel

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# Introduction

This is the report of a Re-accreditation Audit from 04 April 2018 to 05 April 2018 submitted to the Quality Agency.

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

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

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

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

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 04 April 2018 to 05 April 2018.

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

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

# Details of home

Total number of allocated places: 49

Number of care recipients during audit: 47

Number of care recipients receiving high care during audit: 24

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

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Chief executive officer | 1 |
| Manager of residential care | 1 |
| Corporate staff | 2 |
| Care recipients and representatives | 16 |
| Clinical, care and lifestyle staff | 6 |
| Quality co-ordinator | 1 |
| Hospitality and ancillary staff | 3 |
| Maintenance staff | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 7 |
| Medication charts | 7 |

## Other documents reviewed

The team also reviewed:

* Agency staff checklist
* Audit schedule and various audits
* Call bell reports
* Catering information
* Cleaning documentation
* Comments and complaints documentation
* Contractor checklist
* Council food safety audit
* Drug licence
* Education and competency information
* External contractor checklist
* Fire safety documentation
* Food survey
* Human resource documentation
* Improvement log
* Infection control documentation
* Job specifications
* Leisure and lifestyle documentation
* Mandatory reporting documentation
* Medication competency and nursing registration documentation
* Minutes of various meetings
* Newsletters
* Pest control documentation
* Police and statutory declaration register
* Policies and procedures
* Preventative and corrective maintenance documentation
* Resident handbook
* Residential care agreement
* Social cultural denomination lists
* Staff appraisals documentation
* Staff handbook
* Staff orientation information
* Triennial fire certificate
* Various surveys
* Wound management

## Observations

The team observed the following:

* Activities in progress
* Building works in progress
* Cleaning in progress
* Clinical equipment and storage
* Fire evacuation plans and fire equipment
* Hairdressing salon
* Infection control resources
* Interactions between staff and care recipients
* Internal and external feedback information
* Internal and external living environment
* Kitchen
* Laundry
* Noticeboards displaying information for staff and care recipients
* Re-accreditation audit poster advising of the visit displayed
* Short group observation during meal service
* Staff and care recipients interactions
* Visitor and contractor sign in/out registers

# Assessment information

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

## Standard 1 – Management systems, staffing and organisational development

### Principle:

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

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. The home’s continuous improvement program is managed and monitored by corporate and site managers and improvements documented on the plan for continuous improvement. Continuous improvements are discussed at staff and care recipient meetings, and feedback is sought on the effectiveness of the improvements. Corporate and site staff review the home’s continuous improvement plan monthly to monitor progress. A systematic review of processes occurs through regular audits across the four Accreditation Standards. Management uses a range of monitoring processes including clinical quality indicators to monitor the performance of the home's quality management systems. This information is discussed at site and corporate meetings. Care recipients, representatives and staff are encouraged to contribute to continuous improvement and are aware of the ways in which they can make suggestions.

During this re-accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides.

Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* Management identified inconsistencies in the recruitment process and have contracted the services of an external recruitment agency. Staff from the agency support the organisation’s human resource department by organising the advertising of positions, screening of applicants and administratively manage the initial process. They also complete a short list of candidates, and undertake background and reference checking of candidates prior to the interview process, as well as ensuring prospective candidates complete their mandatory online learning modules prior to the interview. Management said they are confident when interviewing candidates for positions that they are suitable and qualified for the advertised position.
* Following feedback from staff, management has recently introduced a ‘New employee induction information’ handbook. The handbook outlines the organisation’s overall approach to the Accreditation Standards and captures key points against each of the expected outcomes. The handbook is to be used to improve the training and induction of new staff, as well as providing reference material for staff to gain a greater understanding of the organisation’s aged care framework.

### 1.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where regulatory changes occur, these are discussed at corporate management meetings, and staff update relevant policies and procedures. Management communicate changes to staff through memoranda and electronic messages. Care recipients are advised of changes as required. Compliance with relevant requirements is monitored through a planned schedule of internal audits. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

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

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

The home's systems support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in a corporate and site orientation program that provides them with information about the home, key policies and procedures and mandatory information to undertake their role. Education needs are captured through a review of audit results and staff appraisals. The home has a mandatory training calendar, and staff are scheduled to attend yearly mandatory training which is either completed through the organisation's electronic training system or by face to face training. Attendance is monitored and there is a process available to address non-attendance. Mandatory and non-mandatory training is available to staff through the organisation’s electronic training system, including the completion of a suite of competencies to ensure staff have skills in key areas. The effectiveness of the education program is monitored through surveys, auditing of attendance and evaluation records, and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided.

Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* Customer service
* Workplace bullying and harassment
* Incident investigation and reporting

### 1.4 Comments and complaints

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

#### Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. The home has a feedback form which is used to record suggestions, complaints and compliments, and facilities are available to enable the submission of confidential complaints. Complaints are logged and referred to the appropriate department of the home to investigate and provide a response to the complainant. Complaints are monitored monthly by corporate and site management to track issues, actions, outcomes and feedback. Comments and complaints are generally responded to and resolved in a timely manner. Verbal complaints are either followed through by the appropriate department or actioned immediately by staff. Comments and complaints are discussed at management, staff and care recipient meetings. Results show complaints are considered and feedback is generally provided to complainants if requested. Staff interviewed said they are able to raise a complaint and will assist care recipients in the lodging of verbal complaints. The majority of care recipients and representatives interviewed said that their concerns are addressed and they have access to complaint mechanisms at the home. One representative said they feel their concerns are not always managed effectively. All respondents to the consumer experience interview said staff follow up when you raise issues with them either most of the time or always.

### 1.5 Planning and leadership

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

#### Team’s findings

The home meets this expected outcome

The organisation has a strategic plan and vision, mission and value statements which document the home's commitment to the provision of a quality aged care service. The statements are displayed within the home and communicated to care recipients, representatives, staff and others through a range of documents.

### 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

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards. Recruitment and selection processes ensure the staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to staff feedback and changes in care recipients' needs. There are processes to address planned and unplanned leave, and agency staff are utilised when permanent or casual staff are not available. Staff registrations and medication competencies are completed annually. The home's monitoring and feedback processes identify opportunities for improvement in relation to human resource management. Results show staff satisfaction is monitored through the home’s performance appraisal process and feedback and survey processes. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives interviewed are satisfied with the availability of skilled and qualified staff and the quality of care and services provided. All respondents to the consumer experience interview said the home is well run and staff know what they are doing.

### 1.7 Inventory and equipment

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

#### Team’s findings

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintenance of equipment to ensure delivery of quality services. The organisation uses preferred suppliers and purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Stocks and supplies are monitored either by designated internal staff and external contractors. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. The Manager, of Assets and Property is responsible for overseeing the preventative and corrective maintenance program and meets regularly with maintenance staff. Preventative and corrective maintenance schedules ensure equipment is monitored for operation and safety. Staff interviewed stated they are satisfied they have sufficient stocks of appropriate goods and equipment and are aware of procedures to obtain additional supplies when needed. Care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

### 1.8 Information systems

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

#### Team’s findings

The home meets this expected outcome

The home has systems which generally provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. Monitoring generally occurs to ensure information management systems are effective. Staff interviewed stated they are satisfied they have access to systems at the home to assist them to perform their role. Care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

### 1.9 External services

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

#### Team’s findings

The home meets this expected outcome

The organisation has mechanisms to identify external service needs. The organisation has agreements with external service providers and corporate management monitor police certificates, registrations and insurance documentation for currency. External contractors have an induction to the site and contractors are required to sign in and out when entering and leaving the home. There are corporate processes to review and monitor the quality of the external services provided and feedback is sought from staff on the services provided by external contractors. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

## Standard 2 – Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 2 Health and personal care include:

* Following a review of medication chart audit results, management identified there were numerous missing signatures on the medication charts. The home introduced an online medication system in August 2017. Prior to the introduction of the system, training was provided to staff. Management said since the introduction of the electronic system, there has been a significant reduction in the number of medication chart signature omissions. Feedback from nursing staff is positive as the system is easy to use and user friendly.
* Care recipients and representatives suggested the home organise for an optometrist to attend the home and provide eye care to care recipients. Following agreement from an optometrist service to visit, letters were sent to care recipients and/or next of kin asking whether they were interested in using the service. Consent forms were signed and 14 care recipients attended the clinic held in October 2017. Written reports were provided confirming the eye test results and follow-up appointments were made in consultation with family members. Further clinics are planned for 2018.

### 2.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 2 Health and personal care, management are aware of the regulatory responsibilities in relation to professional registrations and medication management. There are systems to ensure these responsibilities are met.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for more information. The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care.

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

* Continence management
* Wound care
* Pain management

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

The home has mechanisms to generally ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and generally on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are generally monitored, evaluated and reassessed through incident analysis, reviews and feedback. The home regularly reviews clinical assessments and these are updated annually. Changes in care needs are identified and documented; where appropriate, referrals are generally made to medical officers or health professionals where indicated. Staff provide care consistent with individual care plans. All respondents interviewed as part of the consumer experience interview are satisfied with the clinical care provided, and that staff explain things to them.

### 2.5 Specialised nursing care needs

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

#### Team’s findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals, is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients and representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

#### Team’s findings

The home meets this expected outcome

The home has systems to generally ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders generally provide guidance to staff when administering or assisting with medications. Monitoring generally occurs through review of the medication management system and analysis of medication incident data. Results show there is minimal medication incidents following the implementation of the electronic medication system. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

#### Team’s findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are satisfied care recipients are as free as possible from pain.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

The home has systems for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Feedback from representatives is they are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, and care recipients are generally reassessed and care plans updated and referred to health specialist as required. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff generally monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 2.11 Skin care

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

#### Team’s findings

The home meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Registered nursing staff generally oversee wound management and nursing staff are responsible for wound treatments, completion of treatment records, and documenting interventions. Skin care needs are generally monitored through wound management processes, which also includes review of incident data, handover process and consultation with medical staff . Results show the home has minimal complex wounds and staff complete dressings; however staff do not always document dressings have been completed. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients and representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipient’s continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are aware of care recipients' dignity while assisting with continence needs. Care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 2.13 Behavioural management

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

#### Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Results show there are minimal incidents regarding challenging behaviours and when these do occur management ensure care recipients are reviewed and actions are put in place. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. Care recipients and representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team’s findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided to care recipients to enable them to achieve optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team’s findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipient’s needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

## Standard 3 – Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* Management identified there were minimal lifestyle activities for care recipients in the memory support unit on weekends. An activity box has been introduced which can be accessed by care recipients and staff. The box contains playing cards, board games, and jigsaws. An activity monitoring spreadsheet for each care recipient was introduced for staff to complete. Staff were also reminded to encourage care recipient interaction. Feedback on the activity boxes has been positive as care recipients appear to enjoy the activities and spending more time with staff either on a one-to-one basis or in small groups.
* Lifestyle staff identified care recipients, family members and staff did not have a place for reflection and prayer when a care recipient passes away. Lifestyle staff have purchased appropriate items and as soon as a care recipient passes away, staff set up a table on which they place a photograph of the deceased care recipient, a candle, flowers, a prayer and a verse of remembrance. Feedback from care recipients has been positive as it has provided a quiet area to reflect and remember.

### 3.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 3 Care recipient lifestyle, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

### 3.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for more information. The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle.

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

* Dignity in care
* Elder abuse, missing persons and compulsory reporting
* Dementia care

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. The majority of care recipients and representatives interviewed are satisfied care recipients emotional support needs are met. One respondent to the consumer experience interview said they do not tell staff when they need emotional support as they are not sure of what response they would get. One respondent to the consumer experience interview said they like to keep these things to themselves.

### 3.5 Independence

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

#### Team’s findings

The home meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes, including feedback, and environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. All respondents to the consumer experience interview are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the home.

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to generally ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. Staff generally act in a respectful manner and ensure care recipients’ privacy, dignity and confidentiality and their wishes are maintained. The living environment supports care recipients' need for personal space and provides areas for receiving guests. Monitoring generally occurs through feedback, meetings and care reviews and surveys conducted. Staff interviewed are aware of care recipient’s individual wishes to ensure their privacy, dignity and confidentiality and wishes are respected. The majority of care recipients and representatives interviewed said staff treat care recipients with respect and dignity. One care recipient in response to the consumer experience interview said staff are not always respectful in the manner in which they address them.

### 3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

#### Team’s findings

The home meets this expected outcome

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. Care recipients and representatives interviewed are satisfied care recipients are assisted with activities and confirm they are supported to participate in activities of interests to them.

### 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

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home has access to support services such as interpreters and community groups and provision is made for the observation of special days. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in activities of their choice. Care recipients and representatives interviewed confirmed care recipients' customs and beliefs are respected.

### 3.9 Choice and decision-making

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipient’s ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients and representatives are satisfied care recipients can participate in decisions about the care and services they receive and that staff respect their choices.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team’s findings

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about complaints, prior to and when they enter the home. The care recipient agreement sets out the standard requirements under the relevant legislation, including security of tenure information. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representative. The Charter of Care Recipient's Rights and Responsibilities is displayed in the home. The home's monitoring processes include audits and feedback from care recipients and representatives. Staff demonstrated an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 4 Physical environment and safe systems include:

* Feedback from representatives identified the memory support unit was not dementia friendly, with poor lighting and unsuitable furniture. In consultation with staff, a special project was commenced to look at options for improving and redesigning the unit. As a result, changes have now been made to the unit to improve the environment. The unit has been repainted and carpet laid on bedroom floors. A café mural has been designed as a feature wall in the dining area, and a café area set up in a previously unused atrium. A mural depicting a cottage entrance has been placed on the door to each room. Each door mural has a different colour scheme and design. Feedback from care recipients has been positive as they easily recognise their room, with one care recipient saying they love the colour of the door.
* The home has upgraded the central courtyard area with paved areas, a bowling green, shade sails, a fountain, sitting areas and raised garden beds. The area is used by lifestyle staff for activities and care recipients were observed sitting and enjoying the outdoor. Positive feedback has been provided to management on the improvement with families stating they enjoy using the area when they visit.

### 4.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 4 Physical environment and safe systems, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### 4.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for more information. The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems.

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

* Infection control
* Fire and emergency
* Manual handling

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Care recipients are accommodated in single rooms with ensuites. Rooms are personalised with items from care recipient’s homes and fitted with call bells and secure storage. There are communal and private areas for care recipient and visitor use. There are appropriate preventative and corrective maintenance programs for buildings, furniture, equipment and fittings. The safety and comfort of the living environment is assessed and monitored through audits, surveys, incident and hazard reporting, and feedback from care recipients and representatives. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Respondents to the consumer experience interviews said they are satisfied with the living environment and feel safe living in the home.

### 4.5 Occupational health and safety

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

#### Team’s findings

The home meets this expected outcome

There are systems to support the provision of a safe working environment, including policies and procedures, routine and preventative maintenance systems, and incident and hazard reporting mechanisms. Staff receive training during orientation and on an ongoing basis about key elements of safety. Personal protective equipment is available to assist staff with the provision of a safe working environment. Risk assessments are undertaken and safe operating procedures are available to guide staff in the use of equipment. Staff have access to safety data sheets. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, and analysis of incident and hazard data. Staff were observed to carry out their work safely and said they are satisfied management is actively working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff. Staff are provided with education and training on fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained by external contractors. Fire safety risks are minimised through an alarm and detection system, sprinkler system, and emergency lighting. Strategies to provide a safe environment include environmental audits and testing of electrical equipment. Staff have an understanding of their roles and responsibilities in the event of a fire or other emergency. Care recipients interviewed are aware of what they should do on hearing an alarm.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

The home has systems to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Results show the home has minimal infections. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 4.8 Catering, cleaning and laundry services

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

#### Team’s findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. Identified food preferences, allergies and special dietary needs are communicated to catering staff. The menu has been reviewed by a dietitian and meals are freshly cooked on site. Care recipients are consulted about menus and their preferred daily choices. Flat linen is laundered by an external contractor and care recipients’ personal clothing is laundered on-site. Cleaning schedules guide the cleaning of care recipient rooms, staff and communal areas. Cleaning and laundry services are guided by infection control procedures. The home's monitoring processes include surveys, audits and room inspections. Results show not all care recipients are satisfied with the temperature of meals. Care recipients provide feedback about hospitality services through the comments and complaints mechanisms, resident meetings and verbal feedback. Staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. The majority of respondents to the consumer experience interview are satisfied with hospitality services. Three care recipients said the food is not always hot enough and the meals are not like home cooked food.