

Wilson Lodge

RACS ID: 3475

Approved provider: Central Gippsland Health Service

Home address: 155 Guthridge Parade SALE VIC 3850

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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 21 December 2020.  We made our decision on 18 October 2017.  The audit was conducted on 26 September 2017 to 27 September 2017. 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: Wilson Lodge

RACS ID: 3475

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# Introduction

This is the report of a Re-accreditation Audit from 26 September 2017 to 27 September 2017 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 26 September 2017 to 27 September 2017.

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: 50

Number of care recipients during audit: 47

Number of care recipients receiving high care during audit: 38

Special needs catered for: N/A

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Administration staff | 1 |
| Care recipients | 18 |
| Diversional therapist | 1 |
| Endorsed enrolled nurse | 3 |
| Engineering supervisor | 1 |
| Environmental staff | 1 |
| Food services staff | 1 |
| Nurse unit manager | 1 |
| Quality manager | 1 |
| Registered nurse | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 7 |
| Medication charts | 8 |
| Personnel files | 7 |

## Other documents reviewed

The team also reviewed:

* Activity calendar
* Advance care planning documentation
* Assessments, care plans and progress notes
* Attendance records leisure and lifestyle
* Care recipient handbooks
* Catering and dietary records
* Cleaning schedules and documentation
* Clinical incident reports
* Compulsory reporting documentation
* Compulsory reporting register
* Corrective and preventative maintenance documentation
* Drugs of dependence register
* Education records
* Emergency and evacuation folder and emergency plan
* Equipment and food temperature logs
* Fire and essential services maintenance and testing records
* Imprest stock order forms
* Medication incident records
* Meeting minutes – management, committees
* Menu and care recipient dietary information
* Newsletter – care recipients
* Nurse initiated medication (authorisation)
* Post fall management protocol
* Staff rosters.

## Observations

The team observed the following:

* Activities in progress
* Activities program on display
* Care recipient smoking area
* Catering area
* Charter of care recipients rights and responsibilities – residential care on display
* Cleaning in progress
* Clinical equipment in use
* Feedback mechanisms - Internal and external
* Fire evacuation diagrams
* Fire indicator panel
* Firefighting equipment
* Hand hygiene facilities
* Handrails
* Heat seal labelling machine
* Interactions between staff, care recipients and representatives
* Key pad locks
* Laundry environment
* Living environment
* Meal service
* Medication administration
* Mission and values statement on display
* Noticeboard poster advising of visit
* Nurse call systems
* Outbreak resources
* Personal protective equipment
* Safety data sheets (SDS)
* Secure storage of cleaning equipment
* Secure storage of medications
* Short group observation
* Smoking area
* Staff room
* Treatment rooms
* Waste management practices.

# 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 at Wilson Lodge includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Management seek feedback from care recipients, representatives, staff and other stakeholders to direct improvement activities. There is a continuous improvement plan which is reviewed regularly. Management use a range of monitoring processes, such as audits, surveys and 'resident' meeting feedback to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this 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 a need to streamline care recipient admission processes. Across the four Central Gippsland Health service sites, including Wilson lodge, a single contact person is available to meet new care recipients and representatives to discuss financial aspects, care recipient agreements and security of tenure for example. Contracts are later signed on site. This has resulted in improvements in consistency of information provision, a dedicated contact point and an easier admission process for care recipients and representatives. Evaluation is ongoing.
* Responding to feedback from a 'resident' meeting, call bell audits were initiated. Information gathered was analysed and feedback provided to staff and care recipients. There have been improvements in staff response times and a gap between time of call bell pressing to being received by pagers was identified and is being rectified. Regular audits will be ongoing and evaluated.
* In January 2017, the staff rostering system changed from paper based to electronic. Staff can now self-roster and plan shifts up to two months ahead. The new system has improved rostering profiles, staff have more ownership around roster planning and a greater awareness of rostering expectations when requesting shifts. Feedback from staff has been positive.

### 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 changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

* Management has a system to undertake self-assessment.
* Management monitor nursing registrations.
* There is a system to monitor staff, contractors and volunteers police certificates and statutory declarations as required.
* Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

### 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 processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process is available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients 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:

* accreditation
* documentation system training
* bullying and harassment.

### 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 processes to ensure care recipients, their representatives and others are provided with information about how to access comments and complaint mechanisms. Information about internal and external feedback systems is included in stakeholder information, meetings and orientation programs. Care recipients and others are supported to provide feedback in informal and formal ways. Secure feedback boxes are available to enable the submission of confidential comments and complaints and ensure privacy of those using the feedback system. Complaint processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. Feedback is provided to the complainant. Management and staff have an understanding of the comments and complaints process and how they can assist care recipients and representatives with access. Although we received some 'some of the time' responses to consumer experience report interview questions regarding staff follow up when they raised issues, a high proportion of care recipients interviewed said they felt staff follow up issues. All care recipients interviewed have an awareness of complaints mechanisms and are comfortable to approach management and staff or use feedback boxes provided.

### 1.5 Planning and Leadership

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

#### Team's findings

The home meets this expected outcome

The organisation has documented the home's vision, philosophy, objectives and commitment to quality. This information is 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 and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. There are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients interviewed are generally satisfied with the availability of skilled and qualified staff and the quality of care and services provided. While we received some 'neutral' responses to consumer experience report interview questions regarding staff abilities, care recipients indicated their needs are met. A small number of care recipients provided ‘neutral’ response to the consumer experience report question that the place is well run. However, the majority of care recipients interviewed ‘agreed’ or ‘strongly agreed’ that the place is well run.

### 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 maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff and care recipients interviewed said 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 to 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. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed said they are satisfied they have access to current and accurate information. Care recipients interviewed are satisfied the information provided is appropriate to their needs and support 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 home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. There are agreements with external service providers which outline service needs. There are reviews of the quality of external services provided and where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients interviewed 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 are:

* Management identified a training need to improve pressure area response processes. Staff attended training and a pressure ulcer management flow chart was introduced to prompt and guide actions for staff. Posters were provided as an aid for staff. According to management, post education there has been a marked reduction in pressure area wounds. Training and evaluation is ongoing.
* A review of medical officer visit schedules identified a need to improve availability and arrange set days of visits to the home by medical officers. Direct contact was made with practice managers. Staff processes in regards to contacting medical officers was also reviewed and clarified. The outcome has resulted in confirmed days for some medical officer visits, greater use of resources and improved access for care recipients and improvements to staff processes. Evaluation is ongoing.

### 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.

Examples of regulatory compliance in relation to Standard 2 Health and personal care include:

* There are policies and procedures to guide management and staff in the event of a care recipients’ unexplained absence.
* Registered nurses supervise the provision of clinical and specialised nursing care according to relevant legislation and care recipient needs.
* There are policies and procedures to guide management and staff in regards to medication management.

### 2.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home has 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. Refer to Expected outcome 1.3 Education and staff development for more information.

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

* medication management
* continence management
* behaviour identification and management
* caring for the intellectually disabled care recipient
* care of the unwell care recipient.

### 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 ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified through assessment processes and consultation with the care recipient and/or their representative. 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 monitored, evaluated and reassessed through incident analysis, reviews and feedback. The care recipient of the day process is used to evaluate each care recipient's needs and preferences with care plans adjusted as required and referrals are made to medical officers or health professionals when required. Staff said they have sufficient time to provide care and have an understanding of care recipients clinical care needs. Care recipients interviewed said they are satisfied with the clinical care being provided.

### 2.5 Specialised nursing care needs

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

#### Team's findings

The home meets this expected outcome

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. Care plans reflect the assessment and consultation process and care requirements are reassessed regularly and when a change in care recipient needs occurs. Management monitor 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 care plans. Care recipients interviewed are satisfied with the management of their specialised nursing care needs.

### 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 interviewed said 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 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. The home has an imprest system that provides care recipients with timely access to medications. Documented medication orders provide guidance to staff when administering or assisting with medications. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Staff who administer or assist with medications receive medication management education. Care recipients interviewed are satisfied their 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. Staff assess care recipients' verbal and non-verbal indicators of pain and develop care plans which include strategies to assist care recipients maintain their comfort and includes medication, massage and repositioning. Staff monitor care recipient's pain and record the use and effects of interventions and strategies used. Care plans are evaluated regularly to ensure interventions remain effective. Care recipients interviewed are satisfied they 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 processes 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. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff follow end of life plans to maintain comfort and respect the choices of care recipients during palliative care.

### 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 ongoing needs and preferences are monitored, regularly reassessed and care plans updated. Care recipients’ weight loss/gain is monitored with referral to medical officers or allied health for investigation and treatment as necessary. 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 interviewed are satisfied their 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. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. Management monitor and analyse incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients 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. 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. Staff are considerate of care recipients' dignity while assisting with continence needs. Care recipients interviewed are satisfied with the support provided 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. Strategies to manage responsive behaviours are generally identified and documented in the care plan and are regularly evaluated to ensure they remain effective. Management collect and analyse behavioural incident data. Staff have an understanding of how to manage individual care recipients' behaviours, including those care recipients who are at risk of wandering. Care recipients 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 care plans and are regularly evaluated and reviewed to ensure care recipients' needs are met. Management collect, analyse and monitor 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. Care recipients interviewed are satisfied with the support provided for achieving 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. Equipment to meet care recipients' oral hygiene needs is provided. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients interviewed are satisfied with the assistance given by staff to maintain their 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 need or request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients interviewed are satisfied with the support provided to manage 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

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes. 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 and where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients interviewed are satisfied 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:

* A 'resident' survey identified requests for additional outings outside of the home. To enable this, a bus was purchased in February 2017 and is shared across four facilities. Wilson lodge has exclusive use of the bus one day a week with options to 'ride share' at other times. The bus is able to accommodate those in wheelchairs and outings are shared amongst care recipients who want to participate. Feedback from care recipients has been positive with many enjoying excursions such as barbeques and sight-seeing. Evaluation is ongoing.
* A new care recipient expressed an interest in gardening and since arriving at the home was missing this activity. In consultation with the care recipient, management suggested the rear garden area of the home could be maintained by the care recipient with support. Garden supplies and plants were purchased and a raised garden box built. A shed to store tools and equipment was also supplied. Gardening has increased the care recipient’s independence, fitness and provided meaningful activity, as well as enhanced the garden areas for all to enjoy. Evaluation is ongoing with plans to include others in gardening activities.

### 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.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

* Care recipients are offered an agreement and provided with information on users’ rights and responsibilities.
* Care recipients, representatives and staff are made aware of care recipients' rights to privacy and confidentiality.
* There are policies and procedures in relation to elder abuse and compulsory reporting requirements and processes to make staff aware of their responsibilities.

### 3.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

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. Refer to Expected outcome 1.3 Education and staff development for more information.

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

* privacy and dignity
* elder abuse
* mandatory reporting.

### 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 an individualised lifestyle plan that meets care recipient needs, interests and preferences. Monitoring processes include feedback and care reviews to identify opportunities for improvement in relation to the emotional support provided. During a short observation of an activities program, staff were observed warmly engaging with care recipients and later in individual interactions. Care recipients interviewed were mostly satisfied with the emotional support provided and agreed there were staff they could talk to if worried or sad. However some care recipients preferred to talk with family supports and had a ‘neutral’ response in the consumer experience report.

### 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, develop new friendships and participate in the life of the community. Strategies to promote care recipients' independence are documented in the care plan, evaluated and reviewed to ensure they remain current and effective. Lifestyle staff arrange for community visitors and entertainers to visit and arrange regular outings into the community. Staff describe strategies to maintain independence and staff interactions are reflective of this. Activities offered by the home support independence and socialisation. Most care recipients interviewed are satisfied with the information and assistance provided to them to achieve independence, maintain friendships and participate in the community within and outside the home. A small number of care recipients who participated in the consumer experience report had a ‘neutral’ response when asked if they are encouraged to do as much as possible for themselves.

### 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 ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented and this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff have received education in privacy, dignity and confidentiality and their practices support this. Staff were observed knocking on doors, requesting access and addressing care recipients by their preferred names. Care recipients interviewed said staff treat them with respect, maintain their privacy and feel their personal information is secure.

### 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' are encouraged and supported to participate in a wide variety of interests and activities of interest to them. Information about the leisure and lifestyle program is provided with view to continuing previous interests and activities in the home. The activities program includes group, one to one and community activities. A varied program of activities is available and reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. Observations were made of staff encouraging and supporting care recipient participation in respectful and inclusive ways. Care recipients interviewed were satisfied with activities, have input into the activities program 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. Provision is made for the observation of special days and religious beliefs relevant to the care recipients' denomination are accommodated. 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 cultural and spiritual activities of their choice. Care recipients interviewed are satisfied their 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 processes 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 recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Strategies to encourage care recipient choice and decision making include 'resident' meetings, comments and complaints mechanisms, case conferences, surveys and newsletters. 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 interviewed are satisfied they 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 have security of tenure within the home and understand their rights and responsibilities. Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, before and during entry to the home. Key staff discuss information in the care recipient agreement with each care recipient and/or their representative. The 'Charter of care recipient's rights and responsibilities- residential care' posters are displayed in the home and presented in documentation. The home's monitoring processes include information from feedback, meetings, care reviews and any identified opportunities for improvement. Staff demonstrate an understanding of care recipient rights. Care recipients 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 are:

* Following an influenza outbreak in July 2017 the influenza management policy and procedure was updated. Information highlights infection control guidelines, a symptom flowchart, prompt management and staff responses to limit the spread of influenza as well as clear reporting guidelines for suspected and confirmed cases of influenza. Additional infection control education was also provided to staff who report greater confidence and knowledge in regards to infection control. Evaluation is ongoing.
* In May 2017, management made improvements to the designated outside smoking area used by some care recipients. An electric cigarette lighter was installed. The home also supplies smoking aprons, seating, a fire blanket and a security camera with screen from the nurses station. The area has increased safety for care recipients who no longer use gas lighters or matches and staff can monitor care recipient safety when in the nurse station. Feedback has been positive from care recipients who choose to smoke.

### 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.

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

* Management ensure a safe work environment and work health safety training is provided.
* The home has a food safety program audited by a third party.
* There are policies and procedures in regards to fire, security and other emergencies.

### 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

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. Refer to Expected outcome 1.3 Education and staff development for more information.

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

* clinical training
* fire and safety
* smart lift
* occupational health and safety.

### 4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with 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. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients interviewed are satisfied the living environment is safe and comfortable.

### 4.5 Occupational health and safety

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

#### Team's findings

The home meets this expected outcome

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and 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

Management and staff are actively working to provide a safe environment and to minimise fire, security and emergency risks. Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff including an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients interviewed feel secure in the home.

### 4.7 Infection control

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

#### Team's findings

The home meets this expected outcome

The home has processes 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. Management observe and monitor staff practices, analyse clinical and infection data and evaluate results. 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 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

Hospitality services are provided in a manner to enhance care recipient's quality of life and the staff's working environment. The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and in consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. Care recipients have a choice of meals to ensure a pleasant dining experience. Meals are cooked off site. Care recipient allergies, likes, dislikes and special dietary needs are taken into account and accommodated. Environmental services staff provide cleaning according to a schedule, care recipient preferences and there are extra cleaning tasks as required. Care recipient clothing and linen is cleaned off site. Clothing is labelled to assist with the prevention of lost items. Management monitor hospitality services through internal and external audits. Staff education includes infection control and safe food handling. Care recipients interviewed are satisfied with the cleaning and laundry services and staff are satisfied the hospitality services enhance the environment. Results of the consumer experience report show a high number of care recipients like the food ‘most of the time’ or ‘all the time’. While we received some 'some of the time' and 'never' responses, care recipients also indicated they would follow this up with management. Management said they will continue to seek feedback from stakeholders to improve care recipient satisfaction with the meals in the home.