



Australian Government

Australian Aged Care Quality Agency

Yaandina Frail Aged Hostel

RACS ID 7167
58 Hampton Street
ROEBOURNE WA 6718

Approved provider: Yaandina Family Centre Limited

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 09 November 2019.

We made our decision on 06 September 2016.

The audit was conducted on 02 August 2016 to 03 August 2016. The assessment team's report is attached.

The assessment team recommended the home does not meet Expected outcome 1.8 Information systems.

The decision maker placed weight on the information from the approved provider dated 17 August 2016. The home has made a commitment to complete the policy review process to guide staff, and the decision maker found the home does meet Expected outcome 1.8 Information systems.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Yaandina Frail Aged Hostel 7167

Approved provider: Yaandina Family Centre Limited

Introduction

This is the report of a re-accreditation audit from 02 August 2016 to 03 August 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcome:

- 1.8 Information systems

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 August 2016 to 03 August 2016.

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

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

Assessment team

Team leader:	Ben (Benedict) Carroll
Team member:	Philippa Brittain

Approved provider details

Approved provider:	Yaandina Family Centre Limited
---------------------------	--------------------------------

Details of home

Name of home:	Yaandina Frail Aged Hostel
RACS ID:	7167

Total number of allocated places:	20
Number of care recipients during audit:	17
Number of care recipients receiving high care during audit:	3
Special needs catered for:	People of Aboriginal and Torres Strait Islander descent, Veterans

Street:	58 Hampton Street
Town:	ROEBOURNE
State:	WA
Postcode:	6718
Phone number:	08 9182 1365/08 9182 1172
Facsimile:	08 9182 1648
E-mail address:	nurse@yaandina.org

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Assets, procurement and security manager	1
Nurse manager	1
Registered nurses	2
Care staff	3
Hospitality staff	2
Administration officer	1
Care recipients/representatives	5
Human resources manager	1
Clinical nurse	1
Enrolled nurse	1
Aboriginal liaison/therapy staff	2
Facilities manager (maintenance)	1

Sampled documents

Category	Number
Care recipient files	5
Care recipient agreements	5
Blood glucose records	4
Therapy records (Key to me)	6
External records	3
Medication charts	6
Wound care records	1
Dietary records	3
Personnel files	6

Other documents reviewed

The team also reviewed:

- Accidents, incidents and hazards
- Activity program, calendar and therapy statistics
- Asset register, corrective and preventative maintenance program, maintenance records
- Audits and surveys
- Behavioural management file, including referrals to psychologist and external services
- Cleaning schedules and records
- Clinical request forms and follow up
- Comments and complaints records
- Continuous improvement plan
- Correspondence with peak body organisations
- Dietitian and speech therapy referrals
- Fire detection systems log book
- Food safety file including daily food temperature records, appliance temperatures, pest service reports and internal audits
- Handbooks for staff, care recipients
- Handover sheets and daily treatment files, communication books, duty statements and position descriptions, rosters, meeting minutes, newsletters, staff diaries and memoranda
- Infection control monthly logs
- Menus, dietary lists including food supplements, food safety programs and records
- Occupational health and safety reports and checklists, hazard reports
- Policies and procedures
- Position descriptions and duty statements
- Professional registrations
- Safety data sheets
- Staff rosters
- Staff training calendar and records

- Visual observation charts and toileting schedules.

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Allocation whiteboard
- Availability of information and forms relating to internal and external complaint mechanisms
- Equipment and supply storage areas (continence aids, mobility equipment, sharps waste disposal, personal care items and chemical storage)
- Hospitality services in progress
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Noticeboards with information for staff, care recipients and visitors
- Short group observation in the outside area
- Vision, mission, values and philosophy statements and Charter of care recipients' rights and responsibilities displayed and notice for re-accreditation
- Visiting occupational therapist and speech pathologist on site.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems and processes that demonstrate a commitment to continuous improvement across the four Accreditation Standards. Comments, complaints and suggestions, audits, incidents, meetings and informal observations identify opportunities for improvement. The manager oversees improvement projects at the home and delegates where necessary. Identified projects are added to the continuous improvement plan for implementation, monitoring and evaluation. Continuous improvement is discussed at meetings and information is provided to staff, care recipients and representatives through meetings held at the home and displayed information. Care recipients and representatives reported management is responsive to comments and suggestions.

Recent improvements undertaken over the past 12 months in relation to Standard 1 – Management systems, staffing and organisational development include the following examples.

- The management team reviewed the roster as it was difficult to schedule meetings or training capturing morning and afternoon staff. Shifts have been adjusted, creating a one hour overlap between morning and afternoon staff shifts. The management team reported this has resolved the issue and will result in better communication between staff and provide more opportunities to schedule training. This is a new initiative and will be evaluated via written feedback from staff.
- After reviewing feedback from staff, the home has reviewed its handover sheet. The management team reported the new handover template contains more visual information, gives staff an overall view regarding care needs, and provides staff with space to make additional notes on individual care recipients. Feedback obtained via staff evaluation forms is 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 uses the organisation’s systems and processes to ensure the identification of and compliance with relevant legislation. The organisation receives updates on legislative and regulatory changes from peak bodies, government and non-government agencies, and policies are updated accordingly. The manager is notified of any changes and advises staff of these, when necessary via meetings, memoranda, education and direct communication.

The home has processes to ensure the currency of police certificates is maintained for new and existing staff, and external contractors. The manager maintains a police certificate and professional registration register, and staff are notified when renewals are due. Care recipients, representatives and staff have access to the internal and external complaints and advocacy information. Management monitors compliance with legislation and the home’s policies and procedures via an auditing program, external inspections, and human resource and operational processes. Care recipients and representatives were informed a reaccreditation audit was to take place through correspondence and via displayed notices.

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 ensures management and staff have the knowledge and skills to perform their roles effectively via a recruitment process, orientation and training programs. Management uses feedback mechanisms, clinical indicators, care recipients’ care needs, performance appraisals and regulatory requirements to identify areas of professional development and required training for staff. The home’s training planner comprises of mandatory and role specific training needs. Management uses staff education matrices to monitor staff attendance at training sessions. Staff reported satisfaction with the education program available and stated management provides information to support the education of staff.

Care recipients and representatives reported management and staff are knowledgeable and perform their roles effectively.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development conducted within the past 12 months are listed below.

- Accreditation overview
- Complaint handling
- Continuous improvement
- Documentation and reporting
- Policy and procedure.

1.4 Comments and complaints

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives have access to mechanisms for internal and external comments and complaints. Information regarding complaint processes is provided to care recipients when they move into the home through the information book and residential agreement. Feedback forms are accessible to all care recipients and representatives for confidential complaints. Information brochures regarding external avenues of complaint and advocacy services are located at the entry to the home. Other opportunities for feedback are provided through care conferences, surveys and informal or formal meetings with the nurse manager. Care recipients and representatives reported they are aware of the feedback process, and management are responsive to any comments or complaints they have.

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 displays its vision, values, philosophy, objectives and commitment to quality throughout the service. All such documents have consistent content. Management and staff reported they understand and work within the home's commitment to quality.

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

The home has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with care recipients' needs. Standard guidelines for recruitment are used via recruitment forms, interviews and reference checks. A letter of employment and position description is provided to new staff, and professional registrations renewal dates are monitored. Staff receive an orientation, and 'buddy' shifts with experienced staff.

Management review the staff mix, supervision and the complexity of care recipients' needs, and adjust rosters as required. Management monitors staff performance via feedback and reporting mechanisms, and clinical indicators. Staff reported they have opportunities for professional development and have sufficient time to complete their tasks. Care recipients reported staff are responsive to their needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are processes to ensure adequate stocks of appropriate goods and equipment are available for quality service delivery. Designated staff are responsible for rotation processes and the purchase of goods and equipment using approved suppliers. An asset register is maintained and preventative and corrective maintenance systems ensure equipment is maintained, repaired and replaced as needed. Equipment is stored safely, with chemical storage areas clearly identified. The appropriateness of goods and equipment is monitored via assessments of care recipients' needs, staff feedback and monitoring mechanisms such as audits. Care recipients, staff and representatives advised maintenance issues are dealt with in a timely manner.

1.8 Information systems

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

Team's findings

The home does not meet this expected outcome

Documents we reviewed indicated the home does not have an effective management system. Care recipients do not always have access to current information relating to care provided. Procedures for the provision of health and personal care are not consistently available to guide staff. The archiving and destruction of care recipient and administration files is not documented and so may not be retrieved in a timely manner if so required.

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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. The organisation identifies externally sourced services in response to regulatory requirements, licensing and specified care services, and the home accesses preferred and local externally sourced services. The home has specific agreements with the local external services, setting out criteria and regulatory requirements. Management and relevant staff monitor the level of performance with external services, and stakeholders use feedback mechanisms to raise issues about the quality of external services provided as appropriate. The organisation's management reviews the services required and the quality goals for external service providers in response to changes. Care recipients, representatives and staff reported satisfaction with 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 continuous improvement systems and processes.

In relation to Standard 2 – Health and personal care, staff record care recipient falls, skin tears, medications, behaviours and unexplained absences of care recipients and this information is collated and analysed for trends. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Improvements undertaken over the past 12 months or in progress in relation to Standard 2 – Health and personal care include the following examples.

- During a previous visit from the Quality Agency, medication profiles did not contain photo identification of care recipients. Responding to that feedback, photo identification is attached to each profile. The management team reports this helps new staff administer medication and reduces the risk of medication errors occurring. The management team stated verbal feedback from relief staff reliant on the photo identification is positive.
- The home is in the process of consolidating medication signing sheets. The management team stated the signing sheet, used for Indigenous care recipients, is easier for staff to follow. The management team is holding meetings with the pharmacy who supplies medication for non-Indigenous care recipients to amend their layout. In addition, the clinical nurse implemented a daily medication audit conducted by the registered nurse to ensure all medication is given. Once implemented the home will seek feedback from staff and monitor medication errors to evaluate the effectiveness of this initiative.

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

The home has systems and processes to identify and ensure the home meets regulatory compliance requirements in relation to care recipients' health and personal care. The home provides care recipients' care in accordance with the specified care and services schedule.

The registered nurse carries out initial and ongoing assessments of care recipients and undertakes, directs and supervises care recipients' care. Professional registration of registered staff is monitored and maintained for currency. Medication is administered and stored safely and correctly.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for an overview of the education and staff development system.

Examples of education and training related to Standard 2 – Health and personal care are listed below.

- Blood glucose levels
- Falls prevention
- Observations
- Palliative care
- Urinalysis
- Weights.

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 processes to ensure care recipients receive appropriate clinical care. On moving into the home, a range of assessments are undertaken by clinical nurses including a physiotherapist, to identify care recipients' clinical care needs and preferences. A care plan is developed to guide staff in the provision of care and is reviewed six monthly and annually, or sooner if required. Clinical incidents are recorded and actioned by the management team.

Care recipients and representatives have the opportunity to discuss clinical care needs and preferences on an individual basis and at case conferences, or informally as needs change. Staff are advised of care recipients' changed needs through communication diaries, care plans and at handovers. Care recipients and representatives reported they are satisfied care recipients receive appropriate clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified staff meet care recipients’ specialised nursing care needs. Registered nurses assess, plan and manage specialised nursing care. Complex care plans are developed to guide registered staff in specialised care. A podiatrist undertakes assessments and provides care on a regular basis and care recipients are assisted to attend external appointments and specialised clinics. Registered staff advised they are able to source sufficient equipment, products and clinical information to support care recipients’ specialised nursing care if required. Care recipients and representatives reported care recipients receive specialised nursing care in accordance with their needs and preferences.

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 refers care recipients to appropriate health specialists in accordance with their needs and preferences. On moving into the home, the clinical team assess care recipients and develop individual care plans. Other health services are accessed to support care recipients and staff as required and changes made are communicated to registered staff and added to care plans. Following referral, care recipients are assisted to external appointments with other health services. Staff reported they liaise with a range of health services for assistance with care recipients’ care needs. Care recipients and representatives reported they are satisfied with the ongoing access care recipients have to a variety of health specialists.

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

Care recipients’ medication is managed safely and correctly. Medication competent staff administer medications from multi-dose packs. Care recipients’ medication profiles and medication forms show their identification, medication allergies and special instructions for administration. Medication incidents are reported, actioned and summarised, and regular medication audits are undertaken with deficits identified added to the improvement plan. The effectiveness of ‘as required’ (PRN) medication is evaluated and the general practitioner reviews medication on a regular basis. Care recipients who wish to administer their own medication are authorised to do so, and reviewed as required. Care recipients and representatives reported they are satisfied with the way staff manage care recipients’ medication.

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 are as free as possible from pain. On moving into the home, pain is charted over a number of days and followed up by a pain assessment completed by registered nurses. Care plans are developed and additional pain management treatments including regular exercise, massage and heat packs, are undertaken by registered staff. Pain is monitored via charting when pain needs change, or when changes are made in care recipients’ pain management. Staff reported ways in which they identify pain, and stated they report any observation of care recipients’ pain to registered staff for further intervention. Care recipients and representatives advised they are satisfied with staff assistance to manage care recipients’ 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

There are systems to maintain care recipients’ comfort and dignity in the terminal stages of life. Care recipients have the opportunity to provide directives for their preferences in the terminal stages of life, completing an end of life wishes or advance health care directive when they move into the home. A palliative care plan is developed when a care recipient is in the terminal phase of life. Registered staff and the general practitioners support care recipients during the terminal phase and the home may also use local hospitals as required. Staff have undertaken palliative care education and reported they would give care recipients additional care at this stage of life including mouth care, regular skin care and special meals.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. A nutrition, hydration and dietary needs and preference assessment records care recipients’ dietary requirements when they move into the home. Recording of the care recipient’s weight occurs during the initial assessment period and monthly thereafter. Registered nurses monitor weight variations and a referral to the speech pathologist, dietician and general practitioner take place for care recipients identified at risk. Following further assessment, nutritional supplements, meals and fluids with altered texture and consistency are provided to identified care recipients. Staff reported they have adequate skills to safely assist care recipients with their meals and drinks as required. Care recipients and representatives stated satisfaction with the quality and quantity of meals and the support care recipients receive.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Care recipients’ skin integrity and pressure area risk are assessed when they move into the home. Care plans detail interventions and equipment to maintain care recipients’ skin integrity. Specialised mattresses and cushions, limb protectors and repositioning assist with maintaining care recipients’ skin care needs. Wound care is attended by registered staff, and the home has access to an external service for further assistance when required. Skin tears and wounds are monitored by registered nurses and via the incident reporting system and clinical meetings. Registered staff are trained in wound care and reported they have adequate equipment to undertake wound treatment. Care recipients and representatives advised they are satisfied with the assistance provided by staff to maintain care recipients’ skin integrity health.

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 is managed effectively. Care recipients’ continence needs are assessed on moving into the home, and a care plan is developed and reviewed annually or sooner if required. A range of interventions are used to manage care recipients’ continence needs including appropriate equipment, assistance in toileting and suitable continence aids. Bowel management strategies include daily monitoring and interventions such as adequate fluids, high-fibre diets, regular toileting and medication. Staff reported they have adequate equipment and supplies to manage care recipients’ continence needs effectively. Care recipients and representatives stated they are satisfied with care recipients’ 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 managed effectively. The home has a system to identify care recipients’ behaviours of concern with staff recording the identified behaviour, including interventions. Appropriate interventions are documented in the care recipient’s care plan. Referrals to specialist services, including community older adult mental health teams are made in consultation with the general practitioner. The home monitors incidents of adverse behaviours, and monitors through the incident reporting system and clinical meetings. Staff reported they use diversion, hand massage, identified strategies and activities to manage care recipients’ adverse behaviours. Care recipients and

representatives reported the needs of care recipients with challenging behaviours are managed effectively.

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

The clinical nurse and physiotherapist assess each care recipient’s level of mobility and dexterity. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s activity program that includes a range of group exercises and physical activities to improve independent movement. A falls risk analysis is undertaken and the physiotherapist assists with recommendations to guide staff with care recipients’ transfer and mobility needs. Care plans are reviewed six monthly or as required. Strategies to reduce care recipient falls include low-low beds, sensor mats and a falls prevention care plan to guide staff. Staff reported they use the mobility and falls care plans to identify care recipients’ transfer and mobility needs and falls risks. Care recipients and representatives advised they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The oral and dental health of care recipients is maintained. Care recipients’ oral and dental requirements are assessed when they move into the home by registered staff, and information of their dental requirements is recorded on the care plan. Care recipients are offered an annual dental examination, and information of recommended treatment is provided to care recipients and representatives for follow up. Care recipients access external dental care and required treatments are undertaken by staff. Care recipients are referred to the speech pathologist when a swallowing impairment is identified and interventions are documented. Staff reported the care plans guide them with the amount of assistance care recipients require to maintain the oral and dental hygiene, and appropriate equipment is available. Care recipients and representatives advised they are satisfied with the assistance from staff to maintain care recipients’ oral health needs.

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 of care recipients are identified and managed effectively. Registered nurses and the clinical nurse assess care recipients’ sensory impairments when they move into the home, and information and interventions to guide staff are recorded on the care plan. Care

recipients have the opportunity to be referred to an optometry and auditory assessment conducted by an external specialist service at the home if required. Care recipients are assisted to attend external specialist services if preferred and changes are communicated to the home. Sensory activities are included on the activity program, and staff reported the assistance they provide to care recipients with sensory loss includes massage and assisting with care of their glasses or hearing aids. Care recipients and representatives reported they are satisfied with the assistance provided by staff to care recipients.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. A sleep chart is completed over a number of days to identify any waking patterns or disturbed sleep. Registered staff undertake a sleep assessment and care plans describe the care recipients’ preferences at night, and interventions in achieving a natural sleep. Staff monitor the care recipients overnight and report altered sleep patterns at handover and in the progress notes. Staff reported ways staff assist at night when care recipients are unable to sleep include repositioning, pain relief and continence care. Care recipients advised staff provide them with assistance at night when they are unable to sleep.

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 continuous improvement systems and processes.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff also contribute to improvements to care recipient lifestyle through surveys, training and networking. Staff encourage and support care recipients and others to provide feedback and suggestions.

Recent improvements undertaken in the past 12 months or in progress in relation to Standard 3 – Care recipient lifestyle include the following examples.

- In order to provide better emotional support to Indigenous care recipients, the home is extending the roles of domestic Indigenous staff. In their extended role, two Indigenous staff will support therapy and care staff and welcome new care recipients to the home. The management team stated this will help the home provide culturally appropriate care.
- In line with their ‘community in, community out’ philosophy, the home has increased the number of care recipient excursions into the community. The management team reported the excursions, including cookouts and yarning sessions, acknowledge the traditional culture and values of the care recipients. The home evaluates the effectiveness of this activity by observing participating care recipients and how they engage with the community.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all four Accreditation Standards. All care recipients or representatives have the opportunity to sign an agreement on the day of moving into the home, or shortly thereafter. Care recipients or representatives are provided an information handbook outlining the home’s services. Policies regarding confidentiality of care recipients’ information and the staff code of conduct are included in the

staff handbook. There are processes for the mandatory reporting of elder abuse and staff are aware of reporting requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home's systems, refer to expected outcome 1.3 Education and staff development.

Examples of education and training related to Standard 3 – Care recipient lifestyle are listed below.

- Care of the deceased person
- Cultural diversity in practice
- Person centred activities
- Sexuality and the older person.

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

On moving into the home, care recipients receive assistance to support them to adjust to life in the new environment. Care recipients and representatives are shown the layout of the home, including their room, the dining area and indoor outside communal areas. Care recipients and representatives complete a social history (key to me) to provide information regarding their personal life, meaningful relationships and activity preferences. The aboriginal liaison, therapy coordinator and nurse manager undertake an activity and therapy program to identify care recipients' lifestyle and activity preferences. The key to me incorporates information relating to the social and emotional needs of the care recipient. Staff reported care recipients are encouraged to personalise their rooms, to join in activities at the home and in the community, and families are encouraged to visit as often as possible. Care recipients and representatives advised care recipients' emotional needs are supported by staff.

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 are assisted to achieve maximum independence and maintain friendships within and outside the home. A number of therapy and physical assessments are completed by the multidisciplinary team when care recipients move into the home, and a care plan is developed that identifies activities to maintain their independence. Care recipients are encouraged to attend activities, visits to library regularly and bus/car trips are offered to provide outings. Staff reported they encourage and assist care recipients to participate in life outside the home. Care recipients and representatives advised they are satisfied with the assistance staff provide to care recipients in maintaining their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The right to privacy, dignity and confidentiality of care recipients is recognised and respected. Care recipients' right to privacy is reflected in the home's agreement, privacy policy and information booklet. Care recipients' accommodation is in single rooms with an ensuite bathroom. Care recipient information is stored in locked offices and computers are password protected. Staff described ways they maintain care recipients' privacy needs and reported they understand the confidentiality of care recipients' information. Care recipients and representatives reported staff are caring in their approach to care recipients, treating them with dignity.

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 range of activities of interest to them. The occupational therapist gathers and collates information regarding care recipients' personal histories, lifestyle and activity preferences from feedback and assessment. The five days a week activity programs are developed by the occupational therapist and activities are based on care recipients' interests, cognitive function and informal feedback. Therapy staff follow the comprehensive programs which also include exercise programs and one-on-one interventions. Staff reported care recipients enjoy a wide range of activities including yarnning, singing/music, bingo, painting, happy hour, bus trips and entertainment. Care recipients and representatives stated they are satisfied with the activities offered to care recipients and they are encouraged to participate.

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 interests, customs, beliefs and cultural and ethnic backgrounds of care recipients are valued and fostered. Information on their cultural and spiritual backgrounds are recorded when they move into the home. A number of church groups support care recipients' religious and spiritual requirements, and care recipients can access the chaplaincy service as required. Care recipients are assisted to attend other services, including religious services outside the community as required. Staff have access to multicultural information and interpreter services as required. Staff reported special cultural days are celebrated including NAIDOC day and Australia Day. Care recipients and representatives stated their cultural and spiritual needs are supported by staff.

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

There are processes to ensure care recipients and representatives can participate in decisions about the services they receive and exercise choice and control over their lifestyle without infringing on the rights of others. Guardianship and administration records state the appropriate decision maker for identified care recipients. Care recipient meetings, case conferences, informal communication and formal feedback processes provide a forum for care recipients and/or their representatives to express their views, and give opportunities to participate in decisions about care and services. Staff reported strategies for supporting care recipient's individual preferences including their participation in activities, refusal of care and meal choices. Care recipients and representatives advised staff support them to make choices in all aspects of their daily life.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service and understand their rights and responsibilities. An admission package is provided to care recipients and representatives before moving into the home that gives information on the home's care and services. On moving into the home, an agreement is offered that details care recipients' rights and responsibilities, accommodation services including additional provisions, termination of

agreement and security of tenure. Representatives and care recipients are consulted regarding a room change and an acceptance is completed prior to the change.

Brochures regarding advocacy services are accessible to care recipients and representatives. Care recipients and representatives stated they understand care recipients' rights and are satisfied they have secure living arrangements at the home.

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 continuous improvement systems and processes.

In relation to Standard 4 – Physical environment and safe systems, staff report incidents, accidents and hazards and these are collated and analysed monthly to identify any trends. Staff, care recipients and other interested parties are encouraged to provide feedback regarding the environment, and staff undertake mandatory training. Care recipients, representatives and staff reported the home is actively working to provide a safe and comfortable environment.

Recent improvements undertaken in the past 12 months or in progress in relation to Standard 4 - Physical environment and safe systems include the following examples.

- After identifying the barbeque area was being underutilised, the home has cleaned the area and made the BBQ serviceable. The management team reported a monthly BBQ of kangaroo tail is held for care recipients and representatives, allowing less mobile care recipients who cannot participate in community outings access to traditional bush food. Informal feedback from care recipients and representatives is positive.
- The home previously purchased frozen items from the nearest major town, with staff purchasing and delivering items. This was identified as a potential occupational health and safety issue, as staff were handling large quantities of cold items. The nurse manager reported the home now has frozen and dry goods delivered, eliminating the risk to staff. Kitchen staff confirmed the change in procedure and provided positive feedback regarding this arrangement.

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

There are systems and processes to identify ongoing regulatory compliance is maintained in relation to the physical environment and safe systems. Internal and external representatives and statutory bodies inspect and audit the workplace including the building, fire emergency preparedness and the catering environment. Management acts on hazard alerts and recommendations as required. The home has infection outbreak resources and information is

available for staff. The home has food and occupational safety programs to comply with legislative requirements and to provide staff guidance.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development process.

Examples of education and training related to Standard 4 – Physical environment and safe systems are listed below.

- Chemical handling
- Infection control
- Manual handling
- Responding to emergencies
- Safe food handling
- Work health 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 management of the home actively works to provide a safe and comfortable environment consistent with care recipients' care needs. The home is comprised of single rooms with an ensuite bathroom. All rooms have easy access to outside or communal areas. Individual air conditioning units ensure temperatures within individual rooms and shared areas are controlled and comfortable. Entry and perimeters to the home are secure and security cameras further ensure the safety of care recipients and staff. Corrective and preventative maintenance programs monitor the safety of the home. Care recipients' call bells are accessible and handrails in outside areas allow for care recipients' safe passage. Care recipients are encouraged to personalise their rooms with mementos, and they have access to communal areas for social interactions and activities. Environmental audits are regularly undertaken and actioned. Care recipients and representatives reported care recipients feel safe and comfortable in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management actively works to provide a safe working environment that meets regulatory requirements. The organisation promotes occupational health and safety via programs and alerts and monitors the reviews of incidents and safety matters. Management and staff monitor the safety of the environment using feedback and reporting mechanisms, audits and hazard inspections. Management implements improvement or remedial action as required in response to staff accidents, safety and hazard issues. Personal protective equipment is available in strategic locations. Equipment is subject to routine and preventative maintenance. Staff gave examples of working practices that support them, and are knowledgeable in occupational health and safety issues related to their job role.

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 actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. External providers carry out regular testing of fire detection systems, fire-fighting equipment and exit lighting. Information regarding emergency procedures and an evacuation list is maintained and accessible. Evacuation maps and signage showing orientation and exit routes are located throughout the home.

Staff described the home's security systems and emergency procedures, and reported there are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Where necessary, care recipients who smoke are supervised. Care recipients' visitors and contractors sign in and out to ensure awareness of who is in the building. Staff demonstrated an awareness of the home's evacuation procedures. Care recipients and representatives confirmed they would follow instructions from staff in the event of a fire or evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an established and effective infection control program. Staff are informed of current practices appropriate to their area of work at orientation and annually. The home has equipment and current information to guide staff in managing infectious outbreaks.

Information on individual care recipient infections is reported, and the nurse manager collates and analyses the information on a monthly report. Personal protective equipment, antibacterial

sanitizing gel, cleaning and laundry procedures, disposal of sharps, and vaccination programs for staff and care recipients are some of the measures utilised to minimise the risk of infection. Internal and external audits are used to monitor the food safety program. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak.

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 to enhance the care recipients' quality of life and the staff working environment. Care recipients' dietary preferences are collected when they move into the home. Care recipients are served in the dining room or, if preferred, meals are taken to their room. Cleaning schedules and duty lists identify the cleaning duties, and chemical safety data sheets are accessible to staff. Hospitality staff launder bed linen and care recipients' personal laundry, and personal items are marked to minimise loss of items. Care recipient and staff feedback, audits and surveys monitor hospitality services. Staff reported they have adequate time and equipment to provide catering, cleaning and laundry services. Care recipients and representatives reported satisfaction with the hospitality provided by staff.