



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Frederick Guest Hostel 7192 RACS ID: 7192

Approved Provider: Amana Living Incorporated

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 19 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 13 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 20 October 2015 to 20 October 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 29 March 2018

Accreditation expiry date 20 October 2019



Australian Government

Australian Aged Care Quality Agency

Frederick Guest Hostel

RACS ID 7192

25 Gleddon Road

BULL CREEK WA 6149

Approved provider: Amana Living Incorporated

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 20 October 2018.

We made our decision on 31 August 2015.

The audit was conducted on 28 July 2015 to 29 July 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

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

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

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

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

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

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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Frederick Guest Hostel 7192

Approved provider: Amana Living Incorporated

Introduction

This is the report of a re-accreditation audit from 28 July 2015 to 29 July 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 28 July 2015 to 29 July 2015.

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

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

Assessment team

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

Approved provider details

Approved provider:	Amana Living Incorporated
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Details of home

Name of home:	Frederick Guest Hostel
RACS ID:	7192

Total number of allocated places:	40
Number of care recipients during audit:	40
Number of care recipients receiving high care during audit:	33
Special needs catered for:	Nil specified

Street:	25 Gleddon Road	State:	WA
City:	BULL CREEK	Postcode:	6149
Phone number:	1300 130 766	Facsimile:	08 9310 7394
E-mail address:	info@amanaliving.com.au		

Audit trail

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

Interviews

	Number		Number
Service manager/RN	1	Care recipients/representatives	11
Operational manager	1	Physiotherapist	1
Quality consultant	1	Occupational therapist	1
Enrolled nurse	1	Therapy staff	2
Care staff	5	Catering service manager	1
Administration assistant	1	Cleaning staff	2
Catering staff	1	Maintenance officer/team leader	1

Sampled documents

	Number		Number
Care recipients' files including assessments, charts, conferences, progress notes and care plans	6	Medication profiles and signing charts	6
Care recipients' agreements	3	Personnel files	9
Assessments of care recipients able to self-medicate	4	Personal files (care recipient profile)	6

Other documents reviewed

The team also reviewed:

- Activity program and attendance statistics
- Advanced health directives and terminal wishes forms
- Agency orientation checklists
- Archiving register and procedure
- Audits and surveys
- Blood glucose records, blood pressure records, wound records and weights matrix
- Care recipient information handbook
- Cleaning schedules
- Comments, complaints and compliments file
- Fire detection and alarm system maintenance log book
- Food safety plan and temperature records
- Fridge temperature worksheets for medication fridge
- Hazards and incidents information
- Hot packs and massage file

- Human resource matrices including police certificates, visa limitations, professional registrations and performance appraisals
- Job descriptions/duty statements
- Key performance indicator reports and analyses referring to nutrition, wound care, falls risk, behaviour management, infection control, medication management and clinical staff review
- Maintenance records
- Meeting minutes
- Memoranda
- Menus, dietary lists
- Newsletters
- Nutritional supplement daily intake records and dietetic report
- Podiatry progress notes, referrals to medical officers and health specialists
- Policies, procedures and guidelines
- Register drugs of addiction
- Resident sighting chart
- Residential agreements
- Sensory file including dental, optometry and hearing service reports
- Staff handbook
- Training calendar and records file, and monitoring matrix
- Volunteer record file
- Weekly/monthly activity program, therapy file and therapy attendance records.

Observations

The team observed the following:

- Access to complaints mechanisms and suggestion box
- Activities in progress, including concert from visiting community group
- Administration and storage of medications, staff preparing heat packs
- Care recipient and staff noticeboards with relevant information
- Charter of care recipients' rights and responsibilities
- Emergency evacuation pack
- Equipment and supply storage area, including oxygen
- Interactions between staff and care recipients
- Living environment including gardens areas
- Material safety data sheets
- Mobility aids and hoists in use and/or available in the home
- Refreshments and meals being served
- Short group observation of group activities in activity room
- Signage to identify high falls risk care recipients

- Supply storage areas containing continence supplies
- Volunteers, visitors and contractors signing in book.

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 to demonstrate a commitment to continuous improvement across the four Accreditation Standards. Comments, complaints and suggestions, audits, incident analyses, meetings and informal observations are used to identify opportunities for improvement. The manager oversees the 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 organisational meetings and information is provided to staff, care recipients and representatives through meetings held at the home. Care recipients and representatives reported management is responsive to comments and suggestions. Staff gave examples of improvements recently completed that have assisted them in their role.

Examples of current or recent improvements in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- As part of a corporate strategy, the organisation introduced an initiative for staff recognition and to enhance team work and improve morals. The '3Rs' is where staff and care recipients can nominate staff for an award where they see the “Right person is doing the Right thing, the Right way”. This is discussed at meetings and every month a winner is chosen at each site and an award is presented. Monthly winners are eligible for an annual award which is presented at the organisation's annual ball and reported via the organisation's social media site. Staff feedback has been positive and the project is ongoing with continuous evaluations through feedback.
- Following staff feedback, the organisation identified an opportunity to improve the recruitment and orientation process for volunteers. As a result, the volunteer program has been centralised and the orientation processes reviewed, with amendments made to the volunteer guidelines. A corporate volunteer record file is located at the home to guide staff and volunteers of the organisation's processes. Management reported, and we observed, the home uses volunteers regularly with positive outcomes for the care recipients.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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, the Department of Social Services and other government and non-government agencies, and policies are updated accordingly. The manager is notified of any changes and advises staff as required via meetings, memoranda and education. There are processes to monitor statutory declarations, police certificates and professional registrations for all staff; and appropriate certificates for volunteers and external contractors. 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 of the re-accreditation audit via correspondence, newsletters, meetings and posters displayed around the home.

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 organisation’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identify training needs through feedback and requests from staff, satisfaction surveys, audits, accident/incident reports and observation of work practices. Site orientation and supernumerary shifts are established for new staff, and induction, mandatory and optional training is accessed via internal, external and online mediums. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance. Staff reported they have access to a variety of internal and external training and education opportunities. 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 are listed below.

- Corporate orientation and mandatory training
- Elder abuse
- Information systems.

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

The home has processes to ensure care recipients, representatives and other stakeholders have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous feedback forms. The home displays information on the processes to access internal and external complaints and advocacy services, and discusses the comments and complaints process with care recipients and their representatives on moving into the home, at care recipient/representative meetings and in case conferences. Management actions all comments and complaints and provides feedback to the originator. The home measures the effectiveness of the comments and complaints process via satisfaction surveys, and identified trends feed into the home's continuous quality improvement plan. Staff receive information about the home's comments and complaints process during orientation and advocate on behalf of care recipients as required. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

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 its vision mission and values statement along with the commitment to quality statement in the home's information systems. The statements are displayed around the home. These are communicated within the care recipient and staff information handbooks.

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 access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients' needs. Management reviews staffing levels based on care recipients' care needs and feedback from stakeholders. The home uses organisational processes to recruit and roster staff, and relevant staff monitor staff working visas and professional registrations for currency as appropriate. Staff performance is monitored via performance appraisals and feedback mechanisms, surveys and audits. Staff reported they have sufficient time to complete their duties and have the appropriate skills to conduct their roles. Relief cover is provided from casual staff and agency staff, and a registered nurse is on call weekends and after hours. Care recipients and representatives reported satisfaction with the skill level and number of staff in place to provide adequate care.

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 facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. Corrective and preventative maintenance systems exist to maintain, repair or replace equipment as needed. Specific staff have roles and responsibilities for maintaining adequate stock and equipment levels. Training is available for the appropriate use of equipment. Regular audits and environmental inspections are undertaken to ensure goods and equipment are maintained at sufficient levels, and are stored and used safely and effectively. Staff reported they have enough equipment and supplies to undertake their duties. Care recipients and representatives reported satisfaction with the availability of supplies and the quality of the equipment.

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 processes to facilitate the collection, analysis and dissemination of information related to care recipient care, business and operational matters. Management routinely collates, analyses and tables information from clinical records and indicators, human resources, auditing, surveying processes and reporting mechanisms at relevant meetings. The home schedules meetings, and minutes are available for review. The organisation's management reviews standardised documents and policies and procedures, and key staff receive updates via electronic mail, memoranda and at staff meetings. The home has procedures for the storage and management of records via archiving and maintenance of security of information. Staff reported they have access to information relevant to their roles, attend regular meetings and handovers, and they have access to feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information relevant to them via family conferences, meetings, electronic mail and newsletters.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation identifies externally sourced services in response to regulatory requirements, licensing and specified care services, and the home accesses local externally sourced services whenever appropriate. The home has specific agreements with the service providers that set out criteria and regulatory requirements. Management and relevant staff monitor the level of performance, and stakeholders use feedback mechanisms to raise issues about the quality of external services as appropriate. The organisation's management reviews the services required from

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 an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvement activities related to health and personal care are described below.

- Management reported the organisation identified an opportunity to improve compliance with medication administration. As a result, the process for actioning staff medication errors was amended. Staff members identified when making an error they receive a formal letter as evidence of actions resulting from the error and any remedial actions taken. Management stated, as a result of the changes to the process staff, accountability has improved and the staff medication errors at the home have decreased. Care recipients interviewed reported satisfaction with medication administration.
- Following an incident at the home, procedures for heat pack application and usage was reviewed. As a result, recommended hot packs were purchased and staff re-educated on the amended procedure and trained in the correct use of the heat packs and documentation required. Care recipients reported satisfaction with the correct use of heat packs regularly given by staff.

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

Organisational systems and processes identify and ensure the home achieves and maintains ongoing regulatory compliance in relation to care recipients' health and personal care. Clinical staff oversee initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Internal and external audits ensure medication storage and administration complies with relevant guidelines. The organisation's head office monitors any changes in legislation and alerts the service manager who disseminates the information to staff through electronic mail, meetings or memoranda. There are policies and procedures for unexplained absences of care recipients. Care recipients and representatives reported care services are received in accordance with specified care service requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development system and processes.

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

- Dementia and behavioural management
- Diabetes management
- Dysphagia management
- Medication management
- Nutritional supplements
- Oral and dental health
- Oxygen therapy
- Palliative care and pain management
- Skin care and wounds.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. Care recipients’ needs are identified when they move into the home and as required via the use charts and assessments completed by care staff, registered and enrolled nurses, an occupational therapist and physiotherapist. Care plans are developed to guide staff in care recipients’ clinical requirements and are reviewed bi-annually or when their health status changes, and clinical indicators are analysed monthly to monitor the appropriateness of care provided. General practitioners regularly visit the home and record changes care needs, and staff described the processes to ensure communication with external health professionals when so required. The manager schedules family conferences to provide feedback and to discuss clinical issues with representatives soon after care recipients enter the home, or as required. Staff reported they have adequate training to undertake clinical care, and care recipients and representatives advised they are satisfied with the care provided by staff.

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 met by appropriately qualified staff. Specialised care needs are identified from multiple sources when care recipients move into the home, and the services manager (a registered nurse) and an enrolled nurse assess, re-assess, plan, manage and review specialised nursing care. Care plans for care recipients with specialised nursing care needs are developed to guide appropriate staff, and adherence to plans is checked via meetings, observations and review of progress notes. Additional support from outside agencies is available if so required and care recipients are assisted to attend external appointments and specialised clinics. Staff reported they provide care appropriate to their role and competency. Care recipients and representatives reported they are satisfied care recipients receive specialised nursing care in accordance with their 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

Care recipients are referred to other health specialists according to their needs. Care recipients’ clinical needs are assessed when they move into the home by the multi-disciplinary health team and care plans are developed. The clinical nurse initiates urgent and non-urgent referrals to other health services as required including the organisation’s dementia specialist, podiatrist, mental health services, dieticians and speech pathologists. Specialist services conduct assessments and develop plans to assist the home meet clinical and behavioural needs and preferences. Staff assist care recipients to attend external specialist appointments and clinics, and instructions regarding changes to care plans are implemented. Care recipients and representatives reported they are satisfied with the range of health services available.

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. Policies and procedures guide staff in the safe and correct ordering, storage and administration of medication. The organisation’s medication advisory committee reviews medication management. Medication is administered by medication competent care staff using blister packs, and photo identification is attached to blister packs and signing sheets. Medication incidents are reported, monitored and reviewed monthly, and support and/or training is provided to relevant staff. Staff evaluate the effectiveness of ‘as required’ (PRN) medications. A general practitioner reviews care recipients’ medication on a regular basis and, following referral, a review is undertaken by a consultant pharmacist. Care recipients and representatives reported they are satisfied care recipients’ medication is managed safely and correctly.

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. Assessments, interventions and reviews ensure the ongoing management of care recipients’ pain. Interventions to reduce and manage pain include exercise, medicated creams, heat packs, medication and the use of transcutaneous electrical nerve stimulation (TENS) machines. Charting and assessments are conducted when care recipients’ pain needs change and follow up of pain management is undertaken by the general practitioner. 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 the assistance provided by staff 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 future care wishes when they move into the home, or thereafter if preferred. A palliative care plan is developed following a family conference when a care recipient is in the terminal phase of life. The home has access to external specialised services to provide support during the palliative stage, and pain control and wound management are provided as required. A Chaplain is available to provide additional support to care recipients and their representatives. Staff have undertaken palliative care education, and care recipients and representatives reported confidence in the home’s ability to provide effective 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 receive adequate nourishment and hydration. Staff complete nutrition and hydration assessments when care recipients move into the home and as required, including an intake record over a number of days. Care recipients’ likes, dislikes, food allergies or any specialised diets are recorded and their weights are monitored. Care recipients with additional nutritional needs are ordered protein drinks and supplements and consumption of these are monitored. Altered texture meals and thickened drinks are provided to care recipients with swallowing difficulties, and referral is made to a speech pathologist when necessary. Staff are trained in assisting care recipients with swallowing difficulties, and reported they have sufficient information regarding care recipients’ nutrition and hydration needs. Care recipients and representatives reported satisfaction with the home’s approach in meeting nutrition and hydration needs.

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 is assessed on their entry into the home and when health status changes. Care plans are developed and document interventions to maintain care recipients’ skin integrity including regular creams, discouragement of excessive showering and the use of suitable skin cleansers. Registered staff undertake wound assessments and external support is accessed when required. Staff reported they apply creams to care recipients with dry skin, and report skin tears or changes to registered staff. Care recipients and representatives reported they are satisfied with the assistance provided by staff to maintain care recipients’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Care recipients’ continence needs are assessed on moving into the home and as required, and a care plan is developed and reviewed six-monthly or sooner if required. A range of interventions are used to manage care recipients’ continence needs including scheduled toileting programs, the provision of toilet facilities throughout the home and the use of suitable continence aids. Bowel management strategies include daily monitoring and interventions such as adequate fluids, laxatives, regular toileting and use of appropriate medication. Staff reported they have adequate equipment and supplies to effectively meet care recipients’ continence needs. Care recipients and representatives stated they are satisfied care recipients’ continence needs are managed effectively.

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’ challenging behaviours with staff recording physical, verbal or wandering behaviours. The records are used for the ongoing behaviour assessments undertaken by registered staff, and possible triggers and interventions are identified. Care plans are developed to guide staff with strategies to reduce or manage care recipients’ behaviours of concern, and the organisation’s dementia specialist is accessed to assist in strategies to improve care. Staff demonstrated care consistent with planned behavioural management strategies, and care recipient incidents of challenging behaviour are monitored and trended in the manager’s monthly report. Care recipients and representatives reported satisfaction with the home’s approach to managing the causes of challenging behaviour.

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

A physiotherapist and an occupational therapist assess care recipients' mobility, dexterity and associated falls risk when they move into the home. Care recipients are encouraged to participate in the home's activity program which includes a range of group exercises and physical activities designed to improve independent movement. Care recipients' attendance at therapy sessions is monitored. A range of seating and mobility aids are available to assist care recipients maintain their mobility and independence, and use of aids and support required is documented in care plans. Incidents of falls are recorded and trended, and notification of each fall is sent to the physiotherapist when incident reports are completed. Care recipients and representatives reported satisfaction with the home's management of care recipients' mobility and dexterity needs.

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 upon entry into the home by registered staff and information is recorded on care plans. Individual care plans specify the level of assistance care recipients require to maintain oral hygiene and alternative strategies accommodate care recipients' preferences. Annual dental and oral examination are offered and treated as required. Staff reported they have sufficient training to provide assistance to care recipients with their oral and dental care needs. Care recipients and representatives reported they are satisfied with the home's approach to managing care recipients' oral health care and dental care.

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. Care recipients' sensory impairments are assessed when they move into the home and as required, and information and interventions to guide staff are recorded on care plans. Care recipients have the opportunity to have an annual auditory assessment conducted by specialist services at the home, and optometrists are accessed locally as required. Sensory losses or deterioration of senses are reported to medical officers and/or specialist services. Sensory activities promoting use of taste, smell and touch are included on the activity program. Care recipients and representatives reported they are satisfied with the home's approach in managing care recipients' sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Care recipients’ sleep patterns are recorded over multiple days when they move into the home, or when changes are reported. A sleep assessment is completed based on these results and a care plan developed describing the care recipient’s preferences at night, and interventions to assist with a natural sleep. Staff monitor care recipients’ sleep and document instances of disrupted sleep. Sleep audits are conducted annually and care recipients experiencing sleep disturbances are referred to medical officers as required. Care recipients and representatives reported they are satisfied with the care provided by staff to assist care recipients have a restful night’s 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 an overview of the home’s continuous improvement system.

In relation to care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement activities related to Standard 3 – Care recipient lifestyle are described below.

- Management and therapy staff identified a number of care recipients enjoyed attending the garden club. However, management felt the courtyard at the home needed raised garden beds in order to have better access to the garden to relax and socialise with family and friends. As a result, funds were made available for the project and work commenced with new garden beds and plants provided for care recipients who wish to participate in some gardening activities. Care recipients reported they enjoy the gardening experience. Management stated the feedback and observation from care recipients had been positive and the gardening club will continue as a planned activity.
- As a result of feedback from care recipients’ family regarding access to information upon entry into the home, a home specific admission handbook was compiled and implemented. The new handbook provided information to assist with a smooth transition and adjustment into residential care. Management stated this is an ongoing project and will be evaluated in due course through feedback from care recipients and their representatives.

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

Care recipients are informed about their rights and responsibilities in information provided to them when they move into the home. Information updates are advised in writing and discussed at relevant meetings. The home provides each care recipient with an agreement outlining fees, level of care and services and tenure arrangements. There are policies and procedures for the compulsory reporting of care recipient assault. Staff are informed of changes in legislation relevant to care recipient lifestyle through training, memoranda and meetings. Care recipients and representatives reported they are consulted in regard to making decisions about services, and are informed when changes in provision of care arise.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 3 – Care recipient lifestyle are listed below.

- Elder abuse
- Heat pack application
- Privacy and dignity.

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

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Needs and preferences of care recipients are discussed upon entry into the home, and staff orientate care recipients to their room and to the home. Additional support is provided by the Chaplain when a care recipient becomes unwell or palliative.

Representatives and families are encouraged to visit the home and there are no restrictions regarding visiting hours. Information regarding care recipients' background, interests and significant life events is accessible to staff and guides them in the provision of lifestyle care. Staff were able to describe procedures for referring concerns about the emotional health of care recipients to medical officers or relevant health professionals. Care recipients and representatives reported the support provided by the home is appropriate and effective in meeting care recipients' individual needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, and continue friendships within and outside the home. Assessments relating to mobility, falls risk and preferred lifestyles are completed by appropriate staff when care recipients move into the home and these are reviewed on an ongoing basis. Care plans identify the level and type of support each recipient requires and promote independence of care recipients. Care recipients are encouraged and supported to maintain links with the external community, and we observed community groups visiting the home during the audit. Staff reported they encourage care recipients to attend activities within the home. Care recipients and representatives reported they are satisfied with the assistance provided by the home in relation to care recipients'

independence, maintenance of friendships and participation in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The right to privacy, dignity and confidentiality of care recipients is recognised and respected. Agreements outline the care recipients' rights and the home's responsibilities in regard to privacy and dignity, and these are also reflected in the privacy policy and information booklets. Care recipient records are stored appropriately in a secure area, and access to care recipients' electronic records is password protected. Care recipients are accommodated in single rooms with ensuite, and larger internal areas are available for care recipients to privately meet with family and visitors. Staff and volunteers sign confidentiality agreements when they commence at the home. Staff interviewed demonstrated an understanding of their responsibilities regarding care recipients' privacy and dignity. Care recipients and representatives reported care recipients' privacy, dignity and confidentiality is recognised and respected.

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. Care recipients' personal histories, activity preferences, abilities and goals are identified via feedback from care recipients and representatives and assessments. Activity programs run throughout the week and include physical, sensory, cognitive and social activities. Activity programs are provided to each care recipient and current activities are communicated to representatives via the home's newsletters. The home evaluates the activity program by monitoring care recipients' attendance of each activity and by reviewing feedback obtained via family care conferences, meetings, audits and surveys. Staff reported care recipients enjoy a wide range of activities including gardening, quizzes and cooking. Care recipients and representatives stated they are satisfied with the range of activities offered to care recipients.

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. Care recipients' cultural and spiritual backgrounds are recorded when they move into the home, and this information is included in care plans and personal profiles. Care recipients and representatives are provided with information on the home's chaplaincy service. Anglican services are held weekly and requests for other faith services

by care recipients or representatives are accommodated. Where appropriate, the Chaplain spends time with care recipients and their representatives receiving palliative care. The home celebrates spiritual and cultural days relevant to care recipients such as Easter, Christmas, Chinese New Year and Bastille Day. Staff reported care recipients are supported to maintain their cultural needs. Representatives reported the care recipient's cultural and spiritual needs are supported.

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. Administration records indicate the appropriate decision maker for care recipients and, when appropriate, care recipients are placed under the care of the Public Advocate. Assessments capture care recipients' individual needs, abilities and preferences, and consents and authorisations are obtained when care recipients move into the home, and as required. Care recipients are able to express their views and discuss care services via meetings, surveys and family conferences. Staff described the way care recipients make choices when they are unable to clearly verbalise their needs. Care recipients and representatives reported satisfaction with the opportunities care recipients have to make choices regarding their care and lifestyle, and stated other care recipients at the home do not infringe on their rights.

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 representatives understand care recipients' rights and responsibilities. An information package is provided to care recipients and representatives prior to entry, outlining the care and services available. Agreements outline the care recipients' rights and responsibilities, and information relating to accommodation services, termination of agreement and security of tenure. Translated information regarding security of tenure and rights and responsibilities is accessible for care recipients from non-English speaking backgrounds, and access to interpreter services are also available when required. Brochures regarding advocacy services are accessible to care recipients and representatives. Staff reported they understand the rights and responsibilities of care recipients, and representatives reported they understand care recipients have secure tenure.

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.

Examples of current or recent improvement activities related to Standard 4 – Physical environment and safe systems are described below.

- The catering coordinator observed the commercial temperature probes were not always accurate and reliable, and felt there was a need for improvement. The catering coordinator devised a new temperature probe using a polymer block which is sensitive to temperature fluctuations when the fridge door is opened. Having devised the probe, he trialled it over a period of time and found this equipment to be far more reliable and accurate than the commercial probes. The new probes have been implemented and evaluation will occur in due course with the project ongoing across the organisation’s sites and data will be gathered and collated accordingly. Observation and staff feedback has been positive showing the effectiveness of the new probe.
- Management reported to improve safety processes in the laundry the property department was contacted to review the laundry environment and bench space availability. A redesign of the area resulted in new benches and cupboard space being made available, including the painting and vinyl replacement of floor coverings with demarcation of clean and dirty areas. Staff stated they had input into improving the safety of the environment, and the laundry and workflow process has been improved since the renovation.

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

The home has management systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency preparedness are routinely inspected and audited. Safety data sheets for chemicals used are available to staff at all times and kept updated, and infection control guidelines are available. The home has a food safety program to provide staff guidance. Interviews with staff confirmed their knowledge of regulatory compliance requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 4 – Physical environment and safe systems are listed below.

- Chemical safety
- Fire and emergency procedures
- Food safety
- Infection control/handwashing
- Manual handling
- 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 provides a safe and comfortable environment consistent with care recipients' care needs. Care recipients are accommodated in single rooms with an ensuite and a kitchenette in each room allowing care recipients independence and a safe secure environment. The atmosphere in the internal living environment was observed as being calm, the temperature to be appropriately maintained, and the gardens and courtyards provide secure and relaxing space for care recipients and representatives. Care recipients and representatives advised they are satisfied with the living environment of 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 and staff actively provide a safe working environment that meets regulatory requirements. Staff are oriented to their occupational health and safety responsibilities, and organisational safety policies and procedures guide and direct staff practice. Management and staff regularly assess the physical environment, report risks, identify potential and actual hazards, and analyse accidents and incidents. The home has a process for tagging of electrical appliances and scheduling maintenance for furniture and equipment. Staff receive information on their occupational health and safety responsibilities during induction, meetings and memoranda. Staff reported they identify and report hazards and accidents, and

management is proactive in providing a safe working environment as well as using the organisation occupational health and safety consultant when required.

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

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fires and security breaches. Approved professionals carry out regular testing of fire detection systems, firefighting equipment and exit lighting. The home has a plan to guide staff in situations that prevent the continuity of business such as a fire threat, and emergency procedures include access to an emergency evacuation kit. Evacuation maps and signage showing orientation and information regarding exit routes and location of firefighting equipment 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. Care recipients, representatives, contractors and visitors to the home sign in and out to ensure awareness of who is in the building. Care recipients and representatives are informed of what to do if they hear a fire alarm via the care recipients' handbook, posters and meetings.

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 management team and dedicated clinical staff coordinate the home's effective infection control program. Policies, guidelines, a food safety program and outbreak kits are available in the home to assist staff. Staff log care recipients' infections electronically, and trained staff carry out treatments as instructed by the general practitioner and as per the care recipients' wound management plans. Management delivers a monthly report that includes an analysis and trends to improve care. Equipment and signage are used to lessen the risk of infection. The home routinely conducts infection control audits with focus on environment, linen handling management and hand washing. Mandatory training includes infection control, and staff were able to provide examples of infection prevention strategies. Care recipients and representatives reported satisfaction with the home's infection control program.

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

Systems and processes for catering, cleaning and laundry enhance the care recipients' quality of life and meet the care recipients' needs. A catering service delivers 'cook chill' meals to the home and kitchen staff make up the nourishing snacks and drinks onsite. The menu, that the home changes three times a year with a four-weekly cycle, provides meal choices and alternatives, and changes to the menu occur in response to care recipients' feedback. The home has two dining rooms and provides care recipients with a dining

experience that includes table settings and foods of interest being served. Scheduled task lists and duties in their provision of services guide laundry and cleaning services, and the maintenance program has a provision for extra cleaning services as required. Care staff assist with laundry services as required. There is a marking and sorting system to prevent loss of linen and clothes. All hospitality services encompass the home's food safety and infection control requirements, and management monitors for quality via feedback, audits and surveys. Care recipients and representatives reported satisfaction with the food, cleaning and laundry services provided to care recipients.