



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Hale Hostel RACS ID: 7200**

**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	02 February 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 31 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 25 September 2015 to 23 March 2019.
Reason for decision	<p>Under section 2.69 of the <i>Quality Agency Principles 2013</i>, the decision was reconsidered under 'CEO's own initiative'.</p> <p>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 <a href="http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program">http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program</a>.</p> <p>The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.</p>
This decision is effective from	02 February 2018
Accreditation expiry date	23 March 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Hale Hostel**

RACS ID 7200

31 Waverley Road

COOLBELLUP WA 6163

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 25 September 2018.

We made our decision on 31 July 2015.

The audit was conducted on 01 July 2015 to 02 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**

**Hale Hostel 7200**

**Approved provider: Amana Living Incorporated**

## **Introduction**

This is the report of a re-accreditation audit from 01 July 2015 to 02 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 01 July 2015 to 02 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:	Bena (Manmohan) Grewal
Team member:	Philippa Brittain

## Approved provider details

Approved provider:	Amana Living Incorporated
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## Details of home

Name of home:	Hale Hostel
RACS ID:	7200

Total number of allocated places:	40
Number of care recipients during audit:	40
Number of care recipients receiving high care during audit:	28
Special needs catered for:	N/A

Street:	31 Waverley Road	State:	WA
City:	COOLBELLUP	Postcode:	6163
Phone number:	1300 882 623	Facsimile:	08 9314 1814
Email 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/registered nurse	1	Care recipients/representatives	9
Quality consultant	1	Occupational therapist	1
Operations manager	1	Therapy staff	1
Enrolled nurses	2	Physiotherapist	1
Care staff	5	Cleaning staff	2
Administration assistant	1	Laundry staff	1
Catering staff	2	Maintenance staff	1

### Sampled documents

	Number		Number
Care recipients' assessments, care plans and progress notes	6	Medication profiles and signing charts	6
Dietary profiles and mini nutritional assessments	6	Personnel files	6
Self-medication authorisations	2		

### Other documents reviewed

The team also reviewed:

- Audits and surveys
- Blood glucose and blood pressure charts
- Care recipient information handbook
- Cleaning schedules
- Clinical indicators
- Comments, complaints and compliments file
- Cultural and spiritual list, and church service list
- Fire detection and alarm system maintenance log book
- Food safety plan and temperature records
- Hot packs and massage file
- Job descriptions/duty statements
- Lifestyle attendance records and activity calendar
- Maintenance records
- Meeting minutes
- Memoranda
- Menus, dietary lists and special diets

- Newsletters
- Nutritional and drinks lists
- Occupational safety and health folder
- Palliative care records
- Policies and procedures
- Repositioning charts
- Residential agreements
- Staff handbook
- Therapy statistics file and physiotherapy program
- Training calendar and records file, and monitoring matrix
- Weight matrix
- Wound care charts.

### **Observations**

The team observed the following:

- Access to complaints mechanisms and suggestion box
- Activities in progress
- Charter of care recipients' rights and responsibilities
- Equipment and supply storage area, including oxygen
- Emergency evacuation pack
- Evacuation maps displayed and exit lights lit up
- Interactions between staff and care recipients
- Living environment
- Material safety data sheets
- Medication administration and storage
- Noticeboards and displayed information
- Refreshments and meals being served
- Short group observation in the dining room
- 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, incidents, meetings and informal observations are used to 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 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 to improve themselves and enhance team work and morals. The '3 R's' is where staff nominate each other 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, the winners are all put forward for an annual award at the organisation's annual ball and the winner is then awarded and recognised at the ball and via the organisation's social media site. Staff feedback has been positive and the project is ongoing with continuous evaluations.
- Following feedback from staff, the admissions process was difficult to use for staff and care recipients, management stated an easier to use new admissions pack was put together. The new pack contained more general information and an aged care complaints scheme information pack was added to it. The first pack has been in use since March 2015 and feedback from staff and care recipients and representatives has been positive, staff interviewed stated the pack was easier and more comprehensive. Management stated this is an ongoing project and will be evaluated in due course.

## **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 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 discuss 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 action all comments and complaints and provide 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 displays its vision, mission and values statement within the home and in the strategic plan. Staff and resident information handbooks, feedback forms and management systems documentation include the same statement.

#### **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 systems to ensure there are appropriately skilled and qualified staff who can deliver services in accordance with the Accreditation Standards and the home's mission, values and objectives. The home has established policies and procedures to manage human resources including recruitment processes, set selection criteria, super nummary shifts during orientation, mandatory, elective and competency-based training and further staff development. Management reviews the staff levels and skill mix according to the changing needs of care recipients and operational requirements. Staff performance is monitored via feedback mechanisms such as comments/complaints, clinical indicators, surveys and performance appraisals. The home covers absenteeism using the organisation's casual pool or via an agency. Staff reported they have sufficient time to complete their tasks. Care recipients and representatives expressed satisfaction with the responsiveness and adequacy of care services provided by staff.

## **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 clear 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,

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 improvements 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.

- Following a corporate initiative from the organisation's health care team, a new thickening product was, identified to be user friendly, the product was tried at several of the organisations sites and feedback was positive, and staff stated the product was easier to use and mixed to a better consistency. The thickening product has been implemented across all sites since January 2015, management and staff stated they found the product to be easier to mix and it gives a nicer consistency, staff reported care recipients find the thickening product to have a more palatable consistency.
- Following a large number of complaints via the home's complaints process and verbal feedback from care recipients, representatives and staff about the poor pharmacy service and constant mix ups, alternative services were investigated and a suitable pharmacy has been sourced. As a result, care recipients and family had been consulted to change to the new pharmacy, which they have found is in line with the organisational requirements in providing the best possible care and external services to care recipients. Management and staff reported pharmacy based medication errors and costs have significantly reduced and care recipients and representatives reported a positive outcome. Evaluation will occur through analysis of medication key performance indicators, and feedback from care recipients and representatives and staff in due course.

### **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 monitor any changes in legislation and alert the service manager who disseminates the information to staff through electronic mail, meetings or memoranda. There are policies and procedure 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.

- Continence care
- Dysphagia management
- Medication management
- Nutrition education, including management of diabetes and gastric tubes
- Oral and dental health
- 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 that is appropriate to their individual needs and preferences. When care recipients move into the home, the registered nurses assess their clinical care needs using validated assessment tools and consultation process. Care plans are developed to guide staff in the provision of care recipients' individual care requirements, and these are reviewed six monthly and a re-assessment occurs as required. Care recipients' general practitioner and relevant allied health practitioners regularly review care recipients. Training and education is provided to ensure staff are competent in the delivery of care recipients' care. Clinical incidents are reported and analysed to identify risks, trends and opportunities for improvement, and the need for further education. Care recipients and representatives interviewed reported they are consulted about care recipients' clinical care and expressed satisfaction with the care provided.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Registered nursing staff plan and direct the implementation of actions to meet care recipients’ specialised nursing care needs. Complex health care plans include information and directives from medical and allied health practitioners. The home provides specialised nursing care to care recipients who require complex wound care, oxygen therapy and continence management. Either a registered or an enrolled nurse is onsite each day to provide nursing care. Monitoring of specialised nursing care occurs through care plans review, internal audits and feedback from care recipients and representatives. Care recipients and representatives stated care recipients receive specialised nursing care according to 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

Relevant staff refer care recipients to health specialists in accordance with their needs and preferences. A multidisciplinary team with the involvement of the general practitioner contributes to care recipients’ assessments and identifies the need for review by other health specialists. Staff refer care recipients when further specialist input is required to the physiotherapist, occupational therapist, dietician, speech pathologist and other medical specialists. A podiatrist visits the home regularly and attends to the needs of care recipients. Nursing staff access information and recommendations resulting from specialist reviews, and implement changes to care recipients’ care or medication. Care recipients and representatives stated they are satisfied with the access to specialist health services.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Nursing staff and medication competent care staff administer care recipients’ medications via a multi-dose sachet medication management and administration system. Medication profiles contain identification and clear information pertaining to prescription instructions for medication. General practitioners regularly review care recipients’ medications. Medications are stored securely, and policies and procedures guide staff on the correct storage, disposal and administration of medications. Monthly analyses of medication incidents identify areas for corrective actions. Care recipients and representatives stated they are satisfied care recipients’ medications are 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’ pain management needs are identified when they move into the home and on an ongoing basis. There is a multidisciplinary approach to manage care recipients’ pain including the general practitioner, nursing care and allied health staff. Specific pain assessment tools are utilised to assist in the identification of care recipients’ pain. These include non-verbal descriptions for care recipients with cognitive or speech impairment. Care plans contain strategies to alleviate care recipients’ pain including pain relieving medication, heat packs, massage therapy, exercise and repositioning. Staff reported they refer to the registered nurse when pain relief strategies are not effective, or care recipients report a new pain. Care recipients and representatives stated they are satisfied with how staff 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

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients are maintained in accordance with their needs and preferences. When care recipients move into the home, or thereafter as preferred, in conjunction with their family discussion occurs on treatment decisions for future and end of life planning. When necessary, nursing staff in consultation with the general practitioner develop a palliative care plan with strategies to manage the care recipient’s care needs such as pain relief and personal care. Care recipients and families have access to a spiritual advisor of their choice, and staff provide emotional support during the palliative period. Staff and families feedback showed satisfaction with the care and provision of services during palliation.

## **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’ nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Care recipients’ care plans outline their dietary requirements, including the level of assistance required. Nurses monitor care recipients’ recorded monthly weights and, where weight loss is identified, care recipients are placed on supplementary drinks, and protein enhanced foods. Swallowing assessments are conducted and care recipients with identified swallowing deficits are ordered appropriately textured diets and fluids. Registered nurses direct care recipients’ nutritional management. Care recipients and representatives reported they are generally satisfied with the menu and satisfied with the nutritional support provided to care recipients.

### **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

Staff assess care recipients’ skin integrity, including a pressure injury risk assessment when they move into the home. Care plans contain strategies and interventions for care staff to follow to maintain care recipients’ skin integrity, hair and nails. Strategies to prevent skin breakdown and maintain integrity include the application of barrier creams and emollients, protective devices, repositioning charts and pressure-relieving equipment. A podiatrist visits the home regularly. Care recipients who require wound management have individual wound assessments to ensure continuity of care and ongoing monitoring. Registered nurses liaise with general practitioners or external services for complex wound care management. Care staff reported they inform nursing staff of any changes in care recipients’ skin integrity. Care recipients and representatives reported care recipients are satisfied with their skin care.

### **2.12 Continence management**

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

#### **Team’s findings**

The home meets this expected outcome

An assessment of care recipients’ continence needs occurs when they move into the home, and care plans are developed and reviewed six monthly or as required. Care recipients receive assistance to manage their continence through a range of measures, including scheduled toileting programs and the use of suitable continence aids, and their bowel elimination is monitored and interventions documented. A continence advisor is available to provide support to staff in relation to appropriate continence aids. Monitoring of care recipients’ urinary tract infections occurs through a process of infection control surveillance, and staff implement strategies as necessary. Staff reported they attend training to enable them to manage care recipients’ continence needs. Care recipients and representatives stated staff are effective in meeting care recipients’ continence needs.

### **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

An assessment of care recipients’ behaviours occurs when they move into the home. Individual care plans identify interventions to assist in minimising or preventing challenging behaviours and their effects on others. Staff consult with general practitioners and refer to specialist services and they implement behavioural management strategies and monitor for effectiveness. Staff attend training in dementia and behavioural management and report on strategies they use to manage the needs of care recipients with challenging behaviours. Care recipients and representatives stated the behaviours of others generally do not adversely affect care recipients.

## **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

Registered nurses and the therapy staff assess each care recipient's level of mobility and dexterity and falls risk when care recipients move into the home and thereafter. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home's physiotherapy and activity programs, including individual and group exercise programs and physical activities to improve independent movement. Appropriate seating and other aids are available to assist mobility and maintaining care recipients' independence. An incident reporting system includes analyses of mobility incidents to identify trends and implement strategies to reduce care recipient falls. Care recipients and representatives reported 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

Registered nurses assess and evaluate care recipients' oral and dental health care needs when they move into the home, annually and as required. Care plans identify the assistance care recipients require to maintain their oral and dental hygiene. Staff assist care recipients to clean their teeth or dentures, and provide them with toothbrushes and oral cleaning products on a regular basis. Staff support care recipients to attend dental services in the community. Care recipients and representatives stated their satisfaction with oral and dental care provided to care recipients.

## **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

Registered nurses assess care recipients' sensory losses when they move into the home, or in response to staff feedback. Care plans include strategies to manage care recipients' sensory losses and to maximise each care recipient's independence and interaction in activities of daily living. The activity program includes sensory activities such as massage/pamper sessions and one-on-one sensory stimulation sessions. Care recipients have access to allied health professionals, including the optometrist and audiologist. Staff described the strategies they use to assist care recipients with their sensory losses and to manage their sensory devices. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage their 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

The home has established processes to assist care recipients to achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances. Interventions to assist care recipients to establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on care recipients’ sleep including noise, confusion, pain and continence issues. Care recipients and representatives reported care recipients are satisfied with the support provided to achieve restful 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 improvements 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.

- Following feedback and a suggestion from the therapy staff to provide a bed and a suitable environment for representatives to stay with care recipients who are receiving palliative care, a comfortable fold out bed has been purchased for the use of representatives wishing to stay overnight with their loved ones. This project is ongoing and will be evaluated in due course. Care recipients and representatives reported they found this to be comforting knowing the bed is available to them should they need or want to use it.
- Management with the occupational therapy assistant felt the courtyard at the home needed a facelift to give the care recipients a nicer environment for outdoor activities and a place to relax and socialise with family and friends. Funds from the organisation’s staff giving fund were made available for the project and work commenced with new paving, a water feature, plants and new furniture being implemented and an herb garden planter will be made available to care recipients who wish to participate in some gardening activities. Care recipients reported they are looking forward to summer so they can go out and enjoy the new courtyard. Management stated that will occur via feedback from care recipients and observation from staff in due course.

#### **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 regards 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.

- Certificate IV in Leisure and lifestyle
- Grief and loss
- 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

Staff welcome new care recipients and their families, show them around the home and introduce them to other care recipients. An assessment of care recipients' emotional needs occurs when they move into the home, and they continue to be monitored as they adjust to living in the home. Individual social and cultural care plans are developed incorporating information relating to their emotional and social wellbeing. Care recipients are encouraged to personalise their rooms, join in activities at the home and in the community, and families are encouraged to visit as often as possible. Staff reported they spend extra time reassuring and orientating new care recipients to the home and encourage their participation at activities. Care recipients and representatives reported they are satisfied care recipients' emotional needs are supported by staff at the home.

### **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

An assessment of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they move into the home. Care plans identify the support care recipients require to be as independent as possible, maintain friendships and participate in the life of the community. The occupational therapist and physiotherapist provide specific equipment to maintain care recipients' independence. Care recipients are encouraged to

maintain friendships. Care recipients and representatives stated staff provide care recipients with assistance to maintain 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and only accessed by authorised personnel. Staff approach and interact with care recipients in a respectful manner. Care recipients and their representatives have access to activity rooms, lounge rooms and shared spaces in the home. Staff reported how they maintain care recipients' privacy and dignity, and are aware of the confidentiality of care recipient information. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality is maintained 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 maintain their interests and activities when they move into the home. Occupational therapy staff assess care recipients and gather information about their personal life history. Relevant staff use identified interests to develop social and cultural care plans and the home's activity program. The program is available throughout the week and includes a range of cognitive, physical, sensory and social group activities. Staff incorporate special events into the program, and families and friends join in special events. Therapy staff evaluate care recipients' participation and enjoyment of the activities they attend. Care recipients and representatives provide feedback on the program via suggestions, meetings and surveys. Care recipients and representatives reported they are satisfied care recipients are supported to participate in a range of activities and leisure interests, including bus outings.

### **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

When care recipients move into the home, staff identify individual interests, customs, beliefs and preferences relating to care recipients' cultural and spiritual life, and include this information in the development of their care plans. A chaplain visits regularly, and a church service is held at the home for all care recipients who wish to attend. Therapy staff organise cultural specific activities each month. Care recipients and representatives stated staff respect care recipients' customs, beliefs and culture.

### **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

Management and staff encourage and support care recipients' individual choices and decisions. There are processes to assess care recipients' individual needs, preferences and wishes across all areas of care and service delivery. Care recipient meetings and regular family conferences provide opportunities for care recipients and representatives to participate in decisions about the services care recipients receive. Staff reported strategies for supporting care recipients' individual preferences including their choice of meals, participation in activities and refusal of care. Care recipients and representatives reported staff support care recipients 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

The home has processes to ensure care recipients have secure tenure within the home, and understand their rights and responsibilities. The home follows an admission process with the care recipients, or their representatives including discussions on specific financial information, complaint process and access to advocacy sources, security of tenure and privacy matters. Management assists care recipients on moving into the home and management provides care recipients and representatives with consultation prior to room transfers within the home. Meetings and family conferences provide ongoing information about the care recipients' rights and responsibilities. Care recipients receive an information package that includes an agreement outlining the security of tenure, information handbook and independent sources of advice.



## **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 improvements 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.

- As a corporate initiative to standardise the catering services across all sites, the organisation’s catering coordinator produced an easy to follow reference booklet for service managers. The aim of the booklet is to better inform the service managers on the requirements of the Food Act in the absence of the catering coordinator so they can ensure the catering service is provided to care recipients as per the guidelines and the act. The booklet has been rolled out to all service managers and evaluation through management feedback has been positive. The service manager at the home stated the booklet is a very important resource and the contents are an easy to follow reference enabling the manager to ensure catering services are delivered to care recipients safely and effectively.
- 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 recorded the results, having analysed the result he 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 organisations sites and data will be gathered and collated accordingly. Observation and staff feedback has been positive showing the effectiveness of the new probe.

### **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. Corridors allow for safe passage and have handrails for additional care recipient support. 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.

#### **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 contain an updated resident mobility evacuation list. 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 residents' handbook, newsletters, 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 staff, and the maintenance program has a provision for high cleaning services. Care staff assist with cleaning and 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.