**Decision to vary period of accreditation following review audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Hawdon House |
| **RACS ID:** | 6005 |
| **Name of approved provider:** | Country Health SA Local Health Network Incorporated |
| **Address details:**  | Scott Avenue BARMERA SA 5345 |
| **Date of review audit:** | 25 June 2019 to 28 June 2019 |

**Summary of decision**

|  |  |
| --- | --- |
| **Decision made on:** | 02 August 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.To vary the period of accreditation under section 77(4)(a) of the Rules. |
| **Varied period of accreditation:** | 02 August 2019 to 02 August 2020 |
| **Number of expected** **outcomes met:**  | 23 of 44 |
| **Expected outcomes not met:** | * 1.1 Continuous improvement
* 1.3 Education and staff development
* 1.4 Comments and complaints
* 1.6 Human resource management
* 1.8 Information systems
* 2.1 Continuous improvement
* 2.3 Education and staff development
* 2.4 Clinical care
* 2.5 Specialised nursing care needs
* 2.6 Other health and related services
* 2.7 Medication management
* 2.8 Pain management
* 2.10 Nutrition and hydration
* 2.11 Skin care
* 2.13 Behavioural management
* 2.14 Mobility, dexterity and rehabilitation
* 3.2 Regulatory compliance
* 3.4 Emotional support
* 4.3 Education and staff development
* 4.4 Living environment
* 4.5 Occupational health and safety
 |
| **Revised plan for continuous improvement due:** | By 17 August 2019 |
| **Timetable for making improvements:** | By 15 December 2019 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

**Review Audit Report**

**Review audit**

Name of service: Hawdon House

RACS ID: 6005

Approved provider: Country Health SA Local Health Network Incorporated

**Introduction**

This is the report of a Review Audit from 25 June 2019 to 28 June 2019 submitted to the Aged Care Quality and Safety Commissioner (Commissioner).

There are four Accreditation Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment. 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.

An approved provider of a service applies for re-accreditation before its accreditation period expires and an assessment team visits the service to conduct a site audit. The team assesses the quality of care and services at the service and collects evidence of whether the approved provider of the service meets or does not meet the Accreditation Standards. Following a site audit, the Commissioner will make a decision whether to re-accredit or not to re-accredit the service.

An accredited service may have a review audit where an assessment team visits the service to reassess the quality of care and services at the service. Following a review audit, the Commissioner will make a decision whether to revoke or not to revoke the accreditation of the service.

**Scope of this document**

A review audit against the 44 expected outcomes of the Accreditation Standards was conducted from 25 June 2019 to 28 June 2019.

This review audit report provides an assessment of the approved provider’s performance, in relation to the service, against the Accreditation Standards, and any other matters the assessment team considers relevant.

**Details about the service**

|  |  |
| --- | --- |
| **Number of total allocated places** | 33 |
| **Number of total care recipients**  | 29 |
| **Number of care recipients on site during audit** | 29 |
| **Service provides support to specific care recipient characteristics** | Care recipients with dementia. |

**Audit trail**

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

**Interviews**

| **Position title** | **Number** |
| --- | --- |
| Care recipients and/or representatives | 10 |
| Clinical care manager | 1 |
| Director of Nursing | 1 |
| Enrolled and/or registered nurse | 6 |
| Care staff | 4 |
| Hospitality staff | 3 |
| Maintenance staff | 1 |

**Sampled documents**

| **Document type** | **Number** |
| --- | --- |
| Care recipients’ files | 23 |
| Medication charts | 27 |
| Personnel files | 3 |

**Other evidence reviewed by the team**

The assessment team also considered the following during the review audit:

* Audits and audit schedule
* Call bell response data
* Charter of Care Recipients Rights and Responsibilities
* Cleaning schedules
* Continuous improvement plan and documentation
* Criminal history documentation
* Education records
* Electrical testing and tagging records
* Emergency and evacuation plan
* Evacuation list
* External contractors documentation
* Feedback documentation
* Fire inspections records
* Food safety audit and plan
* Immunisation data
* Maintenance schedules and records
* Mandatory reporting register and records
* Medication licence
* Menu
* Newsletters
* Pest control documentation
* Policies and procedures
* Professional registration documentation
* Resident information handbook and pack
* Rosters and allocation sheets
* Surveys
* Temperature monitoring records
* Various meeting minutes
* Various staff records
* Work health and safety documentation

**Observations**

The assessment team observed the following:

* Advocacy information
* Aged care quality and safety commission signage on display
* Call bell systems
* Catering areas
* Chemical storage and safety data sheets
* Cleaning in progress
* Feedback forms
* Equipment and supply storage areas
* Fire evacuation map
* Fire suppression equipment
* Infection control resources
* Interactions between staff and care recipients
* Internal and external feedback mechanisms
* Lifestyle calendar on display
* Lifting and mobility equipment
* Internal and external living environment
* Meal service
* Medication storage
* Menu displayed
* Noticeboards
* Short group observation
* Smoking area
* Suggestion box
* Various brochures
* Visitor and contractors sign in/out register

**Assessment of performance**

This section covers information about the assessment of the approved provider’s performance, in relation to the service, against each of the expected outcomes of the Accreditation Standards.

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

**Principle:**

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

**1.1 Continuous improvement**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service was unable to demonstrate they actively pursue continuous improvement. Management was unable to demonstrate recent examples of improvement activities across Standard 1 Management systems, staffing and organisational development and Standard 2 Health and personal care. The service is not completing continuous improvement activities as per organisational processes. The service’s monitoring systems are not effective in identifying opportunities for improvement.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff and management generally have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

Relevant to Standard 1 Management systems, staffing and organisational development:

* Management is aware of their regulatory responsibilities in relation to police certificates and associated documentation.
* Management has a plan for continuous improvement.
* Confidential documents are stored, archived and disposed of securely.
* There is information regarding internal and external complaint mechanisms and advocacy services.

There are systems to ensure these responsibilities are met.

**1.3 Education and staff development**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service’s systems are not effective in ensuring staff have appropriate knowledge and skills to perform their roles effectively across all standards. While the service has a planned approach to delivering mandatory training, staff are not always completing or attending training, training is not always effective and additional training is not provided to address deficits in staff skills. Monitoring processes are not effective in ensuring non-attendance at training sessions is addressed to ensure staff are provided with skills and knowledge appropriate to perform their roles. Nine staff interviewed said they don’t have sufficient knowledge to manage some care recipients with challenging behaviours. Seven recipients and representatives interviewed said staff don’t always have the knowledge and skills to manage care recipients with challenging behaviours.

**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".

**Assessment of the expected outcome**

The service does not meet this expected outcome.

Whilst care recipients and other interested parties have access to internal and external complaint mechanisms, the service does not have an effective complaints system. Four representatives are not satisfied the service informed them following incidents of physical aggression which involved their family member. One representative interviewed has ongoing concerns about care provided to their relative. Complaints raised verbally and emails are not systematically being captured on the service’s complaints register and as a result do not assist the service to identify and monitor trends and ongoing issues.

**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".

**Assessment of the expected outcome**

The service meets this expected outcome

The organisation has documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents.

**1.6 Human resource management**

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service’s philosophy and objectives".

**Assessment of the expected outcome**

The service does not meet this expected outcome.

Management do not have the skills and knowledge to complete their role and deliver appropriate services in line with the standards and the services processes. Management stated they do not have the knowledge to complete their role appropriately. Clinical staff do not have the skills and knowledge to complete their role and deliver appropriate clinical care to care recipients. Staff interviewed were not aware of care recipients’ current clinical needs and did not have the skills and knowledge to complete their roles appropriately. Monitoring of staff practice is not effective in identifying deficits in staff skills and performance in delivering care and services.

**1.7 Inventory and equipment**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff and care recipients interviewed are satisfied with the supply and quality of goods and equipment available at the home.

**1.8 Information systems**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service does not have an effective information management system. Systems to monitor, review, report and communicate continuous improvements, complaints, incidents and education are not effective in ensuring all stakeholders are provided with current and appropriate information to complete their roles. Care recipient clinical and lifestyle information systems are not effective and information is not current and not updated to reflect the needs of the care recipients. Management and staff said they do not always have access information to perform their role. Representatives said the service does not always provide relevant information about their relative.

**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".

**Assessment of the expected outcome**

The service meets this expected outcome

The home has mechanisms to identify external service needs to achieve its quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. Care recipients and staff interviewed stated they are satisfied with the quality of externally sourced services.

**Standard 2 – Health and personal care**

**Principle:**

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

**2.1 Continuous improvement**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service was unable to demonstrate recent examples of improvement activities related to health and personal care. The service’s monitoring systems are not effective in identifying opportunities for improvement in health and personal care.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

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

Relevant to Standard 2 Health and personal care:

* There are policies and procedures to ensure safe storage and administration of medication.
* Appropriately qualified staff plan, supervise and undertake the provision of specialised nursing care.
* There are policies and procedures to follow in the event of a care recipient's unexplained absence.
* There are processes to ensure the currency of professional registrations for nursing staff.

There are systems to ensure these responsibilities are met.

**2.3 Education and staff development**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

In relation to health and personal care, education and training provided to staff is not effective in ensuring staff have the skills and knowledge to perform their roles. The service was unable to demonstrate staff have received appropriate training required to deliver clinical care and services relevant to care recipients’ needs. The service’s staff and education processes are not effective in identifying training requirements of clinical and care staff required for them to meet the care recipients’ clinical care needs. Staff interviewed and results in Standard 2 expected outcomes show staff do not have appropriate knowledge to perform their roles.

**2.4 Clinical care**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The current clinical care plan system is not effective in identifying and managing care recipients’ clinical care in line with their needs. The Assessment Team identified 18 care recipients whose clinical care is not always appropriately assessed, documented or managed. Clinical staff interviewed do not have the skills and knowledge to complete clinical assessments and reviews, in line with the service’s processes. Care staff are not provided with current information on how to manage care recipients’ clinical care needs. The service’s monitoring processes of clinical care are not effective in identifying issues the team identified during the visit. Eleven care recipients and representatives interviewed were not satisfied with clinical 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”.

**Assessment of the expected outcome**

The service does not meet this expected outcome.

Care recipients specialised nursing care needs are not always identified and met by appropriately qualified nursing staff. Care recipients’ diabetic management is not always attended in line with the service’s processes or medical officer’s directives. Two care recipients with blood glucose levels outside of acceptable levels, do not always have appropriate actions taken by clinical staff to manage and monitor their diabetes, documented in their care file. Seven medication incidents involving insulin have not lead to increased diabetic education for clinical staff. Nine care recipients who have a diabetes diagnosis, but are not currently prescribed Insulin, do not have any diabetic management plans or any monitoring of their blood glucose levels attended by the service. The service’s monitoring system has identified non-insulin dependent diabetic care recipients do not have diabetic management plans; however, corrective actions have not been undertaken by the service. Two clinical staff were aware of care recipients with unstable blood glucose levels requiring additional monitoring. Three staff were unable to state what actions should be taken when care recipients’ blood glucose levels are below acceptable ranges. One care recipient’s representative interviewed was not aware the service is not monitoring the care recipient’s diabetes.

**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”.

**Assessment of the expected outcome**

The service does not meet this expected outcome.

Care recipients are not always referred to appropriate health specialists in accordance with care recipients’ needs and preferences. Care recipients with significant weight loss or gain are not referred to a dietitian for review in line with the service’s process. Care recipients with ongoing skin integrity deficits are not always referred to specialist services for review, in a timely manner. Care recipients with low blood glucose levels are not always referred to their medical officer for review of their diabetic management. Whilst staff are aware of the service’s policy for referrals to specialist services, two clinical staff interviewed were unable to demonstrate they follow the service’s processes. All care recipients interviewed were satisfied they had been referred to services when needed.

**2.7 Medication management**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service does not ensure care recipients’ medication is managed safely and correctly. Monitoring of medication errors has not identified trends and provided opportunities for further staff education. Monitoring of medication stock is not effective, resulting in expired medication being administered to care recipients. Medication charts and documentation are not always completed in line with the service’s processes. Drugs of dependency registry is not always completed in line with the service’s processes. The service’s processes are not effective in ensuring care recipients requiring ‘as required’ medication for pain and challenging behaviours are assessed, reviewed and monitored appropriately. Monitoring of medication charting and storage is not effective, resulting in ongoing issues with medication charting and medication storage. Medication incidents are not always documented in line with the service’s policy. Medication incidents do not result in corrective actions attended by staff, to ensure they are not repeated. Staff do not always administer medications in line with the service’s processes. One representative is not satisfied the care recipient’s medication has been managed effectively.

**2.8 Pain management**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service does not effectively ensure all care recipients are as free as possible from pain. Care recipients are not always assessed for pain following a medical officer’s directive. Care recipients are not always effectively reviewed and assessed for pain when they are exhibiting challenging behaviours. Care recipients are not always administered pain relieving medications when they are identified as having pain. Whilst issues have been identified in audits of the service’s pain management, the service has not reviewed, and actioned deficits identified. Two staff interviewed were unable to describe pain management procedures in line with the service’s processes. One care recipient stated the service does not effectively manage their pain.

**2.9 Palliative care**

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

**Assessment of the expected outcome**

The service meets this expected outcome.

The service has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the service whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients and representatives interviewed are satisfied each care recipient's comfort, dignity and palliative care needs are maintained.

**2.10 Nutrition and hydration**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service’s processes are not effective in ensuring care recipients receive adequate nourishment and hydration. Care recipients with significant weight loss or gain are not reviewed, reassessed or monitored appropriately or in line with the service’s processes. Monitoring of care recipients’ weight is not effective in identifying changes in care recipients needs and referrals to medical officers or specialists do not always occur. While staff interviewed were aware of the services processes to monitor nutrition and hydration, they could not demonstrate staff practice was in line with the service’s documented process. Three care recipients and/or representatives interviewed are not satisfied the service effectively manages their nutritional needs.

**2.11 Skin care**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service does not always ensure care recipients’ skin integrity is always consistent with their general health. Pressure area care is not always documented in line with the service’s process. Carerecipients’ skin integrity is not reviewed and reassessed when changes occur. Wound care charting is not always documented by the service when changes to skin integrity, which require increased monitoring, occurs. Wound charting is not always completed in line with the service’s procedures. Whilst staff are aware of the service’s wound management processes, staff do not always follow the documentation of wound care and reassessments in line with the service’s policy. All care recipients interviewed were satisfied with how the service manages their skin integrity.

**2.12 Continence management**

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

**Assessment of the expected outcome**

The service meets this expected outcome.

Care recipients' continence needs, and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Equipment and supplies such as continence aids are available to support continence management. The service's monitoring processes identify changes in care recipients’ continence needs through identification and management of urinary tract infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients and representatives interviewed are satisfied with the support provided to the care recipient in relation to continence management.

**2.13 Behavioural management**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service does not manage care recipients with challenging behaviours effectively. Three care recipient representatives and visitors interviewed are not satisfied the service manages care recipients with aggressive behaviours and are fearful care recipients will be harmed as a result. Three care recipient representatives were not satisfied when they were not informed of recent assaults on their care recipient. Seven staff interviewed stated they are not always able to manage care recipients with physically aggressive behaviours which impact other care recipients and staff. Care recipients with known physically aggressive behaviours are not managed appropriately and result in ongoing impact of physical assaults towards other care recipients. Not all care recipient physically aggressive behaviours are reported through the services incident reporting process. Care recipients impacted by physical assaults are not provided appropriate emotional support or monitoring after assaults occur. Care recipients with ongoing challenging physically aggressive behaviours are not always referred to specialist services for review in a timely manner.

**2.14 Mobility, dexterity and rehabilitation**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service does not ensure optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients are not always reassessed using the falls risk assessment, following falls in the service. Care recipients are not receiving assistance to mobilise, in line with their assessed needs. Staff interviewed are not always aware of care recipients’ individual mobilisation ability. All care recipients interviewed were satisfied with how the service manages their mobility, dexterity and rehabilitation.

### 2.15 Oral and dental care

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

#### Assessment of the expected outcome

The service meets this expected outcome.

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and, where necessary, referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain the care recipient's teeth and dentures.

**2.16 Sensory loss**

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

**Assessment of the expected outcome**

The service meets this expected outcome.

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request, and are assisted to attend appointments as required. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipients’ sensory needs.

**2.17 Sleep**

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

**Assessment of the expected outcome**

The service meets this expected outcome.

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to the care recipient and they are assisted in achieving natural sleep patterns.

**Standard 3 – Care recipient lifestyle**

**Principle:**

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

**3.1 Continuous improvement**

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

**Assessment of the expected outcome**

The service meets this expected outcome

While the service’s continuous improvement program was not effective in demonstrating the service actively pursues continuous improvement in Standard 1 and 2, the service was able to demonstrate recent improvements in Standard 3. The service consulted with care recipients and staff to identify areas of improvement relating to care recipients’ leisure interests and activities and implemented actions as a result of the suggestions. The service has gathered feedback from the care recipients and staff to assist in evaluating the effectiveness of the improvement activity in Standard 3.

A recent example of improvement in Standard 3 Care recipient lifestyle:

* Care recipients said they were keen to have barbecues as a monthly alternative to the normal menu. An appropriate site has been selected, outdoor seating and tables sourced and volunteers enrolled to cook the barbecue and engage with care recipients during the event. Care recipients said they enjoy the different menu and barbecue smell as well as ‘lots of laughs and talking’ with other care recipients and volunteers; and are able to attend without going too far. Staff said they encourage care recipients to attend and they have noticed they usually eat more on barbecue days.
* Staff identified an opportunity for improvement with ‘activity mats’ for care recipients who are ‘chair bound’. The activity coordinator suggested the use of overway activity mats to provide quiet activities to care recipients who are sitting and contacted the local Quilting Society to create the mats. Staff said they use the mats on a regular basis, they are easy to fit over the overway tables and the care recipients who are using the mats appear more relaxed while they are kept busy and distracted.

**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”.

**Assessment of the expected outcome**

The service does not meet this expected outcome.

Whilst the service has processes to ensure management and staff understand regulatory requirements regarding reportable incidents, the processes are not always effective. One incident of alleged physical assault was not reported in line with the services processes and regulatory requirements. One incident of alleged physical assault were not recorded on the service’s mandatory reporting log. Whilst all staff are provided training on reportable assaults, staff do not consistently understand their responsibilities in reporting and documenting incidents.

**3.3 Education and staff development**

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

**Assessment of the expected outcome**

The service meets this expected outcome

While the service’s system was not effective in ensuring staff have appropriate knowledge and skills to perform their roles effectively in relation to Standard 1 and 2, the service was able to provide examples of education provided to staff in relation to Standard 3. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided in relation to care recipient lifestyle.

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

* Elder abuse, missing persons and compulsory reporting.
* Montessori in aged care.
* Cultural diversity in ageing.
* Customer service: providing a five star experience.
* Dignity and personalised care.
* Dignity in care: not an optional extra.
* Sexuality and the older person.

**3.4 Emotional support**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

Management were unable to demonstrate that care recipients’ emotional status and needs are identified and support after they are involved in incidents with other care reicpients relating to physical and verbal behaviours. While incident reports and progress notes usually demonstrate actions taken for the care recipient who is exhibiting a challenging behaviour, staff do not always document emotional support actions taken for the other care recipient involved in the incident. Six care recipients’ representatives interviewed are not satisfied care recipients with challenging behaviours are managed effectively, and as a result they are concerned for their own or their family members’ wellbeing. Staff do not always complete incident reports for episode of physical aggression towards other care recipients, for both the perpetrator and the victim.

**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".

**Assessment of the expected outcome**

The service meets this expected outcome.

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. Staff are familiar with the individual needs of care recipients. Care recipients and representatives interviewed are satisfied with the information and assistance provided to the care recipient to achieve independence, maintain friendships and participate in the community within and outside the service.

**3.6 Privacy and dignity**

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

**Assessment of the expected outcome**

The service meets this expected outcome.

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The service's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the service's privacy, dignity and confidentiality systems and processes. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Care recipients and representatives interviewed are satisfied staff treat everyone with respect and feel the care recipient's information is secure.

**3.7 Leisure interests and activities**

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

**Assessment of the expected outcome**

The service meets this expected outcome.

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

**3.8 Cultural and spiritual life**

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

**Assessment of the expected outcome**

The service meets this expected outcome.

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

**3.9 Choice and decision-making**

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

**Assessment of the expected outcome**

The service meets this expected outcome.

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

**3.10 Care recipient security of tenure and responsibilities**

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

**Assessment of the expected outcome**

The service meets this expected outcome.

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the service, fees and charges and information about complaints, when they enter the service. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another service, this is discussed with the care recipient and/or their representative and managed in accordance with legislative requirements. The service's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed understand their rights and responsibilities. They are satisfied the care recipient has secure tenure within the service.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to Expected outcome 3.1 Continuous improvement for information about the service's systems to identify and implement improvements not being effective in Standard 1 and 2. The service was able to demonstrate and improvement activity in Standard 4.

A recent example of improvement in Standard 4 Physical environment and safe systems:

* Through care recipient and staff feedback, management identified an opportunity for improvement with cleaning processes. Care recipients were complaining the existing cleaning trolleys were noisy; staff said the trolleys were not easy to manoeuvre and they had to keep the trolleys within eyesight at all times as products and equipment were not secured in the non-lockable trolleys. New ‘cleaning work stations’ with secure storage have been implemented providing staff with light weight trolleys and easily accessible cleaning products and equipment. Staff interviewed said the new trolleys are very nice and easy to use.

**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”.

**Assessment of the expected outcome**

The service meets this expected outcome

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

Relevant to Standard 4 Physical environment and safe systems:

* There are infection control policies and a system for managing and reporting outbreaks.
* There is a food safety program that is regularly reviewed.
* There is a system to ensure compliance with fire safety regulations.
* Safety data sheets are available where chemicals are stored.

In relation to the home's vaccination program:

* The home provides service staff with free access to annual flu vaccinations.
* The home actively promotes the benefits of the annual vaccination for their staff and volunteers.
* The home keeps records of the number of staff who have received the vaccine every year.

**4.3 Education and staff development**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome.

In relation to physical environment and safe systems, education and training provided to staff is not effective in ensuring staff have the skills and knowledge to perform their roles. The service was unable to demonstrate staff have received appropriate training required to ensure a safe environment for care recipients and staff. The service’s staff and education processes are not effective in identifying training requirements in relation to incidents documentation and the use of physical restraint. Staff interviewed and results in expected outcome 4.4 Living environment show staff do not have appropriate skills and knowledge to ensure a safe environment. Care recipients and representatives interviewed said staff do not always ensure a safe environment for care recipients.

**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".

**Assessment of the expected outcome**

The service does not meet this expected outcome.

The service does not provide a safe and comfortable environment consistent with care recipient’s needs. Ineffective behavioural management strategies for care recipients with challenging behaviours is impacting upon the safety and comfort of the living environment for care recipients living in these care recipients’ vicinity. Staff and representatives interviewed also said the challenging behaviours of care recipient makes care recipients, staff and visitors feel unsafe. Care recipient’s restraints are not always identified, documented and managed by the service in line with their process. The service’s monitoring processes have not always been effective in identifying deficiencies in the service’s living environment and where deficiencies have been identified appropriate actions have not always been implemented.

**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".

**Assessment of the expected outcome**

The service does not meet this expected outcome.

Management were unable to demonstrate it is providing a safe working environment for staff at the service. Five staff interviewed raised concerns about their safety when working in the memory support unit at present due to the ongoing challenging behaviours of care recipients. Staff do not always report incidents of physical aggression from care recipients directed towards staff due to time constraints. The service’s management and monitoring of staff incidents has not been effective in providing ways to maintain staff safety and wellbeing in their work 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".

**Assessment of the expected outcome**

The service meets this expected outcome

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

**4.7 Infection control**

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

**Assessment of the expected outcome**

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients and staff interviewed are satisfied with the prevention and management of infections.

**4.8 Catering, cleaning and laundry services**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Care recipients interviewed were satisfied with the catering, cleaning and laundry services.