

Riverwood Hostel

RACS ID: 0340

Approved provider: Allity Pty Ltd

Home address: 990 Padman Drive WEST ALBURY NSW 2640

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 October 2021.We made our decision on 11 September 2018.The audit was conducted on 31 July 2018 to 01 August 2018. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

## Standard 1: Management systems, staffing and organisational development

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Riverwood Hostel

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# Introduction

This is the report of a Re-accreditation Audit from 31 July 2018 to 01 August 2018 submitted to the Quality Agency.

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

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

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

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

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 31 July 2018 to 01 August 2018.

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

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

# Details of home

Total number of allocated places: 29

Number of care recipients during audit: 28

Number of care recipients receiving high care during audit: 28

Special needs catered for: Nil

# Audit trail

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

## Interviews

| **Position title** | **Number** |
| --- | --- |
| Care recipients  | 18  |
| Administration officer | 1 |
| Care staff | 3 |
| Catering staff | 1 |
| Cleaning staff | 1 |
| Enrolled nurse | 2 |
| General manager | 1 |
| Lifestyle manager | 1  |
| Operations support manager | 1 |
| Regional asset manager | 1 |
| Registered nurse | 1 |
| Representatives | 7 |
| Village sales manager | 1  |

**Sampled documents**

| **Document type** | **Number** |
| --- | --- |
| Care recipients' files | 7 |
| Care recipients’ agreements  | 4 |
| Medication charts | 4 |
| Personnel files | 7 |

**Other documents reviewed**

* Activity calendar
* Allied health documentation
* Annual fire safety statement
* Audit schedule, surveys and completed audits
* Behaviour management plan
* Call bell documentation
* Care recipient and visitor electronic sign in and sign out
* Care recipients’ entry pack and handbook
* Cleaning schedules and associated documentation
* Clinical assessments and associated documentation
* Clinical incident reports
* Clinical indicators and benchmarking reports
* Clinical observation charts
* Comments and complaints records
* Compulsory reporting register
* Consent forms and power of attorney records
* Education calendars, documentation and participation records
* Electronic continuous improvement system, the plan for continuous improvement and related documentation
* Electronic records for external service and supply contracts
* Emergency procedures manual and business continuity plan
* Feedback forms
* Fire and essential services maintenance and testing records
* Fire isolation permit folder and evacuation lists
* Food safety program, related documentation and NSW food safety licence
* Human resource documentation
* Influenza vaccination register
* Lifestyle documentation including activity calendar, participation and evaluation records
* Maintenance records including preventative and reactive maintenance systems
* Memoranda, meeting schedules and meeting minutes
* Occupational health and safety documentation
* Outbreak management documentation
* Police certificate and visa monitoring registers
* Policies and procedures-selected
* Professional registrations
* Regulatory compliance folder
* Residential care agreement
* Response to assessment contact report
* Self-assessment
* Self-medication assessment and agreement
* Vision, values and mission statements
* Volunteer handbook.

 **Observations**

The team observed the following:

* Activities in progress and calendar of activities displayed
* Archive room
* Brochures, information displays and noticeboards
* Care recipients and village residents socialising in the home
* Charter of care recipients' rights and responsibilities - residential care on display
* Cleaning in progress, cleaning equipment and chemical storage
* Education calendar and flyers
* Equipment and supply storage areas
* External complaints and advocacy information
* Fire, security and emergency equipment and signage
* Hairdresser in attendance
* Hand hygiene facilities
* Influenza vaccination promotion program
* Interactions between staff, care recipients and representatives
* Internal feedback forms and suggestion box
* Keypad at front entry and other entry/exit sites
* Laundry environment
* Library
* Meal and refreshment services and menu displays
* Noticeboard poster advising of visit
* Nurse call systems and staff response
* Outbreak resources including personal protective equipment
* Safety data sheets
* Short group observation conducted in the main lounge
* Staff room
* Storage and administration of medication
* Vision, mission and values statement on display
* Waste and pest management system
* Wound dressing trolleys and clinical supplies.

# Assessment information

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

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

### Principle:

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

### 1.1 Continuous improvement

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

**Team's findings**

The home meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Urgent issues are immediately addressed and acted upon as required. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are logged on the quality management plan. Management use a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period, the organisation has implemented initiatives to improve the quality of care and services it provides.

Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* As part of an ongoing improvement initiative, the organisation has introduced a procurement program to streamline systems for the purchase of all goods and equipment. The system is electronic and ordering occurs online. All stakeholders in the requisition process have access to the system, which management reported has resulted in the better management and faster approval of purchase orders. Management said cleaning and catering supplies, equipment and other items are purchased using this system, which includes a national purchasing and invoicing process. Management spoke positively about the change saying the system saves time and is easy to use.
* A review of staff orientation processes identified the need to enhance the induction program for new employees. Administration staff created an onsite induction day program that covers all areas of the home including fire and emergency, manual handling, values and vision, roster and payroll information and processes for using the home’s electronic management systems. Feedback from staff completing this orientation demonstrates they feel well informed about the home’s processes and confident about commencing their employment role.

### 1.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

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

* Care recipients and representatives received notification regarding this reaccreditation audit within the required timeframe.
* Processes ensure the management of staff and care recipient information is in accordance with legislative guidelines.
* There is a system to monitor staff, contractors and volunteers police certificate requirements and statutory declarations as required.

### 1.3 Education and staff development

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

**Team's findings**

The home meets this expected outcome

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. The organisation's learning and development framework consists of programs and guidelines for staff orientation, mandatory training, performance development and review. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process is available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients 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. Care recipients and/or representatives who participated in the consumer experience interviews agree or strongly agree that staff know what they are doing.

Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* care compliance
* continuous improvement
* electronic documentation system – use of.

### 1.4 Comments and complaints

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

**Team's findings**

The home meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints are logged and there are processes to track issues and outcomes. When appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Management and staff have an understanding of the complaints process and the ways they can assist care recipients and representatives with access. A high proportion of care recipients and/or representatives who participated in a consumer experience interview are satisfied staff follow up when they raise things with them, most of the time or always. A small number of care recipients and/or representatives said staff follow up some of the time and said they were dissatisfied with staff’s response time. Management said they will continue to seek feedback and will remind staff to follow up with the care recipient.

### 1.5 Planning and leadership

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

**Team’s findings**

The home meets this expected outcome

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

### 1.6 Human resource management

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

**Team's findings**

The home meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Most care recipients and/or representatives who participated in a consumer experience interview agreed or strongly agreed the place is well run. A small number of care recipients gave a neutral response but did not elaborate. Management said they are regularly reviewing their staffing levels and make adjustments to the roster when required to ensure they meet the care recipients’ changing needs.

### 1.7 Inventory and equipment

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

**Team's findings**

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. The home and organisation researches equipment prior to purchase to ensure it is appropriate and meets requirements and preferred suppliers are used. Key personnel monitor equipment and stock levels and the home has stock rotation and re-ordering processes. Environmental audits, maintenance programs and cleaning schedules ensure equipment is monitored for safe operation and is appropriate for use. Management oversee orders and review quotes for larger items of additional or replacement equipment and resources. New equipment is trialled to ensure suitability and training is provided for staff. Staff, care recipients and representatives 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".

**Team's findings**

The home meets this expected outcome

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed stated they are satisfied they have access to current and accurate information. Care recipients and/or representatives who participated in a consumer experience interview said staff explain things to them always or most of the time.

### 1.9 External services

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

**Team's findings**

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home’s needs and service quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. A preferred supplier list is available to guide staff on the use of external service providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and where appropriate, action is taken to ensure the needs of care recipients and the home are met. There are mechanisms to monitor and ensure service providers’ compliance including the consideration of feedback from staff and care recipients and providers are changed when appropriate. Management care recipients, representatives and staff interviewed are satisfied with the quality of externally sourced services.

**Standard 2 - Health and personal care**

**Principle:**

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

### 2.1 Continuous improvement

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

**Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 2 Health and personal care are:

* Monthly reports are generated across all organisational sites to review clinical indicator data for falls, resident aggression, skin tears and pressure injuries. The organisation has reviewed these processes and as a result, the monthly clinical indicator reports are now available to the managers electronically. Management said this enables timely follow up of clinical incidents and effective review and analyse of clinical trends,
* To improve and streamline medication processes, management introduced an electronic medication system. Staff and management spoke positively of the change saying there are less medication errors, improvements to signage against medications, staff knowledge of medications has increased and there is enhanced communication between the pharmacy supplier and the home. The program allows clinical management to produce quality-monitoring reports. Evaluation of the change to medication systems is ongoing.

### 2.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

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

Examples of regulatory compliance regarding Standard 2 Health and personal care include:

* Registered nurses supervise the provision of clinical and specialised nursing care according to the relevant legislation and care recipient needs.
* Staff demonstrate compliance with the policy and legislative requirements in relation to medication management and storage.
* There are policies and procedures to guide management and staff in the event to a care recipients' unexplained absence.

### 2.3 Education and staff development

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

**Team's findings**

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to expected outcome 1.3 Education and staff development for more information.

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

* catheter and bowel management
* nutrition – taste and smell textures
* pain management.

### 2.4 Clinical care

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

**Team's findings**

The home meets this expected outcome

The home has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There is a care recipient of the day process to evaluate each care recipient's needs and preferences with care plans adjusted as required. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews and feedback. The home regularly reviews and evaluates the effectiveness of the clinical care system and tools used. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. Care recipients and/or representatives who participated in a consumer experience interview said staff meet their health care needs always or most of the time.

### 2.5 Specialised nursing care needs

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

**Team's findings**

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients and representatives interviewed are satisfied with how specialised nursing care needs are managed.

### 2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

**Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Management, staff and medical officers refer care recipients to services, such as podiatry, optometry, audiology, dentists, dental technicians, wound care providers, palliative care and mental health specialists. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed are satisfied referrals for the care recipient are made to appropriate health specialists of their choice and staff carry out their instructions.

### 2.7 Medication management

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

**Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. There is a process to ensure adequate supplies of medications including those required urgently or after hours. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. There are processes to support the safe administration of nurse-initiated medications. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. A medication advisory committee provides advice on the home's medication management system and a pharmacist regularly conducts medication reviews for individual care recipients. Opportunities for improvement in relation to the medication management system are identified and addressed. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives interviewed are satisfied the care recipient's medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

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

**Team's findings**

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients/representatives interviewed are satisfied the care recipient is as free as possible from pain.

### 2.9 Palliative care

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

**Team's findings**

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an advanced care plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home 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.

### 2.10 Nutrition and hydration

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

**Team's findings**

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are satisfied each care recipient's nutrition and hydration requirements are met.

### 2.11 Skin care

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

**Team's findings**

The home meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients and representatives interviewed are satisfied with the assistance provided to maintain the care recipient's skin integrity.

### 2.12 Continence management

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

**Team's findings**

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to 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”.

**Team's findings**

The home meets this expected outcome

The needs of care recipients with responsive behaviours are identified through assessment processes and in consultation with the care recipient, their representative and or allied health professionals. Individual strategies to manage responsive behaviours are identified and documented in the care plan and evaluated to ensure they remain effective. Management advised restraint is not used at the home. The home's monitoring processes generally identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' responsive behaviours, including those care recipients who are at risk of wandering. Behaviour management strategies include one-on-one and group activities, which are reviewed to ensure they meet the care recipient's needs and preferences. Care recipients were observed to be calm and relaxed; the environment supported the comfort of the care recipients. Care recipients and representatives interviewed are satisfied that staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

**Team's findings**

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are generally evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided to the care recipient for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

**Team's findings**

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. 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, dentures and overall oral hygiene.

### 2.16 Sensory loss

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

**Team's findings**

The home meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs. We observed a variety of large prints books in the homes library.

### 2.17 Sleep

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

**Team's findings**

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. 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”.

**Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* Lifestyle staff attended a life style conference and identified an opportunity to enrich care recipients’ life through the creative use of simulated pet therapy. Management and lifestyle staff sourced and purchased a cat and dog to use in the simulated pet therapy program and provided staff training before commencing the program. The program involves giving care recipients, who may be agitated or distressed, access to the cat or dog as a diversional therapy thus providing comfort and positive engagement. Staff said the program eases care recipients’ agitation when holding and interacting with the cat or the dog.
* To improve to care recipients’ wellbeing and lifestyle experiences, staff have established exercise places in the three passageways with displayed instructions encouraging care recipient complete simple exercises. Staff said this successfully complements the popular chair exercise program offered regularly.
* Staff have responded to care recipient feedback when planning activities by including their preferred times when scheduling events. Care recipients spoke positively of the program content and their ability to access activities at their preferred time.

### 3.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

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

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

* Care recipients or their representatives receive information on care recipients’ rights and responsibilities and security of tenure. .
* Established policies and procedures guide the maintenance of care recipients' privacy and confidentiality.
* Management is aware of their regulatory responsibilities in relation to compulsory reporting and the home maintains a register.

### 3.3 Education and staff development

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

**Team's findings**

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for more information.

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

* elder abuse
* emotional support
* 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

The home has systems to ensure each care recipient receives support adjusting to life in the new environment and on an ongoing basis. Assessment of care recipients’ emotional support needs and preferences occurs upon entry and staff develop care plans to meet their needs. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and an individual activity plan that meets care recipient needs, interests and preferences. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. Concerns relating to emotional health are referred to appropriate services. Monitoring processes include feedback and care reviews to identify opportunities for improvement in relation to the emotional support provided. The majority of care recipients and/or representatives who participated in a consumer experience interview agreed there were staff care recipients could talk to if they were sad or worried. Other care recipients said they preferred to discuss their concerns with family or friends

### 3.5 Independence

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

**Team's findings**

The home meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships 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. The home's monitoring processes, including feedback, environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. All care recipients and/or representatives who participated in a consumer experience interview agreed they are encouraged to as much for themselves as possible.

### 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' individual preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis. Management informs staff of their obligations at orientation and privacy information is included in employment and education programs, staff handbook and brochures. Strategies for ensuring privacy, confidentiality and maintaining dignity are planned, implemented and documented in care plans. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes include feedback, meetings and care reviews and identify any opportunities for improvement in relation to the home's privacy, dignity and confidentiality. Staff have received education in relation to privacy and dignity and their practices support this. We observed staff maintained care recipients privacy and dignity by knocking on doors prior to entering rooms and addressing care recipients with courtesy. All care recipients who participated in a consumer experience interview said staff treat them with respect always or most of the time.

### 3.7 Leisure interests and activities

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

**Team's findings**

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Care recipients' interests and activities of choice are identified on entry. Barriers to participation, past history, cultural and spiritual needs are recognised and accommodated. 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 and representatives interviewed are satisfied with the range of activities offered by the home.

### 3.8 Cultural and spiritual life

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

**Team's findings**

The home meets this expected outcome

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives and are valued and fostered. Relevant information relating to care recipients' cultural and spiritual life including dietary requirements, language and specific religious and cultural practices is documented in care plans, which are regularly evaluated and reviewed. Religious and other significant dates and events are celebrated and staff have access to interpreter services if required. Church services for a variety of denominations are held in the home and clergy are available to visit care recipients. The home has access to support services through the broader organisation and community groups. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Care recipients and representatives interviewed said care recipients' customs and beliefs are respected.

### 3.9 Choice and decision making

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

**Team's findings**

The home meets this expected outcome

The home has processes to ensure care recipients and/or their representatives participate 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. Qualified staff consult with care recipients and/or their representative regarding care recipients’ needs and preferences on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. 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. Care recipients participate in choice regarding pharmacy, health specialists, lifestyle activities, health and personal care and menu options. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Care recipients and representatives interviewed are satisfied care recipients can participate in decisions about the care and services they receive and staff respect their choices.

### 3.10 Care recipient security of tenure and responsibilities

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

**Team's findings**

The home meets this expected outcome

Management has a system to ensure care recipients have secure tenure within the home. Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representatives. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative and managed in accordance with legislative requirements. Monitoring processes include feedback, meetings and care reviews and identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff have an understanding of care recipient rights. Care recipients and representatives interviewed and as part of the consumer experience report said they are satisfied carer recipients feel safe and secure in their residency.

**Standard 4 - Physical environment and safe systems**

**Principle:**

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

### 4.1 Continuous improvement

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

**Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* Management identified the doorways to care recipient rooms were narrow and the vinyl flooring entrance leading to the carpeted living area restricted access. Management has commenced widening of doorways when feasible and replacing the floor coverings with carpets suitable for an aged care environment. Management and staff are satisfied the widening of doorways and new floor surface has resulted in improved and safer access for staff when using mobile equipment. Management stated the new floor coverings eliminate the raised areas linking the vinyl and carpet, which was presenting as a trip hazard for care recipients when they entered their room. The renovation program is ongoing.
* Management consulted with care recipients and the local heritage organisation when sourcing wall decor displays. Care recipients selected historical photos and items depicting local history and interests. In response to care recipients’ feedback management sourced new historical photos, which have been enlarged, framed and displayed in the passageways of the home. Care recipients and representatives are satisfied with the decor of the home.

### 4.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

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

Examples of regulatory compliance regarding Standard 4 Physical environment and safe systems include:

* There are infection control procedures including a food safety plan, outbreak guidelines and vaccination register for staff and volunteers.
* The organisation actively promotes and monitors workplace health and safety.
* Regular monitoring and maintenance of emergency and essential service systems and procedures occurs.

### 4.3 Education and staff development

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

**Team's findings**

The home meets this expected outcome

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for more information.

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

* fire and evacuation
* infection control management
* manual handling.

### 4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients’ care needs".

**Team's findings**

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed and as part of the consumer experience report said they are satisfied the living environment is safe and comfortable.

### 4.5 Occupational health and safety

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

**Team's findings**

The home meets this expected outcome

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

### 4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

**Team's findings**

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff, this includes an emergency evacuation plan and appropriate equipment. Staff are provided with education and training about fire, security and other emergencies when they start work at the home and on an ongoing basis. Established systems ensure the inspection and maintenance of emergency equipment and the environment is monitored to minimise risks. Strategies to provide a safe environment include environmental audits, testing of electrical equipment and environmental controls. Fire safety risks are minimised through an alarm and detection system, sprinkler system, emergency lighting, fire doors and firefighting equipment. Opportunities for improvement in relation to fire, security and other emergencies are identified through audits, fire drill evaluations, fire inspection records, worksite inspections and feedback mechanisms. 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".

**Team's findings**

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes generally identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, free influenza 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 representatives and staff interviewed are satisfied with the prevention and management of infections.

### 4.8 Catering, cleaning and laundry services

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

**Team's findings**

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services through assessments and consultation with the care recipient and/or representatives. All food is prepared on site in line with the food safety program, seasonal menu rotation, dietitian review and with consideration for care recipients’ dietary needs and preferences. Communication systems ensure care recipients’ catering information is current. There are processes available that support care recipients to have input into the services provided and the manner of their provision. Cleaning staff follow documented cleaning procedures ensuring appropriate cleaning of care recipients’ rooms, community and staff areas. The home outsources all laundry to two external laundry services. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and invite feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Most care recipients and/or representatives interviewed for the consumer experience report, expressed satisfaction with the meals provided all or most of the time. A small proportion of care recipients said they liked food some of the time saying they would prefer more menu variety and a focus on country style meals. Management said they would continue to seek feedback from care recipients and representatives to identify improvement opportunities related to the dining experience. Care recipients and representatives are satisfied with cleaning and generally satisfied with laundry services provided.