



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Second Avenue Hostel RACS ID: 7217

Approved Provider: Atlanta Investments Pty Ltd & Kamina Investments Pty Ltd

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

Reconsideration Decision made on	02 February 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 29 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 11 September 2015 to 11 June 2019.
Reason for decision	<p>Under section 2.69 of the <i>Quality Agency Principles 2013</i>, the decision was reconsidered under 'CEO's own initiative'.</p> <p>The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program.</p> <p>The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.</p>
This decision is effective from	02 February 2018
Accreditation expiry date	11 June 2019



Australian Government

Australian Aged Care Quality Agency

Second Avenue Hostel

RACS ID 7217

51-53 Second Avenue

MOUNT LAWLEY WA 6050

Approved provider: Atlanta Investments Pty Ltd & Kamina
Investments Pty Ltd

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 11 September 2018.

We made our decision on 29 July 2015.

The audit was conducted on 24 June 2015 to 25 June 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

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

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

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

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

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

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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Second Avenue Hostel 7217

Approved provider: Atlanta Investments Pty Ltd & Kamina Investments Pty Ltd

Introduction

This is the report of a re-accreditation audit from 24 June 2015 to 25 June 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 June 2015 to 25 June 2015.

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

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

Assessment team

Team leader:	Wendy Scott
Team member:	Bena (Manmohan) Grewal

Approved provider details

Approved provider:	Atlanta Investments Pty Ltd & Kamina Investments Pty Ltd
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Details of home

Name of home:	Second Avenue Hostel
RACS ID:	7217

Total number of allocated places:	14
Number of care recipients during audit:	14
Number of care recipients receiving high care during audit:	14
Special needs catered for:	Nil specified

Street:	51-53 Second Avenue	State:	WA
City:	MOUNT LAWLEY	Postcode:	6050
Phone number:	08 9271 5674	Facsimile:	08 9272 7498
Email address:	info@secondavenue.com.au		

Audit trail

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

Interviews

	Number		Number
Proprietor	1	Care recipients/representatives	5
Director of operations	1	Physiotherapy assistant	1
Director of quality and compliance	1	Activity and lifestyle coordinator	1
Director of human resources	1	Activity and lifestyle staff	2
Clinical nurse manager	1	Maintenance officer	1
Registered staff	4	Laundry staff	1
Care staff	5	Catering staff	2
Infection control consultant (External)	1	Cleaning staff	2
Physiotherapist	1		

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans and progress notes	4	Medication records	6
Personnel records	6	Restraint authorisation form	1

Other documents reviewed

The team also reviewed:

- Admission planner, care plan review and allocation list
- Audits and surveys
- Care recipients' information handbook
- Cleaning schedules
- Clinical monitoring files including those for wound management, diabetes, bowels and weights
- Education and training records
- Food safe program
- Gastroenteritis resource file
- General maintenance and corrective/preventative maintenance
- General practitioner and podiatrist files
- Incident/hazard reports
- Infection control records and immunisation files
- Job descriptions/duty statements

- Key performance indicators file
- Lifestyle programs, therapy statistics and activity evaluation records
- Medication files, including pain charts
- Meeting minutes, memoranda handover sheets, newsletters, diaries and communication books
- Menu and dietary/drinks lists
- Order files and stock replacement lists
- Orientation checklists/file for permanent and agency staff
- Performance appraisals
- Physiotherapy files including therapeutic massage program, care plans and therapy statistics
- Police and professional registration certificates
- Policies and procedures/strategic plans and flowcharts
- Residential accommodation agreements
- Restraint register and authorisations
- Risk assessment file
- Rosters and allocation sheets
- Safety data sheets
- Staff handbook
- Temperature and equipment monitoring file

Observations

The team observed the following:

- Access to internal and external comments and complaints mechanisms (including in other languages) and secure suggestion box
- Activities in progress
- Archive secure storage area
- Care recipients' emergency packs
- Care recipients' access to mobility aids
- Equipment, supply storage and chemical storage areas, including mobility, oxygen, wound care and continence products
- Firefighting and prevention equipment
- Infection control/gastroenteritis kit
- Interactions between staff and care recipients
- Living environment internal and external
- Maps, hazard signage and exit signs
- Meals and refreshments services
- Noticeboards displaying information for staff and care recipients/representatives
- Short group observation in the activity area

- Staff assisting care recipients with their meals
- Storage and administration of medications
- Utility rooms
- Visitors and contractors signing in/out book
- Waste disposal systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home uses the organisation's systems and processes to pursue continuous improvement across all four Accreditation Standards. Improvement activities take place following issues identified in audits, surveys, accident and incident reports, collected information, and written and verbal feedback from care recipients, representatives and staff. Management report on and monitor quality improvements, associated actions and evaluations. Staff, care recipients and representatives reported they contribute to improvement activities at meetings and by using surveys and feedback forms. Care recipients and representatives reported satisfaction with management's responsiveness to feedback.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- Following feedback from care recipients, representatives and staff regarding information, management hold regular information evenings and invite care recipients and representatives. Topics of interest are discussed and speakers are invited to provide information and discuss topics that may assist to give a better understanding of their loved ones condition and needs, and allow for questions to be responded to. The evening is informal and refreshments are provided. Care recipients' representatives stated they found these sessions to be very informative and assisted them in understanding the issues related to the care of their loved ones.
- Management identified from a staff survey and general observation that staff would benefit from training and support in small groups or one-on-one coaching to keep knowledge current. Management appointed a registered nurse to the position of a nurse coach/trainer for this role. Staff are provided with specific one-on-one coaching to assist them with any issues they feel they need further training on or support, and a monthly topic is selected where training and education is provided. Staff stated they found this training and support to be invaluable and it gave them more confidence to carry out their duties with increased efficiency and effectiveness. Care recipients and representatives reported they had noticed the change in the level of care and found the staff to be more informed. Management stated this project will be evaluated at the end of the year.

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

There are systems to ensure management comply with relevant legislation, regulatory requirements, professional standards, and guidelines. Management have links and contacts to industry groups and the peak industry body and receives updates on legislative and regulatory changes from these and government sources. Management receive notifications of any changes and inform staff as required via memoranda, notices on the noticeboards, meetings and training sessions. Changes to policies and processes in line with legislation occur as required. Management ensure registrations for staff, required statutory declarations and police certificates are provided and monitored for new and existing staff, volunteers and contracted professionals. Staff interviewed stated they receive advice of legislative changes and guidelines and they comply with these 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

Management and staff have appropriate knowledge and skills to perform their roles effectively. Training is provided to staff via a combination of external and site specific education programs. Training needs are identified at appraisals, through surveys, at meetings, by analysis of care recipients care needs and observation of staff. The home provides sessions that are mandatory and elective, and records of attendance and training evaluations are maintained. Staff reported they receive appropriate education to enable them to perform their duties effectively. Care recipients and representatives reported staff have sufficient skills and knowledge to attend to their care needs.

Examples of education and training related to Standard 1 – Management systems, staffing and organisation development are listed below.

- Continuous improvement
- Mandatory training
- Quality systems and accreditation
- Stock and inventory control.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a process where care recipients and their representatives have access to internal and external complaints and advocacy services via written information displayed throughout the home, at care recipient and representative meetings and through direct

access to management. Complaints are managed in an appropriate and timely manner. Complex complaints are managed in collaboration with key staff and management. Confidentiality is maintained throughout the complaints process. Staff advised they understand the components of the complaints mechanisms and stated they can and do act as care recipients' advocates. Care recipients stated they are able to voice their concerns with confidence and find staff and management approachable.

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 home's mission, vision and values are displayed within the home's entry foyer. The home's philosophy, vision, values and objectives are outlined in the staff and resident handbooks. The home's strategic plan including goals and measurable outcomes are shared with key management personnel and, where relevant, communicated to staff and care recipients and their representatives via meetings and the home's plan for continuous improvement.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of care recipients. There is a process for the recruitment, selection and orientation of new staff, and appraisal of staff performance is undertaken prior to permanency and annually. The human resources manager and the management team determines staffing levels and monitors performance via feedback and reporting mechanisms, internal audits and performance appraisals. New staff are provided with orientation and complete a range of mandatory training. New staff work with a senior staff member until they are familiar with the home's routines and the care recipients' needs. Staff have access to policies and procedures, position descriptions and duty statements that outline responsibilities for each role. Staff reported they have sufficient time to carry out their duties. Care recipients and representatives stated they are satisfied with the responsiveness of staff and the adequacy of care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are processes to ensure adequate stocks of goods and equipment are available to ensure a quality service delivery. Designated staff are responsible for the ordering of stock, rotation of stock, and purchasing of goods and equipment. Preventative and corrective

maintenance systems ensure equipment is maintained, repaired or replaced as required. Equipment is stored appropriately to ensure accessibility and prevent damage. The appropriateness of goods and equipment is monitored via regular assessment of care recipients' care needs, feedback and monitoring mechanisms. Staff and care recipients stated the home provides and maintains appropriate stock and equipment and maintenance issues are dealt with in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective information management systems with documented policies and procedures available electronically and in hard copy. Meetings, staff handovers, memoranda, newsletters, noticeboards and internet correspondence ensure effective communication with all stakeholders. Meeting minutes are circulated to stakeholders as appropriate. The home's computers are password protected and are backed up on a daily basis via an external provider. Staff and care recipients reported satisfaction with the communication and information systems used at the home.

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

Established systems and processes ensure externally sourced services are provided in a way that meets the care recipients' needs and the home's quality of service. A list of preferred suppliers and contractors assists in the purchasing of goods and services. External service providers have signed service agreements that are formally negotiated and monitored at an organisational level. A process is established to monitor the currency of contractor's police certificates and other relevant documentation. Contractors sign in and out and are monitored when working at the home. Staff and care recipients stated they are satisfied with the quality of the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

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

Recent improvements undertaken or in progress in relation to Standard 2 – Health and personal care are described below.

- Management identified the home's care recipients required a higher level of care and eventually palliative care. Management formed a palliative care team of nine staff members consisting of staff with multiple skills and levels of training and includes three registered nurses. The team was provided with palliative care training, training is updated regularly, and external speakers are invited to enhance and provide further training and support. Management stated this project will be evaluated in due course and at present they did not have any care recipients who required palliative care.
- Following staff and care recipient feedback, it was identified the home's continence management system was not effectively meeting care recipients' needs. As a result, the continence portfolio holder and the Director of operations consulted with an external continence advisor to review the home's continence program. Staff received continence training, care recipients' continence needs were reassessed, and care plans reviewed to include new continence aides. We observed continence information and storage areas and care recipients reported they are satisfied with the new products.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home monitors changes to legislation and alert staff using a range of communication methods. A monitoring system is used to ensure professional staff are registered as required. There are procedures for reporting unexplained absences of care recipients. Qualified staff carry out initial and ongoing assessment of care recipients and direct and supervise care recipients' care. Medication is stored safely and correctly and administered by staff deemed competent by a registered nurse.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Behaviour management
- Continence management
- Medication management/competency
- Palliative care management
- Wound 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 systems to ensure care recipients receive appropriate clinical care. A multi-disciplinary team assesses care recipients’ clinical needs when they move into the home using pre-admission information, and information from a range of clinical tools within a set time. Individual care plans are developed and reviewed according to the home’s policy and in consultation with the care recipients and representatives. There are processes to monitor and communicate care recipients’ changing needs and preferences including monthly review of care recipients by their general practitioner, six monthly care plan review and, as required, re-assessments. Staff undertake clinical audits to ensure the provision of clinical and personal care is reviewed and evaluated. Care recipients and representatives reported satisfaction with the clinical care provided to care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses are responsible for the identification, assessment, care planning and ongoing management of care recipients’ specialised nursing care needs, including catheter care, dysphagia, complex wound care and diabetes management. The home has a registered nurse rostered on duty over a 24-hour period to provide specialised nursing care, and direction for staff. Care plans for care recipients with specialised nursing care needs are developed in consultation with the care recipient and/or their representative and general practitioner and the physiotherapist. External specialist services are accessed for catheter care and complex wound management, and staff reported they provide care appropriate to their qualifications. Care recipients and representatives reported they are satisfied care recipients receive specialised nursing care in accordance with their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs a physiotherapist who assesses care recipients when they move into the home, and develops therapy care plans that are reviewed six monthly and as required. Referrals are made to other health specialists contracted by the organisation as the need is identified including a speech pathologist, and refer to specialist doctors and hospital services in consultation with the care recipient’s general practitioner. A podiatrist visits the home regularly. Care recipients and representatives reported satisfaction with care recipients’ ongoing access to a variety of health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered staff and medication competent care staff administer medications via a pre-packed system as per general practitioners’ instructions. Specific instructions concerning the administration of care recipients’ medications and topical treatments are documented in their medication care plans. Registered staff administer and evaluate the effectiveness of ‘as required’ medications. Management uses medication audits and recorded medication incidents to monitor the system for compliance. A registered pharmacist conducts reviews of care recipients’ medications and communicates findings to their general practitioner and the home. Care recipients and representatives reported care recipients’ medications are managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

There are systems to identify, implement and evaluate each care recipient’s pain management strategies to ensure they remain as free as possible from pain. The home’s registered nurses and the physiotherapist use validated verbal and non-verbal pain assessment tools to assess care recipients’ pain on moving into the home and then as required. A care plan is developed using a variety of pain management strategies including massage and heat packs administered by the physiotherapy department and registered staff, prescribed medication, bandaging, exercise and repositioning. Staff use pain charts to monitor effectiveness of strategies when new and unstable pain is identified. Care staff reported ways in which they identify pain and stated they report any changes in care recipients’ pain needs to the registered nurse for ongoing intervention. Care recipients reported they are satisfied with the way staff assist them to manage their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients is maintained in accordance with their needs and preferences. When care recipients move into the home or thereafter as preferred, the clinical nurse manager meets with the care recipient and their family to discuss treatment decisions for the future and end of life planning. When necessary, the registered nurse develops a specific palliative care plan with strategies to manage care recipients’ care needs such as pain relief and personal care. The home has access to specialised equipment, including a medication pump for effective symptom management during the terminal phase of life. Support is available through the general practitioner and external specialist palliative care services. We observed palliative care brochures throughout the home and noted complimentary feedback received from representatives following end of life care provided at the home to their loved ones.

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

Assessments of care recipients’ needs in relation to nutrition and hydration occur when they move into the home and on an ongoing basis. Kitchen staff are notified of care recipients’ meal and drink preferences, culturally specific needs and allergies. Recording of care recipients’ weights occurs during the initial assessment period and monthly thereafter. Registered staff note variations and report to the clinical nurse manager to determine appropriate interventions and, if necessary, referrals are made to general practitioners for care recipients identified as at risk. The home consults with an external dietician to review the nutritional suitability of the menu. Meals and fluids with altered texture and consistency are available as well as modified cutlery and crockery and nutritional supplements. Care recipients and representatives stated satisfaction with the quality and quantity of meals and the associated support care recipients receive.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home’s approach to skin care ensures staff maintain care recipients’ skin integrity consistent to their general health. Staff complete an assessment of care recipients’ skin integrity and a risk assessment for pressure areas when they move into the home, and staff review this regularly. Care recipients who require wound management have a wound care plan and wound review to ensure ongoing monitoring is completed by the clinical nurse manager. Complex wounds are referred to an external specialist service for assessment and management. Strategies to prevent skin breakdown and maintain integrity include regular application of emollient creams, leg protectors, repositioning, pressure-relieving equipment and staff training in safe handling techniques. Regular skin audits occur, and staff report skin

tears and rashes. Care recipients and representatives reported care recipients are satisfied with their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to identify, implement and evaluate each care recipient’s continence needs. On entry into the home, the care recipients’ continence management needs are assessed using a three day urinary assessment, bowel management charts and past history. Care plans and strategies for maintaining effective continence management are developed and reviewed six monthly or as required. Strategies include individual toileting regimes, daily bowel monitoring, exercise, adequate fluid intake and prescribed medication. The home’s continence portfolio holder monitors and reviews the use of appropriate continence aids and an external continence nurse advisor is consulted as required. The home collects data to monitor urinary tract infections, and incidents are reported and analysed monthly to identify risks, trends and opportunities for improvement. Care recipients and representatives reported staff are effective in meeting care recipients’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Staff assess care recipients’ behavioural management needs prior to moving into the home, and then on moving into the home, via previous histories, and when staff identify incidents of concern. On assessment, staff identify the triggers for care recipients’ behaviours and document appropriate interventions in the care recipients’ care plans. Staff make referrals to specialist services including external mental health teams in consultation with the general practitioner. Strategies to reduce behaviour include an activity program, diversion therapy and staff training. The need for physical restraint is assessed and authorised by care recipients’ general practitioners and representatives, and its use is monitored by staff to ensure care recipients’ safety. Care recipients and representatives reported staff effectively manage the needs of care recipients with challenging behaviours.

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

When care recipients move into the home, the physiotherapist or a registered nurse assesses each care recipient’s level of mobility and dexterity and falls risk. Care plans are developed and delivered by therapy and care staff, and appropriate individualised equipment is used to maximise independence. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s walking programs and fitness fun groups, the home’s therapeutic massage program and individual strengthening and dexterity exercises. Staff report, monitor, analyse and action incidents related to care recipients’ falls, and

implement strategies to reduce their falls including non-slip bed socks, appropriate footwear, signage and floor alarm sensor mats. Care recipients and representatives reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

When a care recipient moves into the home, staff conduct an oral and dental assessment to identify their oral function, hygiene and dental care needs, and any potential impacts on swallowing and eating. Staff record oral and dental care interventions in the care recipients’ care plan. Representatives can arrange for care recipients to attend external dental appointments. Staff reported they routinely undertake oral care for care recipients and ensure they have appropriate oral health equipment and products. Care recipients and representatives reported they are satisfied with the oral and dental care provided to care recipients by staff.

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

When care recipients move into the home, the activity and lifestyle coordinator and registered nurses use previous history information and assessment tools to assess each care recipient’s sensory losses for all five senses. Care plans are developed and include strategies to manage care recipients’ sensory losses, and to optimise care recipients’ independence and interaction in activities of daily living. The home uses strategies including large print books, large print bingo cards and sensory activities such as cooking, craft and access to a garden. Care recipients are offered the opportunity to be assessed by external specialists including audiologists and optometrists. Staff described the strategies they use to assist care recipients with sensory loss and to manage their sensory devices. Care recipients stated satisfaction with the assistance they receive to manage their sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

There are systems for the charting of care recipients’ sleep patterns soon after they move into the home, and sleep instructions are included on the care plan. Staff identify strategies to assist the care recipients with a natural sleep pattern, including information as to the usual time to settle at night and when they like to be woken in the morning. The home uses strategies including appropriate lighting, curtains for care recipients in shared rooms, pain management, temperature control, and night sedation if prescribed. Staff reported they would offer assistance with continence needs, positioning, snacks and drinks if care recipients wake up, and they receive information at the morning handover regarding care recipients

who have a disturbed sleep. Care recipients stated they are able to achieve sufficient sleep and staff assist them overnight as required.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of recent improvements undertaken or in progress in relation to Standard 3 – Care recipient lifestyle are described below.

- The home’s management were approached by staff from a local school with a request to visit the home and participate in social activities with the care recipients, provide community participation and form friendships. As a result, students visit the home twice weekly and participate and assist in group activities, have sing-a-longs or interact socially with the care recipients. The students were provided with training, and care recipients, representatives and staff reported the visits to have been successful, and they find the socialisation comforting and enjoyable for all participants.
- Activity and therapy staff at the home identified some care recipients were reluctant to participate in group activities and they were at risk of isolation and loneliness. Staff introduced a Body and soul activity to support and encourage care recipients with a one-on-one activity with the goal to allow the care recipient to focus on the mind, body and social interaction. A clinical evaluation showed care recipients felt comfortable with the activity, some care recipients’ dexterity had improved and some felt confident enough to join group activities and forge new friendships. Care recipients and representatives reported they found this activity to be very encouraging and did not feel pressured into doing anything they felt was not within their comfort zone or ability.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulations, professional standards and guidelines. The home’s mission, vision and values statement is provided to care recipients and representatives via an information pack on entry into the home. The home provides care recipients with an agreement and care recipient handbook that outlines fees and charges, tenure arrangements and notifies care recipients of any changes. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management of elder abuse. Care recipients reported they are aware of their rights and responsibilities.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

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

- Cultural and spiritual beliefs
- Education in relation to security of tenure
- Elder abuse and compulsory reporting
- 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

When care recipients move into the home, staff ensure care recipients and their representatives are made to feel welcome, and information and support is provided to help care recipients adjust to a new environment. Staff reported they complete an admission checklist tool, and spend extra time reassuring and orientating new care recipients to the home. New care recipients and their representatives meet the chef, are invited to a luncheon and are introduced to other care recipients. Registered nurses conduct assessments to identify care recipients' emotional needs, develop individual care plans and make referrals to the general practitioner and the mental health team when they note areas of concern. Care recipients and representatives reported the emotional support provided meets care recipients' needs and preferences.

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

The home has processes to ensure the regular assessment of care recipients' needs in achieving maximum independence. The physiotherapist, activity and lifestyle coordinator and registered nurses assess and review care recipients' level of ability to participate in activities of daily living. The home accesses community volunteers to visit care recipients at the home, and care recipients are supported to participate in elections. The home has access to a bus, and staff reported they assist care recipients to attend activities inside and outside of the home and provide transport for shopping trips and attendance at community events. Care recipients and representatives reported satisfaction with the assistance provided by the home in relation to care recipients' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

There are processes to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected and the care recipients' handbook details these rights. Care recipients' records are stored appropriately to ensure security, and there is provision of quiet spaces suitable for receiving guests. We observed staff knock on the door prior to entering care recipients' rooms, the use of curtains and 'care in progress' signage when providing care. Shared bathrooms are used supporting care recipients' privacy and dignity. Management uses feedback mechanisms to monitor the effectiveness of care recipients privacy and dignity. Care recipients' and representatives reported staff respect care recipients' privacy, dignity and confidentiality.

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, representatives or staff complete a personal profile of the care recipients when they move into the home that includes the care recipients' past and present interests. The activities and lifestyle coordinator develops a care plan guided by the assessment information. The home has a monthly five days a week activity program and care recipients have access to activities with sensory, cognitive, motor skills and social groups, along with individual therapies. Activities are monitored by information gathered via care recipient meetings, surveys, informal feedback and attendance statistics. Care recipients stated they are satisfied with the activity program and are encouraged to participate in the scheduled activities including bingo, newspaper reading, visits by school groups, craft and concerts.

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

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Information on care recipients' cultural and spiritual backgrounds is documented when they move into the home. The home facilitates monthly Catholic religious services and monthly Polish communion. Clergies from other religious denominations, community visitors from culturally specific groups and the care recipient's country of origin are accessed as required. The home's activity calendar and menu includes activities and meals following consideration of assessment information. Multicultural resources are available for staff to access. Evaluation processes include the care recipient satisfaction surveys. Care recipients and representatives reported satisfaction with the cultural and spiritual support provided to care recipients by staff at the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients' individual choices and decisions. There are processes to assess and document care recipients' individual needs, preferences and wishes across all areas of care and service delivery when moving into the home and as required. Authorised representatives make decisions on behalf of care recipients who are unable to act for themselves. Information for care recipients is available throughout the home, including advocacy information in other languages. Staff reported strategies for supporting care recipients' individual preferences including care interventions, diet, refusal of care, and participation in activities. Care recipients and representatives generally reported staff support care recipients, and satisfaction survey results confirmed this.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and care recipients' rights and responsibilities is provided in the care recipients' agreement and the handbook. This is discussed with prospective care recipients and their representatives prior to and on entering the home. The Charter of care recipients' rights and responsibilities is displayed and included in publications. Care recipients and representatives interviewed stated they are kept informed about matters of importance to them, they feel secure in their tenure within the home and they confirmed an awareness of their rights and responsibilities.

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 for an overview of the home’s continuous improvement systems and processes

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

- Care recipients provided feedback they wanted to spend quality time with their partners by having breakfast with them or sharing a glass of wine in the evenings in a private setting. As a result, management introduced a monthly concept of a Romantic lunch where care recipients are supported to invite their partner for a romantic lunch. They are served in a private setting and the table is set with a table cloth, flowers and special crockery, and a meal is cooked and served accordingly. Management found this to be so successful that invitations are now extended to other close family members. Care recipients and representatives reported they are happy to have this opportunity to spend quality time with their partners.
- Following feedback from care recipients and representatives regarding the laundry service and cleaning at the weekends being ineffective, management looked at ways to improve. A meeting was held with evening and night staff and an action plan was formulated. Evening and night staff now do some general cleaning and laundry at night whenever possible without any impact on the care provided to care recipients. A follow up survey showed a positive result from staff and care recipients, and it showed there was no impact on the response time to call bells or the care provided by staff. Care recipients and representatives reported they are satisfied with this new arrangement.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management at the home have systems and processes to identify and ensure ongoing regulatory compliance in relation to the home’s physical environment and safe systems. Staff attend fire safety and occupational health and safety training. The home has regular fire and environment safety checks, safety data sheets are stored with chemicals and a gastroenteritis outbreak kit with information is available. Occupational and environmental monitoring is scheduled and routinely carried out. The home has a food safety program and staff receive training in food safety. There are reporting mechanisms for accidents, incidents and hazards, and personal protective equipment is provided for staff use.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

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

- Chemical training
- Fire, emergency and evacuation
- Food safety
- Infection control
- 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

Management and staff provide a safe and comfortable environment consistent with the care recipients' needs. The home provides care recipients with shared and single rooms with ensuite bathrooms, and rooms with shared bathrooms. Care recipients are encouraged to personalise their room with mementos from home. Care recipients and their families have access to internal and external communal areas for social interaction and activities. The environment appears well-maintained, clean, clutter and odour free. Room and environmental audits are undertaken regularly and corrective and preventative maintenance programs ensure safety and comfort. Staff described ways they manage and report hazards. Care recipients and representatives expressed their satisfaction with temperature, noise levels, safety and comfort, and reported management actively work to provide a comfortable living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. On commencement of employment, staff are provided with site orientation including workplace health and safety (WHS). Manual handling training is part of the annual training calendar. Hazard reports and staff accident/incident reports are investigated by management and discussed at the home's WHS meetings. Staff receive WHS updates through training sessions, meetings, memoranda and noticeboards. Equipment is regularly

serviced and maintained. Staff described processes for identifying and reporting hazards and incidents and stated they feel their work environment is safe.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems that minimise fire, security and emergency risks. There are appropriate fire detection and firefighting equipment including fire hoses, fire extinguishers and fire blankets. Emergency and evacuation procedures are readily accessible by staff and emergency procedures are displayed around the home with site maps. There is an evacuation pack that contains up-to-date information regarding each care recipient's mobility status, medication requirements and the contact details of their next of kin. Electrical equipment is tested and tagged, and chemicals are stored appropriately with access by authorised staff only. There is a sign-in/sign-out register at the entrance of the home for visitors and contractors, and entry is via a security password. There are processes for securing the home at night and night sensors alert staff to any activity outside the building. External contractors monitor and service all components of the home's fire and emergency equipment. Staff receive education and training in all aspects of managing fire and emergencies. Staff and care recipients' representatives confirmed they know what to do in case of a fire or other emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an established and effective infection control program overseen by the external infection control consultant and a registered nurse at the home as the first point of contact. Staff are informed of current practices appropriate to their area of work at orientation and at mandatory education sessions. The home has current information to guide staff in managing infectious outbreaks and staff are provided with appropriate personal protective equipment. The infection control consultant along with the registered nurse oversees the infection control program and monthly data is collated and analysed to identify trends. This information is discussed at clinical meetings and actioned as required. Personal protective equipment, cleaning and laundry procedures, hand washing facilities, disposal of sharps, care recipient and staff vaccination programs and pest control are some of the measures utilised to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering is undertaken at the home and meals are cooked according to a four-weekly seasonal menu. There are processes to ensure care recipients' individual dietary needs are

met on an ongoing basis. Cleaning staff undertake planned cleaning duties within the home in accordance with duty statements and cleaning schedules. All laundry is serviced at the home and personal clothing is labelled in order to minimise loss. Management monitor the quality of services via feedback mechanisms such as comments and complaints, audits and surveys. Staff reported they have adequate time and equipment to undertake their hospitality role. Care recipients reported they are satisfied the home's hospitality services meet their needs and preferences.