**Decision not to revoke accreditation following review audit**

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

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | SummitCare Wallsend |
| **RACS ID:** | 0841 |
| **Name of approved provider:** | Stelcom Pty Limited |
| **Address details:**  | 7 Bent Street Wallsend NSW 2287 |
| **Date of review audit:** | 11 June 2019 to 14 June 2019 |

**Summary of decision**

**DECISION NOT TO REVOKE ACCREDITATION FOLLOWING REVIEW AUDIT**

|  |  |
| --- | --- |
| **Decision made on:** | 23 July 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.To vary the period of accreditation under section 77(4)(a) of the Rules. |
| **Varied period of accreditation:** | 23 July 2019 to 23 July 2020 |
| **Number of expected** **outcomes met:**  | 39 of 44 |
| **Expected outcomes not met:** | * 2.4 Clinical care
* 2.7 Medication management
* 2.8 Pain management
* 2.11 Skin care
* 2.13 Behavioural management
 |
| **Revised plan for continuous improvement due:** | By 27 August 2019 |
| **Timetable for making improvements:** | By 06 November 2019 |

**RECONSIDERATION DECISION TO VARY PERIOD OF ACCREDITATION FOLLOWING REVIEW AUDIT**

|  |  |
| --- | --- |
| **Decision made on:** | 02 September 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to reconsider a reviewable decision under Part 7 of the Aged Care Quality and Safety Commission Rules 2018 (Rules). |
| **Decision:** | The delegate decided to affirm the decision made on 23 July 2019 to vary the period of accreditation to a period of one year. |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 104 of the Rules.**

Review Audit Report

Review audit

Name of service: SummitCare Wallsend

RACS ID: 0841

Approved provider: Stelcom Pty Limited

# Introduction

This is the report of a Review Audit from 11 June 2019 to 14 June 2019 submitted to the Aged Care Quality and Safety Commissioner (Commissioner).

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

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

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

# Scope of this document

A review audit against the 44 expected outcomes of the Accreditation Standards was conducted from 11 June 2019 to 14 June 2019.

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

# Details about the service

|  |  |
| --- | --- |
| **Number of total allocated places** | 142 |
| **Number of total care recipients**  | 120 |
| **Number of care recipients on site during audit receiving high care funding** | 114 |
| **Service provides support to specific care recipient characteristics** | N/A |

# Audit trail

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

| InterviewsPosition title | Number |
| --- | --- |
| Consumers and/or representatives | 20 |
| Chief executive officer | 1 |
| General manager | 1 |
| Quality manager | 1 |
| Managers care and wellness | 2 |
| Registered nurses | 5 |
| Enrolled nurses | 5 |
| Care staff | 17 |
| Administration assistant | 1 |
| Catering staff | 4 |
| Physiotherapist and occupational therapist | 3 |
| Physiotherapy aides | 2 |
| Leisure and lifestyle officers | 3 |
| Laundry staff | 2 |
| Cleaning/maintenance contractor representative | 3 |
| Manager accommodation services (Canley vale)  | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 28 |
| Consumer medication charts | 32 |

## Other evidence reviewed by the team

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

* Accident/incidents including critical incidents
* Audit schedule, clinical indicator reports, employee and resident satisfaction surveys, continuous improvement plan
* Cleaning schedules: laundry, kitchen
* Clinical care documentation including assessments, charts, medical officer reviews
* Comments complaints and feedback systems
* Compulsory reporting register
* Contractor agreements, insurances, police checks and registrations
* Dietitian review of menu
* Duty statements
* Education attendance records, competency assessment and compulsory education matrix, professional staff registrations, calendar, competency assessments, training matrix
* Email communication
* Medication and insulin refrigerator temperature recording forms, restricted drug books, insulin signage and management forms
* Menu, menu sheets-daily choices, dietary records held in the kitchen, NSW Food Authority report
* Preventative and reactive maintenance records
* Residential agreement
* Rosters and allocation sheets, criminal history clearances
* Schedule eight drug registers
* ‘Stat box’ register
* Vaccination records

## Observations

The assessment team observed the following:

* Activities in progress, activities program on display
* Aged Care Complaints Commissioner and advocacy information on display
* Chemical and oxygen storage, safety data sheets (SDS) at point of use
* Cleaning in progress, trolleys and supplies, wet floor signage in use
* Dining environments during midday meal services, morning and afternoon tea, staff serving/supervising
* Equipment and storage areas including linen, continence and medical supplies
* Feedback and continuous improvement forms available
* Firefighting equipment checked and tagged, fire indicator panel, sprinkler system, evacuation diagrams, evacuation box, consumer identification name tags
* Infection control resources: hand washing facilities, hand sanitisers, colour coded and personal protective equipment, sharps containers, spills kits, outbreak management supplies, waste management
* Information noticeboards and displayed notices including: Charter of care recipients’ rights and responsibilities, mission and values statement
* Interactions between staff and consumers/visitors
* Kitchen and dining areas, NSW food authority licence on display
* Laundry, heat seal labelling machine
* Living environment internal and external
* Meals and drinks service
* Medication management - including administration and storage
* Mobility and manual handling equipment in use and stored in hallways, alcoves and consumer rooms

# Assessment of performance

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

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

### Principle:

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

### 1.1 Continuous improvement

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

#### Assessment of the expected outcome

The service meets this expected outcome

The organisation has a quality framework, which assists the service pursue continuous improvement through the identification, implementation and evaluation of improvement opportunities and activities. The identification of areas for improvement occurs through scheduled audits, meeting feedback in relation to consumers, their representatives, management and staff. The comments and complaints system, surveys and directs feedback from consumers, their representatives and staff also contribute to the identification of continuous improvement activities. Strategies are developed, documented, monitored and evaluated to ensure satisfactory outcomes are achieved. Information about improvements is communicated through meetings and associated minutes, emails and notices. Staff are aware of the continuous improvement system and confirm feedback has resulted in improvements for consumers. Continuous improvement activities have not been effective in relation to Accreditation Standard Two: Health and personal care.Examples of improvements in relation to Accreditation Standard One: Management systems, staffing and organisational development include:

* In November 2018 the service obtained approval for the recruitment of a new position of educator/quality officer. However delays have occurred in commencement to the position. An educator commenced in early June 2019 however they are currently not working due to injury.
* A training needs analysis was distributed to staff at the end of 2018 to obtain staff input into the education prom. The results have been analysed and added to the 2019 education program.

**1.2 Regulatory compliance**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives information from information services, government departments and industry peak bodies which provides ongoing information about industry issues and regulatory changes. The organisation and service management monitors legislation, regulations and guidelines and updates policies in response to changes. The general manager disseminates changes to staff and monitors the implementation of changes and adherence to regulatory requirements through audit processes and observation of staff practice.

Examples of compliance with regulatory requirements specific to Accreditation Standard One; Management systems, staffing and organisational development include:

* There is a system in place to ensure all staff, allied health professionals, volunteers and contractors have current police checks.
* The provision of information to consumers and stakeholders about internal and external complaint mechanisms.
* There are systems for the secure storage, archiving and destruction of personal and organisational information.

**1.3 Education and staff development**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Processes are in place to provide management and staff with the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through performance appraisals, surveys, results of audits, training needs analysis and feedback from staff. The staff education and training program incorporates a range of topics across the Accreditation Standards. Staff are required to complete a suite of mandatory education topics annually. The training requirements and skills of staff are evaluated on an ongoing basis through performance appraisals, competency assessments, the changing needs of consumers and verbal feedback.

Education attendance records are maintained to monitor staff attendance at mandatory and non-mandatory education. Staff stated they are satisfied with the education provided by the service. Training provided in relation to Accreditation Standard One: Management systems, staffing and organisational development includes induction program, digital skills, progress note documentation, workplace aggression and violence.

### 1.4 Comments and complaints

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

#### Assessment of the expected outcome

The service meets this expected outcome

There are processes to ensure consumers, their representatives and others are provided with information about how to access complaint mechanisms. Consumers 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. Review of feedback found concerns are responded to and issues actioned.

### 1.5 Planning and leadership

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

#### Assessment of the expected outcome

The service meets this expected outcome

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

### 1.6 Human resource management

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

There are not 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. There has been considerable staff turnover and changes to the management team. Whilst agency staff usage is now minimal and staff are generally available to fill vacant shifts, deficiencies were identified in staff knowledge and skills impacting on clinical oversight and care provision. Consumers and representatives provided some negative feedback about staff skills.

**1.7 Inventory and equipment**

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has processes to order goods and maintain equipment to ensure delivery of quality services. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. Staff interviewed stated they are generally satisfied they have sufficient stocks of appropriate goods and equipment to care for care recipients and can request more stock if needed.

### 1.8 Information systems

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

#### Assessment of the expected outcome

The service meets this expected outcome

Effective information management systems are in place to provide stakeholder information. There are scheduled meetings and document systems to provide newsletters, memos, emails and other information to staff, consumers and representatives. 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 generally collected, analysed, revised and updated on an ongoing basis, however some issues were identified in documentation systems.

### 1.9 External services

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

#### Assessment of the expected outcome

The service meets this expected outcome

The home has mechanisms to identify external service needs and quality goals. The service's expectations in relation to service and quality is specified and communicated to the external providers. The service 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 consumers and the home are met. Staff are able to provide feedback on external service providers. Consumers, representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

## Standard 2 – Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the service’s overall system of continuous improvement. Whilst a continuous improvement system is in place, in relation to Standard Two: Health and personal care the system is not effective in monitoring performance and identifying issues relevant to the health and personal care for consumers as demonstrated by multiple deficiencies identified in relation to this Accreditation Standard.

**2.2 Regulatory compliance**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Two: Health and personal care include:

* Management has actioned a regulatory amendment to the number of anti-biotic medications able to be kept in emergency stock.
* There are systems to ensure that professional registrations for registered nurses, enrolled nurses and allied health providers are monitored and maintained.

**2.3 Education and staff development**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of the service’s system for providing management and staff with appropriate knowledge and skills to perform their roles. However in relation to Accreditation Standard Two: Health and personal care, these systems have not been effective in ensuring that staff have the necessary knowledge and skills to effectively undertaken their roles as identified through multiple deficiencies in relation to this Accreditation Standard.

### 2.4 Clinical care

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Consumers do not receive appropriate clinical care. Documentation does not support there is consistent clinical monitoring and/or review occurring in line with consumers’ health needs and/or medical officers’ instructions. The deteriorating clinical condition of consumers has not always been identified resulting in negative outcomes for some consumers. Neurological observations are not always undertaken following unwitnessed falls or falls with head injuries.

### 2.5 Specialised nursing care needs

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Specialised nursing care needs are not identified and met by appropriately qualified staff. Deficits were identified in diabetic management, fluid restrictions and wound care. At times the registered nurse does not oversee specialised nursing care needs.

### 2.6 Other health and related services

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

#### Assessment of the expected outcome

The service meets this expected outcome

Consumers are generally referred to appropriate health specialists in accordance with the consumer’s needs and preferences. A physiotherapist is employed five days a week, a podiatrist attends the home regularly, and speech pathologists and dieticians are available as needed.

### 2.7 Medication management

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Medications are not managed safely or correctly. Failures were identified in the safe management of pain relieving medications which do not ensure medication administration as prescribed. Deficits were also identified in the storage of medications, including the storage and administration of cytotoxic medications.

### 2.8 Pain management

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Consumers are not as free from pain as possible. Pain is not adequately assessed or monitored for the development of strategies to manage and minimise pain. Staff are not following the service’s procedures relating to pain management. Pain is not always assessed following incidents or change in condition. However the service has a comprehensive pain management program which supports consumers who participate. The assessment team identified at times consumers experience pain, which is not effectively minimised.

### 2.9 Palliative care

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

#### Assessment of the expected outcome

The service meets this expected outcome

The comfort and dignity of terminally ill consumers is maintained. Whilst gaps have been identified in pain, skin and bowel management, consumer feedback, observation and documentation demonstrates palliative care is successfully provided. Palliative expertise and resources are available to the service.

### 2.10 Nutrition and hydration

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

#### Assessment of the expected outcome

The service meets this expected outcome

Whilst gaps were identified consumers generally receive adequate nourishment and hydration. A weight loss program is in place to monitor and review consumers who unintentionally lose weight. A nutritional supplement program and specialised diets are available. Dietician and speech pathology services review consumers as required.

### 2.11 Skin care

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Consumers’ skin integrity is not consistent with their general health. Whilst skin care assessments are undertaken and care plans developed, care is not adequately provided to prevent and manage pressure injury. Consumers are acquiring pressure injuries at the service and wounds are not being managed consistent with the plan of care. Monitoring of wounds has not consistently occurred to ensure improvements are achieved.

### 2.12 Continence management

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Consumer continence is not managed effectively. Bowel care has not been adequately monitored to ensure consumer comfort, safety and dignity. Staff do not monitor or manage consumers’ bowel actions to minimise incidence of constipation. The assessment team reviewed several consumers’ clinical records, which showed this, and it was particularly evident for those living with dementia. A consumer was faecally impacted during the review audit requiring hospitalisation for rectification.

### 2.13 Behavioural management

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

The needs of consumers with challenging behaviours are not managed effectively. Consumers living with dementia are not provided with activity to engage them. Staff do not have sufficient skills to support consumers with challenging behaviours. Staff provided information about their concern relating to unmanaged consumer challenging behaviours. Some consumers express concern regarding behavioural management practices.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Assessment of the expected outcome

The service meets this expected outcome

There are systems to support optimum levels of mobility and dexterity are achieved for consumers. Systems include assessments, the development of mobility and dexterity plans and mobility programs. There is a physiotherapist and physiotherapy assistant on site five days a week. Individual programs are designed to promote optimum levels of mobility and dexterity for consumers. Assistive devices such as mobility frames, walk belts, mechanical lifters and wheelchairs are available.

### 2.15 Oral and dental care

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

#### Assessment of the expected outcome

The service meets this expected outcome

There are systems to ensure consumers’ oral and dental health is maintained. Oral and dental health is assessed on entry to the home and documented on care plans. Swallowing difficulties are referred to the medical practitioner or allied health services for assessment and review. A dental service is regularly available on site. Consumers are satisfied with oral and dental care.

### 2.16 Sensory loss

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

#### Assessment of the expected outcome

The service meets this expected outcome

Consumers’ sensory losses are identified and managed effectively. Sensory needs are assessed and documented in care plans. Consumers were observed wearing sensory aids. There was no negative feedback provided regarding sensory loss management.

### 2.17 Sleep

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

#### Assessment of the expected outcome

The service meets this expected outcome

Consumers are generally able to achieve natural sleep patterns. Sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry and documented in care plans. The environment is comfortable and optimised to ensure it supports natural sleep and minimises disruption. Consumers and representatives are satisfied support is provided to the consumer so they are assisted in achieving natural sleep patterns.

## Standard 3 – Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Assessment of the expected outcome

The service meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. In relation to Accreditation Standard Three: Care recipient lifestyle, care recipient and representative meetings, the complaints system and care recipient surveys are used to gather feedback from consumers.

The service has made planned improvements in Accreditation Standard Three: Care recipient lifestyle including:

* The service has recognised the need to ensure staff have knowledge and skills about cultural safety to ensure the service meets the new quality standards. Education has been provided to staff in cultural safety has been undertaken to ensure that cultural safety is embedded in consumer documentation.

**3.2 Regulatory compliance**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome

Whilst the organisation’s management has systems in place to identify and ensure compliance with relevant legislation and regulatory requirements about consumer lifestyle, these systems have not been followed in relation to Accreditation Standard Three: Care recipient lifestyle. Management have not reported allegations of abuse. Documentation indicates that incidents of assaults by consumers with a diagnosis of cognitive impairment are not always reported to management and as a result legislative requirements are not followed.

**3.3 Education and staff development**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the service monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirmed education relating to Accreditation Standard Three: Care recipient lifestyle has been provided for staff.

### 3.4 Emotional support

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

#### Assessment of the expected outcome

The service meets this expected outcome

Consumer emotional needs are identified on entry and on an ongoing basis. Processes to assist consumers include the provision of information prior to entering the service, support during the settling in period, involvement of family and significant others. Emotional support is provided to consumers on an ongoing basis based on their identified need, the service’s monitoring processes, including feedback and care reviews. Staff generally engage with consumers and support emotional wellbeing in accordance with consumers’ preferences. Although some gaps in the provision of emotoional support were identified consumers interviewed are mostly satisfied the consumer is supported on entry to the home and on an ongoing basis, including times of personal crisis.

### 3.5 Independence

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

#### Assessment of the expected outcome

The service meets this expected outcome

Consumers are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the service. Strategies to promote consumers’ independence are documented in the care plan and are evaluated and reviewed. The living environment is monitored and equipment is available to ensure consumers’ independence is maximised. The service's monitoring processes, including feedback, and environmental and care reviews, mostly identify opportunities for improvement in relation to consumer independence. Staff are familiar with the individual needs of consumers. Consumers/representatives interviewed are generally satisfied with the information and assistance provided to the consumer to maintain friendships and to achieve 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".

#### Assessment of the expected outcome

The service does not meet this expected outcome

### Each consumer’s right to privacy, dignity and confidentiality is not always recognised or respected. Some staff practices do not always support consumer privacy or dignity. Poor continence management has impacted on some consumer’s dignity. There was some negative feedback from representatives about the maintenance of their family member’s dignity.

### 3.7 Leisure interests and activities

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

While many consumers are supported to participate in activities of interest to them, those living with dementia have minimal input into the lifestyle program and the frail and/or bedbound have minimal activity provided to them. Consumers living with cognitive impairment or those not interested in the group activities offered do not participate in a meaningful lifestyle program. The assessment team observed wandering and confused consumers with minimal meaningful engagement. Whilst the current lifestyle program is enjoyed by many consumers and includes a variety of external providers , it does not meet the needs of all consumers.

### 3.8 Cultural and spiritual life

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

#### Assessment of the expected outcome

The service meets this expected outcome

Individual consumers’ customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the consumer and their representatives. Cultural celebrations are part of the lifestyle program. The spiritual program caters for most of the consumers’ religious backgrounds, and offers one to one support as well as regular church services. Consumers are satisfied that their cultural and spiritual needs are met.

### 3.9 Choice and decision-making

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

#### Assessment of the expected outcome

The service meets this expected outcome

The service has processes to ensure consumers and their representatives are provided with information about consumers’ rights and responsibilities on entry to the service and on an ongoing basis. Consumers are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Assessment of the expected outcome

The service meets this expected outcome

Consumers have secure tenure within the residential care service consistent with regulations. Consumer room moves occur with consultation and consent from the consumer or an alternative decision-maker is provided. Consumers are offered residential agreements consistent with the legislation.

## Standard 4 – Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Assessment of the expected outcome

The service meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. In relation to Accreditation Standard Four: Physical environment and safe systems improvements have been made including:

* The menu was reviewed in September 2018 with input from consumers and their families. As a result a range of new dishes were added to the summer menu.
* The café has been expanded and now caters to family events. The assessment team saw that the café was well patronised by consumers and visitors during the review audit.

**4.2 Regulatory compliance**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Four: Physical environment and safe systems include:

* There is a system for the regular checking and maintenance of fire safety equipment and a current fire safety statement is on display. The service is fitted with a sprinkler system.
* A food safety program is in place.

**4.3 Education and staff development**

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

**Assessment of the expected outcome**

The service meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the service monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirms that education relating to Accreditation Standard Four: Physical environment and safe systems has been provided for management and staff. Examples include fire safety awareness and infection control.

**4.4 Living environment**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service provides a variety of accommodation options, including single or two bedded rooms with en-suite bathrooms. There are furnished sitting, dining and recreational areas, a cafe and outdoor sitting areas. Accommodation for consumers living with dementia is secure and provides consumers with access to garden areas. The building has wide corridors, adequate lighting and the service is air conditioned to ensure comfortable temperatures year round. There are systems for preventative and reactive maintenance and to ensure the ongoing maintenance of the grounds and gardens. Observation of the service and feedback from consumers/representatives and staff show general satisfaction with the safety and comfort of the environment which meets consumers’ needs. Malodour is evident in multiple areas of the service. Management is in the process of purchasing replacement flooring to address this issue.

**4.5 Occupational health and safety**

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

**Assessment of the expected outcome**

The service does not meet this expected outcome

Management is not actively working to provide a safe working environment that meets regulatory requirements. Unmanaged challenging behaviours of consumers are resulting in injuries to staff. Staff report they are fearful in the work environment. The service has not taken effective measures to manage these risks. The service has not ensured measures for the safe management of cytotoxic medication are followed.

**4.6 Fire, security and other emergencies**

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

**Assessment of the expected outcome**

The service meets this expected outcome

There are systems to promote the safety and security of consumers and staff. These include emergency and fire evacuation procedures, readily available emergency information and fire and security monitoring systems. Staff interviews demonstrate they are familiar with fire safety procedures and they attend regular fire safety training. There are security procedures and strategies to ensure the buildings are secure. This includes keypad access, fire detection and fighting equipment and closed circuit television monitoring.

**4.7 Infection control**

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

**Assessment of the expected outcome**

The service meets this expected outcome

The service has an effective infection control program. This includes education for staff, provision of equipment, routine monitoring of infections as well as the availability of policies and practice information to guide staff work practices. Infection data is collected and analysed externally and within the organisation. Relevant infection control issues are discussed and reviewed at staff meetings. Infection control procedures such as the use of colour coded cleaning equipment, personal protective equipment and monitoring of temperatures were observed. Infectious outbreak kits, spills kits and sharps containers are available. Staff interviewed described the use of infection control precautions in their work such as outbreak management processes, regular hand washing or disinfecting. Staff confirmed they have undertaken education in this area. There is a vaccination program in operation for consumers and staff.

**4.8 Catering, cleaning and laundry services**

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

**Assessment of the expected outcome**

The service meets this expected outcome

There are systems to identify consumers’ meal requirements and preferences on entry to the service and as their needs change. All meals are cooked fresh on site using a dietician approved four-week seasonal rotating menu. There are processes for feedback and consultation regarding the menu at regular meetings and through surveys. Consumers are able to choose from a menu which offers a choice of dishes and staff cater to individual consumer meal preferences and dietary needs as required. The kitchen has systems and processes to ensure food is handled safely. There are cleaning schedules, processes and monitoring systems to ensure the buildings are maintained in a clean, and tidy condition by the contracted company. There are systems for the provision of in house laundry services for consumers’ clothing. Staff expressed satisfaction with their working environment. Consumers and their representatives generally expressed satisfaction with the meals, the cleanliness of the environment and the laundry service provided. Two consumers complained about the lack of variety in meals.