

Tandara Lodge Hostel

RACS ID: 8028

Approved provider: Tandara Lodge Community Care Inc

Home address: 10 Nightingale Avenue SHEFFIELD TAS 7306

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| Following an audit we decided that this home met 42 of the 44 expected outcomes of the Accreditation Standards. This home remains accredited until 27 September 2019.We made our decision on 03 December 2018.The audit was conducted on 07 November 2018 to 16 November 2018. The assessment team’s report is attached.The assessment team found that the home met expected outcome 1.8 Information systems. However, the Quality Agency decision-maker finds that the home has not met minimum standards in relation to this expected outcome. The assessment team found that the home did not meet expected outcome 2.14 Mobility, dexterity and rehabilitation, however the Quality Agency decision-maker found the home does meet the expected outcome. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Not Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Not met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Tandara Lodge Hostel

RACS ID: 8028

Approved provider: Tandara Lodge Community Care Inc

# Introduction

This is the report of a Review Audit from 07 November 2018 to 16 November 2018 submitted to the Quality Agency.

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

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

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

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

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

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

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

* 42 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

* 2.14 Mobility, dexterity and rehabilitation
* 4.4 Living environment

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Review Audit from 07 November 2018 to 16 November 2018.

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

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

# Details of home

Total number of allocated places: 13

Number of care recipients during audit: 12

Number of care recipients receiving high care during audit: 12

Special needs catered for: Not applicable

# Audit trail

The assessment team spent 2.5 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients and/or representatives | 4 |
| Administration assistant | 1 |
| Care staff | 3 |
| Cook, kitchen maid and cleaner | 3 |
| Director of Nursing | 1 |
| Registered nurse and enrolled nurse | 3 |
| Volunteers | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 6 |
| Medication charts | 4 |
| Personnel files | 2 |

## Other documents reviewed

The team also reviewed:

* Accident, incident documentation - care recipients
* Care recipient and staff influenza vaccination registers
* Care recipient and staff survey results
* Care recipient information hand book
* Care recipient, visitor and contractor sign in/out system
* Cleaning schedules
* Clinical documentation including care plan consultations, progress notes, assessments, specialised nursing directives, evaluations and charting
* Communication books – clinical, cleaning, laundry and kitchen
* Compliments and complaints logs and related documentation
* Compulsory reporting documentation
* Contractor commercial licences
* Corrective action register and reports
* Emergency management plan
* External contractor documentation
* Food safety program
* Handover documentation
* Illness register
* Infection control documentation
* Leisure and lifestyle documentation, activity calendars and participation records
* Material safety data sheets
* Meeting minutes - care recipients
* Meeting minutes - staff
* Minor maintenance, testing and tagging register
* Monthly trending analysis summary
* Outbreak management documentation
* Personnel / employee incident files
* Resident dietary needs profiles
* Restraint assessment, authorisation and monitoring records
* Restraint policy and forms
* Selected policies and procedures.

## Observations

The team observed the following:

* Activities in progress
* Bed rails and monkey bars in use
* Café at the home
* Charter of care recipients' rights and responsibilities - residential care
* Cleaning in progress, cleaning equipment and chemical storage
* Clinical documentation including care plan consultations, assessments, specialised nursing directives, evaluations and charting
* Clinical resources and equipment
* Equipment storage areas
* Evacuation egresses, signs and diagrams
* Feedback mechanisms – internal and external
* Firefighting equipment
* General waste management bins
* Hand hygiene facilities
* Infection control equipment and outbreak resources
* Influenza kit
* Information systems
* Interactions between staff, care recipients and representatives
* Internal and external living environment
* Meal service and assistance to care recipients
* Medication storage and administration
* Noticeboards and displays
* Nurse call systems
* Nurses stations
* Oxygen therapy in use
* Personal protective equipment
* Posey vests
* Refreshment services
* Safe oxygen storage
* Secure storage of confidential care recipient and staff information
* Short group observation – communal area
* Smoking area
* Spill kit
* Suggestion box
* Vision and mission statement.

# Assessment information

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

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

### Principle:

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

### 1.1 Continuous improvement

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

#### Team’s findings

The service meets this expected outcome

The service has a system for continuous improvement. Stakeholder feedback, regulatory requirements and organisational initiatives direct improvement activities. Management document improvement activities on the service’s improvement register.

An example of continuous improvement in relation to Standard 1 Management systems, staffing and organisational development is:

* Following a recent assessment contact from the Agency, management have identified a need to streamline the complaints recording mechanism to ensure they are able to capture complaints and suggestions and identify any emerging trends. Management are currently in the early stages of developing a simple system that suits the needs of the service.

### 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 service meets this expected outcome

The service has a system to identify relevant legislation, regulatory requirements and guidelines. The service’s management has established links with external organisations to ensure they are informed about changes to regulatory requirements. A range of systems and processes have been established by management to ensure compliance with regulatory requirements.

Examples of regulatory compliance relating to Standard 1, Management system, staffing and organisational development include:

* There is a system to ensure the currency of police certificates and statutory declaration for staff, volunteers and contractors.
* Care recipients and representatives are provided with information regarding the external complaints process.

### 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 service meets this expected outcome

The service’s processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures. Staff are generally scheduled to attend regular mandatory training and attendance is monitored when training is provided. Care recipients and representatives interviewed are generally satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided.

An example of education and training in relation to Standard 1 Management systems, staffing and organisational development includes:

* Taxation and payroll training.

### 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 service meets this expected outcome

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. The effectiveness of the comments and complaints system is generally monitored and evaluated. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these.

### 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 service meets this expected outcome

The organisation has documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives and staff and the Charter of care recipients’ rights and responsibilities – residential aged care is displayed within the home.

### 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 service meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home’s philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients’ needs and there are processes to address planned and unplanned leave. Staff are satisfied they have sufficient time to complete their work and meet care recipients’ needs.

### 1.7 Inventory and equipment

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

#### Team’s findings

The service meets this expected outcome

The service has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and where appropriate, stock rotation occurs. The service purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive manual handling training to support the safe use of equipment. Staff and care recipients interviewed are satisfied with the supply and quality of goods and equipment available at the home.

### 1.8 Information systems

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

#### Team’s findings

The service meets this expected outcome

Management and staff generally have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is not consistently collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is generally used to identify opportunities for improvement. The home generally reviews its information management systems to ensure they are effective. Staff said they are satisfied they have access to current and accurate information. Care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

### 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 service meets this expected outcome

There are mechanisms to identify external service needs and quality goals. 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 where appropriate. Staff are able to provide feedback on external service providers. Care recipients and staff interviewed said 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”.

#### Team’s findings

The service meets this expected outcome

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

* It was identified that sensor mats were not always plugged into the call bell system. Management introduced a system to place tags on cords to identify both exit type cords as a visual reminder for staff. Staff have provided verbal feedback that the system makes it easier to identify that cords are correctly plugged in.

### 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 service meets this expected outcome

Please refer to expected outcome 1.2 Regulatory compliance for information about the service’s regulatory compliance systems and processes.

Examples of regulatory compliance relating to Standard 2 Care Health and personal care include:

* Professional registrations are monitored and recorded on an annual basis.
* There is safe and secure storage of all medications.
* There are procedures for the compulsory reporting of care recipients’ unexplained absences.

### 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 service meets this expected outcome

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

Examples of education for Standard 2 Health and personal care include:

* Aseptic non touch technique
* Medications and falls
* National standard medication charts.

### 2.4 Clinical care

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

#### Team’s findings

The service meets this expected outcome

The service has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Review of care plans are occurring regularly however documentation does not always reflect care recipients’ clinical care needs. Staff have access to adequate supplies and equipment to guide clinical care. Care recipients and representatives interviewed are satisfied that staff meet their health care needs.

### 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 service meets this expected outcome

The home has mechanisms to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. These include staff assessment of care recipients’ specialised nursing care needs on entry to the home and then the development of care plans. We did identify that information to guide specialised nursing care needs was not always clear or reflective of individuals’ current specialised nursing needs. However care recipients and their representatives are satisfied that care recipients’ specialised nursing care needs are being met.

### 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 service meets this expected outcome

Care recipients are referred to select health specialists in accordance with care recipients’ needs and preferences. Medical practitioners visit the home every six to eight weeks, and there is a telephone service available for medical attention after hours, as needed. A physiotherapist attends the home regularly. Referrals occur to other allied health professionals in response to an identified need. Care recipients and representatives interviewed are satisfied referrals for care recipients are made to appropriate health specialists as required.

### 2.7 Medication management

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

#### Team’s findings

The service meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. The use of an electronic medication management system reduces the incidents of missed staff signatures. Medication related incidents are reported and reviewed to assess staff training needs to reduce the likelihood of recurrence. Care recipients and representatives interviewed are satisfied the care recipient's medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

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

#### Team’s findings

The service meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home with care plans developed, reflective of identified needs. Strategies to ensure care recipients are as free as possible from pain include repositioning, massage, application of heat packs, gentle exercise and use of pressure relieving mattresses. Staff liaise with medical practitioners where pain medication is required. There is access to continuous pain relief administration during a care recipient’s palliative phase of life. Care recipients and representatives interviewed are satisfied care recipients are as free as possible from pain.

### 2.9 Palliative care

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

#### Team’s findings

The service meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. All care recipients and their representatives are provided with an opportunity to express end of life wishes. The corresponding form documents specific end of life care wishes, in accordance with individual preferences, needs and beliefs. Staff have access to adequate supplies and equipment to ensure comfort and dignity is maintained during the care recipient’s terminal phase of life. Liaison occurs with medical practitioners and palliative care specialists for additional support and advice as required. Documentation demonstrates consultation occurs with their care recipient and/or their families to ensure each care recipient's comfort, dignity and palliative care needs are maintained.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The service meets this expected outcome

There are processes to ensure care recipients receive adequate nourishment and hydration. Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. There are processes to ensure catering and other staff have up to date information about care recipients’ nutrition and hydration needs. The home provides staff assistance, equipment and special diets. Weights assist in the identification of unplanned weight loss or gain, to ensure timely intervention. Care recipients and representatives interviewed are satisfied there is enough food and drink available for care recipients.

### 2.11 Skin care

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

#### Team’s findings

The service meets this expected outcome

There is a system to maintain care recipients’ skin integrity in accordance with their general health and wellbeing. This includes assessing care recipients’ for skin care needs and developing a care plan that documents strategies to support these needs. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients/representatives interviewed are satisfied with the assistance provided to maintain the care recipient's skin integrity.

### 2.12 Continence management

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

#### Team’s findings

The service meets this expected outcome

Management and staff demonstrate there are processes to ensure care recipients’ continence is managed effectively. Toileting times, based on identified need, guide staff as to when to offer continence care as required. Equipment and supplies such as continence aids are available to support continence management and enhance independence. Staff consider care recipients’ privacy and dignity while assisting with continence needs. Exercise, increased fluid and a high fibre diet are some strategies available to ensure optimum bowel health. Care recipients and representatives interviewed are satisfied with the continence management provided.

### 2.13 Behavioural management

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

#### Team’s findings

The service meets this expected outcome

There are processes to ensure care recipients’ behavioural needs is managed effectively. These include establishing each care recipient’s behavioural requirements with identified strategies recorded in a corresponding care plan. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Care recipients and representatives are satisfied staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team’s findings

The service does not meet this expected outcome

The home has mechanisms to ensure care recipients achieve optimum levels of mobility and dexterity but they are not routinely implemented. Review of care recipients’ mobility needs are not routinely occurring in response to a change in clinical presentation. Physiotherapists are always involved in the assessment of care recipients’ mobility needs, in response to an identified need or following decline in health. Review of care recipients following a fall is not consistently occurring. Monitoring systems are not effective in ensuring systems relating to mobility, dexterity and rehabilitation.

### 2.15 Oral and dental care

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

#### Team’s findings

The service meets this expected outcome

The home has systems to ensure care recipients’ oral and dental health is maintained. These include the identification of oral and dental health needs on entry to the home with strategies to support these needs documented on a corresponding care plan. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care with support provided for care recipients to access dentists, as required. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain the care recipients’ teeth, dentures and overall oral hygiene.

### 2.16 Sensory loss

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

#### Team’s findings

The service meets this expected outcome

There are processes to ensure care recipients’ sensory losses are managed effectively. These include establishing care recipients’ sensory losses on entry to the home and strategies required to minimise the impact of such loss. Staff provide assistance to reduce the impact of any identified sensory loss. Provision of activities that stimulate senses such as touch and taste assist in enhancing one’s senses. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipients’ sensory needs.

### 2.17 Sleep

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

#### Team’s findings

The service meets this expected outcome

There are processes to ensure care recipients are able to achieve natural sleep patterns. These include the identification of care recipients’ sleep patterns, habits and routines. Corresponding care plans record strategies that support natural sleep remain effective and reflect care recipients’ needs and preferences. Staff support care recipients when normal sleep patterns are not being achieved and includes the provision of pharmacological assistance as per medical directive, if required. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted in achieving natural sleep patterns.

## Standard 3 – Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team’s findings

The service meets this expected outcome

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

* Staff identified that first aid kits in the service’s buses needed to be upgraded and contents required checking. First aid kits were subsequently checked and replenished as required.
* Leisure and lifestyle staff identified that purchase of a television and moving streaming service would provide care recipients a greater choice in television viewing. The service purchased a subscription and positive feedback has been received including that there is an increased variety of programs to chose from

### 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 service meets this expected outcome

Please refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

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

* Care recipients are offered an agreement and provided information on user rights and responsibilities.
* The ‘Charter of care recipients’ rights and responsibilities – residential care’ is displayed and reproduced in relevant publications.

### 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 service meets this expected outcome

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

An example of education for Standard 3 Care recipient lifestyle is:

* Understanding dementia.

### 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 service meets this expected outcome

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. Care recipients and representatives interviewed are satisfied the care recipient is supported on entry to the home and on an ongoing basis, including during times of personal crisis. The majority of care recipients and representatives interviewed said there are staff they can talk to if they are feeling a bit sad or worried. A small proportion provided a neutral response and said they would talk to a family member.

### 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 service meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes, including feedback, and environmental and care reviews, generally identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. Care recipients and representatives interviewed are satisfied with the information and assistance provided to the care recipient to achieve independence, maintain friendships and participate in the community within and outside the home. All care recipients and representatives interviewed said staff encourage them to do as much as possible for themselves.

### 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 service meets this expected outcome

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

### 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 service meets this expected outcome

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

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The service meets this expected outcome

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

### 3.9 Choice and decision-making

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

#### Team’s findings

The service meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and generally identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are generally satisfied they can participate in decisions about the care and services they receive and that staff respect their choices. Refer expected 3.10 Care recipient security of tenure and responsibilities for further information.

### 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 service meets this expected outcome

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

## 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 service meets this expected outcome

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

* Management identified that the dining room appeared too clinical. As a result, the service purchased matching chairs and tablecloths, décor, and wallpaper. Positive comments have been received from care recipients, representatives and staff about how inviting the dining room is.
* Staff identified a need for assistive eating devices for care recipients. As a result, the service purchased additional double handled mugs and mall plates. Feedback from care recipients for purchase of these devices was not recorded.

### 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 service meets this expected outcome

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

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

* Safety data sheets are available where chemicals are stored.
* There is a food safety program, which is regularly reviewed.

### 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 service meets this expected outcome

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

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

* Fire emergency
* Hand hygiene
* 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 service does not meet this expected outcome

Management of the service are not actively working to provide a safe and comfortable environment consistent with care recipients’ safety and care needs. Management cannot demonstrate the risks to the safety of care recipients are effectively identified or managed.

### 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 service meets this expected outcome

There are processes to generally support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The service meets this expected outcome

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

### 4.7 Infection control

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

#### Team’s findings

The service meets this expected outcome

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

### 4.8 Catering, cleaning and laundry services

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

#### Team’s findings

The service meets this expected outcome

The service identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. Identified food preferences, allergies and special dietary needs are generally communicated to catering staff. All laundry services are provided in house and there are mechanisms to reduce lost property. Cleaning services occurs in accordance to corresponding schedules with scope for ad-hoc cleaning, as required. Care recipients and representatives are satisfied with the hospitality services provided.