



Australian Government

Australian Aged Care Quality Agency

A. G. Eastwood Hostel

RACS ID 3377
376 Warrigal Road
CHELTENHAM VIC 3192

Approved provider: Monash Health

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 November 2018.

We made our decision on 28 September 2015.

The audit was conducted on 25 August 2015 to 26 August 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

A. G. Eastwood Hostel 3377

Approved provider: Monash Health

Introduction

This is the report of a re-accreditation audit from 25 August 2015 to 26 August 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 25 August 2015 to 26 August 2015.

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

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

Assessment team

Team leader:	Jenny Salmond
Team member:	Deanne Maskiell

Approved provider details

Approved provider:	Monash Health
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Details of home

Name of home:	A. G. Eastwood Hostel
RACS ID:	3377

Total number of allocated places:	100
Number of care recipients during audit:	43
Number of care recipients receiving high care during audit:	31
Special needs catered for:	None identified

Street/PO Box:	376 Warrigal Road
City/Town:	CHELTENHAM
State:	VIC
Postcode:	3192
Phone number:	03 9265 1328
Facsimile:	03 9265 1484
E-mail address:	julie.galloway@monashhealth.org

Audit trail

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

Interviews

Category	Number
Facility manager	1
Organisational and departmental management and support staff	11
Nursing, care and lifestyle staff	11
Care recipients/representatives	8
Hospitality and environmental services staff	3
Allied health providers	2

Sampled documents

Category	Number
Care recipients' files	6
Care recipients' lifestyle related documentation	5
Personnel files	6
Medication charts	6
Care recipient's administration files	6

Other documents reviewed

The team also reviewed:

- Allied health and specialist referrals and reports
- Audit schedule and reports and clinical data analysis
- Cleaning records
- Communication books
- Compulsory reporting register and associated documentation
- Continuous improvement plan
- Dietary records
- Education and orientation records
- Feedback forms and associated documentation
- Food safety program, related documentation and current food safety audits

- General practitioner directives and charts
- Handover sheets
- Incident reports
- Infection control records
- Inventory records
- Laundry records
- Maintenance, engineering and essential services documentation
- Medication administration records
- Meeting minutes and newsletters
- Pathology reports
- Police certificate and statutory declaration documentation
- Policies, procedures and flow charts
- Position descriptions
- Professional registration monitoring documentation
- Risk assessments
- Safety data sheets
- Self-assessment report
- Service provider agreements
- The 'Resident' information handbook.

Observations

The team observed the following:

- Activities in progress, activities plans displayed and related resources
- Call bell response
- Catering and laundry supplies and safety data sheets
- Cleaning and laundry services in progress
- Clinical stocks and equipment
- Confidential documents storage
- Door security

- Emergency and firefighting equipment, egress routes and pathways
- Evacuation, outbreak and spill kits
- Feedback forms and comments and complaints information in a variety of languages
- Hand hygiene stations
- Handover
- Information notice boards
- Interactions between staff, care recipients and representatives
- Internal and external living environment
- Meal and beverage service, including menu displayed
- Notification to stakeholders of re-accreditation audit displayed
- Short group observation in lounge area
- Staff assisting care recipients
- Storage and administration of medications
- The 'Charter of care recipients' rights and responsibilities' displayed
- The A. G. Eastwood Hostel's staff's vision statements displayed
- The organisational vision, values and commitment to care recipient centred care statements displayed
- Waste management processes
- White boards and notice boards.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively supports the hostel's pursuit of continuous improvement. A schedule of audits, surveys and focus groups assess the home's level of performance across the Accreditation Standards. A variety of established processes, which include management observations, stakeholder feedback, a schedule of meetings and the monitoring of key performance indicators provide additional insights into improvement opportunities.

Management utilise the continuous improvement plan to document actions and support the monitoring of progress towards satisfactory outcomes. Established informal and formal processes guide evaluation and management keeps stakeholders informed through a variety of communication strategies. These include scheduled meetings, information notice boards, memoranda and regular newsletters. Staff, care recipients and representatives are satisfied management encourages participation in continuous improvement and consults them in relation to changes occurring at the hostel.

Examples of responsiveness of the continuous improvement system in relation to Standard 1 Management systems, staffing and organisational development include the following:

- In response to an organisational initiative, management worked with staff at the hostel to document their site specific team values. Through facilitated working groups, staff met on a number of occasions to explore and develop consensus about their views. As a result, colourful posters that advertise the outcome to stakeholders are posted throughout the home. Management stated this process enhanced the team focus of staff and through the use of a common language has enhanced communication with benefits to care recipients' care. Care recipients identified the enhanced team work of staff. We observed staff providing positive support for colleagues in undertaking required care.
- Management, through a review of the 'living longer, living better' reform, recognised the benefits of involving staff in a review of the model of care practiced at the hostel. Through a series of working groups/forums attendees focused on defining current issues and establishing concrete actions. As a result, care staff adopted a more effective team approach to care recipient focused care and further education has supported a number of enhancements to practice. These included an increasingly flexible approach to supporting care recipients' choice in relation to the timing of activities of daily living, the enhancement of support for care recipients' cultural and spiritual needs and in the

maintenance of a clean environment. In response to an associated review of medication incidents, management enhanced the available hours of registered nurses on site to provide more effective supervision of medication administration, especially during the lunch time round. Management stated the incidence of medication incidents is trending down as the result of additional support of staff. The outcome of a recent focus group provided positive feedback on the success of these initiatives and management stated evaluation through the continuous improvement system would be ongoing as the team strove for a sustainable approach.

- Through the auditing process, the organisation recognised the opportunity to enhance the focus on care recipients' needs and preferences. As a result, the 'resident of the day' care review framework was changed to provide for second monthly review and the documentation tool was simplified and expanded to be more comprehensive. The completion of this tool is scheduled across each shift of the day before the final sign off by a registered nurse. Finalisation of each review is followed by documentation of required actions. Staff received education to further develop their understanding of their roles in this new process. Management is satisfied with the more consistent quality of the regular care review process and stated the more timely identification of issues and concerns prompts timelier follow-up.
- To further complement available site specific staff education, management facilitated the more efficient use of the electronic 'Aged care channel' education program. Management stated staff access a broader variety of education that better meets the needs identified through the regular staff learning needs analysis and complete the associated questionnaires for each topic reviewed. Staff are positive about the benefits to their knowledge access to this education resource has provided.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Organisational management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The timely notification of updates occurs at the organisational level through membership of a legislative update service and the receipt of information from government and professional associations. Through established communication and documentation processes, facility management circulate changes to inform relevant stakeholders. Monitoring of regulatory compliance occurs through a range of internal and external audits, the monitoring of key performance indicators and management observation. Staff are satisfied they have access to current policies and procedures and management keeps them informed of changes to regulations. Care recipients and representatives are satisfied staff and management provide timely information updates.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include the following:

- Confidential documents are stored securely.
- Management ensures information about internal and external complaints mechanisms and advocacy services are available.
- Management notified all stakeholders of the re-accreditation audit within the required time frame.
- The currency of professional registrations is monitored through an established organisational system.
- The organisation follows an established process to ensure all current staff, volunteers and relevant contractors have provided a statutory declaration and comply with the requirement to have a current police certificate.
- The range of available policies and procedures reflect professional and regulatory guidelines.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills required to perform their roles effectively. Senior staff at the home identify the educational needs of staff and management through staff surveys, staff requests, audits, review of incidents, review of care recipients’ needs, organisational changes, legislation changes and feedback from care

recipients and their representatives. Management at the home inform staff of educational opportunities through the home's displayed education calendar, meetings and display of posters. An attendance record is kept relating to the sessions held and sessions are evaluated. Management encourages staff to attend training to ensure they have opportunities to maintain existing skills or gain new skills. Staff are satisfied with the education opportunities offered to them at the home. Care recipients and representatives are satisfied with the skills and knowledge of the staff.

Education conducted relating to Standard 1 Management systems, staffing and organisational development include:

- aged care funding documentation
- bullying and harassment
- clinical documentation
- conflict management.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Information about internal and external feedback processes are included in the orientation program and the 'Resident' information handbook. The hostel's feedback form and pamphlets outlining external complaints and advocacy services are readily available. All stakeholders are encouraged to share their feedback through a range of established informal and formal communication processes.

Management is available to receive feedback and ensures timely follow-up. Monitoring of actions to address identified issues occur through the continuous improvement system. Care recipients, less able to express their feedback, are supported to do so by staff and family members. Care recipients and representatives are satisfied with the approachability and responsiveness of management and staff to their feedback.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, values and commitment to care recipient centred care and commitment to continuous improvement supports the orientation of all stakeholders. These statements, the home's agreed team values and the 'Charter of care recipients' rights and responsibilities' are documented in a range of stakeholder information. This information is

reinforced through a range of established communication processes and are 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 home meets this expected outcome

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 vision, values and commitment to care recipient centred care through agreed team values. An established organisational system supports management's recruitment and selection of new staff. Role specific position descriptions, the orientation process, information resources and monitoring during the probation period of new staff ensure staff understand their responsibilities. All staff are involved in the annual performance review process. Monitoring processes involve ongoing management review of key performance indicators and the analysis of stakeholder feedback. This information is used to support rostering strategies to ensure the maintenance of appropriate staff levels and skills mix. Where a registered nurse is not rostered on duty the onsite nursing coordinator is available as a support for the enrolled nurse. Internal and organisational staffing resources and occasional agency staff are utilised to fill vacant shifts. Staff are satisfied with the level of support provided by management to ensure the care they provide meets the needs and preferences of care recipients. Care recipients and representatives are satisfied with the care and timely attention demonstrated by staff across all shifts.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has an effective system to ensure stocks of appropriate goods and equipment is available for quality service delivery. Corporate management liaise with approved suppliers to deliver consumables in accordance with a regular order cycle and there are processes to maintain adequate stock holding levels on site. Management identifies equipment needs through feedback, meetings, audits and the input of visiting professional services.

Management ensure staff are provided with education in the safe and effective use of equipment. The home has a structured preventative maintenance program and there is a system for reporting breakdown of equipment. Storage areas are secure and organised. Staff, care recipients and representatives are satisfied with the amount and quality of equipment and inventory supplies at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information management systems are in place. Confidential information, including care recipients' and staff's files are stored securely. Staff utilise a paper based system to document care recipients' needs and preferences and information on the handover sheet remains current to assist in the timely communication of changes to care requirements. All staff have access to the password protected computer information system. Regular back up of electronic information occurs and an organisational system manages the archiving and destruction of confidential documents. Management communicate with staff and care recipients through a variety of established formal and informal communication strategies.

These include scheduled stakeholder meetings, ongoing and scheduled care consultations, regular newsletters, memoranda and information noticeboards. Staff, care recipients and representatives are satisfied a variety of methods ensure they have access to information appropriate to their needs.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has established a system to ensure all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Management maintain and regularly review a register of approved external suppliers and service contractors. As appropriate, established processes ensure external suppliers and contractors abide by legislative requirements. These include, as appropriate, qualification checks, police certification, frequency, scope, standards, privacy and confidentiality. External contractors are required to sign in on entering the home and are supervised as required.

Management monitor satisfaction with external service provision through a range of processes that include stakeholder feedback, observation and audits. Staff, care recipients and representatives are satisfied with the quality of external services provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across all aspects of care recipients' health and personal care. Care recipients and representatives are satisfied with the quality of care provided at the home. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of responsiveness of the continuous improvement system in relation to Standard 2 Health and personal care include the following:

- Following the analysis of the results of a medication audit, management identified issues associated with the accuracy of the medication ordering and delivery process. A new documentation and faxing process was implemented and has resulted in the reduction of medication omissions associated with the correct medication being available when required. Management is satisfied with the improved outcomes for care recipients as staff can now more effectively communicate medication supply needs to the pharmacy.
- Management adapted the acute model of shift-to-shift handover to the needs of residential care to enhance the number of staff available on the floor during this information exchange. The handover process now commences with general information being provided to all staff relating to the clinical risk of care recipients. This shortened contact time precedes a process involving staff on the outgoing shift reviewing care recipients' needs in their room with the corresponding staff member on the incoming shift. This facilitates a regular safety checking process which involves confirming easy accessibility of care recipients to their call bell and their mobility aid and assists in the timely identification of hazards and medication charting omissions. Management stated evaluation of this bed side handover approach have been recently published. Benefits arising from this innovation include the improvement of the communication process, a better understanding of care recipients' needs and preferences and the visual review of each care recipient at the start of the shift. In addition, continuity of care has improved, the handover was observed to be less time consuming and increased opportunities for teaching and modelling of behaviours were identified.
- To enhance the quality of palliative care provision, management facilitated the support of care recipients and families through the implementation of advanced care planning. Plans are discussed at the time a care recipient moves into the hostel and as staff build rapport with the care recipient and their representative the quality of information captured develops further. Management stated that due to environmental constraints it is sometimes not possible for palliative care, to those who require the support of lifting equipment, to be undertaken at the hostel. These discussions form part of the development of an advanced care plan. Management is satisfied this initiative ensures

the care team are better able to support the end of life care wishes of each care recipient.

- To more effectively meet the needs of care recipients the hours allocated to physiotherapy were increased. As a consequence of this additional time, the enhanced physiotherapy assessment process led to the identification of opportunities to improve care recipients' mobility and independence and to expand pain management. The organisation established a new role of physiotherapy manager to supervise the provision of services to all residential sites. Management stated as a result, care recipients are experiencing better pain management outcomes and are attend a variety of exercise and gym based activities. Management stated care recipients' balance, mobility and core strength has increased and resulted in a reduction in the rate of falls. Evaluation is ongoing.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include the following:

- A documented system guides staff management in the event of the unexplained absence of a care recipient.
- Appropriately qualified and trained staff plan, monitor and undertake care provision.
- Staff comply with policy and legislative requirements relating to medication management and storage.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted relating to Standard 2 Health and personal care include:

- catheter management
- diabetic care
- medication administration
- pain management and identification.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. On moving into the home, staff conduct assessments in consultation with the care recipient, representatives and health professionals. Care plans reflect each care recipient’s needs, preferences and any required support or interventions. Nursing staff review care plans on a regular basis and in response to the changing needs of the care recipient. Management monitor staff practices and provision of care through audits, observations, data review, staff competencies and stakeholder feedback. Staff have access to policies and procedures to guide them in the provision of clinical care. Care recipients and representatives are satisfied with the level of consultation and clinical care at the hostel.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Nursing staff manage the specialised nursing care of care recipients, completing assessments, developing care plans, evaluating care and providing care as needed. Evaluations of specialised nursing care are performed as part of the routine care plan review process, with additional review and referral to health care professionals occurring

should specialised care needs change. Staff have access to sufficient equipment to meet the needs of care recipients and complete education to ensure appropriate care is provided.

Care recipients and representatives are satisfied with how specialised nursing care needs are identified and the care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Staff ensure the referral of care recipients to appropriate health specialists in accordance with their needs and preferences. Staff assess all care recipients for their health requirements and initiate referrals to relevant specialists to meet identified needs and preferences. Care recipients have access to a variety of visiting and external health services including physiotherapy, podiatry, dietetics, aged persons mental health services, speech pathology, optometry, hearing and dental services. Care plans contain relevant information from these referrals and health specialists work in conjunction with staff to ensure appropriate care. Care recipients and representatives are satisfied with the access to visiting services and assistance provided to attend external specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Competent staff administer medications according to the home’s policies and procedures. Medication care plans and medication charts include identification details, medication requirements, preferences, allergies and details of any special needs. Medications are stored securely and there are procedures to maintain supply and for the disposal of unwanted medications. Management monitor staff practices, complete audits and review incidents to assist in maintaining effective and safe medication systems. Care recipients and representatives are satisfied with medication administration and management.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Staff, allied health and general practitioners monitor and review care recipients to ensure they are as free as possible from pain. Assessments of pain levels are performed on moving into the home and repeated when required. Care plans detail the type of pain, where it is typically located and strategies that may be effective in providing relief. Staff utilise both pharmacological and non- pharmacological

methods of pain relief to assist in managing episodes of pain or discomfort. Staff are aware of their role in pain management including the identification, reporting and monitoring of pain. Care recipients and representatives stated staff are quick to identify care recipients experiencing pain or discomfort and provide interventions promptly.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Staff practices ensure the dignity and comfort of terminally ill care recipients is maintained. Palliative care preferences are included in assessment and care planning and care recipients are encouraged to document their wishes and preferences for end of life care. The home has access to health professionals for advice and the early management of palliative care. Where the home is unable to provide an appropriate level of care, formal discussions are held with the care recipient or their nominated representative to identify appropriate services to provide this care. Document review confirmed consultation with the care recipient or their representative occurs.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients’ receive adequate nutrition and hydration. Staff consider allergies, preferences, clinical and cultural needs when planning nutrition and hydration care. Staff with the support of allied health practitioners, review the care needs of care recipients who have difficulty with swallowing, weight maintenance or require specialised diets. Catering staff provide a variety of texture modified, fortified or special diets as needed. Monitoring of nutrition and hydration occurs through audits, weight analysis and feedback. Care recipients are very satisfied with the choices and types of meals offered. Staff provide individualised support to care recipients with meals and drinks and offer support and encouragement to choose a meal they would enjoy.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff assess each care recipient’s risk to their skin integrity and care plans detail interventions to assist in reducing any risk. Skin care strategies include regular repositioning, the use of pressure relieving devices, nutritional supplements and the application of creams. Nursing staff complete wound care plans, attend to wound care and evaluate the effectiveness of treatment.

Reporting and review of skin tears and wound incidents occurs. Staff stated sufficient and appropriate supplies of wound care products are available. The home has access to wound care specialists if required. Staff indicated they have sufficient equipment to provide wound and skin care. Care recipients and representatives are satisfied with skin and wound care provided by staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Staff assess each care recipient for their needs and preferences relating to continence management and develop care plans to assist in maintaining care recipients’ dignity and independence with managing continence needs. Continence assessments are performed when care recipients move into the home and this information is then included in care plans. There is sufficient equipment available to assist care recipients in maintaining their independence including raised toilet chairs, handrails and continence aids. Care recipients and representatives confirmed staff are available to assist care recipients’ when needed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Staff assess care recipients’ behaviour patterns on moving into the home to identify behavioural concerns and formulate plans to manage identified behaviours. Care plans include management strategies. Changes in behaviours are reviewed with referrals to aged persons’ mental health specialists occurring where required to ensure ongoing appropriate management. Staff have had education to assist them in managing and identifying behaviours of concern. Management review incidents relating to behaviours to identify trends and to ensure prompt and appropriate actions are taken to minimise reoccurrence. Care recipients

and representatives stated staff respond promptly to care recipients demonstrating behaviours and provide consistent and caring interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Optimum mobility and dexterity levels are achieved for all care recipients. Staff and allied health professionals assess care recipients on moving into the home for their individual needs relating to mobility and dexterity. Staff complete a review of an individual’s needs if incidents occur or when their care needs alter. Management analyses falls data to evaluate the effectiveness of independent mobility and monitoring strategies. Mobility and transfer equipment is available and maintained and adaptive cutlery and crockery supports care recipients to be as independent as possible. Each individual’s risks are identified with additional strategies including hip protectors, mobility aids, physiotherapy and hydrotherapy offered to reduce this risk. Staff have training in equipment use and safe transfer practices. Staff encourage care recipients to be involved in group exercises, movement activities and walks to aid mobility. Care recipients and representatives are satisfied with assistance provided by staff and with the access care recipient have to the physiotherapist.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Dental care assessments identify the state of the care recipients’ teeth, mouth and lips and the level of assistance required for oral hygiene activities. Staff formulate oral and dental care plans, which include input from the care recipient’s preferred dentist or dental technician. Referrals to visiting medical or dental health professionals occur and assistance is provided to attend external appointments when necessary. Staff confirmed they can access oral care products and assist care recipients as needed. Care recipients and representatives are satisfied with dental care provided to care recipients.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. There are systems in place to assess and manage care recipients’ sensory losses. Initial assessments outline care recipient’s sensory deficits with care plans including strategies to assist with managing identified sensory loss. Allied health referrals occur according to individual care recipient’s

preferences. Care recipients confirmed staff assist them to fit or clean their sensory aids and indicated they have had reviews from a variety of health professionals as needed.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. There are systems to promote care recipients’ natural sleep patterns. Staff complete assessments to identify sleep and rest routines and care plans outline the strategies to assist care recipients to settle and rest. Non-pharmacological strategies are offered to assist sleep and other clinical needs including pain or continence are considered. Care recipients said staff assist them as needed to settle at night, offer a warm drink and have time for a chat if needed and they are not disturbed overnight if that is their preference.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Care recipients and representatives expressed satisfaction with the support provided to care recipients to enhance control of their lives. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of responsiveness of the continuous improvement system in relation to Standard 3 Care recipient lifestyle include the following:

- As a result of the recognition of the gap left by the passing of the hostel’s pet dog, management implemented a fortnightly program that involved the visit of a dog through the Lort Smith Animal Hospital volunteer program. Following the success of this initiative, the decision was made by all stakeholders to complement the visiting dog program by again providing full time care for another dog. A 12 year old black Labrador, whose owner was no longer able to care for them, has been living at the home for the past two and a half months. A care plan defines the dog’s care needs and a care recipient has taken a special interest in the dog’s care. Management stated the care recipients and staff love this new addition to the community and noted the dogs presence increases the socialisation of care recipients. Plans are being developed to involve the dog in visits to the subacute therapy wards on the site.
- As a result of the review of care recipients’ feedback, management, catering, care and diversional therapy staff have been working to enhance the enjoyment of care recipients in the dining experience. Lifestyle and catering staff contributed to the organisation of buffet style tastings, with music accompaniment, of proposed additional non-meal options. These options have included fruit, croissants and other baked goods. Management and staff are satisfied these initiatives have resulted in an enhanced morning and afternoon tea experience for care recipients and stated an improved social atmosphere was evident at these times. The identification of opportunities to further enhance the nutrition and hydration of care recipients continues.
- Following a suggestion from the lifestyle staff, care recipients access the hydrotherapy pool at the Kingston Centre has been facilitated after a trial at the hostel. Supported by a risk assessment process, care recipients who regularly attend this activity enjoy it and more are showing an interest and are able to observe sessions before committing to joining the group. Management stated that as a result of the physiotherapy related benefits and the joy experienced by care recipients who attend this activity will continue to be supported.
- The hostel was involved in a trial of new menu to better facilitate care recipients’ nutrition related choice within the organisation. Whilst overall the breakfast menu remains unchanged, hot bread rolls have were provided in addition to toast. The service of lunch has changed in style and is more reflective of café service with consultation forming the basis of the size of service of each course; for example of soup or cold meats. In the evening, a variety of pre-prepared meals are available for each care recipient to choose from; being snap frozen these can be reheated in the convection oven promptly. Care

recipients are positive about the benefits of these enhancements to their dining experience. Management is satisfied care recipients have a much wider range of options to choose from and stated strategies will continue to develop to enhance care recipients' choice.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about care recipients' lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Care recipients receive information on their rights and responsibilities, security of tenure and privacy and consent issues from management, in their handbook and residential agreement.
- Established policies and procedures guide staff in the maintenance of care recipients' privacy and confidentiality.
- Management ensures all staff complete training in mandatory reporting.
- The 'Charter of care recipients rights and responsibilities' is displayed within the hostel.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted relating to Standard 3 Care recipient lifestyle include:

- advocacy services
- elder abuse and reporting requirements
- privacy and dignity
- transitioning to residential care.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. During the entry process and through consultation with the care recipient and their representative, staff identify care recipients’ emotional support needs. Individual support is provided during the settling-in phase and staff monitor care recipients’ needs on an ongoing basis. and Established supports, including the pastoral care service, are accessed for care recipients who may require extra support. Care recipients are encouraged to decorate their rooms with personal items and staff seek and respect their preferences in relation to all aspects of daily living. Management monitor the effectiveness of emotional support through observation, stakeholder feedback and regular care plan reviews and meetings. Care recipients and representatives are satisfied with the ongoing level of emotional support provided to them by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

Lifestyle documentation focuses on care recipients' preferences to enable staff to support their optimal social, physical, civic and cultural independence. Mobility and sensory aids and staff support is provided to promote independence and optimal involvement in activities of interest. Staff support care recipients' visits to the site's hydrotherapy pool on a regular basis, and any care recipient who wishes to continue to vote or attend community activities of interest. Visitors are welcomed and care recipients have access to the site's café, market stalls and gift shop. Care recipients and representatives are satisfied with the level of support and encouragement staff demonstrate for care recipients' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients reside in single rooms and share an ensuite. The home's environment includes a variety of sitting areas and garden areas care recipients use for quiet reflection or to spend time with family and friends. Staff describe and practice respectful and sensitive behaviours towards care recipients. These practices include the use of care recipients' preferred name, knocking before entering a bedroom, ensuring confidential is stored securely and discussing care recipients care needs in private. Care recipients and representatives are satisfied with the respect staff demonstrate for care recipients' privacy and 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".

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Diversional therapy staff consult with care recipients and their representatives to determine each care recipient's preferences, past and current interests and activities they may like to participate in. A monthly lifestyle calendar, displayed throughout the home, is supplemented by the posting of daily activities. Diversional therapy staff work with care recipients to optimise their abilities and enjoyment, by providing a variety of individual and group activities within and outside the home. These include activities to support those living

with dementia and sensory loss and including outings, entertainers, arts and crafts, word games and visiting children. Diversional therapy staff and a music therapist review the lifestyle program on a regular basis and update individual care plans accordingly. Monitoring of the success of the activities program occurs on an ongoing basis through a variety of methods that include informal and formal stakeholder feedback discussions, meeting minutes, audits and session evaluations. Care recipients and representatives are satisfied with the variety and responsiveness of the lifestyle program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff value and foster the individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients and staff. In consultation with care recipients and their representative, staff identify cultural and spiritual beliefs and preferences through the lifestyle assessment and care planning process. Culturally specific information is available to staff who utilise cue cards and other communication strategies where necessary. Diversional therapy staff, with the support of the catering staff, encourages the celebration of cultural and spiritually significant days. Pastoral care services support care recipients, regular spiritual services are conducted at the hostel and onsite in the designated sacred space and where preferred staff support care recipients to attend their own church. Monitoring of cultural and spiritual services occurs through a variety of strategies that include stakeholder feedback, regular care plan reviews and meetings. Care recipients and representatives are satisfied with the support they received to maintain their cultural and spiritual needs and preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff support each care recipient (or his or her representative) to participate in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. The suite of care plan components specifies care recipients' choices about all aspects of their daily living. Prior to any intervention or activity staff provide explanations to care recipients and permission is sought before proceeding. Regular care plan reviews occur in consultation with care recipients and representatives and feedback is encouraged through a variety of communication strategies which include regular meetings, formal and informal feedback, focus groups and surveys. Care recipients and representatives are pleased with the level of respect and support staff demonstrate for care recipients input and choice.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Established processes ensure care recipients have secure tenure within this residential care service and understand their rights and responsibilities. Key personnel meet with each care recipient and/or their representative, during the entry process. Information provided includes details on security of tenure and care recipients' rights and responsibilities. Care recipients' information and the residential agreement also document this information. The 'Charter of care recipients' rights and responsibilities', advocacy and independent complaints mechanisms brochures are displayed. Management keeps care recipients and representatives advised of changes to specified care and services. In the event of a change in care requirements indicate the benefits of changing rooms or a move to another residential care facility, management consults with the care recipient and their representative.

Management informs all other stakeholders of care recipients' rights and responsibilities through the orientation process, poster displays and policies and procedures. Care recipients and representatives receive a residential agreement and satisfied they have an understanding of the rights of care recipients living in 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 home meets this expected outcome

The organisation actively pursues continuous improvement activities related to all aspects of the physical environment and safe systems. Care recipients and representatives are satisfied with the comfort of the living environment and the quality of the catering, laundry and environmental services provided. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement system.

Examples of responsiveness of the continuous improvement system in relation to Standard 4 Physical environment and safe systems include the following:

- Following the request of a care recipient, management enhanced the living environment, by facilitating the installation of a live sports, television shows and movies on demand package on the television in the recreation room. Care recipients enjoy the access to sports, documentaries and travelogues that are included in the activities calendar. Those interested are also able to access ‘broadband for seniors’. Management and staff are pleased with the success of this initiative in enhancing care recipients’ enjoyment of their home.
- Management has supported the enhancement of the external parkland areas. Raised garden beds have been established and a barbeque area, shaded by a pergola, is reached by new paving. Management and staff stated care recipients enjoy the regular barbeque lunch and care recipients with an interest in gardening are enjoying the additional opportunities to participate in garden based activities. Management and staff are satisfied with the positive effects these strategies have had on the enjoyment experienced by care recipients in the external environment. Opportunities to further enhance the external living areas continue to be explored.
- To enhance the home’s décor management facilitated a progressive update of the carpet, repainting of walls in the common areas and enhanced the comfort of the recreation room. Care recipients within each of the four wings decided on a theme for their wing and art works are being hung to reflect these concepts. Care recipients, management and staff provided positive feedback about the benefits of these initiatives and stated they have contributed to the ongoing development of a more homely atmosphere and a much lighter environment.
- To enhance the provision of basic life support to all stakeholders, management purchased an automatic cardiac defibrillator. Staff received training in its use and the device located in the nurses’ station. Whilst this piece of emergency equipment is yet to be used, staff and management are confident its availability will enhance their effectiveness when responding to a medical emergency.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information for details of the service’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include the following:

- Chemicals are stored safely.
- Food services provided at the hostel comply with the organisational food safety program.
- Management ensure all staff attends annual mandatory training in fire and emergency procedures.
- Safety data sheets are available for staff use.
- The monitoring and maintenance of fire and safety systems occurs as scheduled and the organisation maintains a site specific current ‘Annual essential safety measures report’ which includes the hostel.
- The organisation supports an active occupational health and safety system.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Recent education relating to Standard 4 Physical environment and safe systems include:

- fire and emergency management
- food safety
- infection control
- use of emergency air mattress transfer aids.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. Care recipients have access to secure, comfortable and safe living areas. Each care recipient is accommodated in a single room with shared ensuite facilities and receives encouragement to personalise their rooms with items of individual significance. Care recipients have access to a variety of sitting areas to enjoy time with family and friends who are welcome to visit. A comfortable temperature is maintained, the hostel is well lit and has views to garden and parkland areas. The internal and external living environment remains safe and well maintained as a result of preventative and proactive maintenance and gardening systems. Ongoing monitoring of the comfort and safety of the home occurs through informal and formal feedback from care recipients, representatives and staff, regular stakeholder meetings and environmental audits. Care recipients and representatives are satisfied with the comfort and safety of their home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Through the orientation, mandatory and general education programs staff receive training to promote a safe environment and safe work practices. Policies and procedures guide safe work practices and maintenance processes ensure equipment remains in good repair. Trained onsite occupational health and safety representatives meet regularly to discuss and monitor safety related issues at an organisational level and are available to support ongoing monitoring of safe practice. Established systems identifying risks to staff safety include the identification of hazards, the analysis of incident reports and regular workplace safety inspections. Staff are aware of the systems, resources and equipment available to them to support the maintenance of a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. The orientation process, the mandatory training program and documented emergency management procedures guide staff responses to a range of internal and external emergencies. Engineering staff and external contractors monitor and maintain essential fire detection and firefighting equipment according to an established schedule. Emergency exits and egress routes are free from obstruction, evacuation maps are displayed and staff maintain an emergency evacuation pack and a current list of care recipients. The home has appropriate door security, staff practice after-hours security measures and security staff undertake regular patrols at night. A process supports the assessment and monitoring of care recipients who smoke and a regular electrical testing and tagging process is established. Staff describe their responsibilities in relation to emergency and evacuation procedures. Care recipients and representatives feel confident in the abilities of staff to appropriately manage an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management and staff demonstrated systems to ensure an effective infection control program. Corporate infection control consultants and liaison staff on site review and analyse infection data and oversee infection care practices. Staff receive education as part of their orientation and ongoing mandatory program and protocols guide staff actions in the event of gastroenteritis or influenza outbreak. Actions to minimise risk of infection include the use of

protective equipment, hand hygiene, waste and sharps disposal. Food safety, pest control programs and environmental service practices are consistent with current infection control guidelines. Care recipients and staff actively participate in an influenza vaccination program. Staff described appropriate procedures to follow to prevent and manage infections and outbreaks. Staff, care recipients and representatives are satisfied with infection control practices at the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life and staff's working environment. Food is prepared at the onsite corporate kitchen and delivered daily to the home. All catering services are provided in line with the home's food safety plan. Staff follow processes for maintaining the cleanliness of the environment, follow cleaning schedules and infection control guidelines. Dedicated staff attend to the laundry of care recipient's personal clothing with linen laundered externally by a contract service.

Adequate cleaning and laundry supplies and equipment are available. Care recipients, their representatives and staff are satisfied with the catering, cleaning and laundry services at the home.