



Australian Government

Australian Aged Care Quality Agency

James Watson Hostel

RACS ID 7199
7 Lime Street
EAST PERTH WA 6004

Approved provider: St Bartholomew's House Inc

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 13 March 2019.

We made our decision on 04 January 2016.

The audit was conducted on 08 December 2015 to 09 December 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

James Watson Hostel 7199

Approved provider: St Bartholomew's House Inc

Introduction

This is the report of a re-accreditation audit from 08 December 2015 to 09 December 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 08 December 2015 to 09 December 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:	Ben (Benedict) Carroll
Team member:	Ann-Marie Phegley

Approved provider details

Approved provider:	St Bartholomew's House Inc
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Details of home

Name of home:	James Watson Hostel
RACS ID:	7199

Total number of allocated places:	40
Number of care recipients during audit:	40
Number of care recipients receiving high care during audit:	3
Special needs catered for:	Homeless, Aboriginal and Torres Strait Islander

Street:	7 Lime Street
City:	EAST PERTH
State:	WA
Postcode:	6004
Phone number:	08 9323 5112
Facsimile:	08 9325 6221
E-mail address:	admin@stbarts.org.au

Audit trail

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

Interviews

Category	Number
Manager of aged care services	1
Manager of human resources and compliance	1
Commercial manager	1
Enrolled nurse	1
Occupational therapist	1
Care staff	5
Senior administrator	1
Chef	1
Care recipients/representatives	11
General manager services	1
Registered nurse	1
Residential care officer	1
Physiotherapist	1
Therapy staff	2
Laundry staff	1

Sampled documents

Category	Number
Care recipient files and care plans	5
Care recipient agreements	4
External agreements	3
Medication charts	12
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity calendar and activity file
- Audit schedule, audit and survey reports

- Care plan review schedule
- Care recipient weights register
- Care recipient information package, including handbook
- Cleaning and laundry schedules and records
- Comments and complaints records and analyses
- Continuous improvement plan
- Corrective and preventative maintenance records
- Dental, hearing and optical files
- Directives file including care recipients' heat pack, treatment and blood glucose and blood pressure recording directives
- Fire equipment and systems inspection reports, pest control records
- Food safety program, four-weekly menu, care recipient diet list, temperature control records and food safety assessment
- Guardianship register
- Handover sheets and staff emails
- Incident/accident and hazard reports and summaries
- Invoices and order records
- Mandatory reporting files
- Matrix to monitor staff police certificates, visas and professional registrations
- Meeting minutes and newsletters
- Occupational health and safety inspection reports and audits
- Occupational therapy file
- Physiotherapy file
- Policies, procedures and guidelines, and duty statements and job descriptions
- Registered nurses file
- Representative care conference register
- Restraints register and authorisations
- Scheduled toileting list
- Self-medication list and authorisations

- Staff competency records, training files and staff education attendance records.

Observations

The team observed the following:

- Activities in progress
- Cleaning and laundry services in progress
- Complaints forms and brochures, and secure feedback box
- General practitioner on site
- Interactions between staff and care recipients
- Living environment
- Meal and tea services in progress
- Secure storage of chemicals, staff access to safety data sheets and personal protective equipment
- Short group observation in ground level communal/dining area
- Storage of medications and medication rounds in progress.

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 pursues, plans, implements and evaluates continuous improvement activities. Reporting and feedback mechanisms guide staff to identify opportunities for continuous improvement. Information from sources such as suggestion and feedback forms, audits, hazard/incident reports, surveys and meetings are logged, actioned, evaluated for effectiveness and feedback given to stakeholders via meetings or noticeboards. Staff, care recipients and representatives reported they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

Examples of current or recent improvements in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- During a focus group exercise, staff suggested the home review its training schedule and increase non-mandatory training options. Acting on this suggestion, the home created a training checklist which prompts staff to identify opportunities outside of mandatory subjects. The management team reported several staff are completing or have completed nursing and management courses since the scheme was implemented, improving the level of care provided at the home. Feedback from the sub-committee managing this program is positive.
- The home has reduced its reliance on paper based records and extended the functionality of its electronic care system. After staff received appropriate training, the care system was extended to manage medication administration and allow for off-site access by general practitioners and pharmacists. The management team reported this resulted in a reduction of medication errors and improved communication with external stakeholders.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from government agencies and peak body associations, and via industry publications and websites. Policies are reviewed and updated accordingly. Information is disseminated to staff from the manager via meetings and emails. New staff are provided with information regarding working arrangements and fairness at work. The home monitors compliance with legislative requirements through internal and external auditing programs, observation and performance appraisals. The home monitors the currency of police certificates and visas of staff. Care recipients’ fees and charges are set according to legislation, and care recipients and representatives are informed of external complaints processes. Care recipients and representatives were informed of the re-accreditation audit via correspondence and meetings.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identifies training needs through feedback and requests from staff, surveys, audits, accident/incident reports and observation of work practices. Site orientation and ‘buddy’ shifts are provided to new staff, and induction, mandatory and optional training is regularly provided. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance. Staff reported they have access to a variety of internal and external training opportunities.

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

- Continuous improvement
- Documentation and progress notes
- Electronic care management system
- Human resource management
- Spreadsheet software use.

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

Care recipients, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting feedback forms. Information regarding external complaints services is provided in care recipient agreements and information regarding advocacy services is available throughout the home. The home monitors response to comments and complaints and provides feedback in a timely manner. The home measures the effectiveness of the comments and complaints process via satisfaction surveys and feedback obtained during care recipient meetings. Issues identified through the complaints process feed into the home's continuous improvement plan. Staff stated they advocate on behalf of care recipients. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission and values statement is documented and are available for care recipients, representatives and staff. Staff are informed of the home's vision and values via the staff handbook and the organisation's values are displayed throughout the home. All such documents have consistent content.

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 services are delivered in accordance with these standards and the home's philosophy and objectives. The management team reviews staffing levels based on assessed care needs and feedback from staff and care recipients. The recruitment of staff is based on criteria determined by care recipients' needs and position descriptions, and the qualifications and experience of candidates are considered during the recruitment process. New and non-ongoing staff are 'buddied' with experienced staff. Staff performance is monitored via performance appraisals, observation, surveys, and the review of audit results. Staff reported they have sufficient time to complete their duties and that the home effectively manages planned and unplanned leave. Care recipients reported satisfaction with the skill level and number of staff to provide care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has adequate supplies of appropriate stock and equipment to deliver quality services. The home monitors the effectiveness of storage, condition and availability of goods and equipment via stocktakes, inspections and reporting mechanisms. Designated members of staff oversee stock levels and rotate stock throughout the facility. Audits and stocktakes are conducted to maintain appropriate stock levels. Staff are trained or supported in the use and maintenance of new equipment and relevant staff manage external contractors to maintain and service of all equipment. Staff reported they have enough equipment and supplies to undertake their duties. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment to meet their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has management systems that provide stakeholders with access to appropriate information. Management routinely collates and monitors data from clinical records and indicators, surveys and audits to identify and meet the needs of the stakeholders. Scheduled meetings specific to roles and handovers ensure information is disseminated to relevant staff. The organisation reviews standardised documents, policies and procedures via audits and scheduled reviews, and notifies key staff of updates via training and emails. Guidelines and reporting templates are maintained to meet legislative reporting requirements. The home has a secure onsite storage area for archived documents and documents awaiting destruction, and maintains a directory of archived or destroyed files. Electronic information is password protected and electronic records auto-save regularly and is backed up daily at an off-site location. Staff reported they have access to information relevant to their roles. Care recipients and representatives reported satisfaction with the access to information to assist them to make decisions about their care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's needs and service quality goals. The home uses preferred suppliers to maintain required standards which meet care recipients' needs. All external contractors are required to maintain police certificates, currency of insurance and professional registrations, and the home retains current copies of these. The quality of work provided is monitored through reviews, and past performance and stakeholder feedback is considered prior to renewing agreements. Care recipients,

representatives and staff reported satisfaction with the quality of service they receive from external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

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

Examples of current or recent improvements in relation to Standard 2 – Health and personal care are described below.

- Following a suggestion from a staff member, the home has introduced colour coded toothbrushes. Toothbrushes are replaced every three months, the change in colour making it easier for staff to identify when care recipients have received a new toothbrush. The management team reported this new strategy ensures the home adheres to state health guidelines and promotes oral hygiene among care recipients.
- Aware that needle-stick injuries have occurred in the past, the registered nurse recommended the purchase of diabetic needles with an auto shield device. This is used by a care recipient who is able to self-administer his medication. The management team reported staff feel safer when assisting the care recipient and that the care recipient now prefers to use the retractable needle. No needle stick injuries have occurred since the purchase of this item.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure compliance with ongoing regulatory obligations regarding care recipients' health and personal care. Clinical staff conduct initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Internal and external audits ensure medication is stored appropriately and administered in compliance with relevant guidelines.

The home monitors changes to clinical guidelines and alerts staff of relevant changes via meetings and/or written communication. Care recipients and representatives reported care services are provided in accordance with specified care service requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Alzheimer’s overview
- Assisting with self-medication
- Catheter care
- Diabetes management
- Epilepsy awareness
- Hepatitis C
- Oral health
- Palliative care
- Parkinson’s disease
- Wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. The multidisciplinary team assesses care recipients’ clinical needs when they move into the home, using information from their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home’s policy and in consultation with care recipients and representatives via care conferences. There are processes to monitor and communicate care recipients’ changing needs and preferences including regular review of care recipients by their general practitioners, six-monthly care plan reviews and shift handovers. Clinical audits are undertaken and clinical indicators are monitored and analysed. The

provision of clinical and personal care is reviewed and evaluated. Care recipients and representatives reported satisfaction with the clinical care provided to care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure a registered and enrolled nurse identify and review care recipients’ specialised nursing care needs. Care recipients’ specialised nursing care needs are assessed when they move into the home, documented in a specific nursing care plan and reviewed six-monthly or as required. The home has a registered or enrolled nurse on duty each day to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Examples of specialised nursing care include wound care, behaviour management, and the management of diabetes and urinary catheters. Care recipients and representatives reported care recipients’ specialised nursing care needs are 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 home meets this expected outcome

Care recipients are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs an occupational therapist and a physiotherapist to assess care recipients when they move into the home and develop therapy care plans which are reviewed six-monthly and as required. A podiatrist visits the home regularly and attends to the needs of care recipients. Referrals are made to other health specialists as the need is identified, including a speech therapist, dietician, dentist and the mental health team. Care recipients and representatives reported satisfaction with care recipients’ ongoing access to a variety of health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Competent care staff administer medications via a pre-packed system as per the general practitioners’ instructions. Specific instructions concerning the administration of care recipients’ medications and topical treatments are documented in their medication profiles. Care recipients who self-medicate have the authorisation of their general practitioners. Medication audits and recorded medication incidents are used to monitor the system. An accredited pharmacist conducts reviews of care recipients’ medications and

communicates findings to the general practitioners and the home. Care recipients and representatives reported care recipients' medications are managed safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

There are systems to identify, implement and evaluate each care recipient's pain management strategies to ensure they remain as free as possible from pain. The registered or enrolled nurse and competent care staff review care recipients' pain each day. Pain assessments are conducted when care recipients move into the home and when clinically indicated. Care plans are implemented that detail pain management interventions, including alternative therapies and the use of pain and pressure-relieving equipment. Ongoing pain is reported and, where required, care recipients are referred to their general practitioners for review. Staff described their role in pain management, including identification and reporting of pain. Care recipients and representatives reported staff are responsive to complaints of pain and care recipients' pain is managed appropriately.

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

There are systems to ensure the comfort and dignity of terminally ill care recipients. Care recipients or their representatives have the opportunity to complete an advanced care directive when care recipients move into the home and at any time throughout their residency. Care recipients' general practitioners and the home's clinical and allied health personnel support care recipients during their palliation. Care recipients and representatives expressed confidence that, when required, staff would manage care recipients' palliative care competently, including the maintenance of their comfort and dignity.

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' nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Care recipients' care plans outline their dietary requirements, including the level of assistance required. The registered nurse monitors care recipients' monthly weights and, where weight loss is identified, care recipients are placed on a supplementary nutritional drink and referred to their general practitioner. Referrals to a dietician or speech therapist are made as required. Swallowing assessments are conducted and care recipients with identified swallowing deficits are ordered appropriately textured diets and fluids. The registered nurse directs care

recipients' nutritional management. Care recipients and representatives reported they are satisfied with the menu and associated support provided to 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 home meets this expected outcome

The registered and enrolled nurse conduct regular assessments of care recipients' skin integrity and formulate care plans that state preventative skin care interventions. The registered and enrolled nurse attend to care recipients' wounds and regular wound reviews are documented. The home employs a number of preventative strategies including pressure-relieving mattresses and moisturising lotions. Care staff monitor care recipients' skin daily and report abnormalities to the registered or enrolled nurse. The home records and collates information regarding skin related incidents. Care recipients and representatives reported satisfaction with the home's management of skin care.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate care recipients' continence needs when they move into the home and on an ongoing basis. Care recipients' urinary and bowel continence needs are assessed when the need is identified, and an individualised care plan is developed reflective of assessed needs. Staff use bowel charts to track bowel patterns and develop appropriate bowel management programs, and the registered nurse monitors the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage care recipients' continence needs. Care recipients and representatives reported being satisfied with the management of care recipients' continence needs.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Care recipients' behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for a care recipient's behaviours are identified and appropriate interventions are developed and documented in a care plan. Effectiveness of behaviour management strategies is monitored via clinical indicators and observations. Care recipients are referred to therapy and mental health services when the need for further assessment of challenging behaviours is identified. Care recipients and representatives reported care recipients' challenging behaviours are well managed and the impact of the behaviours on other care recipients is minimised.

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

The physiotherapist and occupational therapist assess care recipients’ mobility, dexterity and associated falls risks when they move into the home. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s activity program that includes a range of group exercises and physical activities to improve independent movement. Care recipients attendance at physiotherapy sessions is monitored. A range of mobility aids are available to assist care recipients to maintain mobility and independence.

Incidents related to mobility and dexterity are recorded and collated data is discussed at staff meetings. Care recipients and representatives reported satisfaction with the home’s management of care recipients’ mobility and dexterity needs.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

When a care recipient moves into the home, an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the care recipient’s care plan. Dental treatments are arranged with family consultation, where appropriate, or staff assist care recipients visit an external dentist. Staff are aware of care recipients’ individual oral hygiene requirements. Care recipients and representatives reported satisfaction with the support provided to care recipients to maintain their oral and dental health.

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

The multidisciplinary team assesses care recipients’ five sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in care recipients’ care plans and are regularly reviewed by the occupational therapist. Currently, care recipients are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. Care recipients and representatives reported satisfaction with the home’s management of sensory losses and needs.

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

The home has established processes to assist care recipients achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances. Interventions to assist care recipients establish appropriate sleep routines are documented in the care plan. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on care recipients’ sleep including noise, confusion, pain and continence issues. Care recipients and representatives reported care recipients are satisfied with the support provided to achieve restful sleep at night.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement in relation to Standard 3 – Care recipient lifestyle are described below.

- After receiving feedback via surveys and individual comments regarding the lack of events for more active care recipients, the home reviewed its leisure calendar. The management team stated the home will hold barbeques in 2016 with selected care recipients responsible for the preparation and cooking of food. The manager reported this is an appropriate activity for the more active care recipients and will increase social interaction among care recipients. The home will seek feedback at future care recipients’ meetings to monitor satisfaction of care recipients.
- The chief executive officer recommended the development of physical and mental health programs after attending an industry conference relating to this topic. This resulted in the development of separate staff and care recipient programs to promote physical and mental health. The consultant engaged has also reviewed and modified therapy activities. The management team reported changes made to the therapy program have resulted in increased interest in ‘one-on-one’ activities.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding care recipient lifestyle. Care recipients are informed about their rights and responsibilities via information packs and agreements and copies of care recipients’ rights and responsibilities are displayed throughout

the home. The home provides care recipients with agreements which outline fees, level of care and services to be provided, and tenure arrangements. Staff sign a confidentiality agreement on commencement of employment and have access to guidelines regarding the reporting of assaults. Care recipients and representatives reported they are consulted in regards to making decisions about services, and are informed when changes in the provision of care occurs.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education and staff development undertaken relevant to Standard 3 – Care recipient lifestyle are listed below.

- Activities for wellness
- Confidentiality agreements
- Dealing with verbal abuse
- Disability awareness
- Hoarding disorders
- Reflexology
- Suicide identification.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home provides support to care recipients while they are adjusting to life in their new environment and on an ongoing basis. On moving into the home, care recipients are shown around the home and introduced to other care recipients and staff. Care recipients have increased monitoring in the early period and the occupational therapist assesses care recipients' emotional and social needs with input from therapy and care staff. Individual care plans incorporate information relating to the holistic requirements of the care recipient, including their emotional and social wellbeing. Staff described strategies they use to provide care recipients emotional support, including extra time for frail care recipients. Care recipients are encouraged to personalise their room and join in activities at the home and in the community, where appropriate. Care recipients and representatives stated representatives are

encouraged to visit the care recipients, and they are satisfied care recipients' emotional needs are met by staff at the home.

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

Assessment of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they move into the home. Care plans identify the support care recipients require to be as independent as possible, maintain friendships and participate in the life of the community. Therapy programs assist and maintain care recipients' communication and mobility levels, and the physiotherapist provides specific equipment to maintain care recipients' independence. Care recipients are encouraged to maintain friendships, and bus trips are organised for care recipients to undertake activities outside the home. Care recipients and representatives reported care recipients are provided with assistance from staff to maintain their 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and accessed by authorised personnel. We observed staff interacting with care recipients in a respectful manner. Staff and care recipients advised general practitioner treatments occur in the privacy of care recipients' rooms. Care recipients and their families have access to lounges and outdoor entertaining areas. Staff described strategies for maintaining confidentiality of care recipient information, and strategies to maintain care recipients' privacy and dignity. Care recipients and representatives reported they are generally satisfied care recipients' privacy, dignity and confidentiality is maintained and respected.

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 maintain their interests and activities when they move into the home. Information about their social and cultural history is obtained through assessments and social history forms and their identified interests are used to develop therapy care plans. The activities officer develops a weekly activities calendar that is reviewed by the occupational therapist. Special events and community outings are incorporated into the

program and delivered by therapy assistants. Therapy staff described ways they provide individual activities for care recipients who do not choose to join group activities conducted within and external to the home. Feedback on the program is provided through care recipients' participation, suggestions, surveys and at meetings. Care recipients and representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

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

When care recipients move into the home their individual interests, customs, beliefs related to their cultural and spiritual life are identified, and this information is documented in the care plan. Specific cultural events are included in the activity program and staff support care recipients to attend these activities. A chaplain conducts church services at the home and staff advised other religious personnel visit on request. Several care recipients advised they attend services at the nearby Catholic cathedral. Staff reported they use care plans to gain an understanding of care recipients' specific cultural and spiritual practices. They reported some staff speak languages spoken by care recipients in the home. Care recipients and representatives reported staff respect care recipients' customs, beliefs and culture.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems to enable care recipients and their representatives to participate in decisions about the services care recipients receive and to exercise choice and control over care recipients' lifestyle. On moving into the home, care recipients' needs and preferences are discussed and incorporated into their care plan. Care recipients and representatives have the opportunity to provide feedback through feedback forms, care recipients' meetings, informal and formal meetings and surveys. Care recipients are supported and encouraged to maintain control over their lifestyle within their assessed abilities. Staff described ways in which they encourage care recipients to make decisions about their care and lifestyle. Care recipients and representatives stated they feel comfortable providing feedback and the choices and decisions of other care recipients and representatives do not infringe on the rights of other people.

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

Organisational systems and processes ensure care recipients have secure tenure within the home, and understand their rights and responsibilities. On moving into the home, a care recipient agreement is offered, detailing security of tenure and care recipients' rights and responsibilities. Care recipients and representatives are consulted and their agreement sought should there be a need to move rooms. External advocacy and guardianship administration are used as required. Staff are provided with education and training regarding care recipients' rights. Care recipients and representatives reported they are satisfied care recipients have secure tenure 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

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

In relation to Standard 4 – Physical environment and safe systems, staff conduct environmental audits and collect information in relation to hazards and incidents to identify trends. Surveys and feedback systems are used to measure and review the living environment and ensure safety of care recipients, staff and others. Care recipients and staff are satisfied management actively works to improve the home’s physical environment.

Examples of current or recent improvement in relation to Standard 4 – Physical environment and safe systems are described below.

- The home is located on the same site as the organisation’s independent living centre (ILC). Shared fire alarm systems resulted, on occasion, in the evacuation of the home when an alarm originated in the ILC. Acting to rectify this situation, the home has rewired the alarm system. The management team reported the home has an independent alarm system and expected the number of alarms and evacuations to decrease.
- Upon receiving complaints from care recipients regarding the temperature of the home, the management team have installed domestic thermometers in each room. Management reported this will allow them to monitor the effectiveness of the air conditioning throughout the home, and, if necessary, report findings to the building managers. Care recipients expressed satisfaction with the home’s response to this issue.

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

The home has systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency equipment and procedures are routinely inspected and audited. Safety data sheets and infection control guidelines are available to relevant staff. The home has a food safety program and provides relevant training to promote appropriate procedure and staff practices. Interviews with staff and observation of staff practice confirmed their knowledge of regulatory compliance requirements.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education and staff development undertaken relevant to Standard 4 – Physical environment and safe systems are listed below.

- Chemical training
- Duress alarm
- Fire and safety
- Food safety
- Hoist training
- Infection control
- Manual handling.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

Management and staff actively work to provide a safe and comfortable environment consistent with care recipients’ needs. The home provides care recipients with single rooms and bathrooms. Care recipients and representatives have access to communal areas for social interaction and activities. The home uses contracted cleaners to maintain a clean, and clutter and odour free environment. Environmental inspections occur regularly and staff report and respond to accidents and incidents. A maintenance log is kept to maintain buildings and surrounding areas are maintained. Staff and care recipients demonstrated practices which promote the security of care recipients such as swipe security access to rooms and egress points, and the supply of duress alarms and systems to promote the safety of staff. Care recipients and representatives reported management actively work to provide a comfortable living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe working environment that meets regulatory requirements. Staff are oriented to their occupational health and safety responsibilities and relevant training such as manual handling and infection control is provided annually. Staff representatives attend local and corporate meetings, and the management team and relevant staff regularly assess the physical environment via monthly inspections. A full audit of the environment is completed every six months. The home has a maintenance program and all equipment is routinely inspected and serviced. Staff receive information on their occupational health and safety responsibilities during induction, training sessions and at staff meetings. Staff reported they identify and report hazards and accidents, and stated the management team provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide a safe and secure environment and to minimise the risk of fire and other emergencies. Fire, security and emergency procedures are available to staff, care recipients and visitors and inform them how to proceed in the event of an emergency. The building is equipped with a range of fire prevention and firefighting equipment including extinguishers, sprinklers and blankets. Approved professionals carry out independent inspection and testing of fire systems and tagging and testing of electrical equipment. The home has a smoking policy and there are designated smoking times and the home identifies care recipients requiring supervision. Emergency exits are clearly marked throughout the home. Staff attend regular fire and evacuation training and the home maintains a current evacuation list. Staff interviewed described procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported they feel safe and secure within the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an established and effective infection control program. Staff are informed of infection control practices at orientation and at annual mandatory education sessions. Staff have access to procedures and guidelines regarding infectious outbreaks and are provided with appropriate personal protective equipment to minimise the risk of infection outbreaks. Information on care recipients' infections is collected and analysed monthly and disseminated to staff at meetings and handovers. Measures contributing to the effectiveness of the infection

control program include cleaning and laundry processes, provision of hand washing stations, a food safety program and vaccination programs for staff and care recipients. Staff demonstrated knowledge of strategies to minimise the spread of infections.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering, cleaning and laundry services are provided to enhance the care recipients' quality of life and the staff's working environment. A dietician has input into the four-weekly rotating menus, and the chef and manager review new menus with care recipients and representatives. The home contracts external cleaners to maintain rooms and communal areas. Hospitality staff demonstrated practices to maintain hygiene standards in the kitchen and laundry. Personal laundry and flat linen is laundered on site, and the home labels personal items to minimise the risk of lost items. The quality of hospitality services is monitored via feedback, internal and external audits, and surveys. Care recipients and representatives reported satisfaction with the hospitality services provided.