



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Teloca House Hostel**

RACS ID 0207  
120 Audley Street  
NARRANDERA NSW 2700

**Approved provider: RSL LifeCare Limited**

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 15 July 2019.

We made our decision on 27 May 2016.

The audit was conducted on 19 April 2016 to 20 April 2016. 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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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**Australian Aged Care Quality Agency**

# **Audit Report**

**Teloca House Hostel 0207**

**Approved provider: RSL LifeCare Limited**

## **Introduction**

This is the report of a re-accreditation audit from 19 April 2016 to 20 April 2016 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 19 April 2016 to 20 April 2016.

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

<b>Team leader:</b>	Kathleen McDonagh
<b>Team member:</b>	Colleen Fox

## Approved provider details

<b>Approved provider:</b>	RSL LifeCare Limited
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## Details of home

<b>Name of home:</b>	Teloca House Hostel
<b>RACS ID:</b>	0207

<b>Total number of allocated places:</b>	45
<b>Number of care recipients during audit:</b>	44
<b>Number of care recipients receiving high care during audit:</b>	28
<b>Special needs catered for:</b>	N/A

<b>Street/PO Box:</b>	120 Audley Street
<b>City/Town:</b>	NARRANDERA
<b>State:</b>	NSW
<b>Postcode:</b>	2700
<b>Phone number:</b>	02 6959 1049
<b>Facsimile:</b>	02 6959 2862
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Registered nurse	1
Team leader	1
Care staff	9
Activities officer	1
Volunteer	1
Administration assistant	1
Riverina executive assistant	1
Care recipients/representatives	13
General manager, Riverina	1
General manager, Southern Highlands	1
Organisational recreation co-ordinator	1
Catering staff	2
Laundry staff	1
Cleaning staff	2
Maintenance staff	1

### Sampled documents

Category	Number
Care recipients' files	6
Summary/quick reference care plans	6
Medication charts	13
Staff files (including confidentiality agreements)	5
Residential agreements	3
Contracts/service agreements	6

### Other documents reviewed

The team also reviewed:

- Accident/incident forms and summary reports
- Annual quality assurance plan, audit results, clinical indicators, quality assurance reports
- Asset register
- Care recipient information pack, care recipient handbook
- Cleaning and laundry duties, policies, procedures and schedules
- Clinical care including complex health care directives, care recipient of the day clinical monitoring records, behaviour monitoring and management plans, wound management documentation, pain assessments and management plans, advanced care directives, handover sheets, nutritional supplements and food monitoring lists, case conference records
- Clinical expectations of registered nurses booklet
- Complaints/compliments register, feedback forms
- Compulsory reporting register, records
- Continuous improvement plan
- Contractor checklist, handbook
- Disaster management and business continuity plan, annual fire safety statement
- Doctors visit book, communication book, staff memos
- Education calendars, education records, including for mandatory education, staff core skills workbooks, competency assessments
- Employment checklist, new employee information folder, new starter checklist
- Infection control policies and procedures, surveillance data, outbreak management line listing
- Lifestyle documentation including activity plans, attendance records, activity evaluations, newsletters, informed consent forms, RSL LifeCare positive connections - a life reflection
- Medication management including medication incident reports, Drugs of addiction register, medication advisory committee meeting records, medication reviews, self-medication assessments, anti-coagulant therapy and insulin management, clinical refrigerator monitoring records
- Meeting schedule and minutes
- Mobility and dexterity including pain management treatment records, falls risks assessments, manual handling assessments and specific clinically indicated exercise regimes
- NSW Food Authority audit, food safety plan, food and equipment temperature records, care recipient dietary needs reports, drink/food preference lists, menu

- Planned maintenance schedule, maintenance request records, maintenance and safety audit forms
- Police certificate register, professional staff registrations
- Policies, procedures and flowcharts
- Preferred contractor contact list
- Re-accreditation audit self-assessment documentation
- Service reports - pest control, legionella, electrical test and tag
- Staff handbook, position descriptions, duty lists
- Staff rosters
- Strategic plan, organisational chart
- Surveys - care recipients/relatives satisfaction, meal satisfaction
- Water temperature monitoring records
- Work, health and safety (WHS) workplace inspection reports, hazard register and report forms, risk assessments, incident/accident care recipient and staff register

## Observations

The team observed the following:

- Activity programs, activities in progress
- Archive storage
- Australian Aged Care Quality Agency re-accreditation audit notices displayed
- Brochures and posters - external complaints and advocacy services, various others
- Care recipients utilising pressure relieving and limb protection equipment
- Chemical storage areas, safety data sheets
- Cleaning trolley and cleaning in progress
- Feedback forms, suggestion box, complaints procedure displayed
- Fire safety instructions, equipment, evacuation plans, emergency procedure flipcharts, emergency evacuation grab bag, disaster box
- Infection control resources, outbreak box, spill kits, personal protective equipment, colour coded equipment, sharps containers, hand sanitiser dispensers
- Information notice boards
- Interactions between staff, care recipients and visitors

- Laundry in operation
- Living environment
- Meal and beverage services with staff assistance, menu displayed daily
- Medication administration and storage
- Mobility and transfer equipment in use and storage
- NSW Food Authority licence
- Secure storage of care recipient and staff information
- Short group observation in activities lounge
- Sign in/out registers
- Staff handover
- Supply storage areas
- Vision and values statements displayed
- Water coolers

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### **Team's findings**

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement. Following the change in ownership to RSL LifeCare a quality assurance program has been introduced providing a framework for continuous improvement of the four Accreditation Standards. The program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Action plans are developed by the organisation and the home to address identified areas for improvement. Activities which support continuous improvement include regular care recipient, relative and staff meetings, audit programs and trend analyses of clinical indicators. All results are monitored and evaluated by executive management staff and quarterly reports provide further detailed analysis. All stakeholders are provided with feedback on improvement actions taken as appropriate.

Examples of recent improvements in relation to Accreditation Standard One, Management systems, staffing and organisational development include:

- Following feedback from staff and an identified need by the manager of the shortage of staff and build-up of accrued leave, a recruitment process for new staff was commenced. This has resulted in an increase of nursing and care staff, domestic and maintenance staff. This ensures there are appropriately qualified and skilled staff to provide for increasing care needs of care recipients and to improve the quality of life for care recipients in the home. Recruitment is an ongoing process.
- In line with RSL LifeCare requirements a video conferencing system has been set up for staff to attend education sessions and to take part in meetings with other staff in regional sites. Staff have given positive feedback about the increased access to education and have commented that the system also increases their ability to network with others making them feel part of the wider organisational community.
- An organisational occupational therapist and physiotherapist review was conducted to establish existing and future requirements of care recipient equipment. This has resulted in the purchase of additional equipment such as pressure cushions and mattresses, beds, shower chairs and armchairs; and manual handling and transfer equipment such as bariatric chairs, slings, walking belts and hoist lifters. Staff have received training from

these specialists in manual handling techniques and using the equipment. Staff are most appreciative of the equipment that assists in caring for care recipients in a more comfortable and safe manner.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Head office staff, peak body and association memberships, legislative updates and government department information ensures management receive updates of all legislation and regulations. Information is disseminated at all management and staff meetings ensuring information is received in relation to updates of legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual mandatory education sessions. Updated information is made available through the corporate intranet, meetings, newsletters and education sessions. Head office staff ensure currency of policies, procedures and forms. Monitoring of compliance includes scheduled audits, staff reviews and observation of staff practices. Staff demonstrated awareness of current legislation.

Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have current national police check certification.
- A review and update of policies in response to legislative changes, such as for privacy and for reportable incidents, have been completed and are current.

## **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

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Staff development and training needs are established through staff requests, feedback and continuous improvement activities. Education calendars are developed by the head office learning and development team and are planned to include mandatory topics and staff skill requirements. Other sessions are introduced in response to care recipient care needs, legislative changes and audit results. Staff development is supported through certificate education programs and scholarships. Training and education is offered on site in small groups, one-on-one, through videoconferencing sessions and online packages. Staff participation is monitored and recorded and programs are evaluated informally. Care

recipients and representatives interviewed are satisfied staff are providing appropriate care for care recipients' needs.

Examples of education and training recently attended in relation to Accreditation Standard One include: orientation, intranet information, care management documentation, aged care funding instrument (ACFI), teamwork, communication, vision, values and code of conduct. All staff have completed the 'Welcome to RSL LifeCare' program that includes all mandatory education topics.

#### **1.4 Comments and complaints**

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

##### ***Team's findings***

The home meets this expected outcome

The home has internal and external feedback and complaint mechanisms available to all care recipients and representatives. On entry all new care recipients are made aware of feedback mechanisms and advocacy services outlined in the information pack, the agreement and brochures. Feedback forms and brochures for accessing external complaints and advocacy services are readily available and a suggestion box is centrally located. The manager has an open door policy and satisfaction surveys and case conferences are conducted. Care recipient/relative meetings provide forums for feedback and updates on actions taken in relation to care recipient initiated issues. Documentation shows many compliments are received and complaints are acknowledged, investigated and feedback is given to complainants. Complaints are handled confidentially and are registered and analysed monthly. If appropriate, issues are transferred to the continuous improvement program. Staff demonstrated awareness of complaint procedures. Care recipients and representatives said if they have any concerns they do not hesitate to raise them with staff and are satisfied with the resolution.

#### **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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisation's vision and values statements are on display and are included in staff and care recipient handbooks. The Charter of Care Recipients' Rights and Responsibilities is included in care recipient documentation received on entry. The executive management team develop strategic plans in consultation with management staff and leadership development conferences and education programs are held. Head office departments, clinical specialists and regional management staff support the home's operations. This support, combined with the continuous quality improvement program, ensures an ongoing commitment to quality care for care recipients.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has skilled and qualified staff sufficient to deliver appropriate levels of care to care recipients. Staff are recruited in consideration of care recipient needs and a certificate III qualification is required or a commitment to working towards this. Police check certification is obtained prior to employment and is monitored for renewal. All new staff complete an orientation program and work buddy shifts. New staff complete a core skills package with some skill assessments continued annually. Staff sign a confidentiality agreement and position descriptions, duty lists, handbook, code of conduct, policies, procedures and flowcharts inform staff of care and service delivery requirements. Staff practices are monitored through observation, feedback and audit results, and reviews are conducted for performance management. Staff rosters are adjusted according to workloads and registered nurses are rostered seven days and are on call after hours. Casual staff and increased number of hours for part-time staff cover for any leave requirements. Staff said they enjoy working at the home, they work as a team and have sufficient time to complete shift duties. Care recipients were most complimentary about the care provided by staff and said they are assisted when necessary in a timely manner.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and identifying replacement needs. For any new equipment training of staff is conducted. Staff and care recipients interviewed said there are adequate supplies of goods and equipment available for use.

## 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 systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's

performance. Staff are informed by handbooks, position descriptions and duty lists and they have access to current policies, procedures, flowcharts and forms. Updated information for staff is available through verbal handover, care documentation, meetings, electronic messaging system, noticeboards, newsletters and memos. All staff have access to the corporate intranet and care management system and key staff have access to external and management databases. A residential agreement, information pack, handbooks and brochures inform care recipients and representatives and updated information is provided through meetings, newsletters, noticeboards and verbal communication. Care recipients and representatives interviewed believe they are kept informed and up to date. There are policies and procedures for confidential storage, electronic back up and appropriate management of all records in the home.

## **1.9 External services**

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

### ***Team's findings***

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet the care and service needs of care recipients. Preferred external suppliers are managed by the home through service agreements or contracts. Service agreements/contracts include specifications of service delivery, qualifications, insurance, police check certification and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Staff are satisfied with the quality of services provided by external suppliers and the processes in place to ensure services meet both the home and care recipients' needs.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and analysis of care recipient incidents such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care.

Examples of recent improvements include:

- The manager recognised schedules developed for new care recipient assessment requirements were not easily located and a document matrix has been developed. A schedule of dates to guide staff in assessment completion is automatically generated by the electronic system when a care recipient enters the home and was being placed in the care recipient's file. To improve access, and ensure assessments are completed as required, a document matrix has been set up to provide staff with quick access to the schedules for completing assessments within the required timeframe.
- An initiative of RSL LifeCare, the 'Resident of the day' program has been introduced. Based on room numbers and the calendar date a monthly review of each care recipient is conducted. This includes a set of clinical assessments, which contribute to updated nursing care plans as required, as well as vital observations, routine weights and personal care. On this day cleaning staff complete a maintenance and safety audit of the care recipient's room. This review day ensures all care recipients' care needs are accurate and effective and their room is well maintained and safe.
- Following a review of care recipients by the occupational therapist/physiotherapist individual visual prompts for manual handling aids and requirements have been developed. These are displayed in care recipients' bathrooms to enable easy access for care staff to instructions in relation to manual handling and equipment needs.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance, for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Two include:

- Medication storage and medication administration staff practices are monitored for compliance.
- There is a system to manage unexplained absences of care recipients in accordance with regulatory 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care. Some of the topics include: medication management, wound care, continence management, palliative care, skin tear prevention, dementia, nutrition and hydration. Medication competency assessments have been completed by all staff who administer medications. The registered nurse provides one-on-one and handover sessions on specific clinical issues as they arise. All staff have completed the ‘One stop shop’ topics that include activities of daily living for care recipients.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

There are systems and processes to ensure care recipients receive appropriate clinical care and policies and procedures to guide staff practice. A comprehensive program of assessments is completed on entry. Individualised care plans are formulated, regularly reviewed and monitored by registered nurses. Care is planned in consultation with the care recipient and/or their representative, the care recipient’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing

and changing needs of care recipients. Care recipients state they are satisfied with the clinical care provided and representatives say they are informed of changes in the care recipient's condition and care needs.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

### **Team's findings**

The home meets this expected outcome

There are systems to ensure care recipients' specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show care recipients' specialised nursing care needs are identified when they move into the home and addressed in the care planning processes. Registered nurses coordinate assessments on the care recipients' specialised care needs. The home liaises with external health professionals including the local area health service to ensure care recipients' specialised nursing care needs are met. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Care recipients and representatives are satisfied with the specialised nursing 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

There are systems to ensure effective referral processes with general practitioners and health specialists. The health specialist referral process includes collaboration with a care recipient's general practitioner. There is a process to ensure directions and requests by general practitioners and health specialists are documented and communicated to relevant staff. Further assessments, care plan updates and changes to care occur as appropriate. Care recipients and representatives confirm care recipients are referred to appropriate specialists as needed and as preferred.

## **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

Management demonstrates care recipients' medication is managed safely and correctly. Medication endorsed care staff administer medications via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to care recipients. A photographic identification of each care recipient with their date of birth and clearly defined allergies is on each medication chart. Pharmacy and medical practitioner protocols have been established in the home and staff practices are consistent with policy and procedures as evidenced through audits and training.

The medical advisory committee reviews legislation changes, medication and pharmacy issues. Regular medication reviews are completed; medication incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the facility manager.

Care recipients and representatives are satisfied care recipients' medications are managed in a safe and correct manner.

## **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 ensure all care recipients are as free as possible from pain. Initial assessments identify any pain a care recipient may have and individual pain management plans are developed. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage care recipients' pain include attendance to clinical and emotional needs, medication and alternative approaches including heat, massage and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the care recipient's medical practitioner and other services are organised as needed. Care recipients and representatives report care recipients are as free as possible from pain and staff respond in a timely manner to their requests for pain control.

## **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 and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of care recipients are considered in care planning and ongoing pastoral care and emotional support is provided. Representatives are informed of the palliation process and the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

## **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

Documentation demonstrates care recipients' nutrition and hydration status is assessed on entry to the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate

referrals to the speech pathologist, dietitian and dentist are made in consultation with the care recipient and/or representative and others involved in their care. The seasonal menu is reviewed by a dietitian and provides care recipients with an alternative for the midday and evening meal. Care recipients are weighed monthly or more often if indicated and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, care recipients' preferences and special requirements including thickened fluids, pureed and soft food. Care recipients and representatives are satisfied with the frequency and variety of food and drinks supplied.

## **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 assessed through the initial assessment process. Staff monitor care recipients' skin care as part of daily care and report any changes in skin integrity to the registered nurse for assessment, review and referral to their medical practitioner as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of care recipients. Staff receive ongoing training and supervision in skin care and the use of specialist equipment such as lifting devices. The home's reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Care recipients have access to a physiotherapist, podiatrist and other external health professionals. Care recipients and representatives report staff pay careful attention to care recipients' individual needs and preferences for skin care. Observation confirms the use of pressure relieving and limb protecting equipment.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

There are systems to ensure care recipients' continence is managed effectively. A continence link nurse oversees continence management at the home and reports to the facility manager or registered nurse. Clinical documentation and discussions with staff show continence management strategies are developed for each care recipient following initial assessment. Care staff report they assist care recipients with their continence programs regularly and monitor care recipients' skin integrity. Staff are trained in continence management including scheduled toileting, the use of continence aids, and the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure care recipients have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual care recipient's needs. Care recipients and representatives state they are satisfied with the continence care provided to the care recipients.

## **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

There are systems to effectively manage care recipients with changed behaviours. Documentation and discussions with staff show care recipients’ behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the care recipient and/or representatives and other specialist services.

Staff confirmed they have received education on the behavioural and psychological symptoms of dementia and work as a team to provide care. The home has access to other health professionals including the area health service mental health team. Staff were observed to use a variety of management strategies and resources to effectively manage care recipients with changed behaviours and to ensure the care recipients’ dignity and individual needs were respected at all times. Care recipients and representatives are satisfied with how changed behaviours are managed at the home.

## **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

There are systems to ensure optimum levels of mobility and dexterity are achieved for each care recipient. These include comprehensive assessments, the development of mobility and dexterity plans and mobility programs. There is a physiotherapist on site weekly. Individual programs are designed by the physiotherapist and implemented by the care staff and are designed to promote optimum levels of mobility and dexterity for all care recipients. Falls incidents are analysed and are monitored through the quality clinical indicators. Care recipients and representatives report appropriate referrals to the physiotherapist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobility frames, walk belts, mechanical lifters and wheelchairs are available.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure care recipients’ oral and dental health is maintained. Oral and dental health is assessed on entry to the home and documented on care plans. Staff state they receive education in oral and dental care and assist care recipients to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Care recipients and representatives state

care recipients are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

## **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

Sensory loss is assessed on entry to the home and appropriate referrals are made to ensure care recipients’ care needs are managed effectively. Specialist equipment is maintained in good working order and staff are trained in sensory loss. Staff have implemented programs to assist care recipients with sensory stimulation including of taste, touch and smell. Care recipients and representatives report staff are supportive of care recipients with sensory loss and promote independence and choice as part of daily care.

## **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’ sleep patterns including a history of night sedation are assessed on entry and sleep care plans are formulated. Lighting and noise is subdued at night. Care recipients’ ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist care recipients to achieve natural sleep. Staff report care recipients who experience sleep disturbances are assisted with toileting, repositioning, snacks and fluids as requested and assessed as needed. Care recipients and representatives are satisfied with the way care recipients’ sleep is managed.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. Care recipient/representative meetings, surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Care recipient lifestyle.

Examples of recent improvements include:

- The manager identified a need to develop a process to acknowledge and communicate the passing of a care recipient to other care recipients and visitors. A memorial table has been established and staff have been instructed in setting it up to include a picture of the care recipient, an eternal candle and flowers. In addition the RSL ‘Ode’ and a sprig of rosemary is placed on the door of the care recipient’s room. This provides comfort to relatives and allows other visitors and care recipients to reflect on the care recipient’s life.
- The home was without a driver for their bus and care recipients were requesting to be able to go on bus outings. A volunteer driver has been engaged and weekly bus trips scheduled. This has been much appreciated by care recipients and they are enjoying their involvement in the community and local outings.
- It was recognised there was no system in place to allow care recipients and staff to continue their interest and community involvement in their sporting codes. To address this a ‘Footy tipping’ competition has been introduced as part of the lifestyle program which is being enjoyed. With the change in ownership to RSL LifeCare another initiative for increased community involvement has been the development of a relationship with the RSL Sub Branch. They provide assistance with the ANZAC service and other 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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance, for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Three include:

- All new care recipients receive a residential agreement and handbook which include information about security of tenure, residency rights and financial payment options.
- There is a system for compulsory reporting in accordance with regulatory requirements.

### 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to care recipient lifestyle. Some of the topics include: care recipients’ rights, compulsory reporting, privacy and dignity, and activities for lifestyle programs.

### 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

There are effective systems to ensure each care recipient receives initial and ongoing emotional support. These include orientation to the home, staff and services for new care recipients and their families; visits from the activities officers and pastoral care worker, care recipient and representatives meetings and involvement of family in the activity program.

Emotional needs are identified through the lifestyle assessments including one-to-one support and family involvement in planning of care. Care recipients are encouraged to personalise their living area and visitors including pets are encouraged. Care recipients and representatives interviewed are satisfied with the way they are assisted to adjust to life at the home and the ongoing support they receive.

### **3.5 Independence**

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

#### **Team's findings**

The home meets this expected outcome

The home ensures care recipients are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence including mobility and lifestyle engagement programs. Community visitors, volunteers and entertainers are encouraged and arranged. The environment encourages care recipients, their representatives and their friends to participate in activities. Documentation, observation, staff practices and care recipient and representative feedback confirms care recipients are actively encouraged to maintain independence.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

There are systems to ensure privacy and dignity is respected in accordance with care recipient's individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including the care recipient's preferred name. Permission is sought from care recipients for the display of photographs. Staff education promotes privacy and dignity and staff sign to acknowledge confidentiality of care recipients' information. Care recipients have single rooms with ensuite bathrooms and access to lockable storage. Staff handovers and confidential information is discussed in private and care recipients' files securely stored. Staff practices respect privacy and dignity and care recipients and representatives confirm care recipients' privacy, dignity and confidentiality is recognised and respected in accordance with individual needs and preferences.

### **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

Teloca House lifestyle program offers an extensive range of activities five days a week. Care recipients' past recreational interests and preferences are assessed on entry and monitored on an ongoing basis. The home demonstrates care recipients are encouraged and supported to participate in a wide range of activities of interest to them. The activities officers oversee the program and guide the volunteers. Lifestyle programs include weekly bus outings, entertainers, gardening, bingo, daily exercises class, craft and word and board games. Care recipients are given the choice of whether or not to take part in activities. The results of

interviews, document review and observations confirm care recipients and representatives are highly satisfied with the activities provided to the care recipients.

### **3.8 Cultural and spiritual life**

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

#### **Team's findings**

The home meets this expected outcome

Care recipients' cultural and spiritual needs are fostered through the identification and communication of care recipients' individual interests, customs, religions and ethnic backgrounds during the assessment processes. The home recognises and celebrates culturally specific days consistent with the care recipients residing in the home. Culturally significant days and anniversaries of importance to the care recipients are celebrated with appropriate festivities. Care recipients and/or representatives are asked about end of life wishes and this information is documented in their file. Pastoral visitors of various denominations regularly visit and religious services are held on site. Care recipients and representatives confirm care recipients' cultural and spiritual needs are being met.

### **3.9 Choice and decision-making**

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

#### **Team's findings**

The home meets this expected outcome

Management demonstrates each care recipient participates in decisions about the services the home provides and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. Management has an open door policy and this promotes continuous and timely interactions between the management team, care recipients and/or representatives. Observation of staff practices and staff interviews show care recipients have choices available to them including waking and sleeping times, shower times, meals and activities. Care recipients and representatives meetings and surveys occur regularly to enable care recipients and representatives to discuss and provide feedback about the services provided. Care recipients and representatives state they are satisfied with the support of the home relative to their choice and decision making processes.

### **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

There are processes to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. The manager discusses relevant information about security of tenure, fees, care, services and feedback mechanisms with care

recipients and/or their representative prior to and on entering the home. If able, prospective care recipients are given a tour of the home and receive an information pack. On entry care recipients receive a residential agreement and handbook which outline care and services, care recipients' rights and complaints resolution processes. New care recipients are orientated by staff to the services provided by the home and ongoing communication with care recipients and representatives is encouraged through scheduled and individual meetings. Care recipient interviews demonstrate satisfaction with communication and security of tenure and care recipients said staff practices support care recipients' rights.

## 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 information regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and care recipient/representative feedback.

Examples of recent improvements include:

- To monitor and improve the dining experience for care recipients a ‘Captain’s table’ program has been introduced. Staff sit with care recipients each week and eat the meal to gain feedback from care recipients. They are able to monitor the environment, the ambience, and food presentation, quality and temperatures and a meal satisfaction survey is completed. Staff and care recipients are varied each week and the manager reports care recipients look forward to their “turn”.
- On a tour of the home it was recognised a particular small lounge appeared rather cluttered and “institutionalised”. This has resulted in the removal and re-arrangement of furniture which has created a more homelike environment. Space has been made for mobile chairs providing increased access for more care recipients able to use the room.
- Care recipient relatives commented it was difficult to find staff out of office hours. An after hour’s call bell has been installed in the front foyer to allow visitors to alert staff and this is working well.
- A labelling machine has been purchased for laundry staff as they were using a marking pen to label care recipients’ items. Staff have been instructed in the use of the machine and all personal items are now labelled by laundry staff when care recipients enter the home. All care recipients have been issued with their own laundry bag for soiled items and these have also been labelled. This has eliminated items being misplaced and care recipients report they are very satisfied with the services provided by laundry staff.

## 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 identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance, for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- Annual compulsory education is provided for fire safety and a current fire safety statement is held.
- A food safety plan and a current NSW Food Authority licence for vulnerable persons are held.

## 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems.

Some of the topics include: fire safety and fires safety officer training, maintenance procedures, infection control, risk management, catering and cleaning procedures, workplace, health and safety and manual handling. Training has been attended for new equipment purchased.

#### **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

The home has systems to provide a safe and comfortable environment consistent with care recipients' care needs. Care recipients are accommodated in their own rooms with ensuites. All care recipients may personalise their room and they have access to nurse call alarms.

There is a central dining room and a variety of inside sitting areas and outdoor garden areas for use with family and friends. Internal and external areas were observed to be well maintained and preventative and reactive maintenance programs ensure the safety of the environment and equipment. Workplace inspections are conducted and monthly maintenance and safety audits ensure care recipients' rooms are not cluttered. Care recipients stated they are satisfied with the maintenance and comfort of the environment provided at the 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

The home has a system to ensure management and staff work together to provide a safe working environment that meets regulatory requirements. The system involves audits, inspections, accident and hazard reporting procedures, and risk assessments. Work, health and safety (WHS) training is given to all staff during orientation and practical assessments are completed annually. WHS is a standing agenda item at staff meetings with accident/incident results and hazards discussed. Monthly area committee meetings are held and a committee member is to be appointed from the home. Policies, procedures and notices inform staff and maintenance programs ensure equipment is in good working order and the environment is safe. Return to work and employee assistance programs are available. An external supplier provides chemicals and chemical safety education is given. Safe work procedures and practices were observed and training is held for all new equipment. Staff said they have attended relevant education and demonstrated awareness of WHS practices.

#### **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

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. A disaster management plan that includes emergency evacuation

procedures and a business continuity plan is available. Care recipient evacuation information, evacuation plans, notices, signage and emergency exits free from obstruction were observed. A fire sprinkler system is fitted and fire-fighting equipment inspection and testing and fire safety statement are current. Staff interviewed are aware of procedures and have attended compulsory fire training. Preventative processes include environmental inspections, appropriate electrical appliance testing and designated smoking areas. Security measures for the home include night lockup procedures and external lighting.

#### **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 effective infection prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and are conducted annually. Staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps containers and spill kits are accessible. An influenza vaccination program is available for care recipients and staff.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's findings**

The home meets this expected outcome

Procedures, policies, and duty lists are in place for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by care recipients through surveys, meetings and verbally. Care recipients stated they are satisfied with hospitality services available. Freshly cooked food is provided using a rotational menu that is developed in consultation with care recipients. A dietitian is consulted for any special dietary requirements. Identified food preferences, allergies and special dietary needs are communicated to staff. There is a food safety plan and the home received an 'A' rating from a recent NSW Food Authority audit. Cleaning staff are in attendance five days a week and follow schedules for care recipients' rooms and communal areas. All areas were observed to be clean. All personal items are laundered on-site five days a week and linen is laundered offsite and is collected daily. Laundry staff fold and deliver personal items to care recipients. A personal item labelling service is provided by laundry staff. Appropriate storage and sufficient supplies of linen were observed.