



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Holbrook Hostel RACS ID: 0310**

**Approved Provider: United Protestant Association of NSW Limited**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

Reconsideration Decision made on 27 December 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 8 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 30 August 2015 to 30 May 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 27 December 2017

Accreditation expiry date 30 May 2019



**Australian Government**  

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**Australian Aged Care Quality Agency**

**Holbrook Hostel**

RACS ID 0310  
47 Bowler Street  
HOLBROOK NSW 2644

Approved provider: United Protestant Association of NSW 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 30 August 2018.

We made our decision on 08 July 2015.

The audit was conducted on 02 June 2015 to 03 June 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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**Australian Aged Care Quality Agency**

## **Audit Report**

**Holbrook Hostel 0310**

**Approved provider: United Protestant Association of NSW Limited**

### **Introduction**

This is the report of a re-accreditation audit from 02 June 2015 to 03 June 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

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 June 2015 to 03 June 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:	Stephen Koci
Team member:	Christine Delany

## Approved provider details

Approved provider:	United Protestant Association of NSW Limited
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## Details of home

Name of home:	Holbrook Hostel
RACS ID:	0310

Total number of allocated places:	21
Number of care recipients during audit:	17
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	47 Bowler Street	State:	NSW
City:	Holbrook	Postcode:	2644
Phone number:	02 6036 2817	Facsimile:	02 6036 3618
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Management	3	Care recipients/representatives	9
Nursing, care and lifestyle staff	7	Ancillary staff	3

### Sampled documents

	Number		Number
Care recipients' files	9	Medication charts	9
Summary/quick reference care plans	9	Personnel files	5
Care recipient agreements	5	Supplier agreements	5

### Other documents reviewed

The team also reviewed:

- Activities documentation and calendar
- Audit schedules, audits and trend analysis reports
- Chemical register and material safety datasheets
- Cleaning documentation
- Communication diaries
- Complaints register
- Continuous quality improvement plan and quality planning tool forms
- Discretionary reports record
- Education records, training schedule and evaluation forms
- Emergency procedures guide
- Fire equipment service records
- Food safety plan, dietary requirements and food preference forms, audits, food temperature control records menu and menu review by dietitian.
- Handbooks and information pack
- Handover sheet
- Infection control documentation
- Maintenance documentation and schedules
- Mandatory reporting spreadsheet
- Meeting calendar agenda and minutes
- Newsletters
- Nurse registrations
- Police check register

- Policy and procedures, flow charts and emergency management manual
- Rosters
- Schedule eight drug monitoring book
- Self-assessment tool
- Staff orientation documentation.

### **Observations**

The team observed the following:

- Activities and menu board
- Activities in progress
- Charter of Care Recipients Rights and Responsibilities on display
- Chemical storage
- Cleaners trolley
- Complaints, comments and compliment forms, quality planning tool forms and suggestion/comment box
- Dry stores, cool room, freezer and fridge
- Equipment and supply storage areas
- Evacuation kit, emergency contact list
- External complaint service brochures and flyers
- Firefighting equipment, fire panel and emergency evacuation plan
- Interactions between staff and care recipients
- Internal and external living environment
- Laundries
- Meals in progress
- Medication administration and storage
- Outbreak kit
- Oxygen storage
- Personal protective equipment
- Secure record storage
- Security systems
- Short observation in lounge room
- Staff room, notice boards with work safety & safety contacts.



## 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 has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. The system for care recipients and representatives include the continuous improvement tool, meetings, local, district and state and informal feedback. The system for staff includes the continuous improvement tool, direct feedback, audits and meetings. Continuous improvements are identified, documented on a UPA continuous improvement plan and are monitored and evaluated via the home's quality control system. Feedback on continuous improvements is provided as direct feedback or at meetings. Care recipients, representatives and staff are satisfied continuous improvement occurs at the home.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Following an organisational review management appointed a clinical nurse specialist across the organisation's small homes in the region. Staff report this has benefited and achieved good outcomes for staff and care recipients and assisted staff in caring for care recipients with changing care needs.
- The front entrance to the home has a complaints comments compliments form with larger print on a smaller form to encourage care recipients to use the system. Care recipients and staff said this system is simple and easy to use.

#### 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 organisation has a system for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. The organisation's corporate and regional offices receive regulatory information via a legal update service and through memberships of industry bodies and provides regular information to the home. Any relevant regulatory compliance information is discussed at the home's regular meetings when regulatory compliance is a standing agenda item. Care recipients and representatives are informed of changes to regulatory compliance through meetings or via direct contact. Staff are informed through meetings where regulatory compliance is a standing agenda item, updates to policy and procedures and via noticeboards. Regulatory compliance regarding

management systems, staffing and organisational development is monitored through audits, competencies and observation. Staff said they are informed about regulatory compliance.

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

- The organisation has processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Personal information is managed and destroyed in accordance with regulatory requirements.
- Management ensured the notification, within the required time-frame, of all stakeholders about the re-accreditation audit.

### **1.3 Education and staff development**

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

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

The home meets this expected outcome

Management demonstrate there are systems to ensure all staff have appropriate knowledge and skills to allow them to perform their roles effectively. Upon commencement, all staff undertake orientation and complete ongoing mandatory education relevant to their role. Additional education sessions are conducted based on audit results, staff requests, meeting, performance appraisals or change in care recipient's needs. Management maintain attendance records and evaluations to monitor the effectiveness of the training. Staff stated they are satisfied with the level of education on offer and that internal and external training opportunities are available to further develop their skills.

Recent and upcoming training opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- Code of conduct
- Funding instrument.

### **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

Management maintains a comments and complaints mechanism that is accessible to care recipients, representatives, staff and other stakeholders. Access is facilitated through complaint, comments and compliment forms, meetings and 'open door' access to management. Information on the internal and external complaint mechanisms are available for care recipients and representatives. All complaints go directly to management, are recorded on a register and actioned in a timely manner. Feedback is provided personally to the complainant and themes are raised at care recipients and staff meetings. The organisation has processes for the handling of confidential complaints and care recipients and representatives can go directly to the care manager with any comments and complaints. Care recipients, representatives and staff are aware of the home's comment and complaints processes and said they are comfortable to raise any concerns.

### **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 statement is documented and includes commitment to provide consistent quality health services to the community that reflects best clinical practice, are cost effective and responsive to the community needs. The values of sustainability, support, integrity and quality are promoted. These are displayed in the home and included in all key documents.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The organisation has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to care recipients. A formal recruitment process is followed and management monitors qualifications and credential information. New staff complete orientation that includes 'buddy shifts' to assist them in adjusting to their new roles. All roles have position descriptions to guide staff and staff sign an acceptance of an employment offer. Rosters confirm that adequate staffing levels occur over all shifts and a registered nurse can be contacted for assistance out of hours as required. Roster vacancies are filled from permanent part time staff or a casual bank. Care recipients and representatives and staff are satisfied with current staffing levels at the home.

### **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 suitable goods and equipment for quality service delivery. Preferred suppliers are used for delivery of foodstuffs, cleaning materials and clinical supplies. We observed all supplies stored in clean, secure areas around the home. The organisations regional office handles contracts and agreements. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place. Staff, care recipients and representatives said goods and equipment are readily available and that maintenance is completed in a timely manner.

## **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 systems in place to ensure all stakeholders have access to current information. Management are responsible for the review and update of key information according to document review schedules. Management provides care recipients and representatives with an information pack on entry and keeps them updated through meetings, newsletters, noticeboards, care consultations and discussions. Staff have access to current policies and procedures and information relevant to their role and are kept informed through scheduled meetings, internet message board, handover, information folders and noticeboards. There are processes to routinely collect, analyse and make available key data and information to staff. The home maintains the confidentiality and security of personal information. There are processes for archiving and confidential document destruction. Electronic systems have individual log on, restricted access and backup occurs via a secure offsite server. Staff said they have good access to information and there are effective communication processes. Care recipients and representatives are satisfied the home keeps them informed on aspects related to care recipients care and services.

## **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

There are processes to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include physiotherapy as required, dietitian, fire system testing, hairdressing and pest control. Contracts are handled at the organisations regional office and specify the required standards and timeframes and regulatory requirements. Observations, annual reviews, audits and feedback direct from stakeholders about the quality of service are sort by management. Care recipients and representatives confirmed that they are satisfied with the home's external services.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in care recipient health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Care recipients advised they are satisfied they receive appropriate clinical care. Staff said improvements have occurred in the area of health and personal care.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- Following the appointment of a regional occupational therapist to enhance mobility and pain management programs, staff and care recipients reported improvements for care recipients with the introduction of regular specific programs for pain relief and mobility.
- Management identified the need for aids to assist with increasing the appetite for care recipients at meal times. Coloured crockery was introduced via the 'Montessori' guidelines. Staff, care recipients and representatives reported that care recipients can identify vegetables and food on the plate at meal times and consume more of their meal.

### **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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff stated they are informed about regulatory requirements by management.

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

- The organisation has processes to monitor the current registration of nursing staff.
- Medications are stored and administered according to legislated processes.
- There are systems and processes in the event of an unexplained care recipient absence.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

Management demonstrated there are systems to ensure all clinical staff have the appropriate knowledge and skills to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Care recipients said staff have the appropriate skills and knowledge to care for them. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 2 Health and personal care include:

- Medication administration
- Missing persons drill
- Oxygen therapy and equipment, management and maintenance.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Management ensures care recipients receive appropriate clinical care. Staff use established clinical systems to assess care recipients’ needs upon entry to the home and develop plans of care around these needs. Documentation tracks the monitoring of clinical care through charts, assessments, care plans, incidents and progress notes. Review of care needs occurs through the resident of the day process and as changes in care recipients health status require. There is a care manager, clinical nurse specialist and team leader who oversee all clinical care. General practitioners and allied health professionals are available weekly at the home and as required. Formal and informal care consultations with care recipients and their representatives ensure satisfaction with the care provided and observation of any identified preferences and needs. Care recipients and representatives said they are satisfied with the clinical care provided.

### **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 a registered nurse and care staff and access to specialised community nurses to assess, plan, manage and deliver specialised nursing needs to care recipients. Specific care plans are developed and individually designed to guide all care staff. Staff reported changes in the care needs of care recipients are communicated effectively and staff are supported to ensure they have the appropriate skills and knowledge to meet a diverse range of specialised needs. Care recipients and representatives are satisfied their specialised care needs are identified and managed appropriately.

## **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

Management ensure care recipients have access to appropriate health specialists in accordance with their needs and preferences. The home has support from regional health services and the local hospital. Medical practitioners visit at regular intervals with care recipients. Physiotherapy, podiatry, dietetics, and speech pathologists are available and visit via referral. Staff assist care recipients to attend other health professionals and specialists within the wider community as needed. Care recipients and representatives are satisfied with the range of health professionals available.

## **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

The home has systems to support safe and correct medication management. Competency tested nursing and care staff administers medications and education and incident management processes ensure this is completed safely and correctly. Processes exist for the ordering, delivery and disposal of medications. Medications are stored safely and securely and in accordance with regulatory guidelines. A local registered nurse group meet regionally to discuss medication needs at the home. Policies, procedures and current medication resources are readily accessible and guide staff practice. Care recipients and representatives are satisfied with how staff manage their medication needs.

## **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

The home ensures all care recipients are as free as possible from pain. Care recipients are assessed for previous and current pain on entry and changes in pain status prompt staff to re-assess and make referrals to appropriate health professionals, including the occupational therapist who visits the home weekly. A variety of methods are utilised to help manage care recipients pain. As needed medication is used where appropriate. Staff are aware of verbal and non-verbal cues in care recipients and use these to guide pain prevention and management on an individual level. Care recipients and representatives are satisfied with the pain management strategies provided by the home.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Staff and management ensure the comfort and dignity of care recipients in their final phase of life. Consultation occurs between the staff and care recipients or their representatives about the care recipients ‘advanced care wishes and this forms the basis for care in the terminal stage. Spiritual and emotional support is available for the care recipient and their family if desired. Representatives expressed satisfaction with how staff respect and support individual beliefs and comfort levels during 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

Management and staff ensure care recipients receive adequate nourishment and hydration. Clinical monitoring systems prompt staff to identify and assess care recipients nutritional needs, preferences and the level of staff assistance required. Staff monitor care recipients weight and guidelines prompt staff on how to manage any losses or gains with the regular assistance of the dietician and speech pathologist. Assistive devices are available to help care recipients maintain their independence with eating and drinking. Coloured crockery assist care recipients to identify vegetables and other food. Care recipients and representatives are satisfied with the quality of food and beverages provided at the home.

## **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

Management and staff assess and care for care recipients in a way that promotes optimal skin integrity. Staff assess care recipients skin integrity on entry, when care plans are reviewed and as health needs change. Pressure area care strategies are utilised to promote skin integrity. Monitoring of skin tears and wounds occurs and care is reflected on appropriate charts. Policies and procedures are available to guide staff in wound assessment and management. Care recipients and representatives are satisfied with the home’s management of their skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff ensure care recipients continence needs are managed effectively and with dignity. Staff assess the care recipients’ continence needs on entry and as their needs



change. Assessments take into consideration the staff assistance levels required and any continence aids needed. The homes approach to continence management encourages promotion of independence and dignity. Staff attend education on continence management. Care recipients and representatives said care recipients continence needs are met.

### **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

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Staff conduct behaviour assessments and use the information gathered to formulate care plans that outline any identified triggers and management strategies. Staff receive education to help manage behavioural challenges especially those related to dementia. Regional health services and specialist groups are utilised as a supportive resource for staff and to help implement strategies for care recipients with challenging behaviours. Care recipients and representatives are satisfied with the management of any behavioural issues that occur within the home and that other care recipients behaviour does not impact on their care recipients’ wellbeing.

### **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

Staff and management ensure care is provided in a way that guarantees optimum levels of mobility and dexterity are achieved for care recipients. Care recipients mobility and dexterity needs are assessed on entry and mobility aids provided if required. Physiotherapy and occupational health services are provided regularly at the home, with all care recipients assessed and reviewed regularly. Assistive devices, such as those for eating, are available and their use promoted. There are adequate mobility and dexterity aids to cater for care recipient’s needs. Care recipients said their mobility and dexterity is supported by staff when needed and encouragement is given to maintain their independence with the assistance of aids if required.

### **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

Staff and management ensure assistance is given to care recipients to maintain optimal oral and dental health. Staff conduct assessments of care recipients oral and dental needs and preferences on entry and include details in care plans about assistance levels required and daily care of teeth, mouth and dentures as appropriate. Care recipients are assisted to access dentists and dental technicians, which may be of their own choice if desired. Staff assist and prompt care recipients with daily hygiene and observe and document any relevant dental issues. Speech pathologists formulate specific strategies for care recipients with swallowing difficulties. These which include texture modified diets, food supplements and

staff assistance with meals. Care recipients and representatives said staff provide assistance with their oral and dental hygiene.

## **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

Staff and management ensure care recipients’ sensory losses are identified and managed effectively. Staff assess care recipients’ sensory deficits upon entry and as changes in care needs require. Staff organise assistance for care recipients to attend appointments with their own preferred provider, specialist providers or visiting services, when required for hearing and vision assessments. The home has three houses which are well lit, has adequate handrails and visible signage. Pathways are divided by a painted yellow safety line. Reading aids are provided for vision impaired care recipients. Staff are aware of individual needs and assist care recipients who require help with care, maintenance, fitting and cleaning of aids and assistive devices. Care recipients and representatives said staff assist with their sensory loss 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

Staff and management ensure care recipients are assisted to sleep in a natural and non-invasive way. Normal sleep and wake patterns are assessed on entry and if possible, pre entry patterns are supported by staff through the care planning and actioning process. A variety of methods are used to promote sleep including settling routines warm drinks, snacks and medication as prescribed. Records show staff respect care recipients wishes regarding sleep. Care recipients and representatives said the home is quiet at night, and care recipients preferred wake and sleep times are respected.

### **Standard 3 – Care recipient lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in care recipient lifestyle. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Care recipients, representatives and staff are satisfied with the home’s improvements in the area of care recipient lifestyle.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- Following care recipients request for further lifestyle services, staff have organised library visits and a library card to enable care recipients to choose reading material and talking books of their choice. Care recipients choice of library digital video discs have improved the weekly movie matinee attendance.
- Following a suggestion from staff and care recipients, an old medication trolley has been converted to an ice cream trolley reminiscent of the ‘Mr Whippy cart’. Care recipients and representatives said they enjoyed their weekly ice cream treat.

#### **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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Care recipients and representatives stated are informed of care recipients’ rights and responsibilities.

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

- Policies, procedures and flowcharts are in place regarding reportable incidents such as elder abuse.
- The organisation has policies and procedures in regards to privacy of care recipient information.
- The home has systems to demonstrate compliance related to residential agreements.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

Management demonstrated there are systems to ensure all relevant staff have appropriate knowledge and skills required to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Care recipients reported the home to be a safe environment in which to live and said staff respect their choices and treat them with respect. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 3 include:

- Elder abuse and reportable incidents
- Elderly advocacy
- Sexuality in the elderly.

### **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 organisation supports care recipients in adjusting to life in the home and on an ongoing basis. Assessment of care recipients' emotional support needs and preferences occur upon entry to the home and care plans are developed to meet their needs. Review of care recipients' emotional support needs occurs on a regular basis by nursing and activities staff and care plans are updated as required. Care recipients and representatives are provided with a handbook to assist their orientation to the home. Activities staff run a one to one visiting program with the assistance of volunteers. Care recipients and representatives confirmed their satisfaction with the initial and ongoing emotional support care recipients receive 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

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care planning processes identify, assess and plan for care recipients' physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement within the home and regular visits to an nearby nursing home. The home welcomes visitors and maintains contact with a local school and community groups. Care recipients and representatives are satisfied care recipients' independence is actively promoted.

### **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

Staff respect care recipients' right to privacy, dignity and confidentiality. Staff practices are governed by organisational policies and procedures which detail care recipients' rights to privacy and dignity. Staff describe appropriate practices to protect care recipients' privacy and dignity including knocking on doors, not discussing private information in public areas and calling care recipients by their preferred name. Monitoring processes include stakeholder feedback and observation. Care recipients and representatives said staff respect care recipients' rights to privacy and dignity.

### **3.7 Leisure interests and activities**

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities. Staff complete activities assessments on entry to the home and develop a care plan in consultation with care recipients and representatives. Staff regularly review activity care plans. The program includes a wide range of activities that are advertised through a monthly calendar that is printed and distributed to all care recipients and mailed/mailed to representatives. Management obtain feedback on the program via meetings, direct feedback, feedback forms, observations, surveys and daily activity records. Care recipients and representatives confirmed they are satisfied with the lifestyle program and confirm the support of care recipients to participate in a range of activities at the home.

### **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

The organisation values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Staff identify care recipients' cultural and spiritual needs through the assessment process on entry to the home. There is provision for church services for care recipients at the home including a regular multi denominational church service and communion. There are special days held throughout the year and staff have access to culturally specific services via the internet or a cultural care kit and other memberships to assist in meeting individual cultural needs as required. Care recipients and representatives are satisfied with the home's response to care recipients' cultural and spiritual needs.

### **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

There are processes to promote care recipients' right to exercise choice and control over their lifestyle. Care recipients and representatives are encouraged to participate in the assessment process. The home holds regular meetings for care recipients and representatives and feedback forms are readily available. Management have an open door policy to ensure they are easily accessible if needed. Staff support care recipients to manage their own financial affairs and the organisation has a petty cash system or can invoice for any small amounts spent by care recipients while attending activities or on outings. There is a wide range of activities on offer and care recipients can choose their participation levels. Care recipients and representatives confirmed their individual choices and decisions are encouraged, respected and supported by management and staff at the home.

### **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

The organisation has a system to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Care recipient information covers security of tenure and care recipients' rights and responsibilities. The care manager discusses entry requirements and the organisations finance team handles agreements with care recipients and representatives. Any change of rooms will only occur after consultation with the care recipient and their representatives. Management clarify and confirm care recipients' rights and responsibilities, security of tenure information and financial concerns on an ongoing basis as required. Care recipients and representatives said care recipients have secure tenure within the home and are aware of their rights and responsibilities.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in the physical environment and in the area of safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff said ongoing improvements occur at the home. Care recipients and representatives are satisfied with the safety and comfort of the home’s environment.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- All inclusive cleaners’ trolleys have been purchased by the home to maintain a safe working environment for staff and care recipients. Staff and care recipients said the lockable storage of cleaning equipment minimises the risk of injury to staff and care recipients.
- Management identified the need for fridge freezers to meet recommended temperatures at all times. A data logger was purchased and fitted to all fridge freezers in the home. Staff report that all fridge/freezers are working at the manufacturers/food authority recommended guidelines.

### **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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory Compliance. Staff confirm compliance with safe working practices within the home.

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

- Chemicals are securely stored with current material safety data sheets.
- The home has an audited food safety programme and has appropriate auditing of kitchen systems.
- Ongoing monitoring of the safety of fire safety systems.

### **4.3 Education and staff development**

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

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

The home meets this expected outcome

Management demonstrated there are systems to ensure all staff have appropriate skills to allow them to perform their individual role effectively. Staff stated they are satisfied with the level of education available. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming development opportunities relevant to Standard 4 Physical environment and safe systems include:

- Fire and emergency and fire evacuation
- 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

The organisation has processes to assist in providing care recipients with a safe and comfortable environment consistent with care recipients' care needs. There are single rooms with ensuites in three houses. Care recipients are encouraged to personalise their rooms. Internal and external areas are available for the use of care recipients and their representatives. Maintenance of buildings, grounds and equipment is through regular servicing and maintenance programs by internal staff or external contractors. There are appropriate preventative and corrective maintenance programs. Care recipients and representatives confirmed management provides a safe, secure, clean and 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 is actively working to provide a safe working environment to meet regulatory requirements. On commencement staff complete orientation, that includes occupational health and safety. Policies and processes guide staff to understand their rights and responsibilities relating to occupational health and safety and notices identify relevant representatives. Management monitor the effectiveness of its occupational health and safety procedures through workplace inspection checklists that are completed by on site and regional staff and review of incident forms. Occupational health and safety is discussed in the care recipient and employee handbooks. Management and relevant stakeholders discuss and address any occupational health and safety issues at regular staff meetings. The home ensures all equipment is subject to routine and preventative maintenance. Staff said they are



able to recognise and report hazards or incidents and are satisfied they work in a safe environment.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management display emergency and evacuation plans, there is clear signage of emergency exits that are free from obstructions. Fire, emergency and evacuation training occurs regularly at the home. Service of firefighting equipment is by external contractors and chemicals are stored safely and securely in locked rooms. Staff secure the home in the evenings and there is backup lighting in case of a blackout. There is a fire evacuation procedure, emergency response plan and an evacuation kit with emergency contact list that are accessible to all staff. Staff confirmed that emergency training regularly occurs at 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

Management demonstrates they have an effective infection control program. The program detects, manages and monitors infections within the home. The care manager and staff collate infection data and report any trends for action and review at staff and organisational meetings. Policies and procedures guide staff. The infection control program includes Infection control kits, personal protective equipment, and waste management and pest control systems. Hand hygiene facilities are prevalent throughout the home. Staff follow cleaning schedules and the food safety program with infection control and outbreak management procedures for all hospitality areas. Care recipients and staff vaccinations are encouraged and monitored with high levels of uptake. Care recipients and representatives said staff identify infections and manage them appropriately.

#### **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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance care recipients' quality of life and the staff working environment. All food is prepared in a central kitchen and delivered directly to care recipients. Monitoring mechanisms in the kitchen include external and internal audits and reports and food temperature control records. The home has a four week menu that changes for winter and summer and is reviewed by a dietitian. Schedules ensure cleaning tasks are completed and the team observed the living environment and care recipient rooms to be clean during the visit. All personal laundry is completed in each of the three houses by care staff and there are adequate linen supplies. All care recipients clothing is labelled and staff have access to a

labelling machine. The home has a system to manage lost property. Staff and care recipients are satisfied with the home's catering, cleaning and laundry services.