



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

**Reconsideration Decision**

**May Shaw Hostel RACS ID: 8037**

**Approved Provider: May Shaw Health Centre Inc**

**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 23 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 31 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 25 September 2015 to 25 July 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 23 January 2018

Accreditation expiry date 25 July 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**May Shaw Hostel**

RACS ID 8037  
37 Wellington Street  
SWANSEA TAS 7190

Approved provider: May Shaw Health Centre Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 25 September 2018.

We made our decision on 31 July 2015.

The audit was conducted on 30 June 2015 to 01 July 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



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

## **Audit Report**

**May Shaw Hostel 8037**

**Approved provider: May Shaw Health Centre Inc**

### **Introduction**

This is the report of a re-accreditation audit from 30 June 2015 to 01 July 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 30 June 2015 to 01 July 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:	Gayle Heckenberg
Team member:	Andrew Duncan

## Approved provider details

Approved provider:	May Shaw Health Centre Inc
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## Details of home

Name of home:	May Shaw Hostel
RACS ID:	8037

Total number of allocated places:	28
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:	37 Wellington Street	State:	Tasmania
City:	Swansea	Postcode:	7190
Phone number:	03 6257 8114	Facsimile:	03 6257 8236
E-mail address:	ceo.mayshaw@iwwt.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management	3	Care recipients/representatives	6
Clinical/care/lifestyle staff	6	Hospitality and environment/safety staff	9

### Sampled documents

	Number		Number
Care recipients' clinical and lifestyle files	8	Residential agreements	4
Medication charts	3	Personnel files	6

### Other documents reviewed

The team also reviewed:

- Activity calendar and participation records
- Admission schedule and checklist
- Archives register
- Audit schedule, checklists, audits and reports
- Cleaning schedule
- Comments and complaints register
- Confidentiality agreements
- Consolidated register of reportable incidents
- Continuous improvement plan
- Contracts and contractor documents
- Education calendars
- Evacuation procedures and instructions
- Fire safety compliance records
- Food safety plan, dietary information and menu
- Handover sheet and care recipient list
- Human resource records - position descriptions and performance appraisals
- Incident report form information
- Infection control information program document
- Material safety data sheets
- Meeting minutes, agendas and memoranda
- Newsletter 'Dolphin Express'
- Notifiable infection register
- Nurse registration register

- Palliative care awareness booklet
- Pest control records
- Police certificate check and statutory declarations
- Policies and procedures
- Preventative and corrective maintenance records and associated documents
- Care recipient details form
- Restraint authorisation and information
- Self-assessment
- Specialist and allied health referrals and reports
- Staff and care recipient immunisation records
- Staff roster
- Staff training attendance, records and evaluation forms
- Strategic plan
- Texture and risk status charts
- Vision, mission, values statements
- Workers handbook
- Workplace competencies education attendance database.

## **Observations**

The team observed the following:

- Charter of Care recipients' rights and responsibilities on display
- Activities in progress
- Chemical storage
- Cleaning and laundry service in progress
- Comments, complaints and advocacy information on display
- Equipment and supply storage areas
- Fire exits, fire evacuation signage and fire safety equipment
- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen and food storage areas
- LGBTI facility friendly poster displayed
- Meal and refreshment services
- Outbreak and spill kits
- Personal protective equipment
- Short group observation in the dining room
- Staff whiteboards
- Storage of medications
- Suggestion box.



## 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

Management has a system which demonstrates pursuit of continuous improvement across the Accreditation Standards. Audits, informal and formal feedback, incident reports and survey results feed into the continuous improvement system. Management monitor and evaluate the effectiveness of improvement processes through communication at relevant staff meetings and the quality and risk committee meeting. Care recipients and staff said they are satisfied the organisation pursues continuous improvement.

Examples of improvements implemented by the home relevant to Standard 1 Management systems, staffing and organisational development include:

- As a result of a management initiative, the home has upgraded its computer system and servers by entering into a service sharing arrangement with a nearby aged care provider. Management said the new servers have enhanced the IT system at the home, improving the effectiveness and responsiveness of its electronic information management systems. The sharing arrangement has also reduced costs and has enabled improved onsite technology use and remote access for staff.
- Management have installed a new phone system after reviewing their telecommunication arrangements. Previously care recipients had to install phone lines at their own expense when entering the home and when changing rooms. The new system requires no additional line installation or relocation fees and includes enhanced direct dialling. Management said this has improved the quality and cost of the phone service to care recipients.
- In response to a review of staff practices, the home has adopted new clinical care software. The previous software did not incorporate a medication management system. Management said the added functionality is used collaboratively with the local pharmacy and has resulted in a significant improvement in medication administration practices. Management said quality indicators show a large reduction in medication incidents thereby enhancing care recipient safety and clinical compliance.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems which identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management receive information through contractual arrangements, peak bodies and Government communications. Management inform staff of changes through regular staff meetings, staff whiteboards and during handover. Compliance is monitored through the home’s auditing system. Management and staff demonstrated awareness of their obligations in relation to regulatory compliance.

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

- Compliance with police certification for staff, volunteers and contractors.
- Information regarding internal and external complaints and comments systems.
- Review of policies and procedures to reflect legislative requirements.
- Secure storage of confidential documentation.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

The home’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identify and discuss topics for education during staff performance appraisals. Audit and incident results and particular care recipient health care needs contribute to determining further training opportunities. Management and staff access a range of internal and external education programs and source other information through journals, conference attendance and online training. All staff attend mandatory training sessions during orientation and annually and complete competencies specific to their roles. Management record education attendance and evaluate staff feedback on training programs. Care recipients said they are satisfied with the knowledge and skills demonstrated by staff when providing their care, lifestyle and services.

Examples of education relating to Standard 1 Management systems, staffing and organisational development include:

- clinical electronic documentation system training
- my aged care residential fee management
- payroll system training.

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

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

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

The home meets this expected outcome

Care recipients, representatives and other stakeholders have access to the home's internal and external complaints systems. Information regarding the home's onsite and external processes is included in the care recipient handbook, care recipient agreements and staff handbook. Feedback forms inviting suggestions and comments are on display as well as advocacy information, and the availability of a suggestion box provides anonymity if preferred. Stakeholders have an opportunity to provide feedback at regular meetings. Management records, monitors and evaluates complaints as part of its quality system. Care recipients said they are aware of the comments and complaints processes available to them and feel satisfied they are able to raise any concerns with staff and management.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation has documented statements outlining their vision, mission and values, and commitment to quality across all services. These statements are recorded in a variety of stakeholder information and are on display in the home.

#### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to meet care recipients' needs. Formal recruitment, selection, induction and performance appraisal processes are used. New staff participate in orientation and education programs and work 'buddy' shifts. A staff handbook, policies and procedures and other relevant resources support staff in their roles. Key staff monitor the roster to ensure appropriate staffing levels and skill mix are appropriate to meet the needs of care recipients and to provide appropriate services. Management said staffing arrangements are sufficiently flexible to cover planned and unplanned absences. Staff said they have sufficient time to perform their roles. Care recipients said they are satisfied with the care, lifestyle and services provided by staff.

### **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 adequate supplies of appropriate goods and equipment to provide quality service delivery. Goods are stored safely in secure areas and there are cleaning programs and maintenance schedules to ensure equipment remains in good repair. The provision of clinical and non-clinical supplies occurs through appropriate stock monitoring and ordering systems. Staff and care recipients said they are satisfied with the quantity and quality of supplies and equipment available.

### **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

Management demonstrates there are effective information systems across all services of the home. An intranet function, meetings, minutes, handbooks, event calendars, notices and memoranda inform stakeholders of current information. The home operates an electronic clinical documentation system with all care recipient information stored securely. There is a formal archiving procedure and files and communication systems are backed up regularly. Staff access relevant information to assist them in their roles. Policies and procedures are reviewed regularly. Stakeholders said they receive information on a routine basis.

### **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

Management ensures externally sourced services are provided in a way that meets the home's needs and service quality goals. External service providers enter into service agreement contracts maintained by management and comply with police certification and statutory declaration requirements. When possible, management source external services from long-standing suppliers for reliability, consistency and timeliness. Management monitor the quality of services through observation, evaluation forms and care recipient and staff feedback. Care recipients and staff said they are satisfied with the external services provided by the home.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Management actively pursues continuous improvement across aspects of care recipients' health and personal care. Care recipients said they are satisfied with the quality of care provided by staff.

Examples of improvements implemented by the home relevant to Standard 2 Health and personal care include:

- As a result of a management initiative, physiotherapy services have been extended in the home to improve care recipients' pain management. The physiotherapist now works approximately five hours a day, four days a week. Management report that the increased hours and greater familiarity with care recipients has significantly increased their participation, particularly by individuals previously reluctant to receive physiotherapy. There have also been noted improved health outcomes and confidence building amongst care recipients.
- To enable care recipients to remain at the home as their health care needs change and not be required to relocate to hospital, management purchased additional specialised medical equipment. Management said that the minimisation of hospital transfers has resulted in less disruption and improved health and well-being for care recipients, particularly for those living with dementia.

### **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

Refer to Expected outcome 1.2 Regulatory compliance for information of the home's regulatory compliance systems and processes.

Procedures and systems for recording and reporting relevant information and monitoring compliance ensure the home is meeting its obligations regarding care recipients' health and personal care.

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

- Monitoring of nursing registrations to ensure compliance.
- Nursing staff work within their scope of practice.

- Policies, procedures and guidelines for unexplained absence of care recipients.
- Secure storage of medications according to legislative 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 information in relation to the education system, processes and program.

Examples of education relating to Standard 2 Health and personal care include:

- asthma equipment training
- continence aid training
- hearing aids training.

### **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 demonstrates there are systems to ensure care recipients receive appropriate clinical care. An initial interim care plan generally provides staff with information on care recipients’ immediate health care needs. Staff complete charts and assessments according to a scheduled timeframe using an electronic documentation system. Care plans are developed based on the information gathered with details informing staff of their approach to providing care. Care evaluations occur every three to four months and include consultation with representatives. Staff communicate with medical practitioners, specialists and allied health professionals routinely. Nursing staff access policies, procedures, resources and equipment to support their clinical practice. Care recipients said they are satisfied with the clinical care provided by the home.

### **2.5 Specialised nursing care needs**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Consultation occurs with medical practitioners regarding medical directives, referrals to specialists and for recommended treatments. Care plans reflect current information and advice. Management accesses visiting specialists through a wellness centre and includes a speech pathologist, nurse practitioner and dietician. A palliative care team and a podiatrist also attend the home. Nursing staff have access to specialised equipment and resources and attend relevant training. Care recipients said they are satisfied with their access to specialist services when required.

## **2.6 Other health and related services**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their needs and preferences. The home provides access to an onsite physiotherapist, occupational therapist, dementia advisory services and mental health specialists. A visiting audiologist and optometrist offer services to care recipients when necessary. Staff communicate recommended treatments to medical practitioners and representatives and care plans contain relevant details. Care recipients said they are satisfied with the support provided by the home to access health specialists.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there are systems to ensure care recipients’ medication is managed safely and correctly. Pharmacy provides individual multi dose packs and nursing staff administer medications according to medical practitioner instructions using an electronic management system. All care recipients’ medications have secure storage in a centrally locked area of the home. Medication policies, guidelines and resources support nursing staff in their practice alongside annual competencies. Medication charts reflect current photographs, allergies and special instructions for administration and care plans generally contain individual medication management information. Staff report medication incidents as they occur and management analyse and resolve incidents in a timely manner. Regular audits and the ‘quality use of medications committee’ discuss and monitor medication management matters. Care recipients said they receive their medications in a safe and timely manner.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Management ensure all care recipients are as free as possible from pain. Nursing staff complete pain flow charts and an assessment to record individual pain experiences and the interventions that assist with pain relief. An onsite physiotherapist provides additional support with identifying pain relief measures. Care plans include information on treatments offered such as massage, skin stimulation, heat and hot wax therapy, hydrotherapy spa access and exercise. Evaluation of care recipients’ pain management occurs during the care plan review process, when medications are altered or ceased and as new pain is reported. Consultation with medical practitioners takes place regularly regarding pain relief measures and the effectiveness of treatments. Care recipients said they are satisfied their pain is managed efficiently to maintain their comfort.

## **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

Management and staff ensure the comfort and dignity of terminally ill care recipients is maintained. Opportunities are provided to discuss and complete palliative diagnosis pathway information forms and advanced care directives. Palliative care plans consider individual requests, pain relief and comfort measures and include relevant cultural and spiritual aspects of care. Staff provide written resources and access local clergy and a pastoral carer to support care recipients and family members during the palliative phase. Consultation with the medical practitioner and an external palliative care team occurs for further advice. Staff implement the use of relevant equipment and resources for minimising pain and for providing a comforting environment during the palliative phase.

## **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

The home has systems to ensure care recipients receive adequate nourishment and hydration. Staff complete an assessment to identify menu choices, personal preferences, allergies and specific requirements. Further information is recorded to inform staff on choices regarding the preferred location for meals and any assistance necessary. A risk status chart and texture chart inform staff of requirements for modified foods and fluids. Meals, refreshments and supplements are available and offered throughout the day. A risk management approach and monthly weighs ensure regular monitoring of unplanned weight loss or gain with a dietician accessible for advice and input into the home’s menu. Nursing staff regularly forward any alterations to care recipients’ dietary needs to the kitchen. Care recipients said they are satisfied with the meal and refreshment services offered by the home on a daily basis.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff complete an assessment and risk rating tool to identify past history information and current factors affecting care recipients’ skin integrity. A care plan provides staff with details on equipment, resources and the assistance required from staff when applying comfort measures. Nursing staff complete wound charts to record the progress and a consistent approach to wound management. A nutritional supplement is used to aid the healing process and photographs assist with monitoring and tracking of wound progression and staff communicate with the medical practitioner and wound consultant regarding necessary treatments. A podiatrist provides foot care on a regular basis and staff access equipment and resources to prevent and manage skin breakdown and to provide nail care. Staff report incidents as they occur for skin trauma, pressure areas and wounds with information analysed and discussed at clinical



and quality and risk committee meetings. Care recipients said they are satisfied with the assistance they receive regarding their skin care.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients’ continence is managed effectively. Staff record information on charts and assessments to identify individual toileting programs, assistance by staff required and allocation of continence aids. Care plans reflect equipment, devices and resources used for additional care needs. Staff record infection information monthly with results discussed and analysed at the infection prevention committee meeting. A preventative approach to bowel management includes offering fresh fruit, promoting a high fibre diet and using fruit mixtures. Staff record bowel management information on a daily basis. Care recipients said they are satisfied their continence management needs are met on a routine basis.

## **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 generally managed effectively. Individuals diagnosed with cognitive impairment and responsive behaviours live within the general population of the home. A beam boundary monitoring device linked to the call bell system ensures there is a safe and secure environment. Prior history information, charts and a range of assessments identify behaviours of concern. Staff report behaviour related incidents as they occur with results analysed and discussed at relevant meetings. Care plans usually contain details on the identified causes of care recipients’ behaviours and individualised strategies for staff to follow. Consultation occurs with the medical practitioner, dementia advisory services and mental health specialists to obtain further advice when necessary. Care recipients said staff approach and care for individuals with challenging behaviours in a kind and gentle manner.

## **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

Management demonstrates optimum levels of mobility and dexterity are achieved for all care recipients. Nursing staff and a physiotherapist use assessments for identifying mobility, transfer needs and functional ability. After an initial consultation the physiotherapist conducts further reviews as required and nursing staff review care recipients’ mobility six monthly using a risk rated tool. Care plans provide information on a range of strategies, equipment and aids used to maximise independence and ability. Walking, exercise, heat application and massage provides a consistent approach to maintaining and promoting independent mobility. Staff report falls as they occur and all incidents are forwarded to management for further

follow up with results analysed and discussed at the quality and risk committee meeting. Care recipients said they are satisfied with the treatments offered and support received from the physiotherapist and staff in order to maintain their mobility.

## **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

Management and staff demonstrate care recipients’ oral and dental health is maintained. Prior history information and an oral and dental assessment assists with identifying gum, teeth and mouth problems. Treatments are provided for mouth and gum concerns in consultation with the medical practitioner. Care plans contain details on the frequency of oral care and any staff assistance required. An onsite visiting dentist provides services at the home on a fortnightly basis. Staff are provided with training using a dental care education kit. Mouth care products are provided and replaced on a routine basis using a colour coded system. Care recipients said staff assist with maintaining their oral and dental care needs regularly.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Assessments identify concerns with communication, speech, vision, hearing, taste, touch and smell. Care plans inform staff on communication strategies and for the care, application, cleaning and storage of vision and hearing aids. An optometrist and audiologist provide services to the home and arrangements are made to attend appointments involving eye specialists. A variety of sensory items are available including large print calendars, talking books, large television screens, communication books and boards, large numbered telephones and magnified sheets. Care recipients said they are satisfied with the support they receive in meeting their sensory 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

Management and staff assist care recipients to achieve natural sleep patterns. Staff gather prior history information and complete charts and an assessment to identify factors that may contribute to care recipients not achieving restful sleep. Care plans contain details on rising and retiring preferences, room temperature, lighting, preferred clothing and comfort measures. Staff encourage alternative options to assist with sleep including warm drinks, snacks, music and massage. Care recipients said they generally sleep well and feel safe and secure.

### **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 about the home’s continuous improvement systems and processes.

Management actively pursues continuous improvement activities in relation to aspects of care recipients’ lifestyle. Care recipients said they are satisfied with the assistance provided for control of their lives within the service and the community.

Examples of improvements implemented by the home relevant to Standard 3 Care recipient lifestyle include:

- Management have enhanced care recipient’s long term security of tenure by entering into a resource sharing arrangement with another local aged care provider. Management of both organisations identified mutual needs that may be addressed through the sharing of staff. Senior staff undertake roles across both organisations, with the home receiving the services of a business manager and human resources and payroll support. Management said this arrangement has improved the quality of its services and the viability of the home to ensure ongoing security of tenure for care recipients.
- In consultation with care recipients, management identified a need for an alternative sitting area in the home. Management used donated funds to refurbish a room previously used for storage, laying new carpet and installing new furniture. Management said care recipients have enjoyed the new lounge area which they often use when entertaining family members. Management have received positive feedback from families and the community regarding the improved home like environment.
- In response to a management initiative, the provision of activities is being reviewed and renewed at the home. Three main activity staff have responsibility for the activity program, with monthly meetings now scheduled to improve coordination among all activity staff. One staff member new to the role has recently undertaken dementia dynamics training while leisure and lifestyle training is being offered to other activity staff.

#### **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

Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

Policies, procedures and staff education provide guidance to staff in meeting regulatory requirements relating to care recipient lifestyle. Systems help ensure the service meets its obligations and monitors compliance.

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

- Charter of Care Recipients' rights and responsibilities displayed.
- Privacy policy and secure storage of confidential information.
- Register for mandatory reporting of alleged incidents of elder abuse.
- Residential agreements with security of tenure information.

### **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 information in relation to the education system, processes and program.

Examples of education undertaken relevant to Standard 3 Care recipient lifestyle include:

- dementia dynamics toolkit
- international Alzheimer's conference
- speech and communication for cultural diversity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home supports each care recipient's adjustment to life in the home and provides ongoing emotional support. Designated staff meet with prospective care recipients and representatives and provide information prior to entry. Staff assess care recipients' emotional needs when they enter the home and provide orientation and support over time to ensure care recipients settle in to life at the home. Staff monitor and review care recipients' emotional needs through access to community activities, church services and visits from volunteers provided on an ongoing basis. The home offers additional emotional support through specialist referral services, including during the palliative stage of life. Care recipients said they are satisfied with the emotional support provided by staff.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home assists care recipients to maximise their independence, maintain friendships and participate in community life. The care planning process identifies, assesses and reviews care recipients' needs to maximise their quality of life in the home. Strategies include regular exercise programs, the use of individual mobility aids and the provision of activities to promote social interaction. Visitors, volunteers and community groups attend the home and there are a number of areas for care recipients to receive guests. Beautician and hairdressing services are available onsite as well as a small laundry for care recipients' use. Meal times are adjusted for individual care recipients if they are out of the home and there is an opportunity to vote onsite. Care recipients said they are satisfied with the support they receive to maximise their independence and to maintain community connections.

### **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

The home's processes ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Management provides care recipients with information about their right to privacy and confidentiality on entry to the home and seeks consent to display their names. Care recipient information is stored securely in staff work areas. Staff said they have sufficient time to attend to care recipients' needs and we observed care recipients to be appropriately groomed and clothed. Staff knock before entering rooms and interact respectfully with care recipients. Care recipients said staff practices were consistent with upholding their 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 individual and group activities according to their preferences. Staff identify and assess care recipients' leisure and lifestyle interests on entry to the home. The home offers a variety of activities as reflected in the monthly activity calendar. Care recipients are encouraged to attend activities within the home and participate in arranged outings. Care plans generally detail information relevant to each individual. Staff usually monitor the effectiveness of activities through their familiarity with care recipients and use of participation records and progress notes. Care recipients said they are satisfied with the lifestyle activities provided by 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 home has systems for identifying and addressing each care recipient's customs, beliefs, and cultural backgrounds. Staff capture information about cultural and spiritual beliefs on entry to the home to develop care plans. Care staff support and encourage care recipients and representatives to discuss and document end of life wishes. The home provides regular religious services for those who wish to participate and recognises commemorative and special events. Care recipients said they are satisfied with how management and staff meet their 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

The home's processes support care recipients and representatives to participate in decisions about the care and services they receive. Staff provide information detailing the care and services available at the home prior to entry. Staff document choices and consult with care recipients and representatives about their needs and preferences across all aspects of care, including with respect to food, activities and care treatments. Regular meetings are held for care recipients and representatives and there are opportunities for feedback through informal staff interactions and comments and complaints processes. Care recipients said they are satisfied with the opportunities for choice and decision made available.

### **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

Management ensure care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. Prior to and on entry to the home written information is provided and discussions occur regarding security of tenure and relevant financial matters. A handbook and information package further informs care recipients and representatives about the home's approach to care, lifestyle and services. Residential agreements include details on relocation circumstances and complaints resolution. Care recipients stated they are comfortable in their living environment and feel secure in their tenure.

## **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 about the home’s continuous improvement systems and processes.

Management actively pursues continuous improvement activities in relation to the physical environment and safe systems. Care recipients said they are satisfied with the safety and comfort of the living environment and the quality of the services provided.

Examples of improvements implemented by the home relevant to Standard 4 Physical environment and safe systems include:

- In response to departmental advice on heat wave management, the home has installed 12 air conditioning units in care recipients’ rooms. Additional units are scheduled for purchase and installation over time. Management said care recipients are pleased with the units which have improved comfort, particularly during summer.
- In response to a complaint from a care recipient, management have improved garbage collection practices and upgraded the physical environment to improve care recipient safety. Yellow markings were added to paths to better demarcate pedestrian areas and concrete was used to remove kerbs to promote safe pedestrian movement. Speed bumps, signs and mirrors were also installed and bins are now taken out the front of the building for collection rather than within the home’s grounds. Management and staff said the changes have improved safety for staff, care recipients and visitors to the home.
- After the departure of the home’s chef, management utilised its resource sharing arrangement with a local aged care provider to provide training to two kitchen staff. The chef from the other home used onsite accommodation to reduce travel time and to assist in fast tracking the training program. Management said the food service has improved and report a decrease in the (already small) number of complaints about the food at the home.

### **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

Refer to Expected outcome 1.2 Regulatory compliance for information relating to the service’s systems for identifying and ensuring compliance with legislation.

Audit reports, external inspections and maintenance processes ensure the home meets its regulatory compliance obligations in relation to physical environment and safe systems.

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

- Annual essential services maintenance certification.
- Current material safety data sheets.
- External auditing for food safety program.
- Fire and emergency safety compliance.

#### **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 information in relation to the education system, processes and program.

Examples of education undertaken relevant to Standard 4 Physical environment and safe systems include:

- emergency and fire training
- manual handling training and assessor course
- working from heights.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management and staff actively work to provide a safe and comfortable environment consistent with the needs of care recipients. Care recipients' accommodation is primarily single rooms with ensuites; three double rooms are also available for couples and for those requiring respite care. The home has appropriately furnished dining and activities rooms with numerous smaller sitting areas for care recipients and representatives, including an internet kiosk. The outdoor areas are safe and well maintained and include landscaped gardens for enjoyment. Corrective and preventative maintenance systems and a cleaning program ensure equipment, fittings and fixtures are safe and functional. The home is clean, tidy and well maintained. Care recipients said they are satisfied with the safety and comfort of the 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 that meets regulatory requirements. Systems used to identify risks and provide safe work practices include hazard identification, risk assessments, preventative and corrective maintenance programs and environmental audits and incident reporting. The home has a health and safety representative and discusses workplace health and safety at the monthly quality and risk committee and at general staff meetings. Staff are supported through regular training and have access to a safe smoking area onsite. Secure storage and material safety data sheets support the safe use of chemicals. Staff said management support a safe working environment by providing appropriate equipment, training and maintenance.

#### **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

The home has systems to manage fire, security and emergencies and minimise risk. Emergency management policies guide staff practice. Evacuation plans and maps are on display throughout the home and emergency exits are clearly marked and free from obstruction. The home has secure external doors that release in the event of an emergency. Specialist contractors regularly monitor and maintain fire and safety equipment and undertake independent fire inspections. Fire and emergency training is mandatory for all staff upon orientation and on an ongoing basis. Security measures include security cameras and keypad and swipe card access. Staff demonstrated knowledge and awareness of their responsibilities in the event of an emergency. Care recipients said they feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home demonstrates there is an effective infection control program. There is allocated responsibility for the infection control monitoring processes. Policies, protocols and guidelines assist staff with their practices regarding infection surveillance and outbreak management. Care recipient infection information is recorded monthly and generally monitored for outcomes. Care plans usually provide details for staff to follow on the management of identified infections. Infection data is captured and analysed with results discussed at the infection prevention committee meeting to identify and evaluate trends. Staff access appropriate stocks of personal protective equipment and participate in regular infection control training. Care recipients said staff attend to hand hygiene regularly and wear protective equipment.

#### **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

Hospitality services enhance care recipients' quality of life and the staff's working environment. Catering services adhere to the home's food safety plan and meet care recipient's dietary needs, preferences and special requirements through communication with care recipients and staff. Food is prepared daily onsite and a four week rotating menu offers a variety and choice of food. Monitoring mechanisms in the kitchen include external and internal audits, reports and daily temperature recording sheets. Cleaning staff use colour coded cleaning equipment, personal protective equipment and safety signs. Cleaning schedules ensure that cleaning is completed as designated. The laundry collection, washing and distribution process ensures prompt return of clothing. A clothing labelling machine assists in minimising lost clothing. Care recipients and staff said they are satisfied with the home's catering, cleaning and laundry services.