



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Baptist Village Baxter Hostel**

RACS ID 3021  
8 Robyns Road  
FRANKSTON SOUTH VIC 3199

**Approved provider: Baptist Village Baxter Ltd**

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 17 April 2018.

We made our decision on 02 March 2015.

The audit was conducted on 03 February 2015 to 04 February 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

Residents 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 Resident security of tenure and responsibilities	Met

## Standard 4: Physical environment and safe systems

### Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, 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**

**Baptist Village Baxter Hostel 3021**

**Approved provider: Baptist Village Baxter Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 03 February 2015 to 04 February 2015 submitted to the Quality Agency.

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

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

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

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

### **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 03 February 2015 to 04 February 2015.

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

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

## Assessment team

<b>Team leader:</b>	Margaret Edgar
<b>Team members:</b>	Jennifer Clarke Susan Hayden

## Approved provider details

<b>Approved provider:</b>	Baptist Village Baxter Ltd
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## Details of home

<b>Name of home:</b>	Baptist Village Baxter Hostel
<b>RACS ID:</b>	3021

<b>Total number of allocated places:</b>	96
<b>Number of care recipients during audit:</b>	60
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	N/A

<b>Street:</b>	8 Robinsons Road
<b>City:</b>	Frankston South
<b>State:</b>	Victoria
<b>Postcode:</b>	3199
<b>Phone number:</b>	03 5971 1349
<b>Facsimile:</b>	03 5971 1317
<b>E-mail address:</b>	<a href="mailto:simonarmstrong@villagebaxter.com">simonarmstrong@villagebaxter.com</a>

## Audit trail

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

### Interviews

Category	Number
Management/Administration	7
Registered/enrolled nurses	5
Care/lifestyle staff	11
Allied Health	1
Care recipients/representatives	13
Maintenance staff	2
Hospitality/environmental staff	9

### Sampled documents

Category	Number
Care recipients' files	12
Care recipients' agreements	6
Medication charts	12
Personnel files	9

### Other documents reviewed

The team also reviewed:

- Allied health referrals and reports
- Audits, surveys and continuous improvement documentation
- Cleaning schedules and inspection records
- Clinical observation and management documents
- Education plans and documentation
- Emergency plans and residents' emergency list
- Fire services log books and related documentation
- Food safety certifications and related documentation
- Handover and communication documents
- Human resource management documentation

- Incident reports data and analysis
- Infection control records and outbreak records
- Lifestyle programs and related documentation
- Mandatory reporting documentation
- Material safety data sheets
- Medication management documents
- Meeting minutes, memorandum and newsletter
- Menus and dietary documentation
- New resident welcome and information package
- Occupational health and safety information
- Policies and procedures and flowcharts
- Re-accreditation self-assessment
- Regulatory compliance records and legislative updates
- Specialised nursing care records
- Staff information package and handbook.

## **Observations**

The team observed the following:

- Activities in progress
- Catering, cleaning and laundry equipment and practices
- Charter of residents' rights and responsibilities
- Clinical care supplies
- Equipment and supply storage areas
- Evacuation kit, egress routes and pathways
- Fire detection system and fire fighting equipment
- Handover in progress
- Infection control equipment and outbreak kits
- Interactions between residents and staff
- Living environment



- Meal and refreshment services in progress
- Medication administration, storage and disposal systems
- Noticeboards and information displays
- Security systems
- Sensory garden
- Short group observation
- Waste disposal systems.

## 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 ensures the active pursuit of continuous improvement involves all stakeholders. A series of scheduled audits and analysis of key indicators forms part of management's identification process of the level of performance across the Accreditation Standards.

Informal and formal feedback, observation, monitoring through the care reviews and a schedule of meetings adds insight into opportunities for improvement. A continuous improvement plan captures actions and ensures monitoring of progress towards satisfactory outcomes. Management uses formal and informal processes to evaluate actions and communicates outcomes to key stakeholders. These communication methods include scheduled meetings, the use of information notice boards and newsletters. Staff, residents and representatives said they are encouraged to provide feedback and receive ongoing updates in relation to changes occurring within and outside the home.

Recent improvements relevant to Standard 1 Management systems, staffing and organisational development include:

- In response to feedback from key stakeholders, food focus groups and resident surveys a review of catering services has been conducted this has resulted in the appointment of a new catering company, the introduction of an electronic menu screen, a review of staff roles and responsibilities and provision of education. The aim is to provide an increased focus on quality processes within the kitchen and enhanced resident satisfaction with the meal service. Residents and representatives said the quality of the meals has improved.
- To enhance the efficiency in accessing archived records, particularly out of hours, management implemented an electronic archive system. Staff scan paper documents such as clinical and financial records into the system enabling easy access in an electronic format. Management stated this complements the existing hard copy archive process and feedback has been positive about the user friendly nature of the process.

## 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

Management systems ensure identification and compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management receives information from dedicated industry organisations, government alerts and information releases. Key personnel review and action required changes and update policies and regulatory compliance is a standing meeting agenda item. Management distributes information regarding the changes to staff, residents and representatives through updated policies, memoranda, newsletters and at relevant meetings. Management observations and auditing systems monitor staff practices to ensure adherence to regulatory requirements and changes.

Examples of regulatory compliance in relation to Standard 1 Management systems, staffing and organisational include:

- Documented processes to monitor the currency of professional registrations, police certificate records and statutory declarations for staff, volunteers and external service providers.
- Availability of information to residents and representatives on internal and external complaints and advocacy services.
- Secure storage of confidential documents.
- Staff, residents and representatives received notification of the re-accreditation audit within the required time frame and the information was on display.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively. The education and orientation programs include topics across the Accreditation Standards. The education program is specific to the needs of the home and based on mandatory training requirements, changes in legislation, observation of staff practice, residents' needs and staff requests. Established communication processes ensure staff awareness of upcoming sessions and all staff complete an orientation program. A range of educators including internal and external trainers, health professionals and industry experts deliver education and staff receive support to upgrade their qualifications. Management monitor staff attendance and follows up non-attendance at mandatory training. Staff and management are satisfied the range of available education opportunities provides the relevant knowledge and skills required to support quality practice.

Education undertaken in the last 12 months relating to Standard 1 Management systems, staffing and organisational includes:

- aged care reforms
- bullying, harassment and discrimination in the workplace
- understanding the accreditation process (assessing the standards).

### 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 has systems to ensure each care recipient, their representative and other interested parties have access to internal and external complaints mechanisms. Information about the comments and complaints processes is included in resident and staff handbooks and orientation processes. Information displays include pamphlets outlining external complaints services. A variety of established communication strategies encourages stakeholders to raise their concerns with management and staff or to use the feedback forms. Management ensures timely follow-up and when appropriate develops an action plan monitoring progress through the quality system. Staff support residents and representatives to raise their concerns and address these issues as soon as possible. Residents and representatives stated management and staff are approachable and responsive to their feedback.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

Management has documented the home's philosophy, mission, values and commitment to quality. Together with the Charter of residents' rights and responsibilities, these statements are displayed within the home and reflected in information packages provided to residents, their representatives, staff and other stakeholders.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There are appropriately skilled and qualified staff to ensure care and service delivery is in accordance with regulatory requirements, professional guidelines, policies and procedures, resident need and the organisation's philosophy. Management has a commitment to staff retention and recruits staff based on position descriptions, minimum qualifications, reference checks and current police certificates. Successful applicants sign a contract and undertake an induction program. Staff appraisals, audits, competencies and management observation ensure maintenance of optimal staff practices. Staff gain additional skills and knowledge through internal and external educational opportunities and are required to attend annual mandatory training. Monitoring of staffing levels occurs to reflect changes in resident numbers and care needs. Staff said management supports them and residents and representatives stated they are satisfied with the level and quality of care and service provided to residents.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

Management demonstrates a system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Staff use established ordering and purchasing processes ensuring appropriate goods are readily available and fit for purpose. Prior to purchase new equipment is demonstrated or trialled with staff to ensure its suitability.

Education processes support the implementation of new equipment which is reflective of the needs of the residents. Staff comply with cleaning, corrective and reactive maintenance programs to ensure equipment remains in good repair. Staff and residents are satisfied the home has adequate supply of goods and equipment to meet residents' needs.

## **1.8 Information systems**

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

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

The home meets this expected outcome

Management and staff have access to information which is accurate and appropriate to their roles. Residents and representatives receive information on entry to the home, and are kept informed through meetings, newsletters, care consultation and informal discussion. Staff are kept informed through memoranda, meetings, notice boards, education and policies and procedures. Key data is collected, analysed and discussed at meetings. Confidential records are securely stored, archived and destroyed as required. Stakeholders are satisfied with the quality and timeliness of information provided.

## **1.9 External services**

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

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

The home meets this expected outcome

The organisation ensures the provision of all externally sourced services occur in a way that meets the residential care service's needs and quality goals. The organisation maintains a register of approved providers and develops services contracts with relevant providers which are reviewed regularly. Established processes ensure contractors abide by legislative requirements pertinent to their role; including the provision of evidence of current police certification and working at heights. Contractors are required to sign a register when entering and leaving the home and appropriate supervision occurs as required. Management monitors satisfaction through a variety of mechanisms including observation, stakeholder feedback and the audits and satisfaction surveys. Residents and staff are satisfied with the quality of external services provided at the home.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Management actively pursues continuous improvement across all aspects of residents' health and personal care. Residents and representatives stated they are satisfied with the quality of care provided by staff. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include:

- As a result of an organisational initiative management developed a missing resident flow chart. The flow chart clearly describes the actions staff need to take in the event of a resident missing from the home. While in its early stages of implementation management and staff report the flow chart has ensured staff follow the correct procedures.
- In response to resident feedback in respect of podiatry services management has consolidated the allied health services of podiatry, physiotherapy and pain management with one external contractor. This has resulted in an enhanced service to residents with podiatry services provided on a second weekly cycle. While still in the early stages of implementation residents and their representatives expressed satisfaction with the change in podiatry services provided for residents.

## 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 regarding the home’s regulatory compliance systems and processes. Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements professional standards and guidelines in relation to health and personal care.

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

- Registered nurses manage medications and specialised nursing care.
- Medication administration and storage is in accordance with legislative requirements and staff’s scope of practice.
- There are systems for recording, reporting and managing unexplained resident absences.

## 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 details of the home’s education and staff development program. Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their provision of residents’ health and personal care.

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

- behaviour – managing of verbal and physical aggression in dementia
- continence – resident assessment
- wound management
- sensory – eye conditions.



## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive appropriate clinical care. Initial assessments provide the basis for an interim care plan until the assessment and care plan process is complete. Care plans detail residents’ clinical needs and preferences and reflect handover records and staff feedback.

Nursing staff initiate reassessment in response to changes in residents’ health and refer residents to medical and appropriate health specialists as needed. Staff have access to policies and procedures, handover information and attend relevant clinical education. Audits, incident analysis, care plan reviews and stakeholder feedback monitor the effectiveness of care. Residents and representatives said they are satisfied with the level of consultation and clinical care provided for residents.

## 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

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Registered nurses assess and plan specialised nursing care when the resident enters the home and as needed. Staff consult with other health specialists and include prescribed treatments into the care plan and review process. Specialised care plans outline residents’ preferences, specialised needs and care strategies to guide staff practice. Staff have access to appropriate specialised nursing equipment and educational resources.

Management monitor specialised nursing through scheduled audits, care reviews and stakeholder feedback. Residents and representatives said residents receive specialised nursing care in accordance with their needs and preferences.

## 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

Referral to health specialists occurs according to care recipients’ needs and preferences. Assessment processes ensure staff identify residents’ referral needs on entry and when required and provide assistance with urgent referrals. Care plans include diagnosis, treatment and updates to care occurring as a result of referrals. Health specialists visit the home and staff help residents to attend external appointments when required. Systems include processes to ensure communication of referral details and documentation of outcomes. Regular care reviews ensure reassessment of residents by health specialists occur as

necessary. Residents and representatives are satisfied with the assistance residents receive to access other health professionals.

## **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

Policies and procedures provide guidance to staff for the safe and correct management of medication. Initial and ongoing assessments, medication charts and care plan include identification details, medication requirements, preferences, allergies and details of any special needs. Protocols exist for residents who wish to self-manage all or part of their medications. Medications are stored securely within legislative guidelines and there are procedures to maintain supply and for the disposal of unused medications. Medication advisory committee, medication reviews, audits and the incident reporting system contribute to the monitoring of medication systems. Residents and representatives are satisfied with the management of residents’ medication.

## **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

Pain management and care strategies ensure all care recipients are as free as possible from pain. Nursing staff complete initial pain assessments identifying residents’ past and current pain experiences and commence appropriate treatments. Staff complete assessments and charting for continuing pain using this information to formulate care plans. Pain management processes include monitoring for nonverbal signs indicating residents are experiencing pain or discomfort. Pain relieving equipment is available and residents can attend the regular physiotherapy pain management clinics. Staff have access to education and clinical resources relating to pain management. Management monitor outcomes through care reviews, audits and stakeholder feedback. Residents and representatives are satisfied with the management of residents’ pain.

## **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

Care management systems and staff practices ensure dignity and comfort for residents nearing the end of their life. Palliative care preferences are included in assessment and care planning outlining residents’ wishes and preferences for end of life care. Staff review and adjust residents’ care during the palliative stage and monitor the effectiveness of care through feedback and care reviews. Palliative specialists are available to provide advice and support as required. There are sufficient palliative care resources and staff receive relevant education.

Residents and representatives are satisfied with the spiritual and palliative care opportunities available for residents.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. During the initial entry period nursing staff assess residents’ nutrition and hydration needs and preferences in consultation with the resident and/or their representative. Assessments and care plans identify food allergies, clinical requirements, personal and cultural preferences and the level of assistance required. The home displays the daily menu and alternative meals are available. Individual care strategies include texture modified meals, special fluids and adaptive cutlery and crockery. Nursing staff monitor residents for weight variations and nutritional status initiating dietary supplements and referrals to other health specialists as required. Residents and representatives are satisfied with the meals and drinks provided.

## **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. Initial and ongoing skin assessments identify residents’ skin risks and staff use this information to develop care plans to minimise and manage identified risks. Care plans detail residents’ skin care needs and risk management strategies such as specific hygiene care, regular position changes, limb protectors and safe manual handling. Registered nurses regularly assess residents’ wounds and registered or enrolled nurses provide wound care. Dietitian and wound consultants review residents as needed. Audits, incident analysis, care plan reviews and stakeholder feedback monitor the effectiveness of care. Residents and representatives are satisfied with the care provided to manage residents’ 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

Care recipients receive continence care appropriate to their needs effectively managing their continence experience. Nursing and care staff assess each resident for their continence needs and preferences on entry to the home and on a regular basis. This includes referral to a continence adviser if indicated and the use of the appropriate management aids. Care plans detail residents’ preferences, toilet times, established habits and strategies to maintain independence, comfort and dignity. Staff demonstrated knowledge of residents’ continence needs and preferences. Care plan review and program evaluation includes monitoring of

infection data, suitability of aids and obtaining feedback from residents and staff. Residents and representatives are satisfied with the assistance residents receive for continence care.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

The management of care recipients with challenging behaviours is effective. Staff assess residents’ behaviour patterns on entry identifying behavioural concerns and formulating plans to manage identified behaviours. Care plans include identification of triggers and specific management strategies. Protocols exist for any practice with potential for physical or chemical restraint and referral to behavioural management specialists occurs. Residents have access to a variety of living spaces and are encouraged to engage in activities according to their abilities and interests. Observation of staff practice demonstrated they understand residents’ care needs and they provide this care in a gentle and respectful manner. Monitoring methods include surveys, audits of behavioural incidents, care reviews and stakeholder feedback. Residents and representatives are satisfied with the management of residents with challenging behaviours.

### **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

Care plan strategies encourage residents to maintain their mobility and dexterity skills by participating in activities of daily life according to their capabilities. Physiotherapy and nursing staff complete assessments identifying residents’ needs and risks relating to mobility and dexterity and develop an individual mobility and dexterity plan. Care strategies include exercise activities, falls risk management, assistance required and the use of assistive devices such as walking aids and mobile chairs. Lifestyle programs enhance mobility and dexterity with exercise activities and sensory programs. Appropriate transfer equipment is available and staff have received education in manual handling and transferring residents safely. Management monitor care using incident report data, care reviews and stakeholder feedback. Residents and representatives are satisfied with the care residents receive to maintain their mobility and dexterity.

### **2.15 Oral and dental care**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients receive oral and dental care appropriate to their individual needs and preferences. Dental assessments and care plans include residents’ preferences, details of teeth or dentures, identification of any problems with mouth, gums and lips and the level of

staff assistance required. Residents have access to dental professionals and appropriate dental supplies. Menu options include alternative food textures to manage dental or swallowing difficulties. Residents and representatives said they are satisfied with the dental care opportunities available to residents.

## **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 and assessment processes ensure the effective identification and management of care recipients’ sensory loss. Sensory care plans detail specific individual strategies and include the level of assistance each required, care of aids and strategies to optimise sensory function. Staff assist with specialists’ referrals such as audiologists, optometrists or other services. Residents’ environment is uncluttered with adequate signage and the lifestyle program includes a range of sensory activities. Care plan reviews, audits and resident and representative consultation monitor effectiveness of care. Residents and representatives are satisfied with the support and care provided to manage residents’ 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

Care recipients are able to achieve natural sleep patterns. Assessments identify natural sleep patterns and preferences for day and night rest. Care plans reflect preferences for retiring, waking, and sleep promoting strategies such as attending to physical care needs, leaving a light on or general comfort measures. Management monitor the night time environment and resident satisfaction using meetings, feedback and care plan consultation. Residents described care given to help them resettle when they wake during the night.

Residents and representatives said staff respected residents’ preferences for sleep and rest.

## 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

Management actively pursue continuous improvement activities in relation to all aspects of residents’ lifestyle. Residents and representatives expressed satisfaction with the support provided to residents to enhance control of their lives. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement systems.

Examples of recent improvements in relation to Standard 3 Care recipient lifestyle include:

- As a result of an increase in the number of men residing within the lodge and resident feedback management established a men’s group. A male staff member facilitates the group. The men’s group explores ideas and conversation which specifically focuses on the interests of the men. Residents and their representatives stated the men enjoy the opportunity of interacting with other male residents.
- To encourage greater use of the inner courtyard, management installed shade cloth, and a raised vegetable and sensory garden. The shade and garden area provides residents with the opportunity to maintain their interests in gardening. Management and staff reported an increased number of residents are now enjoying the courtyard environment and observation confirmed this.

### 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 regarding the home’s regulatory compliance systems and processes. Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements professional standards and guidelines in relation to resident lifestyle.

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

- Well established protocols and mandatory training to inform and guide staff on the identification and reporting of all incidents involving allegations or suspicion of reportable assaults.
- Maintenance of a register for incidents of elder abuse and mandatory reporting.
- Provision of information about aged care reforms to stakeholders
- Ensuring residents and their representatives receive information about privacy and confidentiality, their specified care and services, rights and responsibilities and security of tenure.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to residents’ lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the service’s education and staff development program.

Recent education opportunities relevant to Standard 3 Care recipient lifestyle include:

- lifestyle coordinator attended dementia and recreation conference
- elder abuse
- privacy and dignity.

### **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

With the support of their families, management, care and lifestyle staff orientate and support new care recipients to adjust to their new environment initially and on an ongoing basis.

Relevant staff meet with prospective residents/representatives, arrange tours and provide information. New residents receive a welcome gift pack and handbook and staff introduce them to other residents and provide additional support to help them settle in. Visiting hours are flexible, staff encourage families/friends to visit and promote the use of memory boxes outside the resident's room for display of photos and memorabilia. Staff identify residents who may have specific social and emotional needs and provide support to meet these needs and pastoral support is available through on site chaplains. Residents and their representatives confirmed satisfaction with the initial and ongoing emotional support provided, reporting staff are helpful and caring and advocate on their behalf.

### **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

Staff assist care recipients to maximise their independence and maintain and continue their personal and social friendships including links with community life. Staff assess residents' physical and social/communication capabilities and other abilities on entry to the home, identify assistive and lifestyle needs and implement strategies to foster residents' independence. There are walking and gardening activities and bus trips to places of interest. Staff confirmed they assist and encourage residents to maintain their independence through exercise programs, with their daily activities and to engage with others through regular social events and interaction. There is an extensive home library, large print books and the local library visits regularly. The home ensures residents can exercise their citizen rights and a residents' executive committee advocates on behalf of residents, Residents confirmed they are encouraged and supported to maintain their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Policies and procedures and appropriate practices ensure staff respect care recipients' right to privacy, confidentiality and dignity and management monitors compliance. Staff inform residents about these rights when they move in and educate staff at orientation and on an



ongoing basis. Residents have single rooms with private ensuites, a lockable drawer and may sign a comprehensive consent form relative to management of their information and use of any photographs. Staff described appropriate procedures they follow to ensure residents' privacy and dignity when they undertake care routines, treatments and discuss residents' needs. Information about the collection and use of their health information is readily available to residents and their families. We observed staff caring for residents in a considerate and respectful manner and residents and representatives confirmed staff respect their 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

The lifestyle program demonstrates care recipients have many leisure options and staff encourage them to enjoy a variety of activities according to their needs and preferences. Initial lifestyle assessments identify residents' interests, preferences, family relations and lifestyle staff develop activity planners reflective of these interests. The activity plans include individualised strategies to support resident engagement and staff regularly review and evaluate their participation. Activity calendars are on display and highlight special events including visiting entertainers and bus outings. Activities include indoor and outdoor activities, physical, sensory, cognitive and musical programs, pet visits and social and cultural events. Staff confirmed they provide one to one time with residents. Residents expressed satisfaction with the lifestyle program.

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

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

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

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and the cultural backgrounds of the residents. Lifestyle staff assess and document residents' cultural and spiritual interests on entry to the home and staff action residents' specific cultural and religious dietary needs. Lifestyle staff organise cultural and theme events and assist those who wish to celebrate birthdays and/or special anniversaries. There are regular religious services at the home and chaplains and religious advisors are available if required for additional support. Staff have access to culturally specific information to assist in meeting individual cultural needs where required. Residents and representatives reported satisfaction with how the home meets 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

Staff encourage care recipients to participate in decisions about the services they receive and recognise their right to exercise choice in their care and lifestyle. Care plans reflect individual preferences and wishes in relation to daily living, care preferences and leisure activities. Staff encourage authorised representatives of residents who are unable to actively make decisions to advocate on their behalf. Meetings, care consultations and feedback processes including resident surveys provide residents and their representatives with opportunities to voice their opinions and exercise control over their life. Staff gave examples of how they assist and support care recipients to make their own decisions in their activities of daily living. Residents and their representatives confirmed their participation in decisions about care and services.

### **3.10 Care recipient security of tenure and responsibilities**

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

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

The home meets this expected outcome

There are effective systems to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Specific personnel provide information about security of tenure, fees, bonds and care and service entitlements. Current and newly developed service agreements and associated documentation reflect all relevant information pertaining to these matters. Relevant staff discuss moving in arrangements, care and services, and the formal agreements with residents and their representatives and all new care recipients receive an information guide. Documentation reviewed confirmed residents and representatives have the opportunity to sign a residential agreement. Residents and representatives reported they received information about their rights and obligations and they understand the concept of secure tenure within the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include:

- To further minimise the risk of infection management has facilitated the installation of additional hand basins throughout the home. Staff now have ready access to hand basins within each of the corridors. Staff, allied health and visitors commented it is a positive addition to the home. Management is satisfied this initiative has effectively enhanced infection control measures.
- To aid staff in identifying resident assistance requirements management has installed enunciator panels in each of the corridors and the care stations. Staff state they are able to respond to residents needs in a timely manner and residents confirmed this.

## 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 regarding the home’s regulatory compliance systems. Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements professional standards and guidelines about physical environment and safe systems.

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

- The kitchen has a current registration, food safety certificate and food safety plan.
- Qualified contractors regularly check and maintain all essential services and complete an annual essential safety measures certificate.
- Processes and equipment are readily available to minimise the risk of infection including outbreak management procedures.

## 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 details of the service’s education and staff development program. Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to the area of physical environment and safe systems.

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

- infection control
- hand-washing using glow gel system
- fire and emergency evacuation training.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable living environment consistent with care recipients' needs. Residents live in single rooms with a private ensuite bathroom and some single rooms have interconnecting doors providing accommodation for couples. Residents have access to communal sitting rooms, dining rooms and paved courtyards and gardens. The maintenance department ensures the internal and external living environments remain safe, inviting and well maintained. Residents are encouraged to personalise their rooms and guests are welcome at any time. The home is secure, clean and free from clutter with a comfortable noise level, temperature and ventilation. Furniture is well maintained, call bells and mobility aids are readily accessible and clear access is available in all areas. We observed residents enjoying community areas with family and friends.

Residents said they feel comfortable and safe in their home.

#### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

Policies and procedures, the Village Baxter safety action plan, education, hazard identification and incident reporting systems support a safe environment for all. Systems include regular occupational health and safety meetings, incident management, data analysis, manual handling risk assessments, equipment trials and scheduled audits. Health and safety representatives monitor practices and environment inspections ensure sufficient and well maintained equipment is available to promote a safe working environment. A hazard register is available and chemicals are stored safely with current material safety data sheets.

Staff confirmed consultation and participation in occupational health and safety processes including reviews and risk minimization.

#### **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 processes provide an environment and safe systems to minimise fire, security and other internal and external emergency risks including natural disasters. There are fire detection and alarm systems and service records confirmed qualified maintenance staff and external contractors complete regular maintenance and inspections. Evacuation maps are on

display, exits are clearly signed and free of obstruction and there are external assembly areas. There are easy to follow, accessible emergency procedures, an evacuation kit and the home maintains an updated resident emergency list. Security and lock up procedures promote safety and visitors are required to sign a register. Staff attend education for emergency and security procedures during orientation and then annually. Residents have emergency information notices in their rooms, and they have confidence in the ability of staff to respond to an emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management coordinates the home's effective infection control program. Infection surveillance and analysis occurs with actions reviewed at relevant meetings. Staff attend infection control training and their practice is guided by infection control and outbreak procedures. Staff have access to an outbreak kit, spill kit and personal protective equipment and confirm ongoing infection control education. There are hand hygiene facilities and appropriate waste disposal systems throughout the home. There is an immunisation program for residents and staff. Catering, cleaning and laundry procedures follow infection control guidelines and a pest control service regularly attends the home. Residents and representatives expressed satisfaction with relevant staff practices and care including management of their infections.

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

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

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

The home meets this expected outcome

Management has systems to support the provision of hospitality services which enhance care recipients' quality of life and the staff's working environment. Residents' nutrition and hydration requirements, preferences and food allergies are documented and updated as required. There is a food safety plan and a contracted catering team prepares meals freshly on site according to a seasonal menu which reflects resident meal preferences and dietitian input. Cleaning occurs seven days a week, guided by defined schedules and regular audits and inspections to ensure the cleanliness and freshness of all areas. All residents' personal laundry is done on site and a labelling process and lost laundry procedures minimise garment loss. All other linen is laundered by an external contractor. The home monitors its hospitality services to identify opportunities to improve the quality of services provided.

Residents are actively involved in monitoring satisfaction with the meals and reported the new catering company is responsive to their requirements. Residents and representatives expressed satisfaction with the catering, cleaning and laundry services.