



Australian Government

Australian Aged Care Quality Agency

BlueCross Chelsea Manor

RACS ID 3645
7-11 Beardsworth Avenue
CHELSEA VIC 3196

Approved provider: Blue Cross Community Care Services Group Pty 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 24 March 2019.

We made our decision on 12 January 2016.

The audit was conducted on 15 December 2015 to 16 December 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

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

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

BlueCross Chelsea Manor 3645

Approved provider: Blue Cross Community Care Services Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 15 December 2015 to 16 December 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 15 December 2015 to 16 December 2015.

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

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

Assessment team

Team leader:	Rebecca Phillips
Team member:	Lesley Richardson

Approved provider details

Approved provider:	Blue Cross Community Care Services Group Pty Ltd
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Details of home

Name of home:	BlueCross Chelsea Manor
RACS ID:	3645

Total number of allocated places:	70
Number of care recipients during audit:	69
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Care recipients living with dementia

Street:	7-11 Beardsworth Avenue
City:	Chelsea
State:	Victoria
Postcode:	3196
Phone number:	03 9776 1111
Facsimile:	03 9776 1200
E-mail address:	chelseamanor@bluecross.com.au

Audit trail

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

Interviews

Category	Number
Management and administration	2
Central services support	2
Nursing staff	2
Corporate hospitality service personnel	3
Cleaning and laundry staff	3
Care recipients	7
Representatives	3
Leisure and lifestyle staff	2
Catering staff	2
Maintenance personnel	4

Sampled documents

Category	Number
Care recipients' files	7
Personnel files	6
Medication charts	7

Other documents reviewed

The team also reviewed:

- Activity calendar, information and photographs
- Audit schedule and audits
- Incidents, trend analysis and clinical data
- Care recipient lists
- Cleaning and laundry documentation including schedules
- Communication diaries, clinical documentation and charts
- Dietary needs and preference documentation
- Education matrix, calendar, attendance records and evaluations

- External service resources and supplier database
- Feedback forms, action for improvement forms, quality process management plan
- Food safety program, audits and menu
- Handbooks and information packs
- Infection control, outbreak management procedures and flowcharts
- Maintenance and essential services schedules and records
- Mandatory incident reporting register
- Master operations schedule and shift data
- Meeting schedules, minutes, memoranda and correspondence
- Newsletters and survey
- Pest control folder
- Policies, procedures and flowcharts
- Position descriptions and duty lists
- Regulatory compliance monitoring tools and relevant documentation
- Residential agreement
- Recruitment documentation, orientation information and checklists
- Risk assessments
- Self-assessment report.

Observations

The team observed the following:

- Activities in progress including care recipient and representative Christmas party
- Archive storage area
- 'Charter of care recipients' rights and responsibilities – residential care' on display
- Cleaning, laundry service and maintenance in progress
- Emergency and firefighting equipment, evacuation maps, egress routes and pathways
- Equipment and supply storage areas including signage
- Evacuation kit
- Feedback forms, brochures and locked box

- Interactions between staff and care recipients
- Internal and external living environment
- Mission statement, philosophy and principles on display
- Meal and refreshment service including menu displays
- Noticeboards with information displayed
- Personal protective equipment, infection control resources and processes
- Posters advising of the re-accreditation visit on display
- Security processes in operation
- Short group observation in 'Windsor'
- Storage and administration of medications
- Waste storage and disposal.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in all aspects of care and service across the Accreditation Standards. Management uses various sources to identify possible improvement activities including audit results, comments, complaints and suggestions.

Management also uses meetings and the analysis of incident and hazard reports as sources for improvement opportunities. Management registers improvement activities, monitors progress and evaluates actions to ensure successful completion. Care recipients, representatives and staff are satisfied the organisation pursues continuous improvement across all areas of the home.

Examples of continuous improvement activities in relation to Standard 1 Management systems, staffing and organisational development include:

- To assist in the timely filling of vacant shifts management has introduced a notification system which uses text messaging. This system provides the organisation the opportunity to alert all staff of upcoming vacancies by sending a text message to staff mobile telephones. This streamlined process reaches many people via limited actions, increasing effectiveness and filling vacancies quickly.
- To align with the organisation's information technology systems, management implemented a computer based maintenance system for use at Chelsea Manor. Maintenance requests are now automatically submitted to maintenance personnel. Staff have completed training relating to the use of this system and described the process in which to submit a maintenance request. Management state this system has provided increased accessibility to staff who can submit maintenance requests at all times increasing accountability, responsibility and timely completion.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and promote compliance with relevant legislation, regulatory requirements, professional standards and guidelines.

Subscription to legislative update services informs organisational management of compliance requirements. Key personnel interpret this information and notify local management for dissemination of compliance requirements to staff. Management notify staff of relevant legislative changes through staff meetings, memoranda, the electronic messaging system and policies and procedures which are updated as needed. Staff state they receive information regarding regulatory compliance relevant to their roles and demonstrate knowledge of regulatory requirements.

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

- There is a system to ensure all staff, volunteers and relevant contractors have current police certificates and statutory declarations as applicable.
- Management has a system to monitor the currency of professional registrations.
- Management ensured the notification of all stakeholders about the re-accreditation audit within the required time frame.

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 the organisation have a system to ensure all staff has appropriate knowledge and skills to perform their roles effectively. Management develop the education program from review of ongoing requirements, observations, in response to audit results, requests, feedback from staff and current care recipients' identified needs. There is an organisational annual mandatory training program and management ensures staff attendance. Staff are advised of education opportunities through an education calendar with verbal and written reminders. Staff are encouraged to access training to assist with their professional development. A range of training options and sites are available to meet staff needs. Management monitor attendance at training with evaluations undertaken. Staff are satisfied with the education available to them. Care recipients and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

- continuous improvement
- customer service
- elder right advocacy
- learning and development essentials
- risk - everyone's responsibility.

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

There are formal and informal comments and complaints processes that are accessible to care recipients and their representatives, staff and visitors. Information regarding internal complaints mechanisms is provided to care recipients and representatives on entry to the home. There are brochures on display regarding external advocacy and complaint services and action for improvement forms inviting stakeholders to submit feedback internally. Management and staff practice ensures confidentiality of information and provision of a suggestion box preserves anonymity if preferred. Management record comments and complaints and provide feedback regarding the outcome. Care recipients and representatives are aware of the comments and complaints processes available to them.

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's philosophy and objectives are inherent in vision and mission statements documented in information accessible to care recipients, representatives, staff and management. The organisation's philosophy is based upon principles of making one's day and underpins the culture of 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 organisation and management has a system to ensure there are appropriately skilled and qualified staff, sufficient to ensure the delivery of services to meet care recipients' requirements. Recruitment processes include role specific criteria, verification of minimum qualification requirements, police certificates and reference checks. Orientation, buddy shifts and the probationary process support staff development and retention in accordance with the organisational philosophy of care. Position descriptions outline individual responsibilities, role specific duty lists guide practice and management consider the current needs of care recipients and the skills and experience of staff when allocating shifts. Adequate staffing levels and skill mix is maintained with a registered nurse on duty daily. Management monitor staff performance through competency assessments, key staff performance appraisals, observations and quality processes. Care recipients and representatives are satisfied with staff skills, knowledge and the manner in which staff provide care and services.

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 and the organisation ensure stocks of appropriate goods and equipment for quality care and service delivery is available. Designated staff order from preferred suppliers with stock rotation and monitoring of stock levels occurring. Management review the variety and quantity of goods and equipment to reflect identified needs of current care recipients. A trial process supports the purchase of new items and implementation includes relevant staff training. Facilities are available for the safe storage of equipment, clinical and non-clinical supplies. Monitoring of maintenance and cleaning systems ensures the safety and cleanliness of furniture and equipment. Staff, care recipients and representatives are satisfied with the quality and availability of equipment and supplies.

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

There are a variety of effective information management systems at the home. Primarily, electronic systems store and provide staff and management with information relating to the care and services of the home. Information is provided to care recipients and their representatives upon entry and on an ongoing basis through meetings, noticeboard displays, care plan reviews and consultations. Staff receive information relevant to their role during orientation, through access to the intranet, policy and procedures, meeting minutes and memoranda. Electronic systems have password restricted access and paper based files are stored appropriately and there are processes to ensure documentation is disposed of according to legislative requirement. Staff and care recipients are satisfied the communication mechanisms management use keep them adequately informed.

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 and the organisation ensure the provision of all externally sourced services meet the needs of care recipients and stakeholders. Policies, procedures and a contractor database are available to support staff. Management ensure all personnel directly contracted by the home undergo police certification if their job role involves unsupervised access to care recipients. There is a process to provide induction and monitor attendance of external contractors to the home. Management review external contractor and supplier performance to confirm continuation of service. Care recipients receive support to access external services of their choice. Staff, care recipients and representatives are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a system that demonstrates improvements in the area of health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement activities in relation to Standard 2 Health and personal care include:

- To improve the meal presentation for care recipients with swallowing difficulties, management introduced specifically formulated moulded food. These products are shaped to represent solid foods and care recipients who are on a texture modified diet can safely consume them. These products increase the variety of food available for care recipients with swallowing difficulties and reduce the potential for social isolation as their food is the same in appearance as others.
- Following a review of staff allocation across the home and analysis of incident data, management increased staff hours. Management did so to reduce the number of falls with significant injuries and report this has had a positive effect of number of falls experienced by care recipients.
- Management purchased weighing scales which are affixed to mobility hoists. Management advised this equipment provides staff the opportunity to weigh care recipients regularly yet minimising manual handling and associated risks.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to care recipient health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- There is a system to ensure medications are stored and managed correctly and safely according to regulatory requirements.
- There is information available to staff regarding processes and procedures to follow should there be an unexplained care recipient absence.
- Appropriately qualified staff carry out specific care planning activities and clinical duties.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to expected outcome 1.3 Education and staff development for information about management’s education and staff development systems and processes. Clinical policies and procedures and duty lists guide staff practices. Staff attend training related to a variety of clinical care topics.

Examples of education and training provided in relation to Standard 2 Health and personal care include:

- continence aids
- malnutrition and dysphagia
- oral, dental and sleep
- pain and end of life care
- pain management
- palliative care trajectories
- stoma catheter care
- wound and nutrition care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management has a system to ensure all care recipients receive appropriate clinical care. On moving into the home, each care recipient undergoes a range of assessments to determine their capability, needs and preferences with nursing staff developing the care plan. Care plans, verbal and electronic handover inform staff of individual care recipient’s needs.

Qualified and skilled staff provide and review care regularly using a multidisciplinary approach. Medical reviews occur regularly and staff increase monitoring as needed in consultation with care recipients and representatives. Monitoring of clinical care includes audits, clinical data, incident analysis and feedback. Care recipients and representatives are satisfied with the quality of the care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Management has systems that ensure appropriately qualified staff identify and meet care recipients’ specialised nursing care needs. Registered nurses assess, plan and manage individual care recipient’s specialised care needs in line with their preferences and in consultation with medical practitioners and other health specialists as needed. A multidisciplinary approach occurs to review care needs. Care plans identify care recipients’ specialised nursing care needs and preferences, equipment and management strategies. Policies, procedures, guidelines and relevant training support staff in providing complex care. Equipment is available and maintained. Monitoring through audits, clinical data analysis and feedback occurs. Care recipients and representatives are satisfied with the quality of specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their individual needs and preferences. On moving into the home staff identify care recipients’ preferred health specialists and review health needs in consultation with the care recipient, representatives and other health professionals. Staff support care recipients to arrange and attend appointments and a range of specialists visit the home regularly and as needed.

Regular review of care needs occurs and staff implement health specialist recommendations as required. Appropriate information supports care recipients who transfer or are admitted to hospital. Management monitor effectiveness using audits, care plan review and feedback.

Care recipients and representatives are satisfied with the assistance care recipients receive to access other health care services as needed.

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 has a system to ensure care recipients’ medication is managed safely and correctly. Appropriately qualified and competent staff administer medications. On moving into the home, staff review each care recipient’s medication needs and preferences in consultation with the medical practitioner, care recipient and representatives. Care plans, medication charts, policies and guidelines support staff in medication management. Medical practitioners

and nursing staff assess, review and monitor care recipients who self-administer medication. A pharmacist undertakes regular reviews of care recipients' medication.

Medication is stored according to legislative requirements and staff ensure supply is maintained. Management monitor the system through audits, training and documentation of incidents. Care recipients and representatives are satisfied with how staff manage care recipients' medications.

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 has processes to ensure all care recipients are as free as possible from pain. Staff assess care recipients using observation, charting, assessment and review of health factors contributing to pain to identify care recipients' verbal and non-verbal indicators of pain. Staff consult with medical practitioners and other health professionals as needed. Staff consider care recipients' preferences and strategies known to be effective including heat, exercise, re-positioning and use of aids and equipment. Staff administer medication on an as needs basis and record in progress notes with review undertaken by medical practitioners for care recipients requiring more regular medication. A multidisciplinary approach is used to review care recipients' pain management plans. Care recipients and representatives are satisfied with the management of 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

Staff ensure the comfort and dignity of terminally ill care recipients is maintained. Staff establish care recipients' end of life wishes in discussion with care recipients, representatives and others when care recipients move into the home and as their health status changes.

Staff consider care recipients' emotional, spiritual, cultural, personal care and environmental needs in planning and delivering palliative care. Staff access equipment and resources including pastoral and palliative care services as needed. Staff said the comfort and dignity of the care recipient in line with their preferences and those of their representatives is the focus of the palliative care provided. Care recipients, representatives and staff spoke positively of the manner in which a care recipient who has passed away is farewelled.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Management has systems to ensure care recipients receive adequate nourishment and hydration. Staff identify needs and preferences when care recipients move into the home in consultation with care recipients, representatives and appropriate health professionals. Staff monitor eating habits, weight fluctuation and swallowing capacity. Care recipients use equipment as needed to maintain independence and staff encourage eating and drinking, with assistance provided as required. Dietitian review and implementation of nutritional supplements and texture modified meals occurs as needed. Management monitor ongoing effectiveness of the system through observation, care plan reviews and satisfaction with catering services. Care recipients and representatives are satisfied care recipients receive adequate levels of nutrition and hydration.

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 condition is consistent with their general health. Staff identify care recipients at risk of impairment of skin integrity and those prone to pressure areas initially. This occurs as part of the regular review process and following changes in health status. Care plans reflect care recipients’ needs and preferences including specific wound and skin care instructions and equipment needs. A multidisciplinary team approach to review skin care needs is in place. Care recipients are encouraged and assisted to mobilise and staff monitor skin tears and wounds. Policies and procedures guide care and management provides training. Management provides reports and review audits. Care recipients and representatives are satisfied with the management of 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’ continence is managed effectively. Staff consult with care recipients, representatives and medical practitioners to identify care recipients’ continence needs and preferences including possible triggers and medications that may affect continence. Care plans document the level of assistance and continence aids required. A multidisciplinary team reviews care recipients’ continence care regularly and as care needs change. Staff manage infections and monitor skin integrity. Staff have sufficient supplies and continence aids are stored discreetly. Care recipients are encouraged to maintain independence when toileting with staff providing assistance as needed. Management monitor effectiveness of care through

audits, care review and observation. Care recipients and representatives said independence is encouraged and care recipients' continence needs are met.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Management ensures the needs of care recipients with challenging behaviours are managed effectively. When care recipients move into the home staff consult with care recipients, representatives and medical practitioners with monitoring of behaviours and further assessment undertaken to inform care planning. Care plans include triggers and strategies to manage challenging behaviours and staff identify and manage risks in the environment. A multidisciplinary approach to care plan review occurs and staff initiate reviews in response to any change in a care recipient's behaviour. Referral to external specialists occurs as needed. Staff access education, policies, procedures and best practice resources on strategies to manage challenging behaviours. Incidents are documented and management monitor and review trends. Care recipients and representatives are satisfied with the manner in which staff support care recipients.

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 ensures all care recipients achieve optimal levels of mobility and dexterity. Allied health and nursing staff assess each care recipient's mobility, dexterity and falls risk to develop care plans which include assistance required, equipment, aids and falls prevention strategies. A multidisciplinary approach to care recipient needs and preferences occurs with review by allied health following care recipient falls. Staff document falls and mobility incidents and develop strategies to minimise falls. Allied health staff assist care recipients at risk when mobilising and support staff with specific care instructions. Allied health staff assess the safe use of appropriate equipment. Management monitors incidents, audits the environment and reviews trends. Staff receive training in manual handling. Care recipients and representatives are satisfied with the support to optimise care recipients' 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

Management has processes to ensure care recipients' oral and dental health is maintained. Staff identify care recipients' preferred provider, needs and preferences in consultation with care recipients and representatives. Staff monitor care recipients for eating and swallowing difficulties and initiate reviews by a specialist as appropriate. Staff support care recipients to

make and attend appointments and encourage independence with dental and oral care. Staff change toothbrushes routinely and review oral and dental care regularly. Care recipients and representatives are satisfied with the assistance care recipients receive to maintain their oral health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Management ensures that care recipients’ sensory losses are identified and managed effectively. Staff assess communication, vision, hearing and sensory losses and develop care plans to enable staff to manage care effectively. Staff provide assistance with care of aids and equipment as required and document specific instructions to guide care. Staff arrange referral for treatment and review care regularly or as needed. The living environment is monitored to ensure safety, provide sensory stimulation and to support socialisation and communication. Staff implement specific sensory strategies to meet individual care recipient’s needs with a range of quiet spaces available. Monitoring occurs through audits, care plan review and observation. Care recipients and representatives are satisfied with the management of care recipients’ sensory loss and needs.

2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Staff ensure care recipients are able to achieve natural sleep patterns. Staff assess care recipients’ sleep patterns and identify settling preferences and requirements in discussion with care recipients and representatives. Care plans identify specific strategies and interventions including settling times, rising preferences and comfort needs. Staff use a range of strategies to promote sleep including medication when needed. Management monitor ongoing effectiveness of relevant processes through care plan review, observation and feedback. Care recipients and representatives are satisfied the home’s environment and approach supports care recipients having a restful sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that demonstrates improvements in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement activities in relation to Standard 3 Care recipient lifestyle include:

- Management recently purchased a new bus which is able to accommodate care recipients with wheelchairs. The old bus did not have this facility and therefore more care recipients now have the opportunity to participate in outings to a variety of community establishments and events. Management and staff advise the purchase of the new bus has increased a number of care recipients’ independence and provided new social opportunities for them.
- After a care recipient passes away, care recipients left behind can participate in a ‘final goodbye’, bidding farewell and paying respect to their fellow care recipient as they embark on their final journey. All care recipients are provided the opportunity to participate in this process which management introduced to provide care recipients the opportunity to say goodbye to their friends. Feedback from staff and care recipients regarding this initiative is very positive.
- In response to feedback that care recipients were not receiving adequate amounts of gravy/sauce on their meals, management reviewed the current system. It was identified that staff were pouring the gravy/sauce during meal service. To promote care recipients’ choice and independence management purchased gravy boats for each table which staff fill with the gravy/sauce on offer that day. Care recipients can now pour the amount they like according to personal preference. Management, staff and meeting minutes indicate the feedback regarding this initiative has been very positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- ‘Charter of care recipients’ rights and responsibilities – residential care’ is prominently on display.
- Care recipients and their representatives receive information on admission regarding privacy and confidentiality, their rights and responsibilities and security of tenure.
- There is information available to staff regarding processes and procedures relating to elder abuse and compulsory reporting.

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 has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for information about management’s education and staff development systems and processes. Care recipient and representative feedback, care plans and observations guide staff practices.

Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

- bus mechanics
- dementia essentials
- LGBTI
- lifestyle documentation
- memory care visual menu.

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

Each care recipient receives support in adjusting to life on moving into the home and on an ongoing basis. Staff assess the emotional needs of care recipients initially and regularly thereafter. Leisure and lifestyle staff develop activities in accordance with care recipients' preferences based on their past history, emotional profile and individual needs. Links with families, friends and the community are encouraged and if required staff arrange visits with religious personnel. Emotional support is further enhanced during the palliative phase of the care recipient's life and often extends to care recipients' representatives, when required. We observed staff interacting with care recipients in a meaningful and supportive way. Care recipients and representatives are satisfied staff provide emotional support as required.

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

Management and staff encourage care recipients to achieve maximum independence and maintain community ties and friendships. The assessment process identifies each care recipient's needs and preferences for maintaining an independent lifestyle. Corresponding care plans document strategies to support care recipients' independence where possible. Leisure and lifestyle staff develop activity programs based on care recipients' individual preferences and include links with community groups. Friends and family are invited to attend special events at the home. There is equipment available such as mobility aids which staff encourage care recipients to use to promote their independence. Care recipients and representatives are satisfied staff assist care recipients to be as independent as possible.

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

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff education includes privacy and dignity and brochures on display provide information for all stakeholders on the privacy principles. Each care recipient has a single room with a private ensuite and there are facilities available for care recipients to store their valuables securely. Staff encourage care recipients to personalise their room with mementos from home. There is a private dining room and sitting areas available which provide additional space for quiet time or socialisation with families and friends, as needed. Staff knock on doors before entering bedrooms and address care recipients by their preferred name. Care

recipients and representatives are satisfied staff treat care recipients with both dignity and respect.

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

Management and staff encourage and support care recipients to participate in a wide range of interests and activities they enjoy. Prior to and on moving into the home, staff establish care recipients' past history, family background, hobbies, achievements and personal preferences. Staff develop activity programs based on this information, provide individual and group sessions and have access to volunteers who assist in the provision of the lifestyle program. Staff invite all care recipients to attend activities but respect their right to decline should they choose to do so. Leisure and lifestyle staff have a close working relationship with catering staff to enhance the program and align meal choices with the theme of the activity, if applicable. Care recipients and representatives said care recipients are encouraged to attend the lifestyle program and are satisfied with the activities available.

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

Management and staff demonstrate there are processes to identify, respect and maintain care recipients' cultural customs, beliefs and spiritual backgrounds. On moving into the home staff identify individual interests and cultural and ethnic backgrounds which staff foster on an ongoing basis. Leisure and lifestyle staff incorporate cultural specific days and days of significance into the lifestyle program. Liaison with catering staff ensures these celebrations include food to suit the occasion. There is access to resources such as language aids, music and videos specific to the country of origin of each care recipient. Staff invite representatives to join in specific celebrations and we observed participation from care recipients and representatives including the annual Christmas luncheon during our visit. There are regular church services and staff can access additional religious personnel when required. Care recipients and representatives are satisfied staff respect care recipients' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff promote and support care recipients to exercise choice and decision making over his or her lifestyle while not infringing on the rights of others. Care recipients have input into the services they receive such as preferred rising and settling times, activity participation and meal choices. Informal discussion, meetings and consultation provide opportunities for care recipients or their representative to voice their opinions and exercise their rights while not infringing on others. Management provide information handbooks and brochures on the complaint processes and advocacy services available. Care recipients and representatives are satisfied care recipients can exercise choice and make decisions regarding their lifestyle.

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

Care recipients have secure tenure within the home and there are processes to ensure care recipients are aware of and understand their rights and responsibilities. Prior to entry staff provide care recipients and representatives with information about security of tenure, rights and responsibilities, specified care and services and independent complaint mechanisms.

This information is also included in information packages provided to care recipients and representatives and each care recipient receives a residential agreement. The 'Charter of care recipients' rights and responsibilities' and advocacy and independent complaints mechanisms brochures are on display. Care recipients and representatives are satisfied care recipients' tenure is secure 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

The home pursues continuous improvement related to the physical environment and safety systems with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of continuous improvement activities in relation to Standard 4 Physical environment and safe systems include:

- Following the acquisition of Chelsea Manor, and to more closely align its catering processes with the organisation’s other homes, management undertook the following initiatives:
- Introduced a cooked breakfast each day for care recipients who choose to participate;
- Provided an additional beverage service including the availability of alcoholic and non-alcoholic drinks, prior to lunch and dinner;
- Introduced a choice based menu providing care recipients the opportunity to select what they would like to eat from a selection of meal options;
- Refurbished the satellite service kitchen in the unit in which care recipients living with dementia reside.

Management state the above changes have been well received by care recipients and have enhanced the overall dining experience.

- Following the acquisition of Chelsea Manor management implemented a variety of improvements to the environment to enhance the internal and external living areas for care recipients. These included:
- The upgrade of an external pond located within a secure courtyard area, to sustain aquatic life. This occurred in response to the identification that one care recipient liked fish and enjoyed feeding them. The care recipient, with staff support, can feed the fish safely. Furthermore the pond provides a point of interest, sensory stimulation and enhances the aesthetics of this area.
- The upgrade of a pond in an open garden to minimise risk of injury to care recipients and visitors. The pond was filled with pebbles and transformed into a water feature providing a point of interest and sensory stimulation for care recipients living with dementia.
- Installation of a vertical flower display on a gate leading to the external service area of the home. Staff advise the flowers provide a deterrent to care recipients who may be curious as to what is beyond the locked gate as well as enhancing the aesthetics of the area.
- Refurbishment of the administration area to improve customer service focus and accessibility to care recipients, representatives and contractors.

Feedback regarding the changes to the internal and external living environment is very positive.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Chemicals are stored appropriately and corresponding safety data sheets are available.
- Fire services personnel monitor and maintain fire and emergency equipment.
- Management actively promotes work health and safety.
- Staff adhere to a food safety program.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management have a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. For details regarding the system, refer to expected outcome 1.3 Education and staff development. Care recipient and representative feedback, policies, procedures, duty lists and observations guide staff practices.

Examples of education and training relating to Standard 4 Physical environment and safe systems include:

- laundry training
- manual handling training
- work health and safety.

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 are actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home accommodates care recipients in single bedrooms, all of which have an ensuite. Staff assist care recipients to personalise their rooms with small items and mementos. There is safe access to clean, comfortable and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. There is a secure unit for care recipients living with dementia with outside garden access where individuals can walk freely and safely. Raised garden beds, water features and suitable outside ornaments enhance a home-like environment. Management and relevant staff ensure the comfort and safety of the home through occupational health and safety processes, cleaning schedules and preventative and reactive maintenance regimes. Care recipients and representatives are satisfied with the internal and external 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 demonstrate there are systems to ensure a safe working and living environment. An onsite occupational health and safety representative is available to identify and minimise risk of injury to all stakeholders and there is additional support from designated personnel. Maintenance requests, audit processes, hazard and incident reporting systems identify any safety issues. There are current material safety data sheets and appropriate supplies of personal protective equipment, safety and transfer equipment. Mandatory training includes manual handling and work, health and safety training. This occurs on commencement of employment and annually thereafter. Staff are satisfied management is actively providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe environment and incorporate safety services and practices to minimise fire, security and emergency risks. Organisational contingency plans, processes, procedures, flow charts and mandatory training guide staff response to a range of external and internal emergencies. The home has keypad security and appropriate after-hours security measures. Maintenance and specialist services regularly maintain emergency and firefighting equipment. Emergency exits are free of obstruction, evacuation

diagrams are on display and evacuation equipment is easily accessible. Management and staff monitor risk through internal and external audits, inspections and incident and hazard reporting processes. Staff advised they participate in regular training regarding emergency and evacuation procedures. Care recipients are satisfied staff would provide the necessary assistance in the case of 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 has an effective infection control program. Personal protective equipment, hand washing facilities and processes for staff and care recipients who are unwell are in place to minimise the risk of infection. Review of infection rates occurs, training includes infection control and management encourages staff, care recipients and representatives to practice hand hygiene. Staff identify care recipients at risk of infection with appropriate reviews undertaken and implementation of treatment as needed. Kitchen, cleaning and laundry practices follow current infection control guidelines with regular audits. There is a food safety program and the home undertakes pest control. Appropriate waste disposal processes are in place. Staff said there are adequate supplies and equipment to assist in minimising the risk of infection.

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

The provision of hospitality services enhances care recipients' quality of life and the staff's working environment. There is a rotating menu, offering choices at meal times and prepared in accordance with a food safety program. Established processes ensure meals are served in relation to care recipients' personal preferences and dietary requirements. Cleaners follow a schedule which ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and personal protective equipment is utilised. The laundering of linen and personal clothing occurs onsite and laundry staff offer an ironing and a labelling service. Monitoring of hospitality services occurs through internal and external audits with the opportunity for care recipients to raise feedback via food forums, meetings and satisfaction surveys. Care recipients and representatives are satisfied with all of the hospitality services provided.