



Australian Government

Australian Aged Care Quality Agency

BlueCross Silverwood

RACS ID 3625
105 Porter Street
TEMPLESTOWE VIC 3106

Approved provider: Third Age Australia 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 23 December 2018.

We made our decision on 28 October 2015.

The audit was conducted on 29 September 2015 to 30 September 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

BlueCross Silverwood 3625

Approved provider: Third Age Australia Pty Ltd

Introduction

This is the report of a re-accreditation audit from 29 September 2015 to 30 September 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 29 September 2015 to 30 September 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:	Gillian Walster
Team member:	Dawn de Lorenzo

Approved provider details

Approved provider:	Third Age Australia Pty Ltd
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Details of home

Name of home:	BlueCross Silverwood
RACS ID:	3625

Total number of allocated places:	61
Number of care recipients during audit:	56
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	No

Street:	105 Porter Street
City:	Templestowe
State:	Victoria
Postcode:	3106
Phone number:	03 9846 6966
Facsimile:	03 9846 6988
E-mail address:	silverwood@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	5
Clinical/care staff	7
Lifestyle leisure coordinator	1
Care recipients	9
Catering/cleaning/laundry personnel	6
Maintenance/property personnel	3

Sampled documents

Category	Number
Care recipients' clinical files	6
Care recipients' lifestyle files	6
Medication charts	9
Personnel files	6

Other documents reviewed

The team also reviewed:

- Action for improvement documentation
- Activities calendar
- Audits
- Care recipient agreements
- Catering, cleaning and laundry schedules and related records
- Clinical charts and forms
- Compliments, comments and complaints forms
- Consolidated compulsory reporting register
- Continuous improvement schedule
- Education records, matrix and calendars

- Electronic and paper-based preventative and corrective maintenance documentation
- External contract documentation
- Food safety plan and third party catering audits
- Handover sheet and communication documents
- Human resource management documentation
- Incident report data
- Infection control data, analysis and trending documentation and related records
- Information for care recipients including handbook
- Lifestyle and leisure documentation
- Material safety data sheets and chemical register
- Memoranda
- Minutes of meetings and schedule
- Occupational health and safety documentation
- Police certificate register, statutory declarations and nursing qualification register
- Policies, procedures and flow charts
- Re-accreditation self-assessment
- Risk assessments
- Staff and volunteer handbooks
- Trending and analysis summaries.

Observations

The team observed the following:

- Accreditation assessment signage
- Activities in progress
- Archive storage
- Cleaning and laundry in progress
- Equipment and supply storage areas
- External complaints and advocacy brochures, feedback forms displayed

- Fire-fighting equipment, fire panel, alarms, maps, evacuation pack and care recipient list
- Hand hygiene facilities, personal protective equipment and outbreak boxes
- Interactions between staff and care recipients
- Living environment
- Meal service
- Medication storage and administration
- Menu displayed
- Noticeboards and information displays
- Nursing station and staff room
- Short group observation third floor lounge in afternoon
- The 'Charter of care recipients' rights and responsibilities – residential care' displayed
- Waste management system
- Wound trolley and wound management products.

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 and promotes continuous improvement across the Accreditation Standards. Management and staff identify opportunities for improvement from sources including action for improvement forms, compliments, comments and concerns forms, brochures, incidents, audit results, hazard identification or suggestions. The consolidated management system records improvements, actions and evaluations and management are able to delegate to appropriate personnel and follow the progress of improvements. Management evaluate the system using surveys and audits and report to the organisation on a regular basis. There are meetings, information notice boards, memoranda, newsletters and continuous improvement education during staff orientation. Care recipients, representatives and staff are encouraged to identify opportunities for improvement and management inform them of outcomes.

Improvements related to Standard 1 Management systems, staffing and organisational development include:

- An organisational initiative was to update the electronic documentation system to incorporate changes to organisational policies and processes. This involved staff training, development of new policies and flowcharts where needed and update of the orientation packages for new staff. Staff are now fully using the system and there is ongoing review of system use, auditing and analysis of staff practice, staff training and orientation for new staff.
- To enhance staff wellbeing and in accordance with best practice, management implemented an employee assistance program. Staff are aware of the program and are encouraged to use the service when needed.
- Management identified some care recipients living with dementia had difficulty remembering their normal seating arrangements in the dining room. Management purchased unique salt and pepper shakers for each table and included a photograph of the shakers and number on each table.
- An organisational initiative was to consolidate the continuous improvement plans to enable trending and analysis at an organisational level. Organisational and local

management use the continuous improvement plan and include, delegate and follow up issues on the plan organisationally and locally. Organisational and local management review audits and there are three monthly prompts for evaluation of improvements.

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 ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines across the four Accreditation Standards. Organisational management oversee the regulatory compliance system. Management receive information through legislative update services, peak bodies, government departmental alerts and bulletins and communicate this information to local management. The organisation then develops or modifies policies, procedures and education processes to ensure alignment with any changes. Staff receive information of any regulatory changes through avenues such as meetings, notices, the organisation’s intranet, memoranda or education. Management monitor compliance through the audit process.

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

- Management notified stakeholders in advance regarding this re-accreditation audit.
- There is a system to ensure legislative compliance with police certificate requirements and overseas statutory declarations for all relevant staff.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

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 appropriate knowledge and skills to perform their roles effectively. Prior to commencement of employment, staff confirm relevant registrations and/or certification. Staff successfully appointed participate in orientation and mandatory education relevant to their role. Management identify and implement any additional training activities as required based on needs identified from means such as education surveys, staff suggestions, audit results and observation of practice. Internal and external educators as well as electronic learning ensure a wide variety of training. Management maintain attendance records and evaluations to monitor the completion and effectiveness of the training. BlueCross encourage staff to pursue external education opportunities to enhance their professional development. There are facilities in the home for staff education and training. Staff said they are satisfied

with the range of education opportunities on offer. Care recipients are satisfied with the skills and knowledge of management and staff.

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

- accreditation preparation
- aged care funding instrument training
- electronic care planning system
- electronic rostering system
- quality processes management training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Internal and external comments and complaints mechanisms are accessible to care recipients, representatives and other interested parties. The system includes compliments, comments and concerns forms, meetings and active encouragement to raise concerns with staff and management. Management provide an explanation of the compliments, comments and concerns system in the handbook, care recipient agreements and during discussions. External complaint information is accessible in English and in languages spoken by care recipients and representatives. There is a secure box for confidential lodgement of compliments, comments and concerns forms and management resolve concerns in a timely manner. Management monitor the effectiveness of the complaints system through audits and stakeholder feedback. Staff are satisfied with access to comment and complaint mechanisms. Care recipients are comfortable to comment or complain if the need arises.

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 vision, values, philosophy, objectives and commitment to quality care is inherent in the mission statement displayed in the home. The mission statement is included in the employee handbook and shows the four P's of people, performance, principles and passion. These underpin decision making, the expected behaviour of staff and the commitment to providing person centred care.

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 sufficient to ensure the delivery of services in accordance with these Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of registration once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The staff orientation process includes education and 'buddy' shifts and position descriptions document their roles. Management monitor staff performance through means such as a probationary or exceptional performance appraisal as well as observation of practice. The organisation's staff or temporary staff fill any vacancies to ensure roster coverage, with consideration given to the current needs of care recipients. Staff are satisfied with the number of staff and adequacy of skills. Care recipients are satisfied they receive adequate care and services in a timely manner.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Stocks of appropriate goods and equipment for quality delivery are available. There is an electronic asset register linked to the preventative and corrective maintenance programs. Organisational and local management monitor the register to ensure timely completion of all required cleaning and servicing of equipment. There is a process to ensure staff receive education on any new equipment or goods. Specific staff order any required supplies. There are sufficient storage areas for goods and equipment including suitable locked storage areas. Care recipients and staff are satisfied there are appropriate supplies and equipment to meet the needs of care recipients.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information management systems are established. Mechanisms such as meetings, care consultations, memoranda, notice displays, newsletters, brochures and information handbooks convey information to stakeholders. Documentation is stored securely and accessed by appropriate personnel and archived or shredded securely appropriately. Back up of electronic information regularly occurs through established organisational processes. Monitoring of the information management system occurs through database reviews, audits, satisfaction surveys and discussions at stakeholder meetings. Staff are satisfied they receive

information to support their roles and responsibilities. Care recipients are satisfied with the provision of information.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is a system to provide externally sourced services to meet the residential care service's needs and service quality goals. Management review the service agreements of contractors regularly. Input from care recipients and staff, as appropriate, is sought to ensure the provision of optimum service. There is a system to ensure contractors have a current police certificate with associated documentation as necessary. Care recipients and staff 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

Management actively pursues continuous improvement in care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvements related to Standard 2 Health and personal care includes:

- Following a care recipient's concern regarding the inability of the care recipient to reach the call bell to call for assistance if they fell, management provided a pendant alarm. The care recipient now wears the pendant alarm which connects to the home's call bell system and the care recipient is able to call at any time.
- Staff identified that tablets sometimes fell out of the medication packs due to overcrowding of the drawers in the medication trolley and the trolleys were heavy and difficult to push. Management moved the 'as required' medication out of the trolleys and into a locked cupboard in an alternate location. Management said this has reduced the incidence of "popped" tablets.
- To assist in behaviour management following disagreement over "ownership" of cushions in communal areas, management organised to have individual care recipient names sewn onto the cushions. Care recipients now have their own cushions and there has been no further incidents regarding cushion ownership and a reduction in behaviours.
- Following a staff request that families of care recipients undergoing palliation may want to spend the night with their loved ones, management purchased an appropriate foldaway bed. This is an air mattress used by two families who have expressed their appreciation of the initiative in having a bed to stay overnight.

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 system and processes.

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

- There are policies and procedures regarding medication management.
- Qualified staff oversee specific care planning activities and care tasks.
- There are procedures to ensure compliance with legislation in the event of a care recipient’s unexplained absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s educational system and processes.

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

- chronic obstructive lung disease and asthma inhalers
- continence management
- nutrition screening
- palliative care
- wound 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 promote a person centred approach to ensure care recipients receive clinical care appropriate to their needs and preferences. Assessments, care plans, progress note entries and charting of clinical observations inform management and staff of individual needs and requirements. There is a regular review process to assess care recipients and monitor the effectiveness of care provided. Appropriately qualified and experienced staff provide care, document clinical incidents and increased monitoring occurs when needed. Medical and allied health personnel review care recipients as required and there is ongoing consultation with care recipients and representatives regarding care recipients’ conditions and care. Care recipients are satisfied with care provided and said any episodes of ill-health or incident are responded to quickly and properly and representatives are informed appropriately.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

There are processes to ensure the identification and appropriate management of care recipients’ specialised nursing care needs. Appropriately qualified staff oversee or provide complex care in response to assessments and consultation with care recipients, representatives, medical practitioners and external health care services if required. Care plans reflect the assessment and consultation process and include instructions, parameters and equipment required. Staff review and discuss care recipients’ specialised nursing needs at the monthly person centred care meetings. Organisational policies, procedures and education support staff and management ensure adequate equipment and supplies. Care recipients are satisfied with the specialised 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

Staff refer care recipients to appropriate health care specialists for review, advice and management in accordance with their health care needs and preferences. Care recipients have access to health professionals who visit the home regularly as well as when requested by staff to manage individual care recipient needs. Staff inform representatives of the referral process and any arrangements needing their input. Staff maintain records of specialist reviews and carry out care according to instructions. Care recipients are satisfied referrals to health and related services occur in line with needs and wishes and staff provide assistance in visiting outside specialists as required.

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

There is a system to ensure the safe and correct management of care recipients’ medication. Policies, procedures, medication charts and care plans guide staff in the administration of each care recipient’s medications. Medications are stored according to regulatory and manufacturers’ requirements, checking mechanisms are in place and processes ensure consistent supply and disposal of medication. Management monitor the system using audits, education, documentation of incidents and independent medication reviews. The medication advisory committee meet to discuss issues, policies and improvements. Care recipients who manage their own medications have an assessment process to monitor their ability to safely manage those medications. Care recipients are satisfied with the home’s approach to managing their medication requirements.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients are as free as possible from pain. Staff assess care recipients’ verbal, non-verbal and behavioural indications of pain using observation, assessments and monitoring. Care plans identify the location, intensity, triggers and appropriate strategies to manage the pain where able. The physiotherapist contributes to pain management and interventions provided include medication, medical and medication review, massage, heat packs, non-invasive nerve stimulation, repositioning and exercise programs. Medications administered on an as needs basis are recorded in progress notes and include an evaluation of the medication intervention. Care recipients are satisfied with staff assistance to manage their 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 provide care recipients with end of life care that ensures their comfort and respects their dignity. Care recipients and representatives have the opportunity to discuss their advanced care requests and complete documentation which detail physical, emotional, cultural and spiritual preferences during the palliative stages. Staff access medical care for care recipients as necessary and make referrals to external services if required to provide additional support. Care includes nursing and complementary care and care plans include management of symptoms, psychosocial needs and comfort measures for care recipients.

Staff maintain the comfort and dignity of care recipients, consult with representatives regarding the care environment and their role during palliative care and offer support to families at this time.

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. Staff consult with care recipients and representatives to identify and assess each care recipient’s nutritional needs and preferences and to establish the level and type of assistance required. Staff monitor care recipients’ weights and follow organisational processes to manage any weight loss or gain.

Modified food and nutritional supplements are available and staff consult with the medical practitioner and specialists as required to ensure optimal nutritional intake. The chef manager maintains current documentation of preferences, allergies, specialised diets, texture modified diets and fluid needs. Aids assist care recipients independence and where needed, staff provide assistance during meals. Care recipients are satisfied with the quality and variety of food and beverages 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

There are processes to promote care recipients’ skin integrity consistent with their overall health. Staff assess care recipients’ skin integrity to identify risks which may impair their skin integrity. Care plans outline strategies to prevent skin breakdown including the application of moisturisers and the use of protective devices and pressure relieving equipment. Staff assist

care recipients with ambulation, position changes when needed and manage skin tears and wounds. Staff photograph wounds and evaluate wound management strategies and there is education and resources to effectively manage wounds. Management monitor and evaluate the effectiveness of skin care and injury prevention and monitor and trend the incidence of skin integrity and pressure injury incidents. Care recipients are satisfied with the home's approach to maintaining their skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Processes to manage care recipients' continence needs are effective. Staff assess care recipients' continence needs and develop care plans which document the level of assistance necessary and any aids required. There is ongoing evaluation of strategies to ensure continence products are suitable to care recipients' assessed needs. Management ensure there are sufficient supplies of continence aids and staff store aids discretely. Staff attend education sessions on continence management. While assisting care recipients with continence management staff support them to maintain their dignity and independence. Care recipients are satisfied with the way in which staff manage their continence needs.

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 approach to managing care recipients with challenging behaviours is effective. Staff assess care recipients and identify medical, emotional and cognitive reasons for challenging behaviours. Assessment includes consultation with representatives to understand care recipients' past lives and issues which may impact on their behavioural episodes. Staff develop a person centred care plan to include possible triggers and strategies to prevent or manage episodes of challenging behaviour. Staff provide additional monitoring and have access to advisory services for care recipients when required. There are policies and procedures, education and resources on care and activities to reduce and manage behaviours and staff provide assistance to care recipients in a calm, respectful manner. Care recipients are satisfied with the management of behavioural issues within the home.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings

The home meets this expected outcome

Staff promote and optimise care recipients' mobility and dexterity. Care plans include strategies according to care recipients' identified needs of assistance required, aids used,

exercise programs, protective equipment and falls prevention and risk management strategies. The consultant physiotherapist reviews all care recipients and staff follow organisational policies and procedures when incidents occur where care recipients have fallen. The preventative maintenance program ensures the building is in good working order and free from potential obstacles. Appropriate mobility aids and transfer equipment are available and staff have education to safely assist with care recipient transfers and mobility. Staff provide dexterity aids such as adaptive cutlery and crockery when required. Care recipients are satisfied staff are skilled in assisting them to achieve optimal 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

There are processes to ensure the maintenance of care recipients’ oral and dental health. Care plans include level of assistance required and interventions to meet each care recipient’s individual needs and preferences. Staff arrange and facilitate dental and speech pathology appointments as required. Staff assist care recipients with brushing teeth, denture and oral care as needed. Specific strategies for care recipients with swallowing difficulties include texture modified diets, aids and assistance with meals. Care recipients are satisfied with staff assistance in helping them to maintain their preferred dental care regimes.

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

There are processes to identify and manage care recipients’ sensory losses. Staff identify care recipients sensory decline or loss and undertake risk assessments where necessary to determine any required interventions. Staff consult with specialist service providers if required. Management conduct audits and inspections to ensure the home is safe and uncluttered and provides safe accessibility for care recipients with sensory difficulties. Staff are aware of care recipients’ individual needs and assist those who require help with the care, maintenance, fitting and cleaning of aids and devices. Care recipients said staff assist them with their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

There are processes to assist care recipients to achieve natural sleep patterns where able. There is an assessment process which identifies care recipients’ personal preferences and routines. Care plans include settling and rising times, bedding and environmental preferences

for sleep. To help care recipients sleep, staff ensure they are comfortable, free from pain where possible, noise and light is at a minimum and provide warm drinks and snacks when required. Both medication and non-medication methods promote sleep. Care recipients said the home is quiet at night and they sleep well.

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 actively pursues continuous improvement related to care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent improvements related to Standard 3 Care recipient lifestyle include:

- Management and staff identified that a care recipient living with dementia played Mahjong in the past. The care recipient has difficulties participating in activities due to a language deficit. Management sourced and produced “mahjong bingo” and introduced it to the care recipient. Feedback is positive and further evaluation planned.
- Management identified the need for male specific activities and noted the male care recipients enjoyed the espresso coffee made on the staff coffee machine. Management purchased a coffee machine, advertised and commenced a coffee club. The coffee club started with five or six male care recipients who meet, chat and reminisce. Feedback is very positive.
- To enhance care recipients lifestyle, management introduced egg hatching and chick rearing on site. The egg farm brings eggs and incubator to the home and care recipients watch the hatching and care for the chicks for a short time. Feedback is positive and the initiative repeated.

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 system and processes.

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

- There is a privacy policy.
- Care recipients and representatives receive information on care recipient rights and responsibilities, services provided and the complaints scheme.
- There are policies and procedures concerning elder abuse and compulsory reporting with the maintenance of an organisational consolidated register.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s educational system and processes.

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

- compulsory reporting and elder abuse
- LGBTI people in aged care
- lifestyle documentation
- understanding people from an Arabic background
- understanding people from a Greek background.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

There is a system to ensure each care recipient receives emotional support adjusting to life in the new environment and on an ongoing basis. Prior to and on entry, management give care recipients and representatives information regarding the home, explain services and organise a tour with introductions to staff and other care recipients as possible. Management and staff encourage representatives to participate in the home initially and on an ongoing basis. Staff complete an assessment and care plan to include the emotional needs of care recipients with regular review to ensure needs are identified and managed appropriately in a timely manner. The lifestyle and leisure program provides individual time with care recipients with an aim to maintain personal interests where possible. Care recipients personalise their rooms as they wish to create a homelike environment. Care recipients are satisfied with emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Staff support care recipients to be as independent as possible and to participate in the community life of the home. Staff identify care recipients' mobility needs and care plans provide strategies to maintain and maximise independence through varying levels of exercise programs. A kiosk trolley to assist independence in shopping is available regularly for care recipients to purchase any items they wish. Care recipients maintain their interests and participate in outings with assistance from staff, families, friends and visitors. Furniture design and a clutter free environment assist care recipient independence. Care recipients are satisfied management and staff aid and encourage 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

Management and staff recognise and respect each care recipient's privacy, dignity and confidentiality. There is a privacy policy and care recipient information is securely and appropriately stored. Care recipients have lockable areas in their rooms to store private items as they wish. Quiet internal and external areas are available for care recipients to entertain

their visitors. Staff help care recipients in a respectful manner when attending to activities of daily living including assisting at meal times in a manner to retain each care recipient's dignity. Staff said they are aware of respecting each care recipient's privacy and dignity such as knocking on doors prior to entering care recipient rooms and ironing of clothes to ensure a dignified appearance. Care recipients are satisfied management and staff treat them with 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 both in groups and on an individual basis. Lifestyle and leisure staff complete an assessment in consultation with each care recipient and representative to identify such information as each care recipient's preferences and leisure interests. This assessment forms the basis of the care plan which undergoes regular review. Staff plan activity programs in both group and individual settings with a range of activities on offer such as exercises, bus outings, board and card games, coffee clubs, sing-along's, bingo, arts and crafts, individual chats and sensory groups. Care recipients assist with programs as desired. Celebration of special occasions such as birthdays and cultural days occurs. Volunteers assist staff with activity programs on a regular basis. Lifestyle and leisure staff evaluate and redesign programs as necessary based on care recipient feedback and participation.

Information from care recipient meetings also assists staff in planning programs. Care recipients are satisfied with leisure interests and activities on offer.

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 ensure care recipients' individual customs, beliefs and cultural backgrounds are fostered and valued. Assessments and care plans document cultural and spiritual needs. Internal and external areas such as lounges and outdoor courtyards are available for private reflection. There are regular religious services and care recipients attend their own church if preferred. Management and staff ensure the celebration of cultural and significant days such as birthdays, Christmas, Australia Day, Bastille Day and the Melbourne Cup with the provision of culturally significant cuisine for care recipients as desired. Staff have access to services specific to cultural sensitivities and interpreter services if needed.

Care recipients are satisfied with cultural and spiritual life.

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

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 others. Care recipients have input into the services they receive such as preferred settling and rising times, level of participation in activities and preferred title and name. Care recipients also have choices and preferences regarding timing of activities of daily living. Management encourage care recipients and representatives to provide feedback about care and services through meetings, the feedback system and consultation. Care recipients and/or their representatives sign various consent forms as required. Care recipients are satisfied with the opportunities provided to them to make their own choices.

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 facility and understand their rights and responsibilities. Information handbooks, residential agreements and a displayed 'Charter of care recipient rights and responsibilities' inform stakeholders about security of tenure and responsibilities. Management assist care recipients to understand their rights and responsibilities through ongoing meetings and personal contact, newsletters and brochures. Room changes occurs only with appropriate consultation and the agreement of the care recipient or representative. The system is monitored through stakeholder feedback and satisfaction surveys. Care recipients are satisfied with the security of tenure and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management actively pursues continuous improvement activities related to the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent improvements related to Standard 4 Physical environment and safe systems include:

- To improve the use of space and in recognition of a past care recipient, management converted an open balcony to a sunroom and provided new comfortable furniture and planter boxes. All care recipients, in all weather conditions, now use the sunroom.
- Care recipients’ feedback at a meeting identified that it was difficult to ascertain the emergency telephone button in the lifts. Management installed large, coloured signs next to the telephones in the lifts. Care recipients reported they can now see the signs and know where the telephone is located in case of emergency.
- Following a care recipient complaint that there was too much gravy served on meals, management ensure there are gravy jugs on each dining table. Care recipients are able to pour the gravy themselves and the care recipient is satisfied with the amount of gravy provided.
- Staff identified that the care recipient transfer equipment did not fit under the lounge chairs and the chairs were too low and difficult for care recipients to stand. Management replaced the chairs with height appropriate chairs made with non-slip material, easily washable and comfortable. Feedback is positive and care recipient independence enhanced.

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 system and processes.

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

- There is an effective infection control program, including guidelines in the event of an outbreak and a food safety program with third party auditing.
- Management have a system to ensure compliance with fire safety regulations.
- There are processes to provide a safe working environment to meet regulatory requirements.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s educational system and processes.

Examples of education provided in relation to Standard 4 Physical environment and safe systems include:

- chemical handling
- fire and emergency procedures
- infection control
- laundry procedures training
- star moves manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. The rooms are single occupancy with private ensuites. There is safe access to clean, comfortable and well-maintained communal and private living areas. Small internal areas as well as established outdoor garden areas and patios provide care recipients and visitors quiet places for reflection. All areas are appropriately furnished and the internal living environment maintained at a comfortable temperature throughout. Relevant staff monitor the comfort and safety of the facility through preventative and corrective maintenance processes. Roomy corridors, lifts, signage and maps ensure care recipients' ease of access through the home. Staff assist care recipients to remain safe and comfortable by ensuring call bells and mobility aids are readily available. Management monitor the environment through the home's auditing and risk management processes. Care recipients are satisfied they feel safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Staff have input into the home's occupational health and safety system through meetings and reporting of any hazards. The organisational occupational health and safety committee meets regularly to discuss any issues. Management ensure the completion of regular audits and risk assessments as required. Relevant staff ensure equipment receives preventative and corrective maintenance as needed. There are areas to provide secure storage for all chemicals and dangerous goods. The local occupational health and safety representative received external training. Staff said they are aware of how to report hazards and are satisfied management provide a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment with safe systems of work to minimise fire, security and emergency risks. Approved professionals carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures with regular education for staff in fire, security and other emergencies.

The care recipient list and the evacuation maps are current. Exit doors and egress areas are free from obstruction. There is an electrical safety testing and tagging system for all applicable goods. Processes such as risk assessments and environmental audits ensure a secure environment. Staff have received fire and other emergency training and know what to do in such an event. Care recipients also complete fire education if desired and are satisfied they feel safe and secure.

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

There is an effective infection control program. Delegated clinical staff oversee the program and responsibilities include the collection of data on care recipient infections to identify any infection control issues. There are infection control policies and procedures including contingency plans for various outbreaks. There are facilities to implement hand hygiene and standard precautions with infection control education to staff on orientation and regularly thereafter. The organisation offers influenza vaccinations to both care recipients and staff.

Management arrange for regular internal and external catering audits. Processes such as infection control audits, a pest control program, appropriate waste management and monitored environmental services ensure effective infection control throughout the home. Staff said they regularly receive infection control training with their practices monitored.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a manner which enhances care recipients' quality of life and the staff's working environment. Meals are prepared on site with care recipient allergies, likes, dislikes and special dietary needs taken into account. Care recipients have choices at meals with a central dining room to ensure a pleasant overall dining experience. Staff provide cleaning according to a schedule with processes for any extra cleaning tasks as required.

Laundry staff process care recipient clothing and sundry items on site with provisions for ironing and labelling of care recipients' clothes to assist in the prevention of lost items. An external service launders all other linen. Management monitor hospitality services through audits and the feedback system with the provision of regular staff education including chemical handling and infection control. Care recipients and staff are satisfied with the home's catering, cleaning and laundry services.