



**Australian Government**

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**Australian Aged Care Quality Agency**

**Cambridge House**

RACS ID 3441  
3 Cambridge Street  
COLLINGWOOD VIC 3066

**Approved provider: St Vincent's Hospital (Melbourne) Limited**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 June 2018.

We made our decision on 08 May 2015.

The audit was conducted on 31 March 2015 to 01 April 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Cambridge House 3441**

**Approved provider: St Vincent's Hospital (Melbourne) Limited**

## **Introduction**

This is the report of a re-accreditation audit from 31 March 2015 to 01 April 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 31 March 2015 to 01 April 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

<b>Team leader:</b>	Tamela Dray
<b>Team member:</b>	Dean Gemmill

## Approved provider details

<b>Approved provider:</b>	St Vincent's Hospital (Melbourne) Limited
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## Details of home

<b>Name of home:</b>	Cambridge House
<b>RACS ID:</b>	3441

<b>Total number of allocated places:</b>	30
<b>Number of care recipients during audit:</b>	30
<b>Number of care recipients receiving high care during audit:</b>	Not applicable.
<b>Special needs catered for:</b>	No.

<b>Street:</b>	3 Cambridge Street
<b>City:</b>	Collingwood
<b>State:</b>	Victoria
<b>Postcode:</b>	3066
<b>Phone number:</b>	03 9417 6021
<b>Facsimile:</b>	03 9419 0992
<b>E-mail address:</b>	<a href="mailto:abha.kumar@svhm.org.au">abha.kumar@svhm.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Management, including corporate management	7
Nursing staff	9
Infection control consultants	2
Allied health staff	4
Care recipients/representatives	8
Lifestyle staff	2
Catering, cleaning and laundry staff including corporate support	6
Maintenance staff	2

### Sampled documents

Category	Number
Care recipients' files	9
Care recipients' agreements	4
Medication charts	8
Personnel files	5

### Other documents reviewed

The team also reviewed:

- Allied health referrals and reports
- Audit and survey schedule and associated documentation
- Cambridge House self-assessment
- Cleaning and laundry documentation
- Clinical documentation including charts and handover sheets
- Continuous improvement plans and associated documentation
- Education records
- Emergency procedures documentation
- Food safety documentation

- Human resource documentation including performance reviews
- Incident reports, analysis and trending data
- Infection control records, audits and analysis
- Lifestyle documentation
- Maintenance documentation (preventative and corrective)
- Material safety data sheets
- Meeting minutes, newsletters and memoranda
- Pest control documentation
- Police certificates and statutory declarations
- Policies and procedures
- Professional registrations
- Resident/representative information packages and handbook
- Residents' dietary information
- Restraint documentation
- Staff diary
- Staff handbook
- Stock and supply records.

## **Observations**

The team observed the following:

- Charter of care recipients' rights and responsibilities on display
- Chemical and oxygen storage
- Cleaning in progress and cleaner's room
- Clinical supplies and equipment
- Equipment and supply storage areas
- Evacuation kit, egress routes and unobstructed pathways
- Feedback form and pamphlet availability, including advocacy and complaints scheme brochures and suggestion box
- Hand hygiene facilities



- Handover
- Infection control equipment and outbreak management kits
- Interactions between staff and residents
- Internal and external living environment
- Meal and refreshment service and menu on display
- Medication administration, storage and disposal systems
- Notice boards and information displays including notification of accreditation signage
- Palliative care kit and equipment
- Personal protective equipment
- Security system
- Short group observation in the external courtyard
- Vision and values on display
- Waste management systems and disposal areas.

## 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

Care recipients, representatives, staff and other stakeholders are encouraged to participate in continuous improvement activities. An auditing process monitors the systems with staff recording corrective actions through the continuous improvement software program.

Management uses various sources to identify possible improvement activities, including statistical data analysis, complaints and suggestions. Additionally used as sources for improvement opportunities are surveys, meetings, incidents and accidents, and the 'continuous improvement forms'. Management registers improvement activities, monitors progress and evaluates actions to confirm successful completion or to initiate further action. Management communicates news on continuous improvement activities to all stakeholders through memoranda, minutes of meetings, newsletters and noticeboards.

Improvement initiatives implemented by the home over the last 12 months related to Standard 1 - Management systems, staffing and organisational development includes:

- In response to feedback from an audit, management identified the need to improve accessibility to comments, compliments and complaints brochures for residents and representatives. Related forms have been strategically located through the home. In addition, management purchased a transparent and secure 'drop box' for lodging completed feedback forms. Residents and representatives expressed satisfaction and provided positive feedback.
- In response to an audit and nursing staff expressing professional interests, management and staff developed nursing portfolios. Management supported designated nursing staff to complete targeted education and subsequently be designated as a link nurse. Portfolios included continence, education, clinical stores and supplies, wound management, diabetes, move smart manual handling, medication, occupational health and safety and infection control. Feedback has been positive and staff appreciated the opportunities afforded to them to develop knowledge and apply the knowledge in their chosen field.
- Management identified improvements relating to rostering including annual and sick leave management. As a result, management implemented an electronic human resource database. The electronic database eliminated the need for staff to complete

paper based time sheets and links directly with payroll. This has resulted in better consistency of staff rostered and planning for annual leave coverage. Staff feedback has been positive.

## 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 and professional standards and guidelines across the Accreditation Standards. Site based management are supported by the wider organisational legal team to ensure the provision of care and services occurs in accordance with legislative and other requirements. Corporate management also subscribe to various legislative services, government agencies and industry bodies to acquire information which is disseminated to the home’s management and staff as needed. Local management notify staff and others of any relevant regulatory changes through such avenues as meetings and memoranda. The organisation’s management develop or modify policies and procedures and education processes to ensure alignment with any regulatory changes.

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

- Management notified stakeholders in advance regarding this re-accreditation audit.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- There is a system to ensure compliance with police certificate and statutory declaration requirements 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 skills and knowledge to perform their roles effectively. Management identify education and staff development opportunities through staff education surveys, audit results, identifying residents’ needs, stakeholder feedback and trending data analysis. Management and staff access internal and external educators to support education and professional development across the Accreditation Standards.

Management also employ various contractors to deliver training on newly acquired products and equipment. Management document education attendance, review training evaluations and

monitor the effectiveness of education through observation of practice, stakeholder feedback, various committee meetings and audits. Residents and representatives said they are satisfied with the knowledge and skills management and staff present.

Recent examples of education pertaining to Standard 1 Management systems, staffing and organisational development includes:

- frontline management for two nurse unit managers
- preceptorship training
- workplace culture and safety.

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

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

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

The home meets this expected outcome

Management records, actions and monitors concerns, suggestions and compliments through their continuous improvement system. Brochures, handbooks, newsletters and residential agreements explain the internal and external complaints systems to residents, representatives, staff, volunteers and visitors. 'Continuous improvement forms' are readily accessible by all stakeholders and a secure box available to allow for anonymity. Comments and complaints are registered in the continuous improvement software and actioned by management who investigates the complaint, provides feedback and ensures timely follow-up. Staff, residents and representatives said management are responsive to feedback and they are aware of how to make a complaint or comment.

#### **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 and mission statement is on display and included in all key documents. The organisational structure promotes teamwork with corporate managers regularly visiting the home and providing direct support to management and staff.

## 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 services are delivered in accordance with the Accreditation Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of qualifications once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The staff orientation process includes education at both site and corporate levels as well as supported supernumerary shifts. Position descriptions document staff roles and management monitor performance through competencies, education and performance appraisals.

Management ensure ongoing roster coverage through the use of the organisation's casual pool staff as required. Staff are satisfied with the number of staff and adequacy of skills.

Residents and their representatives are satisfied with the staffing at the home.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

Management ensures there are systems to maintain availability of appropriate goods and equipment for quality service delivery. Key staff monitor and reorder supplies, ensuring sufficient levels of stock are available at all times. Management seek input from staff when trialling new equipment. Prompt replacement and purchase of new equipment occurs when required. There is a preventive and corrective maintenance system, managed largely by the corporate office and overseen at site level. Staff, residents and their representatives are satisfied with the quantity and quality of goods and equipment available to meet their needs.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

There are effective information management systems in the home with confidentiality, privacy and security maintained throughout. All stakeholders have access to current information, activities and events of the home as appropriate through meetings, noticeboard displays, handbooks and newsletters. Residents and their representatives receive enough information to assist them to make decisions about residents' care and lifestyle. Management and staff receive accurate information to help them perform their roles through the care planning system, handovers, education, memoranda, meetings and policies and procedures. There is a

process to regularly back up the computer system externally with logons and passwords for relevant staff. The home stores confidential material securely with information retrievable in a timely manner. Residents, their representatives and staff said they are satisfied with communication and the information systems in the home.

### **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. Corporate management select, monitor and evaluate each external supplier through a tender process with site level management monitoring smaller external service contracts such as the hairdresser. There is a process to ensure contractors meet legislative requirements including those for police certificates. All external contractors have service agreements which undergo regular review as required.

Residents, their representatives and staff said they 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 at the home actively pursue continuous improvement in relation to care recipient health and personal care. Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system.

Improvement initiatives implemented by the home over the last 12 months related to Standard 2 - Health and personal care includes:

- In response to a review of manual handling equipment used at the home, management trailed and purchased a stand hoist machine suitable for residents who could partially weight bear. Feedback from residents and staff has been positive.
- As a result of a nursing staff suggestion the home has purchased disposable vests identifying those staff actively administering medication. This has resulted in reduced interruptions during medication rounds. Feedback from residents, representatives and staff has been positive. Care staff also reported fewer interruptions during the medication rounds.
- In response to management networking with their local health service a mobile x-ray service has been implemented. The x-ray service is able to complete onsite x-rays eliminating the need to transport the resident to hospital. Ongoing evaluation is planned.

## 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.

Evidence of regulatory compliance related to Standard 2 includes:

- annual medication competency assessments
- appropriate medication storage systems
- procedures and documentation for recording and notification of unexplained absences of residents.

## 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 and staff have the knowledge and skills to provide appropriate health and personal care to residents. Refer to expected outcome 1.3 Education and staff development for a description of the system.

Recent examples of education pertaining to Standard 2 Health and personal care include:

- pressure injuries
- podiatry in-service
- continence 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

Care recipients receive clinical care appropriate to their needs and preferences through regular assessments, care planning and evaluation. Upon resident entry and orientation to the home, an interim care plan supports the development of the longer term care plan.

Registered nurses are responsible for the evaluation of clinical care and review care plans regularly and as required. There is a registered/enrolled nurse rostered on at all times and a change in a resident’s health status prompts either a clinical or medical review with support available from allied health personnel. Nursing staff are aware of individual care needs and clinicians inform them of changes to care by handover, progress note entries, care plans and daily care updates. Residents and representatives said staff consult with them regarding residents’ care needs and preferences. Residents and representatives are satisfied with the clinical care residents receive additionally evidenced by written and verbal compliments.

## 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

Registered nurses identify care recipients’ specialised care needs and develop care plans according to individual needs. Registered nurses, in conjunction with the resident’s general practitioner or other health care consultants assess each resident’s needs and preferences. Care plans reflect monitoring requirements, specific needs, equipment, resources, instructions and strategies to optimise care delivery. The home provides specialised nursing care including but not limited to; diabetic care, colostomy care, catheter care and wound management. Access to external specialists including hospital based in-reach services complements the care provided by the home as required. Ongoing education and the provision of policies and procedures further guide staff to meet the residents’ specialised nursing care needs. Residents and representatives expressed satisfaction with the provision of specialised nursing care.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Referral of residents to health specialists and services according to their assessed needs and preferences occurs. General practitioners visit residents regularly and on an as needs basis. Residents have access to a range of health services including physiotherapy, podiatry, occupational therapy, dietetics, aged persons mental health services, speech pathology, optometry, audiology and dental services. Nursing staff initiate referrals and appointments in response to a specific request or identified need. Nursing staff enact care according to

specialists' instructions. Residents and representatives are satisfied with mechanisms for referral of residents to health specialists according to their needs and preferences.

## **2.7 Medication management**

*This expected outcome requires that "care recipients' medication is managed safely and correctly".*

### **Team's findings**

The home meets this expected outcome

Management and staff demonstrate there are systems to ensure the safe, correct and timely management of residents' medication according to regulatory requirements and professional standards. General practitioners undertake assessment and review of residents' medication requirements regularly and an independent pharmacist completes a regular review of residents' medications. Documented processes include correct storage, checking of controlled medications, verification and documentation of variable medication orders and dating of opened medications. A medication advisory committee oversees medication safety at the home and promotes continuous improvement of the system. Staff practice demonstrates adherence to medication policy and procedures and training is completed.

Dangerous drugs are stored in accordance with legislative requirements with safe disposal systems. Medications administered on an as needs basis are recorded and monitored for their effectiveness. Monitoring of medication incidents occurs and reviews are undertaken accordingly. Residents and representatives are satisfied staff administer medication to residents in a safe and timely manner.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

Management and staff ensure residents' pain management occurs appropriately. Care processes for pain management include assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. Staff complete ongoing assessment and evaluation of pain and accordingly update assessments, care plans and progress notes. A range of pain management strategies includes, but is not limited to, medication therapy, exercise, and the use of specialised equipment. General practitioners and care staff monitor pain and effectiveness of analgesia and other treatments on a regular basis. Residents expressed satisfaction with pain management provided by staff.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there are processes to ensure the comfort and dignity of terminally ill care recipients’ is maintained. On entry to the home residents and their representatives have opportunity to document the resident’s end of life wishes and preferences. Based on this information staff develop a detailed care plan as the resident enters the palliative phase of their life, reflecting their personal, cultural and spiritual preferences and specific care needs. Residents, representatives, general practitioners and other health professionals have input into palliative care plans and individual pain management plans. Staff described care measures they undertake when caring for terminally ill residents including comfort and dignity measures. Residents expressed satisfaction with care, consultation, privacy and dignity.

## 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 nutrition and hydration and there are effective processes to allow resident choice and to respect their preferences. Assessments of residents’ needs in relation to nutrition and hydration occur on entry to the home and on an ongoing basis.

Nursing staff notify relevant staff of residents’ meal and drink preferences, culturally specific needs and allergies. Recording of the residents’ weight occurs during the initial assessment period, monthly thereafter and more frequently if required. Nursing staff note variations and determine appropriate interventions and when necessary, referrals to the speech pathologist, dietitian and general practitioner. There is adherence to dietary and hydration preferences and other special associated needs. Assistance is given to residents at meal times in a relaxed dining environment. Residents and representatives are satisfied with the nutrition and hydration care provided by staff and the assistance they provide to residents during meal and refreshment times.

## 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

Assessment of skin integrity occurs for all residents on entry to the home and ongoing monitoring occurs as a matter of routine based on individual needs. Skin integrity care plans outline residents’ individual care needs and includes assessment of nutrition, continence and mobility status. Staff monitor the condition of residents’ skin and maintain skin integrity through

the application of moisturisers and use of pressure relieving devices. Registered nurses and/or enrolled nurses undertake wound care and wound care specialists visit as required to provide expert advice and support to staff. There are sufficient supplies such as wound dressings and moisturisers to promote healing and skin integrity. Wound care evaluation occurs at the time of scheduled dressing changes. Management monitor skin care using wound data, incident reports, and scheduled audits. Resident and representatives are satisfied with the way staff attend to residents' skin care.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

Management and staff demonstrate there are processes to ensure the home manages care recipients' continence needs effectively. Assessment of residents' continence occurs upon entry and monitoring and review occurs on a routine basis. Detailed assessment of continence is collected over designated periods to formulate an individualised care plan, toileting schedule and continence aid requirements. Continence plans inform nursing staff of residents' needs, level of assistance, and the type of continence aids if required. Continence education is in place to support and train nursing staff as required. We observed adequate stock and suitable storage of continence aids. Residents and representatives are satisfied staff manage residents' continence effectively and maintain their privacy and dignity when providing assistance.

## **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

There are care processes to assess and effectively manage the needs of care recipients displaying behaviours of concern. Behaviour assessments identify concerns and care plans outline individual triggers and management strategies. Review of care plans occurs on a regular basis to evaluate current interventions and resident response. Nursing staff review residents' behaviours and the effectiveness of treatment. The home accesses external specialist services for residents who require further review and management. Staff access education and resources to assist in supporting residents experiencing behavioural issues. Residents and representatives are satisfied with the home's approach to managing residents' behaviours.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there are processes to assist care recipients in achieving optimal levels of mobility and dexterity. Assessment of each resident’s mobility and dexterity needs and falls risk assessment occur upon entry to the home in collaboration with the physiotherapist. Assessment and review by the physiotherapist identifies measures to maintain and promote mobility and dexterity according to residents’ capabilities. Assistive devices such as mobility aids and manual handling equipment are available to assist residents according to individual needs. The general practitioner, nursing staff and physiotherapist reviews residents after a fall, falls data is analysed and falls prevention strategies are in place throughout the home. The provision of exercise and other physical activities further enhance residents’ mobility and dexterity. Residents and representatives are satisfied with the care residents receive to maintain their mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there are systems to routinely assess and maintain residents’ oral and dental needs and preferences. Assessment of oral and dental needs and preferences occurs upon entry to the home and regularly thereafter. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. Nursing staff facilitate referral to dental and dental technician service for residents. There are supplies of toothpaste and toothbrushes to ensure optimal oral and dental health. Residents and representatives are satisfied with the oral and dental care provided to residents.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there are systems and processes for identifying and managing residents’ sensory losses across all five senses. Staff collect information regarding sensory loss as a component of their discussions regarding assessment, on admission and regularly thereafter. Referral to other health professionals such as a speech pathologist, audiologist and opticians occurs as required. Care plans include any resource requirements and the level of assistance required to minimise any identified sensory loss. Staff demonstrated the care provided for residents with use of hearing, visual and other aids inclusive of fitting and cleaning of glasses and hearing aids. Residents and representatives are satisfied with the care and attention given to residents’ sensory needs.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Nursing and care staff support care recipients to achieve natural sleep patterns. Assessment of residents’ preferred sleep pattern occurs upon admission and regularly thereafter.

Resident choice regarding settling and rising time and individual preferences to promote natural sleep is encouraged and supported. Staff observe, assess and document residents’ sleep patterns and implement strategies to assist them to obtain adequate rest. Residents said the home is quiet and restful at night, staff monitor sleep and provide assistance as needed and according to their preferences.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Management at the home actively pursue continuous improvement in relation to care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

Improvement initiatives implemented by the home over the last 12 months related to Standard 3 – care recipient lifestyle includes:

- In response to a request from residents, lifestyle staff sourced a gramophone in order that residents may listen to records from their era. Residents’ music and song preferences are played regularly on the gramophone as part of the lifestyle program and has additionally facilitated reminiscence activities. Resident feedback has been very positive.
- In response to a suggestion from lifestyle staff recognising the cultural diversity of the resident population the home has recruited additional community visitors matching the cultural specific background of the residents. The community visitors visit weekly. Feedback from residents and representatives has been positive.
- As a result of staff feedback following a cultural diversity education session the home is currently developing and piloting a ‘talk to me’ application for electronic tablets. The project is part of a two-year program managed by the home’s overarching organisation. The aim of the application is to facilitate communication by staff with residents from culturally diverse backgrounds and with limited English language abilities. The application has the ability to ask residents common questions in the language of their country of origin. Ongoing evaluation is planned.

### **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 in place.
- Management offer agreements to all care recipients that specify care, services, rights and responsibilities and security of tenure.
- The ‘Charter of care recipients’ rights and responsibilities – residential care’ is displayed in the home.
- The home’s management has procedures concerning elder abuse and compulsory reporting and maintain a 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

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Recent examples of education pertaining to Standard 3 Care recipient lifestyle includes:

- caring for forgotten Australians
- cultural diversity
- elder abuse.



### **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 in the new environment and on an ongoing basis. Upon entry to the home the resident is given an orientation tour, an information pack and residents are encouraged to bring items to personalise their rooms. Pastoral care staff and clergy are available to provide ongoing emotional support. Staff provide information regarding events and activities occurring in the home. Residents and their representatives are satisfied with the way staff support residents and make them feel welcome to their new home and on an ongoing basis.

### **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 actively assist care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the wider community.

Consultation occurs with residents and representatives and strategies determined to help support physical, social, cultural and financial independence. Lifestyle staff develop individual and group activity programs to maintain each resident's mobility and dexterity. Mobility aids, sensory support and staff assistance provide further support for residents' independence.

Lifestyle staff support residents to maintain links with the community through outings and volunteers attending the home. Private areas are available for residents to use and maintain family and friendship relationships. Residents said they are supported to maintain their independence where 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

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information on rights and responsibilities is included in orientation information provided to residents and representatives. Staff knock and wait for a response prior to entering residents' rooms and address residents by their preferred names. Residents' files are only accessible by authorised staff. Interactions between staff and residents occurs in a warm and caring way with discretion shown when instigating personal care. Residents and their representatives confirmed staff provide care to residents in a respectful and dignified manner.

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

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities and to provide input into the development of the home's lifestyle program. In consultation with the resident and their representative staff identify leisure and activity interests and develop individualised plans. Staff review the lifestyle plans on a regular basis through the care plan reviews and in response to the changing needs of residents. The lifestyle program offers a range of group and individual activities reflecting residents' social, emotional, physical, cognitive, sensory and cultural needs. Special celebrations, bus outings, visiting entertainers and a volunteer program add to the diversity of activities. Residents and their representatives are satisfied with the range of activities offered by the home.

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

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

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

The home meets this expected outcome

Management and staff ensure individual interests, customs, beliefs and the cultural and ethnic backgrounds of the care recipients are valued and fostered. Staff identify the cultural and spiritual needs of residents through consultation with residents and their representatives. Religious practitioners visit residents and provide multi denominational services in line with the ethos of the home. Cultural and religious events and days of significance are recognised and celebrated throughout the year. Residents and their representatives confirmed residents have opportunities to engage in activities associated with their cultural and spiritual beliefs and are satisfied with the support provided.

### **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 support care recipients and their representatives to exercise choice and control over the care recipients' lifestyle. On entry to the home staff consult with residents and their representatives to determine care needs and preferences. Staff document in care plans and regularly review resident's choices regarding care and support. Residents are encouraged to express their wishes through residents and representatives' meetings, individual consultation, surveys and feedback processes. Information about complaints and advocacy services are available to residents and their representatives. Information on resident's rights and responsibilities is contained in the resident information pack and displayed throughout the

home. Staff confirm they support care recipients to make choices and decisions about their daily routine and care options. Residents are satisfied they are able to exercise choice in their care and lifestyle activities.

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

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

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

The home meets this expected outcome

Management and staff ensure there is a system and processes to ensure care recipients have secure tenure within the home and that the care recipients and their representatives understand their rights and responsibilities. Management provide information about security of tenure and residents' rights and responsibilities with written information included in the residential care agreement and information packs. The 'Charter of residents' rights and responsibilities' is prominently displayed and reflected in residential agreements. Change of room only occurs after consultation with the resident and their representatives. Residents and their representatives are satisfied with the security of tenure.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Management at the home actively pursue continuous improvement in relation to physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

Improvement initiatives implemented by the home over the last 12 months related to Standard 4 – physical environment and safe systems includes:

- As a result of a suggestion from staff management have installed strategically placed convex mirrors in hallways. This has resulted in an enhanced environment with the elimination of blind spots in the hallways and reduced risk of collisions for residents, representatives and staff. Feedback from residents, representatives and staff has been positive.
- In response to resident and representative feedback management have installed external awnings in designated bedrooms to minimise the effects of hot weather. This has resulted in a more comfortable living environment and better climate control. Feedback from residents and representatives is positive.
- In response to residents’ preferences, the home has installed raised garden beds. Residents have been actively involved in choosing seasonal plants, vegetables and herbs for planting in the raised garden beds. A variety of vegetables and herbs has been planted for cooking. Resident feedback has been positive and ongoing evaluation is planned.

## 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 a system to demonstrate compliance with fire safety regulations.
- There are infection control guidelines in the event of an outbreak.
- There is a food safety program in place.
- Management has 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

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Recent examples of education pertaining to Standard 4 Physical environment and safe systems include:

- ‘MoveSmart’ manual handling training
- fire procedural training
- infection control
- occupational health and safety representative refresher.

#### **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 actively work to provide a safe and comfortable environment consistent with care recipients' needs. There are comfortable furnished indoor and outdoor communal areas. Resident's accommodation includes shared and single rooms inclusive of privacy curtains and clean communal bathrooms. Call bells and mobility aids are easily accessible. Current preventative and corrective maintenance programs exist. Testing and tagging processes exists for electrical equipment entering the home. Monitoring systems ensure the environment is safe and clean through internal and external audits, stakeholder feedback and through the organisations continuous improvement system. Security cameras and a security patrol enhance staff and stakeholder safety. Staff can report hazards correctly and promptly. Residents and their representatives are satisfied with the safety and comfort of the living environment.

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

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

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

The home meets this expected outcome

Management and staff actively work to provide a safe working environment to meet regulatory requirements. Staff have input into the home's occupational health and safety system through reporting of any incidents and hazards. There is dedicated corporate support for occupational health and safety. Management ensure the completion of regular audits and workplace inspections with risk assessments as required. Management and relevant staff ensure equipment in the home receives routine and preventative maintenance. There are areas to provide secure storage for chemicals and dangerous goods. Staff said they are aware of how to report any incidents and hazards and are satisfied management provides 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 systems to maintain a secure environment to minimise fire, security and other emergency risks. The home is equipped with firefighting equipment and detection systems and essential services contractors check and maintain equipment and systems according to schedules. Evacuation maps and directives are displayed throughout the home. Emergency exits and egress routes are free from obstruction. There is an emergency evacuation pack with essential equipment and information. Fire and

emergency training occurs at orientation and on an annual basis. The home includes a keypad security system and electronic surveillance systems operate at the entrance of the home. Staff and management demonstrate understanding of emergency and evacuation procedures and their responsibilities. Residents and their representatives feel safe and secure within the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Designated personnel, with support from St Vincent's Hospital infection control team, oversee the infection control program and responsibilities include collection and analysis of infection surveillance data and overseeing infection control care and practices. Infection control education is included in staff orientation and annual education programs. Infection rates are monitored on a monthly basis through the quality system. Policies and procedures include guidelines for managing gastroenteritis and influenza outbreaks. There are effective processes for hand hygiene, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Staff explained appropriate procedures to follow in relation to managing and preventing infections and their roles in the event of an infectious outbreak. Residents and representatives confirm that residents are encouraged to have annual vaccinations. Staff reported they have appropriate supplies of equipment for infection control and contaminated waste disposal.

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

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

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

The home meets this expected outcome

Hospitality services enhance care recipients' quality of life and the staff's working environment. Resident meals and snacks are delivered from a central kitchen, in line with the home's food safety guidelines and are prepared using a cook/chill process. Catering staff acknowledge residents' individual nutrition and hydration requirements, allergies, and preferences. There is a dietitian-approved menu prepared in line with food safety guidelines. Residents' personal clothing is cared for on-site with a labelling system available to minimise any clothing losses. Linen is laundered by an external contractor. Cleaning services are conducted by in-house staff who are guided by schedules and education. Staff undergo chemical and infection control training upon commencement of employment and on an ongoing basis. Residents and their representatives are satisfied with the catering, cleaning and laundry services.