



**Australian Government**

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**Australian Aged Care Quality Agency**

**Faversham House**

RACS ID 3096  
27 Shierlaw Avenue  
CANTERBURY VIC 3126

**Approved provider: Boroondara Aged Services Society**

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 30 June 2018.

We made our decision on 08 May 2015.

The audit was conducted on 08 April 2015 to 09 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**

**Faversham House 3096**

**Approved provider: Boroondara Aged Services Society**

## **Introduction**

This is the report of a re-accreditation audit from 08 April 2015 to 09 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 08 April 2015 to 09 April 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of four 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>	Colette Marshall
<b>Team members:</b>	Adrian Clementz Christine Brodrick Marg Foulsum

## Approved provider details

<b>Approved provider:</b>	Boroondara Aged Services Society
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## Details of home

<b>Name of home:</b>	Faversham House
<b>RACS ID:</b>	3096

<b>Total number of allocated places:</b>	185
<b>Number of care recipients during audit:</b>	178
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	Dementia care

<b>Street:</b>	27 Shierlaw Avenue
<b>City:</b>	Canterbury
<b>State:</b>	Victoria
<b>Postcode:</b>	3126
<b>Phone number:</b>	03 8809 4917
<b>Facsimile:</b>	03 8809 4994
<b>E-mail address:</b>	<a href="mailto:j.cotter@basscare.org.au">j.cotter@basscare.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	4
Registered /enrolled nurses	13
Care staff	6
Administration assistant	3
Lifestyle staff	6
Care recipients/representatives	31
Volunteer/student	2
Hospitality, environmental staffcontractors	14
Allied health professionals	3

### Sampled documents

Category	Number
Care recipients' files	22
Lifestyle files	18
Resident agreements	14
Medication charts	15
Personnel files	9

### Other documents reviewed

The team also reviewed:

- Activities calendar and documentation
- Archive register
- Audit schedule and results
- Business continuity plan
- Care recipients' information handbook and pack
- Cleaning and laundry documentation
- Clinical referral folders

- Communication books
- Compliments/complaints/suggestions records
- Consolidated register
- Continuous improvement plan
- Contractor and supplier handbook
- Controlled medication registers
- Dietary requirement folder
- Education calendar and training records
- Emergency procedures manual
- Essential services schedules, service reports and monitoring processes
- External contractor documents
- Food safety program and associated documents
- Handover sheet
- Human resource documents
- Incident reports/summary data and analyses
- Internal complaints/compliments/feedback forms
- Material safety data sheets
- Meeting minutes
- Memoranda
- Menu
- Monitoring of infections register
- Newsletters
- Occupational health and safety folder
- Police certificates and statutory declarations
- Policies, procedures and flowcharts
- Preventative and corrective maintenance documents
- Professional registration documentation
- Re-accreditation notification to stakeholders



- Rosters
- Self-assessment documentation
- Staff information handbook and pack
- Vision, mission, values statement
- Volunteer folder.

## **Observations**

The team observed the following:

- Accreditation poster
- Activities in progress
- Charter of residents rights and responsibilities
- Cleaning in progress
- Equipment, supplies and storage areas
- Fire equipment, signage and evacuation kits
- Infection control equipment
- Interactions between staff and residents
- Internal and external complaint and advocacy information
- Living environment
- Meal and refreshment services
- Medication administration
- Noticeboards, information displays and suggestion box
- Security system
- Short group observation in dementia unit dining room.

## 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 home actively pursues continuous improvement by implementing a quality system that identifies, actions, monitors and evaluates improvements across the four Accreditation Standards. Management identifies improvement opportunities through forms, suggestions, observations, audits, meetings, surveys and data analysis. All activities are recorded on an improvement form and management prioritise these according to risk and impact on residents. Management allocate timeframes for completion and log activities to the continuous improvement plan. Individual activity progress is monitored through the action plan committee and the quality committee monitors overall progress. Evaluation occurs through reauditing, data analysis, observations and feedback. Management inform stakeholders of improvements within the home through emails, memoranda, notices, newsletters and meetings. Residents and representatives are satisfied with the home's continuous improvement processes.

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

- With the introduction of the Aged Care Reforms, management developed an information package for residents and representatives to ensure they understood the changes and the impact of these on residents. Packages were posted to all representatives and circulated to all residents. Additional copies were made available at reception. This resulted in all residents and representatives being informed of the changes and provided opportunity for them to clarify any concerns with management.
- At the request of staff, the home's web page was updated with information about the new building works underway on the adjacent site. 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 home has systems to identify and respond to relevant legislation, regulatory requirements, professional standards and guidelines across the four Accreditation Standards. Senior management receive information through legal advisors, peak industry bodies and government departments. Relevant information is communicated to heads of department through the quality meeting and memoranda. Management raise improvement forms to initiate document changes. Management communicate relevant information to staff, residents and other stakeholders through email, memoranda, letters, meetings and notices. Staff, residents and representatives said they receive information about regulatory compliance matters relevant to them.

Evidence of regulatory compliance related to Standard 1 Management systems, staffing and organisational development includes:

- A system to manage police certificates for all staff, volunteers and contractors.
- The provision of information regarding the use and disclosure of personal information.
- Notification to stakeholders of the reaccreditation audit within regulated timeframes.

### **1.3 Education and staff development**

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

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

The home meets this expected outcome

Management and staff have the knowledge and skills required to perform their roles effectively. Educational requirements are identified through mechanisms such as resident needs, stakeholder feedback, clinical indicators, audit results, incident and hazard reports and performance processes. An annual calendar is developed and displayed for staff.

Education sessions are evaluated and staff attendance monitored. Various training modalities are used such as online programs, videos, guest speakers and competency based programs. Management fosters a culture that supports staff to attend external programs and to share their gained knowledge with their colleagues. Staff are satisfied with the education opportunities offered to them at the home. Residents and representatives are satisfied with the skills and knowledge of the staff.

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

- accreditation
- aged care funding documentation
- audits
- comments and concerns.

### **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

The home has a comments and complaints system accessible to all stakeholders. Management provide information about the system to residents, representatives, staff and visitors through entry and orientation processes, handbooks, discussions, posters, brochures and meetings. Improvement forms and external complaints brochures are readily available. Complaints are treated confidentially and procedures ensure the quality manager liaises with complainants who identify themselves to acknowledge the complaint and provide feedback on actions taken. Staff assist residents to lodge complaints as required. Documentation confirmed management respond appropriately and complaints are analysed and inform the continuous improvement process. Residents and representatives know how to lodge complaints and feel confident to do so.

## 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 home's vision and mission statement is documented, on display and included in all key documents. The statement articulates the organisation's commitment to best practice in aged care and their mission to "achieve excellence in services provision by putting the integrity and dignity of those for whom we care first and foremost".

## 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

Management ensure the home has sufficient appropriately skilled and qualified staff to deliver care and services in line with the Accreditation Standards, care recipients' needs and the home's mission and values. Senior management identify staff needs through feedback processes, roster vacancies, data evaluation and changing resident needs. There is a formal recruitment process that includes reference checks, and verification of professional qualifications, registrations and police certificates. Permanent and temporary staff and external contractors complete orientation and there is a three month probation period. New staff are supported through supernumerary shifts that are flexible to meet their individual needs. All roles have position descriptions and there are work instructions to guide staff practice. Residents, representatives and staff are satisfied with current staffing levels and residents said staff have appropriate skills and knowledge to provide resident care.

## 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

The home has an effective system to ensure stocks of appropriate goods and required equipment is available for staff and residents. Approved suppliers deliver consumables to a structured order cycle and there are processes to maintain adequate stock holding levels. Management identifies equipment needs through clinical reviews, audits, feedback mechanisms and meeting forums. There are processes to train staff in the use of new products and equipment. Management maintain a preventive maintenance program and a process to manage unscheduled repairs. There are processes to ensure equipment is regularly cleaned. Storage areas are sufficient, organised and secure. Staff and residents are satisfied with the amount and quality of equipment and inventory supplies at the home.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

Management has systems in place to ensure all stakeholders have access to current information on the processes and activities at the home. Residents and representatives receive information at entry and are kept up to date through regular meetings, noticeboards, care consultations and interaction with staff and management. Staff have access to current policies and procedures and information specific to their position and are kept informed through scheduled meetings, memoranda, handover and noticeboards. There are processes to collect, analyse and make available key data and information to designated staff. Effective archiving processes are in place. There are processes to maintain the confidentiality and security of staff and resident information. Residents, representatives and staff are satisfied the home keeps them informed on aspects relating to resident care and services.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home has a system that ensures externally sourced services are provided in a way that meets the home's needs and quality goals. Management maintain service agreements with a wide variety of external service providers. Contractors provide evidence of qualifications, certifications and insurances as part of the contractual engagement and review process.

Management has processes to ensure external service providers meet their contracted obligations as scheduled. Management monitors the quality of services through annual service evaluations and through the home's feedback processes and meeting forums. Residents, representatives 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

The home's continuous improvement program supports improvements related to care recipients' health and personal care. Management and staff identify improvement opportunities through clinical incidents, feedback, clinical care audits, observation of practice, meetings and discussions. For further information regarding the home's systems and processes, refer to expected outcome 1.1 Continuous improvement.

Improvements related to Standard 2 Health and personal care include:

- Following attendance by staff at an education seminar, the home developed a small booklet for staff on nutrition for residents with dementia. A memorandum was circulated, a poster displayed and the booklet made available at all care stations. Staff feedback has been positive and the impact on residents will be evaluated through weight monitoring.
- To improve palliative care, the home has developed a palliative care resource for staff that includes an information booklet covering all relevant issues and web addresses for on-line resources. The pack is located at care stations and has been evaluated through staff interview. Staff said the resource has been helpful and has been utilised when required.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems for identifying relevant legislation, regulations, professional standards and guidelines relating to care recipients’ health and personal care. Management inform clinical staff of clinical care updates through meetings, memoranda and handover. For information about the home’s systems and processes, please refer to expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 2 Health and personal care includes:

- appropriately qualified staff to plan, supervise and undertake specialised nursing care
- monitoring of professional registrations
- safe medication storage and management
- procedures to manage absconding risk.

## 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

There is a system to ensure that staff have the knowledge and skills to perform their roles effectively in relation to care recipients health and personal care. For details regarding the home’s system, please refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education provided and the support from management to access training. Residents and representatives said they are satisfied with the skills and knowledge of the staff.

Education conducted related to Standard 2 Health and personal care include:

- advanced care planning
- oral and dental care
- practical skills
- skin 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. On entry to the home an interim care plan outlines resident care requirements followed by a period of scheduled assessments and completion of a long term care plan. Registered nurses undertake assessments and care planning in consultation with the resident, their representative, medical practitioners and other health professionals. Care evaluation occurs on a regular basis or more frequently if required and includes a process for care consultation. Communication of care occurs through verbal and written handover, care plans and diaries. Clinical incidents are reviewed and evaluated by relevant health professionals and changes to resident care are implemented as required. Residents and representatives are satisfied that care is provided according to residents’ needs and preferences.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised care plans are developed and outline interventions and monitoring for staff to follow. Registered nurses review and evaluate outcomes of care in consultation with medical practitioners and a range of other health professionals. Residents and representatives are satisfied with how specialised care is undertaken.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ are referred to appropriate health specialists in accordance with their assessed needs and preferences. Medical practitioners visit residents regularly and on an as needs basis and other health professionals provide services on site including physiotherapy, podiatry, dietitian and speech pathology. Dental, hearing, and eye care services are provided on site or residents attend outside appointments according to their choice and preference.

Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care are followed. Residents and representatives are satisfied with the home’s process for referral to health specialists according to 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

Care recipients’ medication is managed safely and correctly. Nurses undertake or supervise medication administration and competency training is completed. Medical practitioners assess and monitor resident medication requirements and an independent pharmacist completes medication reviews. Medications administered on an as needs basis are evaluated for effectiveness. There is a safe system in place for residents who wish to self- administer medications. The system for regular and urgent medication supplies is effective and occurs in a timely manner. Medications are stored in secure and safe areas according to policy requirements. Medication incidents are evaluated and review is undertaken accordingly. Multidisciplinary medication meetings are held to monitor and evaluate the medication system. Residents and representatives are satisfied with how staff undertake medication administration.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Pain management practices used at the home ensure all care recipients are as free as possible from pain. Care processes for pain management includes 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. A range of pain management strategies includes heat packs, massage and analgesia. A physiotherapist undertakes individualised pain management programs for residents with chronic pain. Medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Residents and representatives are satisfied with pain management treatments used at the home.

## **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

The comfort and dignity of terminally ill care recipients is maintained. Palliative care plans outline care needs and preferences for treatment options which are completed in consultation with the resident, representative, medical practitioner and other health professionals. There is access to a palliative care support service if required and staff described care measures they undertake when caring for terminally ill residents including comfort and dignity measures.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there is a process to provide adequate nourishment and hydration to care recipients. When residents move into the home staff assess their nutritional requirements, likes and dislikes and identify dietary, cultural requirements and levels of assistance needed. Registered nurses with the support of a dietitian and speech therapist review the care needs of residents who have difficulty with swallowing, weight maintenance or require specialised diets. There are processes to ensure relevant staff are aware of residents with specific dietary requirements including supplements, texture modified diets and thickened fluids. Dexterity aids such as adaptive cutlery and crockery are provided when required and staff assist residents during meal times if needed. Residents and representatives said residents’ nutritional and hydration needs are met.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Skin 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, routine repositioning and use of pressure relieving devices. Nurses undertake and evaluate wound care treatment and external specialists assist with the management of complex wounds. The incidence of skin injuries is monitored through the incident reporting system. Residents and representatives are satisfied with how staff attend to 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

Care recipients’ continence is managed effectively. Continence assessments are undertaken on entry to the home and revised on a regular basis. Individualised care plans outline resident requirements and there is a continence aids program. Optimal bowel health is promoted through appropriate dietary intake, use of medication therapies and monitoring is undertaken. Residents and representatives are satisfied with how staff manage continence and maintain 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

The needs of care recipients with challenging behaviours are managed effectively. Behaviour care plans outline individual triggers and intervention strategies. This includes evaluation of treatment plans in consultation with medical practitioners, external specialists and the lifestyle team. Referral to psychogeriatric services occurs as required. The lifestyle program includes activities for residents with behavioural problems and dementia related illness which are personalised to meet the specific needs of each resident. Residents and representatives are satisfied staff manage behaviours in a caring and supportive manner.

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

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

### **Team’s findings**

The home meets this expected outcome

There are processes to assist care recipients achieve optimum levels of mobility and dexterity. When residents move into the home staff assess for residents’ mobility capacity and falls risk and formulate care plans which include aids used, exercise programs, protective equipment and falls prevention and risk management strategies. Staff consult with specialists and allied health professionals to assist with strategies and individual plans for residents where needed. Staff follow the home’s procedures when incidents occur where residents have fallen. Appropriate mobility aids and transfer equipment are available and staff have education to safely assist with resident transfers and mobility. Residents and representatives are satisfied staff assist residents 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 assist care recipients to maintain optimal oral and dental health. When residents move into the home oral and dental care assessments are completed which identify whether residents have their own teeth or dentures and includes individual needs, preferences and level of assistance required. Staff monitor residents’ oral and dental status and ability to self-manage their oral care and amend care plans if changes occur. Staff arrange and facilitate dental and speech pathology appointments as required and the home has a visiting dental service. Staff have access to appropriate equipment to provide oral care to residents. Residents and representatives said staff provide dental care to residents and assist when needed.

## **2.16 Sensory loss**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Assessment of sensory losses identifies care processes to optimise communication, touch, taste and smell. Referral to other health professionals such as audiologists and optometrists occurs as required. Staff assist residents with use of hearing, visual and other aids and routine checks of the working condition of aids occurs on a regular basis. Residents and representatives are satisfied residents receive assistance to optimise their communication and other sensory needs.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ are assisted to achieve natural sleep patterns. Staff assist residents to adopt their preferred sleep pattern when they move into the home and provide suitable assistance as required. Residents select their individual preferences for settling and rising time and sleep promotion comforts they may wish to use. Residents said the home is quiet at night and staff 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

The home’s continuous improvement program includes processes to identify and implement improvements related to care recipient lifestyle. Residents and representatives make suggestions through improvement forms, surveys, meetings and informal discussions. For further information regarding the home’s systems and processes, please refer to expected outcome 1.1 Continuous improvement.

Improvements related to Standard 3 Resident lifestyle include:

- To enhance the outdoor environment for residents, lifestyle staff initiated a project that involved collaboration with the residents’ “Kitchen Grower’s Club”, other interested residents, staff and families to design and develop a resident’s garden. The project included a visit from a celebrity cook, who spent time interacting with residents, families and staff. The garden is well established with vegetables, herbs and decorative flowers and plants, a pet duck, water feature, pizza ovens and propagating area. Vegetables and herbs are used in the home’s kitchen and residents and their visitors enjoy visiting and pottering in the garden. Resident who were previously isolated and disinterested in activities are now becoming actively involved.
- To improve opportunities for residents unable to visit the home’s kiosk to independently purchase small items, a kiosk trolley has been established. The trolley visits residents on a weekly basis. Residents are very happy with this and staff have noted an improvement in residents’ self-esteem as a result.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems for identifying relevant legislation, regulations and guidelines relating to care recipient lifestyle. Residents and representatives receive information on entry and this is reinforced during meetings and displayed in the home. For further information regarding the home’s systems and processes, please refer to expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 3 Resident lifestyle includes:

- policies and procedures in relation to privacy and confidentiality
- procedures for recording and reporting alleged or suspected resident assault
- resident agreements that outline care and services and security of tenure.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

There is a system to ensure that staff have the knowledge and skills to perform their roles effectively in relation to care recipients’ lifestyle. For details regarding the home’s system, please refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education provided to promote and foster residents’ wellbeing and lifestyle. This is further supported by management promoting staff to access external training options. Residents and representatives said they are satisfied with the skills and knowledge of the staff.

Education conducted related to Standard 3 Care recipient lifestyle include:

- cultural diversity
- dementia activities and principles
- mandatory reporting.

### **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

Emotional support is provided to care recipients on an ongoing basis to assist with adjusting to life in the home. Residents and representatives are provided with a welcome package, which includes information on care and services provided. Staff assess residents for their emotional support needs and preferences and information is incorporated into their care plan. Emotional support needs are reviewed regularly and care plans are updated as required. A counselling service is available to further support residents' emotional wellbeing which has had a positive impact on emotional wellness. Residents and representatives are satisfied with the initial and ongoing emotional support residents receive at the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

Staff promote and assist care recipient's to maximise their independence, maintain friendship and engage in activities within the home and wider community. Information gathered through the assessment process is used to enhance residents' physical, social, cultural, financial and intellectual needs. The lifestyle program supports residents' independence through mobility and dexterity activities and provision of adaptive equipment. Links with the community are maintained through outings, the volunteers program and community visitors attending the home. The home's interior design enables residents to access private areas to foster their friendships. Residents and representatives are satisfied with the processes for promoting independence together with maintaining friendships and links with the community.



### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management and staff ensure that each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Residents receive information about how the home protects their privacy during the admission process. Staff practice is guided by policies which outline requirements to obtain consent for the use of personal information. Staff identify strategies and work practices that support residents' privacy, dignity and confidentiality. Resident information is stored securely. Residents have either single or shared rooms with en-suites and shared facilities have appropriate privacy screens and locks. Residents can personalise their room and have access to private areas around the home.

Residents and representatives are happy with the way residents' privacy and dignity is maintained.

### **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 interests and activities of interest to them. Prior to moving into the home, residents and representatives are encouraged to complete a resident profile which includes their past activities and preferences. In consultation with residents and representatives, staff use this information as part of the assessment process and develop an individualised lifestyle plan. Staff review the lifestyle care plan regularly and in response to changing needs of the resident. A lifestyle program is developed with residents input resulting in activities being overseen and run by the residents. The program offers group and individual activities reflecting residents emotional, intellectual, physical, sensory and cultural needs. Special celebrations, bus outings, visiting entertainers, an intergenerational program together with an extensive volunteer program add to the diversity of activities available. Residents and representatives are satisfied with the range and quality of activities offered at the home.

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

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

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

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients. Prior to moving into the home, residents and representatives are encouraged to complete a resident profile which includes their spiritual and cultural needs. Cultural diversity is celebrated at the home in many ways through food, music, costume,

movies, relaxation and religious services. Staff have access to cultural information to assist with meeting individual cultural needs as required. Residents and representatives have opportunities to engage in cultural and spiritual programs and are satisfied with the support provided to meet these needs.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

Staff enable care recipients and representatives to exercise choice and control over residents' lifestyle without infringing on the rights of others. Staff document the resident's preferences and choices in care plans and regularly review the resident's choices regarding care and support. Residents are able to express their wishes through forums such as meetings, surveys, care consultations, the internal and external concerns mechanisms as well as accessing advocacy services. Information about residents' rights and responsibilities is documented in the residents' handbook and agreement. Staff have the knowledge to support residents in the decision making process in a variety of settings. Residents and representatives said they are supported to make choices and decisions about their residents' daily routine and care options.

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

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

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

The home meets this expected outcome

There is a system to ensure that care recipients have secure tenure within the home and understand their rights and responsibilities. The admitting officer discusses and provides residents and representatives with an agreement and information package. Residents are consulted about any changes that may impact on their security of tenure. Residents and representatives said they were offered an agreement and are aware of the rights of residents living in the home. The Charter of care recipients' rights and responsibilities – residential care is displayed at the home.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Improvements related to the physical environment and safe systems are evident in the continuous improvement program. Management identify these through environmental audits, incident and hazard reports, maintenance requests and stakeholder feedback. Refer to expected outcome 1.1 Continuous improvement.

Improvements related to Standard 4 Physical environment and safe systems include:

- Management identified the emergency procedures manual was cumbersome making it difficult to access information quickly. Management developed an emergency flipchart to provide a step-by-step guide for staff in the event of an emergency. This is now located at all key points in the home and feedback has been positive.
- Staff incident analysis indicated issues in safe practice for catering staff. Management reviewed procedures and implemented simple, clear instructions in the form of a ‘Dos and Don’ts’ list. This has been particularly beneficial for staff of non-English speaking background and there has been a reduction in staff incidents.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems for identifying relevant legislation, regulations and guidelines relating to the physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 4 Physical environment and safe systems includes:

- a food safety program and external audits
- fire and essential services inspection and testing systems
- procedures for recording, managing and reporting infectious diseases and outbreaks
- safe chemical storage and material safety data sheets.

### 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

There is a system to ensure that staff have the knowledge and skills to perform their roles effectively in relation to the physical environment and safety systems. For details regarding the home's system, please refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education provided in relation to the physical environment and safety systems. Residents and representatives said they are satisfied with the skills and knowledge of the staff in promoting a comfortable and safe environment.

Education conducted related to Standard 4 Physical environment and safe systems include:

- chemical training
- emergency preparedness
- infection control
- food handling
- 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 is actively working to provide care recipients with a safe and comfortable environment consistent with the care needs of those living at the home. Residents are accommodated in single or double rooms with ensuite bathrooms which they are encouraged to personalise with their belongings. Rooms and communal areas are light filled, appropriately furnished, well maintained and kept at a comfortable temperature. Residents have access to a number of outside areas and established gardens. Management ensures the buildings, grounds and equipment are maintained through regular servicing and maintenance programs. Regular inspections and audits, risk assessments, incident and hazard reporting, feedback mechanisms and meetings are used effectively to monitor a safe and comfortable living environment. Staff are trained in and employ appropriate practices to ensure the safety and comfort of residents. Residents and representatives are satisfied the home provides residents with a comfortable and well maintained 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 has a system to support a safe working environment that is aligned to regulatory requirements. There are policies and procedures in relation to safe work practice and an occupational health and safety information manual is maintained in each nurses station. Staff are informed of their responsibilities during the induction process and through handbooks and displayed information. Workplace inspections, maintenance issues, hazards raised and staff incidents and accidents are discussed at the bimonthly occupational health and safety meeting. Staff elect occupational health and safety representatives who undergo accredited training and an annual refresher course. Equipment and hazardous material is stored safely. Staff are satisfied management actively work to create a safe work environment and are responsive to concerns raised.

#### **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 and safe systems of work that minimise fire, security and emergency risks. There are emergency procedures and continuity plans to respond to a range of internal and external emergencies. Qualified external contractors maintain fire safety equipment and there are processes to ensure essential services equipment and fixtures are maintained to schedule. Management displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. There are effective processes to maintain current evacuation lists and emergency evacuation response packs. All staff are required to complete annual mandatory fire and emergency training and residents are informed of what to do in the event of the fire alarm sounding. Arrangements for providing a secure environment include electronic surveillance, perimeter fencing, sign in processes and keypad control points. Residents and representatives are satisfied the home provides a safe and secure environment.

#### **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 to identify and manage infection risks and outbreaks. The director and deputy director of residential services take overall responsibility for the infection control program. Infection surveillance data collected by supervisors in each wing are aggregated, analysed and trended in a monthly report which is tabled at relevant meeting forums including the medication advisory committee. The home has a food safety program in place that meets regulatory requirements. There is a system for the management and

prevention of pests. Residents are offered vaccinations in consultation with their doctors and staff immunisation is promoted by management. Staff have access to information, guidelines and equipment to identify and manage an outbreak. There are processes to ensure adequate supplies of protective clothing and equipment and the disposal of sharps and infectious waste.

#### **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 way that enhances care recipients' quality of life and the staff's working environment. Meals are prepared daily in the on-site kitchen and served to residents in the different wings after pre-plating or from bain-maries. The dietitian approved winter and summer menu is developed in consultation with residents. Meals are served taking into consideration individual medical requirements, food allergies and personal preferences. There are processes and safeguards to ensure this information is kept current. Alternative meals, snacks, fruit and hot and cold beverages are available to residents at all times. Scheduled cleaning processes ensure residents' rooms and communal areas remain clean and fresh and additional cleaning occurs as required. All linen and residents' personal clothing are laundered in-house and there are processes to label resident clothing and minimise lost property. Monitoring processes for hospitality services include resident feedback, scheduled meetings and internal and external auditing. Residents and representatives are satisfied with the quality of home's catering, cleaning and laundry services.