



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Kew Gardens Aged Care**

RACS ID 4218  
22-24 Gellibrand Street  
KEW VIC 3101

**Approved provider: Australian Aged Care Group Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 07 September 2018.

We made our decision on 20 July 2015.

The audit was conducted on 17 June 2015 to 18 June 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

<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:

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.

<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: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Kew Gardens Aged Care 4218**

**Approved provider: Australian Aged Care Group Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 17 June 2015 to 18 June 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 17 June 2015 to 18 June 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>	Jennifer Clarke
<b>Team member:</b>	Nicholas Hill

## Approved provider details

<b>Approved provider:</b>	Australian Aged Care Group Pty Ltd
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## Details of home

<b>Name of home:</b>	Kew Gardens Aged Care
<b>RACS ID:</b>	4218

<b>Total number of allocated places:</b>	100
<b>Number of care recipients during audit:</b>	85
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	N/A

<b>Street:</b>	22-24 Gellibrand Street
<b>City:</b>	Kew
<b>State:</b>	Victoria
<b>Postcode:</b>	3101
<b>Phone number:</b>	03 9261 8600
<b>Facsimile:</b>	03 9261 8666
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Executive management team	3
Director of Care	1
Registered nurse	3
Care recipients/representatives	10
Care staff and lifestyle staff	4
Hotel service staff	6

### Sampled documents

Category	Number
Care recipients' files and associated documents	9
Care recipient agreements	8
Medication charts	9
Personnel files	8

### Other documents reviewed

The team also reviewed:

- Audit schedule and associated records
- Care recipient emergency evacuation list
- Care recipient information packages and handbook
- Cleaning schedules
- Clinical incident reporting records
- Comments and complaints records
- Consolidated register of reportable incidence
- Continuous improvement documents
- External contractors records
- Fire, security and emergency management documents

- Learning and development records
- Leisure and lifestyle program records
- Material safety data sheets
- Meeting schedule, agenda and associated minutes
- Newsletters
- Nurse registration records
- Policies and procedures
- Position descriptions
- Preventive and reactive maintenance records
- Recruitment and induction documents
- Staff and volunteer information packs
- Rosters
- Safety and risk assessments
- Strategic plan
- Vision, values and objective statement.

## **Observations**

The team observed the following:

- Activities in progress
- Clinical supplies
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Internal feedback forms
- Living environment
- Notice boards
- Short observation in dining room
- Spills and gastroenteritis kits
- Storage of medications.



## 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 management team has systems for the pursuit of continuous improvement. The local quality system incorporates components of the wider organisations' overarching principles and strategic management functions. Performance against management systems is monitored through a schedule of audits, the reporting and analysis of key indicator information, suggestion forms, surveys and meetings. The management team analyse the results of input to the quality system and actively oversee the implementation of required actions. Staff commented positively on the continuous improvement process and care recipients and representatives stated they are regularly informed of continuous improvement activities.

Recent improvements undertaken in relation to Standard 1 – Management systems, staffing and organisational development include:

- In an effort to enhance the administration of information, the home has purchased and installed an electronic management system. The system is widely used for the collection and organising of relevant information within the quality system. Management state the system has improved the tracking and evaluation of quality initiatives and the trending of results and performance measures.
- The home has developed and implemented a series of self-directed learning packages to support the staff development and education program. The self-directed learning packages comprise of relevant resource materials and written competency assessments that allow staff to study in a more flexible and convenient manner.
- As a result of an internal evaluation, the home has developed and introduced a more comprehensive auditing system. The revised and updated audits now cover additional areas of performance and the results are now presented along with graphs and benchmarking indicators. Management state the audit system now covers a broader range of outcomes and there is more in-depth analysis of results.

## 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 management team has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home subscribes to a legislative update service to identify legislative and regulatory requirements. A delegated senior staff member interprets the impact of any new or amended legislation and provides the home with information to maintain compliance with legislative requirements.

Details of relevant legislation, resource manuals and other related information is available in hardcopy and electronically stored formats. Staff are provided with information on amendments to laws and other regulatory matters through meetings, the memorandum system and during education sessions.

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

- All current staff, volunteers and certain contractors undergo police checks together with relevant statutory declarations.
- The organisation provides all staff with a current Fair Work information statement.
- Stakeholders are provided with information about internal and external complaint mechanisms and advocacy services.

### 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

The management team has developed an education and development program to assist staff in performing their roles effectively. An annual training calendar is in place that offers regular training opportunities for staff including in-service training provided by appropriately qualified staff. The home uses the service of a third party that has industry specific skills to support the home's training and development needs. Staff have access to a series of self-paced learning packages and individual and group based learning sessions. Staff complete a variety of competency assessments appropriate to their role to ensure maintenance of their skills and knowledge. Staff stated they are encouraged to participate in internal and external education opportunities and they are satisfied with the range of training opportunities available.

Education conducted in the last year relating to Standard 1 – Management systems, staffing and organisational development include:

- Management training – human resources
- Understanding accreditation compliance
- Harassment and discrimination.

### 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

Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Information about the internal and external complaints process is included in care recipient and staff handbooks and the orientation program. Pamphlets outlining external complaints and advocacy services are readily available. Through a range of established communication processes stakeholders are encouraged to raise their concerns with management and staff or by using the home's processes. Management is available to discuss informal feedback and reviews all documented feedback to ensure timely follow-up. Actions are developed to address identified issues and progress is monitored through the quality system. Care recipients and representatives are satisfied with the approachability of management and staff and their responsiveness.

## 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 has a documented vision, values and objectives statement. The statement is on display and documented in care recipient and staff handbooks. Management said they have a commitment to providing care based on the organisations vision and values. Staff state management and key personnel encourage and support them to provide a high standard of care.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The management team demonstrates staff are suitably qualified and sufficient in numbers to meet care and services objectives. Management monitor staffing numbers and the required skill mix to meet workloads and care recipients care needs. There are registered nurses on duty at all times who are supported by enrolled nurses and personal care assistants. Staff are required to undertake annual performance appraisals, complete relevant competencies and attend education sessions. Staff state management are responsive to their feedback related to rosters, work allocations and other staffing needs. Care recipients state staff are attentive and attend promptly to their care needs.

## 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 management team has systems to facilitate the availability and adequate supply of goods and equipment for care and services delivery. Key staff and the management team monitor stock levels of goods and reorder as required. Evaluations of inventory and equipment requirements and the changing needs of care recipients play a major role in deciding what goods and equipment the home procures. Preventative maintenance works and routine inspections provide for ongoing monitoring of the home's equipment. Care recipients and staff stated they are satisfied with the provision of goods and equipment 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

There is a range of strategies in place to provide an effective information system at the home. This includes an electronic clinical management system and various other software programs for the organising and provision of information. The home routinely collects key indicator data to inform the quality system, monitor performance and to meet internal and external reporting requirements. The home provides meetings minutes and uses memorandum, clinical handovers, noticeboards, reports and scheduled meetings to communicate with all stakeholders. Interviews with care recipients, representatives and staff confirm they receive appropriate and relevant information.

## **1.9 External services**

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

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

The home meets this expected outcome

The management team has contracted service arrangements for the provision of external services to meet service needs. Documented agreements are in place with key externally sourced suppliers and services that include performance reviews as required. A list of approved suppliers and contractors is available with relevant contact details. A review of documentation indicates suppliers and external services are required to meet set criteria for business registration and other organisational arrangements. Staff and care recipients are satisfied with the current range of external services and suppliers at the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

The management team pursues continuous improvement related to care recipients' health and personal care with the overall system described in expected outcome 1.1 Continuous improvement. Continuous improvement opportunities related to clinical care are identified through input from health care professionals, care plan reviews and staff observations and feedback.

Recent improvements undertaken in relation to Standard 2 – Health and personal care include:

- The management team has provided extensive support for a care recipient to express and communicate the impact of the disease process as it relates to their individual condition. Historically recognised as an accomplished painter, the care recipient has produced a number of art works designed to provide awareness and communicate to staff how the disease process has affected their physical and mental state. The art works have been an effective means for the care recipient to come to terms with their disease and is an insightful education tool for staff.
- The management team has enhanced the palliative care services provided to care recipients by facilitating senior clinical staff to attend a workshop and implement a 'train the trainer' model for other staff. The home now has access to a greater range of contemporary palliative care tools and additional trained staff to provide appropriate care to care recipients.
- In an effort to improve education for care staff related to assisting care recipients with transfers and mobility, the home has introduced 'tool box' style education. The education is delivered by the contracted physiotherapist service to small groups of care staff at a time. Staff and management state the education sessions have enhanced their skills and confidence when transferring care recipients and assisting with their mobility.

## 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

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

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

- The organisation has processes to monitor the current registration of nursing staff.
- The team observed medications are appropriately stored and managed in line with regulatory requirements.
- There are arrangements in place for appropriate responses in the event of an unexplained care recipient absence.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrate there are systems in place to ensure all clinical staff have the appropriate knowledge and skills to perform their roles effectively. Care recipients said staff have the appropriate skills and knowledge to care for them. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted in the last year relating to Standard 2 – Health and personal care include:

- Continence needs and catheter care
- Palliative care and pain management
- Medication management.

## 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. Registered nurses complete initial and ongoing assessments according to documented schedules. Initial assessment data contributes to an interim care plan until the care planning process is complete. Registered nurses initiate re-assessment of care recipients in response to changes in their health status and refer care recipients to medical and health specialists as needed. Staff have access to policies and procedures, care and handover information and attend relevant clinical education. Management monitor clinical care through clinical indicators, scheduled audits, care reviews and stakeholder feedback. Care recipients and representatives said they are satisfied with the level of consultation and care provided.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Assessment for specialised nursing requirements occurs on entry to the home and when necessary. Registered nurses develop nursing care plans outlining specialised needs, preferences and care strategies to guide staff practice. Staff consult with other health specialists and include prescribed treatments into the care plan and review process. Staff have access to appropriate specialised nursing equipment and educational resources.

Management monitor specialised nursing through scheduled audits, care reviews and stakeholder feedback. Care recipients and representatives are satisfied specialised nursing care is provided in accordance with their needs and preferences.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Referral to health specialists occurs according to care recipients’ needs and preferences. Clinical reviews and assessments ensure staff identify care recipients’ referral needs on entry and as required. Health specialists visit the home and staff assist care recipients to attend external appointments. Care plans include diagnosis, treatment and updates to care occurring as a result of referrals. Care recipients and representatives expressed satisfaction with the assistance they receive in accessing other health professionals.



## **2.7 Medication management**

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

Registered nurses oversee the medication requirements for all care recipients. Appropriately trained and competent registered and enrolled nurses and personal care staff assist care recipients to take their medication in accordance with legislative guidelines and the home’s medication policies, procedures and guidelines. Registered nurses complete initial and ongoing assessments identifying medication requirements, preferences, allergies and any special assistance needed. Medication profiles and charts are current, with clear medication orders, identification information and detail care recipients’ preferences and special needs when taking medication. Management monitor medication systems and practices through audits, competencies, incident reporting and regular staff and pharmacist reviews. Issues identified through these processes are reported through the meeting structure. Care recipients and representatives expressed satisfaction with medication management.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Pain management and care strategies ensure all care recipients are as free as possible from pain. Nursing staff complete initial pain assessments identifying care recipients’ past and current pain experiences and commence appropriate treatments. Staff complete assessments and charting for continuing pain using this information to formulate care plans. Pain relieving equipment is available and care recipients are encouraged to participate in regular physiotherapy, exercise and lifestyle programs. Staff have access to education and clinical resources relating to pain management. Management monitor outcomes through care reviews, audits and stakeholder feedback. Care recipients and representatives expressed satisfaction with the management of pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Care management systems and staff practices ensure dignity and comfort for care recipients nearing the end of their life. Palliative care preferences are included in assessment and care planning outlining care recipients’ wishes and preferences for end of life care. Systems are in place to guide registered nurse review and adjust care recipients’ care during the palliative stages of their life. Palliative specialists are available to provide advice and support as required. There are sufficient palliative care resources and relevant staff education is scheduled. Care recipients and representatives expressed satisfaction with the cultural, spiritual and palliative care opportunities available to them.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. During the initial entry period registered nurses assess care recipients’ nutrition and hydration needs and preferences in consultation with the care recipient and or their representative. Assessments and care plans identify food allergies, clinical requirements, personal and cultural preferences and the level of assistance required. The home displays a daily menu, alternative meals and bowls of fresh fruit are available. Individual care strategies include structured meal times, texture modified meals, special fluids and a choice of modified cutlery and crockery. Registered nurses monitor care recipients for weight variations and nutritional status initiating dietary supplements and referrals to other health specialists as required. Care recipients and representatives expressed satisfaction with the meals and drinks provided.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Initial and ongoing skin assessments identify care recipients’ skin risks and registered nurses use this information to develop care plans to minimise and manage identified risks. Care plans detail care recipients’ skin care needs and risk management strategies such as specific hygiene care, regular position changes and safe manual handling. Management monitor the effectiveness of care through the care plan review process, audits, incident analysis and stakeholder feedback. Care recipients and representatives expressed satisfaction with the care provided to manage their skin integrity.

## 2.12 Continence management

*This expected outcome requires that “care recipients’ continence is managed effectively”.*

### **Team’s findings**

The home meets this expected outcome.

Care recipients receive continence care appropriate to their needs. Registered nurses assess each care recipient for their continence needs and preferences on entry to the home and on a regular basis. This includes referral to a continence adviser if indicated and the use of the appropriate management aids. Care plans detail care recipients’ preferences, established habits and strategies to maintain independence, comfort and dignity. Staff demonstrated knowledge of care recipients’ continence needs and preferences. Care plan review and program evaluation includes monitoring of infection data, assessing the suitability of aids and obtaining feedback from care recipients and staff. Care recipients and representatives expressed satisfaction with the assistance they receive for continence care.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The management of care recipients with challenging behaviours is effective. Registered nurses assess care recipients’ behaviour patterns on entry to the home identifying behavioural concerns and formulate plans to manage identified behaviours. Assessments include observations of verbal, physical and wandering and other behaviours over a designated period and these inform the development of the care recipients’ care plan.

Incident reports are completed when care recipients exhibit challenging behaviours. The team observed care recipients responding to specific life enhancement programs, positive staff and care recipient interaction and noted a calm environment. Management monitor the effectiveness of care through audits, incident analysis, care reviews and stakeholder feedback. Care recipients and representatives expressed satisfaction with the management of care recipients with challenging behaviours.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s findings**

The home meets this expected outcome

Care plan strategies encourage care recipients to maintain their mobility and dexterity skills by participating in activities of daily life according to their capabilities. Physiotherapists identify care recipients’ individual needs relating to exercise activities, level of assistance and need for assistive devices such as walking aids and mobility aids. Care and lifestyle programs enhance mobility and dexterity with exercise activities and falls minimisation management. Appropriate transfer equipment is available and staff have received education in manual handling and transferring care recipients safely. Management monitor care using incident report data, care reviews and stakeholder feedback. Care recipients and representatives expressed satisfaction with the care they receive to maintain their mobility and dexterity.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive oral and dental care appropriate to their individual needs and preferences. Dental assessments and care plans include care recipients’ preferences, details of teeth or dentures, identification of any problems with mouth, gums and lips and the level of staff assistance required. Care recipients have access to dental professionals and appropriate dental supplies. Menu options include alternative food textures to manage dental or swallowing difficulties. Care recipients and representatives confirmed staff assist care recipients with oral hygiene care and to access dental services.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

Care and assessment processes ensure the effective identification and management of care recipients’ sensory loss. Care plans detail specific individual strategies and include the level of assistance required, care of aids and strategies to optimise sensory function. Staff assist with specialists’ referrals to audiologists, optometrists or other services. The environment is light with clear signage, wide corridors and secure grounds. The lifestyle program includes group and individual sensory stimulating activities. Care plan reviews, audits and care recipient and representative consultation are in place to monitor effectiveness of care. Care recipients and representatives expressed satisfaction with the support and care provided to manage their sensory needs.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Registered nurses identify care recipient sleep needs and preferences using entry and ongoing assessments, observation and care recipients’ feedback. Care plans detail individual preferences and needs including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Staff described care recipients’ sleep needs providing examples of individual night care and sleep preferences. Audits, handover and care plan reviews are in place to monitor the night time environment and care recipient satisfaction. Care recipients said they usually slept well and staff provided assistance as needed.

## 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 organisation pursues continuous improvement related to care recipient lifestyle with the overall system described in expected outcome 1.1 Continuous improvement. Care recipient and representative satisfaction is obtained through formal surveys and informal feedback.

Regular meetings provide opportunities for care recipient and representatives to discuss any issues related to care recipient lifestyle. Care recipients and representatives are satisfied they are offered opportunities for input to the lifestyle program.

Recent improvements relevant to Standard 3 - Care recipient lifestyle include:

- In an effort to increase access to lifestyle events for care recipients living with dementia, the home has developed art appreciation classes. There are now regular sessions facilitated by lifestyle staff and a volunteer with relevant experience in art appreciation aimed at engaging care recipients in a therapeutic activity. In addition, care recipients visit a major art gallery as part of the program. Management state the art appreciation program has enhanced the wellbeing of care recipients.
- Following on from a suggestion, the home has introduced an aged care specific exercise program. The exercise program is designed to encourage healthy habits for care recipients by promoting balance and strength training exercises during regular group sessions. Feedback from care recipients and staff indicates the exercise program is making a positive difference towards a healthier lifestyle for care recipients.
- The home has introduced a music therapy program aimed at providing more engagement for care recipients who do not actively attend other lifestyle activities. The music therapy comprises of a qualified therapist providing music during group sessions and individual bedrooms as required. An evaluation of the program indicates care recipients are satisfied with the music sessions and representatives expressed appreciation when the music therapy was delivered as part of palliative care services.

### 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

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

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

- Management has systems to demonstrate compliance related to residential agreements.
- Management display and promote The Charter of Care Recipients Rights and Responsibilities.
- Policies and procedures for appropriately managing reportable incidents such as episodes of elder abuse.

### 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 demonstrate there are systems in place to ensure all relevant staff have appropriate knowledge and skills required to perform their roles effectively. Care recipients said staff respect their choices and provide support to maintain their personal, civic, legal and consumer rights. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted in the last year relating to Standard 3 – Care recipient lifestyle includes:

- Cultural awareness
- Understanding and delivering diversional programs
- Dementia training for the lifestyle team.

### **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

The home has systems to support care recipients' adjustment to life in the home and to provide ongoing emotional support. Management meets with prospective care recipients and their representatives and provides information and support prior to entry. Lifestyle and clinical staff assess care recipients' emotional support needs when they enter the home and provide orientation and support. Emotional support needs are noted on the care plan to guide staff and staff monitor and regularly review care recipients' needs. The home has systems in place to provide additional emotional support in times of crisis and at end of life. Care recipients and representatives expressed satisfaction with emotional support provided by staff.

### **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 assist care recipients to achieve maximum independence, continue their social relationships and participate in community life. Clinical and lifestyle staff assess care recipients' abilities and areas where they need support to maintain a social life on entry, and develop a care plan to support care recipients to do as much as they can. Links with community, volunteers and groups support this process. Staff complete risk assessments to identify where care recipients may need support to maintain their independence and care recipients are supported to vote as required. Care recipients and representatives expressed satisfaction with the support care recipients receive to maintain independence and community connections.

### **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 ensures care recipients' right to privacy, dignity and confidentiality is recognised and respected. Management and staff provide care recipients and representatives with information about their right to privacy on entry to the home and the home seeks consent from care recipients to display their photographs and names. Care recipients' information is stored securely and discussed discretely. Staff displayed awareness of strategies to maintain care recipients' privacy, dignity and confidentiality and management monitors these aspects of care. Care recipients and representatives expressed satisfaction with the home's treatment of their privacy, dignity and confidentiality.

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

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

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

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in activities of interest to them. When care recipients enter the home leisure and lifestyle staff record interests and activities they enjoy and develop care plans. Leisure and lifestyle staff develop a program in response to care recipients' interests. Staff provide information about the program and encourage care recipients to participate to the extent they wish and conduct regular reviews of the program. Staff adjust the program to meet care recipients' changing needs and interests and review care recipients' individual plans regularly. Care recipients and representatives stated they are satisfied with the lifestyle program.

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

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

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

The home meets this expected outcome

Management and staff value and foster the customs, beliefs and cultural backgrounds of care recipients in the home. Staff gather information about care recipients' culture, language and spiritual beliefs on entry to the home to develop care plans. Staff organise religious services for care recipients who wish to participate. Staff stated they include many cultural elements in activities. Care recipients and representatives expressed satisfaction with the cultural and spiritual life provided by the home.

### **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 representatives to participate in decisions about the range of services provided by the home. Staff seek information about care recipients' preferences across all care and lifestyle areas and management provides opportunities for care recipient feedback during meetings and on feedback forms. Care recipients have access to external complaints forms and advocacy information. Management maintains information on care recipients' powers of attorney and makes provision for care recipients to vote. Care recipients and representatives expressed satisfaction with the opportunities for choice and decision making available to them.



### **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 demonstrates care recipients have security of tenure when living at the home. Care recipients and representatives receive written and verbal information about the services provided at the home prior to entry. Management meet with care recipients and representatives to discuss the residential agreement and other matters. This includes information about fees and charges, levels of service, rights and responsibilities, security of tenure and the internal and external complaints mechanisms. Care recipients are satisfied with the information they receive related to security of tenure and said they are assisted to understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The management team pursues continuous improvement related to the physical environment and safe systems with the overall system described in Expected outcome 1.1 Continuous improvement. Regular workplace inspections and environmental audits are undertaken to monitor safety and security at the home. Appropriate and fit for purpose equipment and staff training is provided to promote safe practices. Care recipients and representatives are satisfied the physical environment is maintained in a safe and comfortable manner.

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

- In an effort to ensure the safety of staff and care recipients, the home engaged an external company to conduct an audit of hoist and standing machine slings. The audit included inspection and load testing of all slings and associated equipment. As a result of the audit, the home purchased new slings and embedded the inspection and monitoring of slings into their routine activities.
- As part of an overall initiative to enhance the dining experience for care recipients, the home has introduced a range of new measures. Management now offers table side ordering in dining rooms, new bain-marie and a weekly ‘restaurant night’ which offers a fine dining experience. Care recipients have been widely consulted during the initiative and the management team has received positive feedback from care recipients and representatives about the improvements.
- As a result of staff observations and feedback from care recipients, the home has installed new seat cushions and lumbar supports in the bus. Overseen by an occupational therapist, the needs of care recipients were evaluated and new seat cushions and lumbar supports were sought. The management team has received very positive feedback from care recipients with the new seat cushions improving their comfort and safety.

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

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

- Having an audited food safety plan and appropriate auditing of kitchen systems.
- The suitable storage of chemicals including a register of dangerous goods.
- Monitoring the functionality of essential fire safety systems.

## 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 demonstrate there are systems in place to ensure all staff have appropriate skills to perform their role effectively. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted in the last year relating to Standard 4 – Physical environment and safe systems include:

- Manual handling
- Fire, emergency and evacuation
- Infection control and hand washing.

#### **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 has systems in place to demonstrate they are actively working to provide a safe and comfortable environment. Care recipients are accommodated in single bedrooms or larger suites with private bathrooms. Care recipients have access to communal lounge areas, dedicated activities rooms and external shaded courtyards. The home provides maintained garden areas and suitable furnishings and equipment consistent with care recipients care needs and preferences. Monitoring the safety and comfort of the living environment occurs through surveys, feedback at care recipients meetings and environmental inspections. Care recipients stated they are satisfied with the living environment and are comfortable residing at the home.

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

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

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

The home meets this expected outcome

Management are active in providing a safe working environment that meets regulatory requirements. Occupational health and safety matters are managed through site based committee meetings. A review of documentation indicates environmental workplace inspections are conducted regularly and actual or potential hazards are routinely reported. There are adequate stocks of personnel protection equipment and staff indicated an understanding of their responsibilities in maintaining a safe workplace. Management provides ready access to occupational health and safety resource materials and requires staff to undertake safety related training. Staff state they attend manual handling training on a regular basis and appropriate equipment is available to support safe work practices.

#### **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 has documented emergency procedure manuals and security risk management principles to guide staff in the event of a fire and other emergencies. Fire safety systems are in place and all equipment including the fire panel are tested and maintained by an external contractor. Fire prevention measures in place include training for staff, essential services inspections and a program of electrical equipment checking and tagging. There is a closed circuit camera system, keypad locks at entry/exit doors and other safety measures to maintain security. Staff have attended scheduled mandatory fire safety and emergency training and can explain their responsibilities in the event of a fire and other emergencies.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management and staff has an effective infection control program. Processes include the monitoring of infections and the home's surveillance system includes collection and analysis of clinical data to identify trends. Staff have access to personal protective products such as gloves, aprons, sharps containers, waste receptacles and storage areas. Hand-washing facilities and hand sanitising equipment is located throughout the home. The home has current information to guide staff in managing infectious outbreaks. Safe food storage and handling practices are evident in the main kitchen. Cleaning and laundry processes support prevention and minimisation of cross contamination. Regular pest control procedures are in place. Staff, care recipients and representatives were satisfied with the actions taken by the home to manage and control the risk of infection.

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

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

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

The home meets this expected outcome

The management team regularly assesses care recipients needs and preferences to ensure hospitality services are provided appropriately. The home provides a seasonal rotating menu with multiple alternatives to cater for individual preferences and dietary requirements.

Feedback from care recipients surveys and meetings are incorporated into the planning of hospitality services as required. Staff from the external providers of catering and cleaning services state communication at the home is effective and they are given regular updates on their performance from the management team. All laundry services are provided at the home and staff demonstrates a familiarity with care recipients' laundry preferences. Care recipients and representatives state the home's catering, cleaning and laundry services are satisfactory.