



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Little Sisters of the Poor St Joseph's Home**

RACS ID 3415  
112B St Georges Road  
NORTHCOTE VIC 3070

**Approved provider: Little Sisters of the Poor Aged Care 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 15 September 2018.

We made our decision on 29 July 2015.

The audit was conducted on 23 June 2015 to 24 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.

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

## Standard 2: Health and personal care

### Principle:

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

<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**

**Little Sisters of the Poor St Joseph's Home 3415**

**Approved provider: Little Sisters of the Poor Aged Care Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 23 June 2015 to 24 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 23 June 2015 to 24 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>	Bradley McKenzie
<b>Team member:</b>	Lorraine Davis

## Approved provider details

<b>Approved provider:</b>	Little Sisters of the Poor Aged Care Ltd
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## Details of home

<b>Name of home:</b>	Little Sisters of the Poor St Joseph's Home
<b>RACS ID:</b>	3415

<b>Total number of allocated places:</b>	71
<b>Number of care recipients during audit:</b>	44
<b>Number of care recipients receiving high care during audit:</b>	34
<b>Special needs catered for:</b>	N/A

<b>Street:</b>	112B St Georges Road
<b>City:</b>	Northcote
<b>State:</b>	Victoria
<b>Postcode:</b>	3070
<b>Phone number:</b>	03 9489 8444
<b>Facsimile:</b>	03 9482 7362
<b>E-mail address:</b>	<a href="mailto:ms.mel@lsp.com.au">ms.mel@lsp.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management/administration	2
Nursing/lifestyle/care staff	7
Chaplin	1
Care recipients/representatives	16
Hospitality/environment	5
Little Sisters/volunteers	6

### Sampled documents

Category	Number
Care recipients' files	17
Summary care plans	8
Care recipient agreements	3
Medication charts	7
Personnel files	5
External service contracts	5

### Other documents reviewed

The team also reviewed:

- Care recipients' agreements and admission documentation
- Cleaning equipment, schedules and related documentation
- Clinical records, associated charting and related documentation
- Comments and complaints registers and suggestions boxes
- Consent forms and risk assessments
- Continuous improvement documentation
- Contractors agreements and documentation
- Criminal history certificates, statutory declarations, qualification and registrations
- Education calendar, training and competency records

- Employee contracts, duties list and related documentation
- Fire and emergency services records
- Food safety plan, catering records and dietary information
- Handover sheets and care recipient lists
- Incident and hazard reports
- Infection data and records
- Lifestyle equipment and documentation
- Mandatory reporting and incidents registers
- Medication management documentation
- Meeting minutes, memoranda and newsletters
- Organisational chart and mission statements
- Pest control documentation
- Policies, procedures and flowcharts
- Preventative and corrective maintenance records
- Range of audit documentation
- Satisfaction survey documentation
- Self-assessment documentation
- Staff rosters and related documentation.

## **Observations**

The team observed the following:

- Advocacy and external complaint information
- Archive storage
- Care recipient and staff notice boards
- Chapel and services in progress
- Charter of Care recipients' rights and responsibilities' displayed
- Cleaning in progress
- Communication devices and security systems
- Electrical appliance tagging and pest control equipment



- Equipment, food, chemical and supply storage areas
- Fire safety equipment, signage and evacuation packs
- Infectious outbreak supplies and handwashing facilities
- Interactions between staff and care recipients including 'activities in progress'
- Internal and external living environment
- Kitchen, meal services and menus on display
- Laundry service
- Mobility aids and equipment
- Personal protective equipment, material safety data sheets and waste disposal
- Short group observation during meal service
- Variety shop.

## 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

Management and staff actively pursue continuous improvement. A continuous improvement program includes processes to capture information and identify areas for improvement.

Sources of opportunities for improvement include surveys, audits, comments, complaints and incident reports. Management register and monitor the progress of continuous improvement activities and consult with care recipients and staff on their satisfaction with outcomes.

Informal consultation, quality reports, meeting minutes and newsletters inform stakeholders of the progress of continuous improvement activities within the home. Staff and care recipients are encouraged to make suggestions and are aware of the continuous improvement process.

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

- A review of education within the home recognised an opportunity for improvement concerning equal access to training resources. Following the review, an industry leading education program was sourced, accessible to staff online. This new model of education delivery is available to all employees, volunteers and Sisters. Upon completion of an online module, management are automatically informed and personnel files systematically updated. Evaluation of the education program indicates an increase in staff knowledge and awareness throughout the home. Staff are happy they can now undertake education at times of personal convenience.
- Management commenced a comparison review of their person centred care model and the mission and values of the Little Sisters of the Poor organisation. Management introduced an education session for the Little Sisters as part of their continuing professional development. This education highlighted the general framework of aged care in Australia, the role of the care coordinator in service delivery and strategies to integrate both philosophies of care delivery. The Little Sisters indicate they have a greater insight into the everyday roles and responsibilities of a care coordinator and the everyday duties of care staff. Management described a cultural shift in care delivery and communication in the home, which has benefitted all stakeholders.

## 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

Management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to legislative services and receives further notifications and updates from professional bodies and government departments. Management distribute information in line with the organisation’s reporting structure and make information available to staff via meetings, noticeboards and internal electronic mailing. Monitoring of regulatory compliance occurs through internal and external audits. Staff said management inform them of relevant legislation and any regulatory changes.

Examples of regulatory compliance in relation to Standard 1 include:

- Management has a system to ensure staff members, volunteers and contractors have current police certificates, statutory declarations and visa confirmations.
- Management has a system to monitor the currency of professional registrations.
- The organisation notified care recipients and representatives of the accreditation audit in line with legislative requirements.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Management develop an education program based on staff learning needs, competency requirements and the needs of care recipients. The program incorporates mandatory training, in-services and online education. Management advise staff of forthcoming training through the education calendar, noticeboards and electronic mailing. Scheduled education days throughout the year allow staff to complete the mandatory training required to practice. Attendance at education sessions is monitored and evaluated. Staff attend training reinforcing the philosophy of the Little Sisters of the Poor and their commitment to care recipients. Management and staff are satisfied with the educational opportunities available to them.

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

- care coordinator 'model of service delivery'
- management leadership
- working as a team 'helping each other'.

### 1.4 Comments and complaints

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

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

The home meets this expected outcome

Management has systems to encourage comments, complaints and feedback from care recipients, representatives and other interested parties. The 'resident information pack' outlines the comments and complaints process. The right to complain and avenues to resolve disputes are emphasised on entry to the home. Management systems support the timely follow-up of issues and allow monitoring of items for resolution or escalation. Staff are aware of their role in actioning and formalising comments and are supported to manage complaints in line with their role responsibilities. Suggestion boxes enable anonymous comments and complaints, and information on external complaints mechanisms are readily accessible. Care recipients and representatives feel comfortable approaching management and staff with complaints and concerns and are satisfied with 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 Little Sisters of the Poor document their mission, values and vision within selected documentation and prominently throughout the home. Their philosophy entails caring for the elderly poor with love and respect until end of life using all modern means along the way to improve individual outcomes. Management and staff revisit the mission and vision of the Little Sisters annually as part of the mandatory training program.

## 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 appropriately skilled and qualified staff deliver care and services in accordance with the Accreditation Standards and the organisation's philosophy. There are processes for selecting new staff and monitoring performance. New staff receive orientation and complete initial shifts supported by experienced personnel. Staff appraisals, competencies and observations ensure maintenance and appropriateness of staff practices. Management monitors expiration of professional registrations and advises individuals when expiry is nearing. Monitoring of staffing levels occurs to reflect changes in care recipient numbers and care needs. The Little Sisters volunteer their time and expertise in various roles and capacities within the home adding to the workforce dynamic. Staff have sufficient time to perform their roles and are satisfied with staffing levels in the home. Care recipients and their representatives are satisfied with the skills and competency of management and staff.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

Management has a system to ensure equipment and consumables are available for quality service delivery. Nominated personnel monitor equipment and stock levels, rotate and reorder stock and purchase new equipment as required. New equipment is trialled and staff feedback sought on its suitability. Environmental personnel monitor equipment for its ongoing safety and undertake regular preventative maintenance and cleaning of items to ensure they remain fit for purpose. Equipment, supplies, chemicals and perishable goods are stored appropriately and securely where necessary. Care recipient and staff said an ongoing supply of appropriate goods and equipment is readily available.

## **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

The organisation has systems to facilitate the collection and distribution of information to enable staff and management to perform their roles. The home has an electronic care planning, assessment and monitoring system, accessible using personal passwords. Twenty-four hour remote support is available for assistance with computerised information systems. Archived information is stored securely and computerised information effectively managed and backed up. Regular collection and analysis of clinical data provides comparative statistics and informs management of the homes performance against the Accreditation Standards. Management communicate procedural updates to staff via electronic mail and noticeboards. Management distribute schedule meetings and distribute newsletters to enhance communication with relevant stakeholders. Care recipients confirmed management informs them about activities and other relevant information within the home.

## **1.9 External services**

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

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

The home meets this expected outcome

The home has systems to ensure the ongoing quality and responsiveness of externally sourced services. Management monitor contractors insurance cover, criminal history checks, and qualifications to ensure services meet relevant regulations and the standards of the organisation. Monitoring processes include observation, work inspections and stakeholder feedback. A list of preferred service providers is available and staff access after hours emergency assistance. Staff and care recipients are satisfied with the quality of currently sourced external suppliers.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Management systems support the pursuit of continuous improvement in relation to health and personal care. Care recipients and staff are satisfied the organisation actively encourages improvement in relation to Standard 2. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system and processes.

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

- Leisure and life style staff identified that individual nail care preferences were missing from care recipients care plans. In response to this finding, staff commenced assessment of all care recipients and formulated individual nail care plans. Care recipients were satisfied with the attention shown to their needs and staff said having this information documented helps guide their practice and maintain appropriate care.
- The medication advisory committee identified better practice initiatives regarding the use of medications for behaviour management. In response, management, in consultation with pharmacy and medical officers, reviewed all care recipients' medication charts. Management adopted the recommendations in favour of non-pharmacological behaviour management strategies. Staff said this has provided better outcomes for care recipients and a reduction in the use of medication.

## 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 organisation has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care. For details of the organisation’s overarching regulatory compliance system refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance in relation to Standard 2 include:

- Management have policies and procedures to guide staff practice relating to the unexplained absence of a care recipient.
- Registered nurses plan and supervise the delivery of specialised nursing care and ensure clinical guidance and support for staff is always available.
- Staff safely store and administer medication in accordance with relevant guidelines and the organisation’s policies and procedures.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. For details on the organisation’s overarching education and staff development system in relation to health and personal care, refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development in relation to Standard 2 – Health and personal care include:

- clinical documentation
- palliative care ‘having the conversation’
- person centred 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 appropriate clinical care according to their needs and preferences. A collaborative team headed by registered nurses and supported by the Little Sisters complete care recipient assessments and care planning tasks. Staff commence clinical and lifestyle assessments on entry to the home and report significant changes in individual care needs to medical officers or allied health personnel. Handover information and staff feedback is consistent with care plan documentation. Management monitor care through audits, a ‘resident of the day’ program, care plan reviews and stakeholder consultation. Qualified staff evaluate care plans quarterly or as needs change and reassessment occurs annually. Care recipients and representatives are satisfied with the clinical 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

Registered nursing staff identify care recipients’ specialised nursing care needs on entry to the home and through regular monitoring and evaluation of care. Staff assess care recipients complex nursing care needs and identify strategies and intervention for ongoing management. Urinary catheters, complex wounds, chronic pain and diabetes are examples of specialised nursing care within the home. Care plans detail individual goals, preferences and care requirements taking into account pre-entry management strategies. Specialist advice is readily available through allied health consultants, hospital in-reach services and medical officers. Policies, procedures and focused in-service education guide staff practices. Within the home are appropriate supplies to provide for the identified range of specialised care requirements. Care recipients and their representatives are satisfied with the specialised care provided.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Referral to health specialists occurs in accordance with the care recipients’ needs and preferences. The home has established referral processes for care recipients to a variety of medical and allied health professionals. Services utilised by the home include physiotherapy, podiatry, palliative care, speech pathology and hospital in-reach. Management consult with specialist services for issues concerning care recipients’ mental health and complex nursing care needs as required. Nursing staff initiate referrals to allied health services and are aware of the referral process to health specialists. Care recipients and their representatives are satisfied with the services provided by other health and related services.

## 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 management of care recipients’ medications. Care staff, with relevant competencies, administer basic medications to care recipients via sachet dose administration aids. Staff assess care recipients medication requirements on entry to the home and identify medication preferences, allergies and levels of assistance needed for safe administration. Medication charts include information for identifying care recipients and detail special considerations. Medications are stored securely and there is a system for out of hours delivery of essential medications and return of unwanted items. Assessments are current for care recipients’ who wish to self-manage all or part of their medications and private rooms have lockable storage areas. The medication advisory committee meets quarterly to discuss medication incidents, continuous improvement and quality improvement for safe medication systems. Care recipients and their representatives are satisfied 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

Management, supported by the Little Sisters, ensure care recipients remain as free as possible from pain. Assessment processes consider personal history, non-verbal indications for pain and the monitoring of prescribed therapies and interventions. Management identify chronic pain conditions and consult with relevant stakeholders and other health professionals for investigation and alternative management strategies. Staff manage general discomfort with massage, ointments, heat packs, and diversional activities. Physiotherapists develop individual exercise routines for care recipients as part of the pain management program.

Management consult with hospital in-reach services to assist in the management of acute pain conditions. Medical officers and management monitor pain and the effectiveness of prescribed pain relief on a regular basis. Care recipients and their representatives are satisfied with pain management.

## 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 Little Sisters of the Poor view palliative end of life care as a sacred and precious moment in the journey of the care recipient. Management, supported by the Little Sisters, identify the end of life wishes of care recipients’ on entry to the home and throughout the care planning process. Management acknowledge the confronting nature of such discussions and facilitate a gentle orientation to this process. A collaborative team inclusive of the Little Sisters provide

care recipients' and their representatives emotional, cultural and spiritual support during end of life care. Staff utilise external palliative care services to provide support and advice for improved palliative care outcomes. Religious representatives can be involved in all aspects of palliative care as required and the organisation can facilitate funeral services within the home for care recipients. Staff receive education on the organisation's principles, objectives and practices concerning end of life care. Care recipients and their representatives are satisfied with the respect of their end of life wishes.

## **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. A dietary assessment is completed for all care recipients upon entry to the home which informs the catering service. The assessment identifies dietary requirements, likes and dislikes, as well as required levels of assistance from staff during the meal service. Staff record weight data monthly and as required. Consistent or unexpected weight loss prompts investigation or referral by staff to the appropriate allied health service or the care recipients' medical officer. A system for information sharing with the catering department ensures compliance with delivery of individual dietary needs and preferences. Additional strategies to support nutrition and hydration include meal preparation consisting only of fresh produce, off menu options, supplements and the availability of snack foods at the facility store. Care recipients and their representatives are satisfied with the provision of food and fluids offered.

## **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 care is consistent with their general health. A clinical assessment identifies risks factors for care recipients skin and assessment findings contribute to the development of care plan strategies. General moisturisers, nutritional support, physical aids and specialist equipment, is available to prevent skin breakdown, alleviate pressure and provide wound care. Registered nursing staff coordinate and oversee skin and wound care management. Staff attend wound care education and allied health services provide support as needed. The incidence of skin tears and wounds are registered through the incident reporting system and audit data is identified in quality reports. There are adequate supplies of wound dressings and moisturisers to protect against skin breakdown and to promote wound healing. Care recipients and their representatives are satisfied with 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 receive effective continence management appropriate to their individual needs and preferences. Staff assess care recipients and determine individual abilities to maintain or improve their continence. When comprehensive assessments determine a minimal likelihood of rehabilitation, staff assess the requirement for continence aids and ongoing assistance. Assessments consider individual hygiene patterns which assist staff to help care recipients maintain their dignity when incontinence is unavoidable. Staff document in elimination records and abnormal findings are communicated at handover of the care recipient’s daily progress. Staff have access to adequate continence aids and show knowledge of individual toileting preferences. Care recipients are satisfied with 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. A collaborative team approach, supported by the Little Sisters, ensures care recipients who display behaviours of concern undergo assessment as necessary. Assessments identify triggers for behaviours, realistic goals for the care recipient and strategies to prevent or manage potential situations. Referral to medical officers and behavioural management specialists take place when further assistance is required. Emotional support and diversional activities are plentiful within the home and serve to moderate behaviours of concern when they arise. Management monitor cases of adverse behaviour through analysis of incident data, progress notes and stakeholder feedback. Staff attend education on dementia care, the safe use of hypnotics and sedatives, and dealing with difficult behaviours. Care recipients and their representatives said there is always someone to talk to in the home and behaviours of concern are infrequent and managed effectively.

## **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 recipients have access to care and equipment to maintain optimum levels of mobility and dexterity. The organisation promotes a culture of enabling with an emphasis on rehabilitation and independence. A physiotherapist assesses care recipients’ mobility and transfer requirements on entry to the home and as required thereafter. Care plans detail individual assistance requirements, mobility aids used and a personalised mobility plan inclusive of recommended daily exercises. Care plans identify care recipients at risk of falling and include interventions for falls prevention. Care recipients have access to the home’s gymnasium as

part of the physiotherapy program. Modified cutlery and other devices are available to care recipients for enhance dexterity and independence at meal times. Staff have equipment to assist safe transferring of individuals and manual handling training reinforces safe practice. Care recipients attend exercises as part of the leisure and lifestyle program and appreciate the regular physiotherapy input into their care.

## **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 processes contribute to the maintenance of care recipients’ oral and dental health. Staff assess care recipients oral and dental health needs during the initial assessment period and as required thereafter. Staff refer care recipients’ to public dental services and the Little Sisters assist individuals to maintain personal appointments in the community. A mobile dental service visits the home periodically upon request. Staff utilise the service of a speech pathologist for care recipients assessed as having difficulty with eating or drinking related to swallowing. Staff routinely provide oral care including assistance with denture care, teeth cleaning and mouth swabs. Management maintain sufficient dental supplies. Care recipients are satisfied with the support provided by staff to maintain their oral and dental health.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Management and the Little Sisters assess care recipients’ communication and sensory needs on admission to the home and regularly thereafter. Hearing, vision, communication and sensory assessments result in individual strategies to manage sensory losses and subsequent needs. Referral to allied health professionals occur routinely and as requested. The leisure and lifestyle program offers care recipients a range of sensory activities based on individual needs and preferences. Staff use a range of communication strategies to interact with care recipients experiencing vision impairment or a hearing deficit including large print literature and personal reading sessions. The monitoring of individual sensory needs is through care plan review and observations. Care recipients are satisfied with the identification and management of their sensory losses and the assistance with everyday activities provided by the Little Sisters and community volunteers.

## **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

The home has processes to assist care recipients achieve natural sleep patterns. The Little Sisters view adequate rest as essential in promoting a healthy mind and body. Assessment of

individual preferences and routines occurs on entry to the home using a sleep assessment tool. Observational assessments ensure staff identify each care recipients sleep patterns and any issues which may require intervention. Staff follow assessed routines to promote sleep including respecting individual customs, providing evening snacks and administering prescribed medication. Staff described strategies to help resettle any care recipient who wakes during the night including providing emotional support, pressure area care and continence management. Care recipients are satisfied with how staff assist them to sleep in the home and the emotional support provided at any time by the Little Sisters.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Management systems support the pursuit of continuous improvement in relation to care recipient lifestyle. Care recipients and staff are satisfied the organisation actively encourages improvement in relation to Standard 3. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system and processes.

Recent improvements in relation to Standard 3 Care recipient lifestyle include:

- To promote the activity program, management provided care recipients the opportunity to view the daily program on their personal televisions. This initiative complements the current ability of care recipients to view daily spiritual services in their rooms along with electronic programming of activities such as Tai Chi exercises in the comfort of their rooms. Staff said care recipients are able to view the daily programs early in the day and make choices of what to attend and organise how they wish to spend their day.
- The lifestyle team undertook a project in consultation with care recipients in developing life stories titled ‘the uniqueness of you’. Care recipients actively participated in the project and upon completion requested their stories be shared with friends and family. Care recipients produced calendars as presents, and gave these as gifts at Christmas time. Care recipients and staff described the pleasure their family and friends experienced when receiving the calendars. The ‘uniqueness of you’ stories now form part of each care recipients care plan and promotes staff understanding of individual life stories.

### 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 organisation has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding care recipient lifestyle. For details of the organisation’s overarching regulatory compliance system refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance in relation to Standard 3 include:

- Each care recipient receives an agreement informing them of the Charter of care recipients’ rights and responsibilities, and the responsibilities of management relating to security of tenure.
- Management has processes to ensure staff are aware of compulsory reporting requirements.
- The organisation provides education to guide management and staff in relation to privacy principles, social media and confidentiality of care recipients’ information.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. For details on the organisation’s overarching education and staff development system in relation to care recipient lifestyle, refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development in relation to Standard 3 Care recipient lifestyle include:

- emotional support
- lifestyle and activities training ‘hub of the home’
- lifestyle histories.



### **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 a key component of the home's documented mission that ensures each care recipient receives support adjusting to life in the home. The home's Chaplain, Sisters and extensive volunteer contingent assist management and staff in the provision of holistic emotional support for care recipients. Following a collaborative assessment of care recipients' emotional needs, staff develop a care plan and use this to guide interpersonal care practices. Staff review emotional support needs during scheduled care plan reviews and consult with representatives in times of distress and low mood. Education programs support staff to interact with care recipients in a caring and supportive manner. Care recipients and representatives expressed satisfaction with the emotional support they receive.

### **3.5 Independence**

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

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

The home meets this expected outcome

Care and lifestyle assessment processes identify care recipients' level of assistance required to participate in specific interests, to maintain their independence and retain ongoing community associations. Care recipients' and their representatives said staff, volunteers and the Little Sisters assist them to maintain their independence and involvement in activities within the community. The Little Sisters provide a focus for various community activities including visits from connections within the wider community and access to spiritual services.

Care recipients who are unable to make their own decisions have advocates act on their behalf to ensure they can retain as much independence as possible. Care recipients are active in operating the home's variety shop and receive support to continue their civic responsibilities. Care recipients and representatives are satisfied with the support of their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management and staff recognise and support each care recipients' right to privacy, dignity and confidentiality. On entry to the home, each care recipient receives information on how the home protects his or her privacy and confidentiality. Staff receive training on their obligations in the use and release of care recipients' personal information and policies outline staff requirements to obtain consent for the use of personal information. Care recipients are encouraged to personalise their room and to entertain guests privately in communal areas

throughout the home. Staff respect care recipients' personal spaces and address individuals with courtesy and by their preferred names. Staff identify strategies to support privacy and dignity in care delivery and during palliative care. Care recipients and representatives expressed satisfaction with the manner in which staff support their privacy and dignity.

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

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities and to provide input into the development of the social care program. Following entry to the home, lifestyle staff liaise with the care recipient and their representative to identify individual interests and these are detailed in the care plan. Staff review care plans quarterly or in response to changing needs, participation levels or feedback. The activity program offers a range of group and individual activities reflecting care recipients' emotional, physical, cognitive, sensory, cultural and spiritual needs. Special celebrations, excursions, entertainers, community visitors and intergenerational activities add to the diversity of activities. Staff advertise the leisure and lifestyle program through monthly and weekly calendars situated on noticeboards. Staff receive extensive volunteer support that enables the program to meet individual interests. Care recipients and their representatives are satisfied with the variety of activities offered.

### **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 care recipients interests, customs, beliefs and backgrounds. On entry to the home and in consultation with the care recipient and their representative, staff identify cultural and spiritual needs and wishes, and incorporate these into care plans. Staff review care plans quarterly or in response to changing needs. The home's Chaplain and Sisters provide spiritual support and guidance to care recipients' as requested and daily services occur in the home's Chapel. When a care recipient cannot attend a service, facilities exist to have the content electronically streamed to their personal television. The organisation celebrates cultural events, birthdays and days of significance throughout the year and local cultural organisations provide additional support as required. Care recipients and representatives are satisfied there is sufficient opportunity to pursue individual cultural and traditional practices and to maintain their faith and spiritual beliefs.

### **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, staff and the Little Sisters actively support care recipients to make informed choices about the services they receive. Care recipients are free to exercise control over all aspects of their lifestyle in line with their preferences, unless the rights of others are infringed. Care plans reflect care recipients choices in relation to delivery of care and life more broadly within the home. Staff review care plans quarterly and update these in response to changes in circumstances or preference. Care recipients are free to nominate an advocate or representative to act on their behalf if they choose to do so. Staff are supportive of individual choices and care recipients and representatives are satisfied with the support they receive to choose and make decisions in the home

### **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 ensuring care recipients understand their rights and responsibilities and have secure tenure. Prior to entry, management and the Little Sisters provide information to care recipients and/or their representatives about security of tenure, rights, responsibilities, and specified care and services. Management offer an agreement to each care recipient and ensure any potential room change occurs only after consultation. Management provide ongoing assistance to care recipients and their representatives in relation to security of tenure and responsibilities through meetings, newsletters and formal consultation.

Management prominently displays the Charter of care recipients' rights and responsibilities in the home and in agreements. Care recipients and their representatives are satisfied their tenure is secure.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Management systems support the pursuit of continuous improvement to ensure care recipients live in a safe and comfortable environment. Audits, and occupational health and safety data indicate performance and identify improvement opportunities. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement systems and processes.

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

- A review of catering services to promote care recipient satisfaction has resulted in a number of initiatives to improve the service. The chef now serves soup directly to the dining room tables from a soup warmer ensuring each meal arrives fresh and to the liking of care recipients. The Chef attends each table during the lunch service to gain feedback from care recipients on meal offering and suggestions for improvements. Management and catering staff further developed a visual menu that enables care recipients and their representatives to view the meal in its served form as opposed to the traditional written menu. Care recipients and representatives said the changes have been effective in enabling them to have more input into the menus and there is increased satisfaction with meal service.
- The organisation has undertaken renovations resulting in an improved internal living environment for care recipients. Improvements include large spacious accommodation suites, living areas and modern kitchenettes. Management consulted with care recipients in relation to the furnishing that will fill these new areas as a social inclusion activity. The new accommodation has promoted social interactions between care recipients and various stakeholders and provided new spaces for quiet activity or reflection. Care recipients and their representatives are satisfied with their new living spaces.

### 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 organisation has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding physical

environment and safe systems. For details of the organisation's overarching regulatory compliance system refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance in relation to Standard 4 include:

- Management actively promotes and manages occupational health and safety.
- Management record and report incidents relating to infection control.
- Qualified contractors regularly check and maintain fire systems and equipment.
- There is independent third party auditing of catering processes.

#### **4.3 Education and staff development**

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. For details on the organisation's overarching education and staff development system in relation to physical environment and safe systems, refer to expected outcome 1.3 Education and staff development.

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

- fire emergency
- food safety training
- occupational health and safety '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 and the Little Sisters are actively working to provide a safe and comfortable environment consistent with care recipient's needs. Care recipients' have access to comfortable communal areas including a library, chapel, external courtyards and gardens. A preventative and responsive maintenance system helps ensure a safe, well-maintained environment. The home's grounds are well maintained and provide attractive and secure areas for care recipients and other stakeholders. Keypad access provides a secure internal and external environment for all stakeholders. Care recipients and their representatives state the living environment is safe and comfortable and stakeholders expressed satisfaction with the feel of the 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

The home has systems to support a safe working environment aligned to regulatory requirements. Management informs staff of their responsibilities in occupational health and safety during orientation and annual mandatory training. The home's education program includes training for staff in manual handling and infection control. The home's health and safety representative attends accredited training in occupational health and safety and promotes safe work practices amongst staff and volunteers. Staff and management identify work hazards through audits, maintenance requests, hazard alerts, staff incidents and workplace inspections. Results are discussed at various meetings and actioned as required. Staff are satisfied management work actively to create a safe work environment.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

Management and staff work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond to a range of internal and external emergencies. Qualified external contractors maintain fire equipment and there are processes to monitor the maintenance of essential services equipment. Management displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. There are processes to maintain emergency evacuation packs and ensure evacuation lists are up to date. Staff and volunteers complete mandatory fire and emergency training and care recipients feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Personal protective equipment, outbreak kits and hand washing facilities are provided by the home. Identified infections are referred to medical officers for review and treatments initiated. The home's infection control officer collects and reports on infection data including treatment responses in monthly quality reports. Mandatory training includes infection control and a food safety program guides the catering department. Information is available for the systematic management of gastroenteritis or influenza outbreaks and a vaccination program operates at the home.

Management encourage all stakeholders to practice hand hygiene and education is provided as necessary. Cleaning and laundry practices follow current infection control guidelines and pest control inspections occur regularly. Staff use appropriate waste disposal processes and a

constant supply of equipment and goods are available in order to maintain an effective infection control program.

#### **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

Management has systems to provide hospitality services that support care recipients' quality of life and enhance the working environment for staff. Meals are prepared fresh in consideration of care recipients' likes, dislikes, special dietary requirements and food allergies in line with the home's food safety program. The home provides care recipients with a visual menu, and access to alternative foods, snacks and drinks is available as required.

Care recipients are encouraged to provide feedback on the meal service daily. A contracted cleaning service follow established schedules and procedures to ensure care recipients' rooms and communal areas are clean. The home provides full laundry services onsite and adequate linen supplies are available. Laundry practices adhere to infection control guidelines and care recipients have their laundry returned in a timely manner. Management monitor satisfaction through observation, feedback mechanisms and internal and external audits. Care recipients and representatives are satisfied with the hospitality services provided in the home.