



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Sunbury Lions Community Aged Care**

RACS ID 3187  
29 Timins Street  
SUNBURY VIC 3429

**Approved provider: Sunbury Community Health Centre**

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 29 June 2019.

We made our decision on 04 May 2016.

The audit was conducted on 05 April 2016 to 06 April 2016. 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**

**Sunbury Lions Community Aged Care 3187**

**Approved provider: Sunbury Community Health Centre**

### **Introduction**

This is the report of a re-accreditation audit from 05 April 2016 to 06 April 2016 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 05 April 2016 to 06 April 2016.

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>	Mary Murray
<b>Team member:</b>	Marian (Sandra) Lacey

## Approved provider details

<b>Approved provider:</b>	Sunbury Community Health Centre
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## Details of home

<b>Name of home:</b>	Sunbury Lions Community Aged Care
<b>RACS ID:</b>	3187

<b>Total number of allocated places:</b>	33
<b>Number of care recipients during audit:</b>	33
<b>Number of care recipients receiving high care during audit:</b>	0
<b>Special needs catered for:</b>	No

<b>Street:</b>	29 Timins Street
<b>City:</b>	SUNBURY
<b>State:</b>	VIC
<b>Postcode:</b>	3429
<b>Phone number:</b>	03 9744 7001
<b>Facsimile:</b>	03 9740 9894
<b>E-mail address:</b>	<a href="mailto:sunburylions@sunburychc.org.au">sunburylions@sunburychc.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Corporate managers	3
Registered nurses	3
Care staff	3
Care recipients/representatives	7
Contracted physiotherapist	1
Lifestyle	1
Catering / environmental staff	2

### Sampled documents

Category	Number
Care recipients' files	9
Summary/quick reference care plans	9
Lifestyle care plans	4
Medication charts	7
Personnel files	4
Care recipient files	4

### Other documents reviewed

The team also reviewed:

- Activities calendar and participation records
- Care plan consultation documentation
- Clinical progress notes, charting, observations and assessment tools
- Care recipient of the day system and documentation
- Information packs and handbooks
- Catering documentation and monitoring logs
- Opportunity for improvement forms and responses

- Food safety certification, audits and schedules
- Functional assessments – paper based
- Infection control records
- Medical and nurse directives
- Meeting minutes, memoranda and correspondence
- Medication management system and documentation
- Policies and procedures (selected)
- Quality system documentation, audits and incidents

## **Observations**

The team observed the following:

- ‘Charter of care recipients’ rights and responsibilities’ on display
- Activities in progress
- Advocacy, complaints and feedback brochures on display in several languages
- Fire panel and associated equipment and documentation
- Infectious outbreak kit
- Interactions between staff and care recipients
- Internal and external living environment
- Medication round (partial)
- Noticeboards and information displays
- Security processes and system in operation
- Short observation during meal service
- Supply and storage areas



## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The organisation actively pursues continuous improvement across the Accreditation Standards to improve its effectiveness and the wellbeing of care recipients. Management promote the continuous improvement system at 'resident focus' meetings, in handbooks and throughout reports it distributes. Care recipients are encouraged to give their opinion on how staff can improve the care recipients' life at the home. Opportunity for improvement forms, informal and formal feedback and surveys contribute to the development of a continuous improvement plan. Management register and monitor the progress of suggestions and consult with care recipients and staff on their satisfaction with outcomes. Care recipients, representatives and staff said they are encouraged to give their suggestions and feedback and are satisfied continuous improvement activities occur within the home.

- The Board has reviewed its governance system to ensure it reflects the organisation's strategic plan. A balanced score card approach has been adopted whereby key domains and key performance indicators are periodically reported on. A 'traffic light' system provides a visual check of the indicator's status and reflects the current risk level attached to the item. Management said their reporting requirements are structured to ensure the information the Board requires is collected in a timely manner and thereby supports the Board to effectively oversee the activities of the organisation.
- A restructure of the care team has resulted in an increase in registered nurses hours across the staff pool. The home has appointed an external, independent, clinical supervisor to support the nursing team and ensure contemporary practices are a focus of care delivery. Management said that new reporting lines have provided a single point of contact for doctors, improving communication and care delivery.

## 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. A governance framework ensures relevant staff receive legislative updates and briefings on how any change affects the organisation. The home subscribes to a specialised legislative compliance service and adheres to a calendar of reporting requirements throughout the year. Monitoring of regulatory compliance occurs through incident reviews, internal and third party audits. A reporting framework provides the results of reviews and audits to executive and board committees.

Relevant staff were aware of legislative reporting requirements in line with the scope of their roles.

Examples of compliance with legislation, regulatory requirements, professional standards and guidelines in management systems, staffing and organisational development include:

- A system to ensure staff, volunteers and relevant contractors comply with police certificate clearance requirements.
- Policies and work instructions guide staff in maintaining the privacy and confidentiality of documents, including their safe retention and secure destruction.
- Information on internal and external complaints mechanisms and advocacy services in languages specific to the needs of care recipients and their representatives are available.

### 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 home demonstrates staff and management have the knowledge and skills required to perform their roles effectively. The home has an annual education calendar that includes regularly scheduled mandatory training and topics across the four Accreditation Standards. Management develop the program in response to annual training needs analysis, clinical indicators, observation of practice, care recipient need and audit outcomes. Staff have opportunity for input through suggestions and meetings. Delivery of education is through electronic learning, toolbox talks and in-service sessions, with guest presenters involved as required. Management generally maintains attendance records and evaluates sessions. Staff complete annual mandatory training including relevant competencies. Staff stated they are satisfied with the education opportunities available and care recipients and representatives said they are happy with the skill level of the staff.

Education conducted relating to Standard 1 – Management systems, staffing and organisational development includes:

- electronic e-learning system
- professional boundaries
- staff training matrix and calendar
- understanding accreditation.

### 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 a system to encourage comments, complaints and feedback from care recipients, representatives and other interested parties. The care recipient handbook outlines both internal and external complaint mechanisms. 'Opportunity for improvement' forms, including a confidential option, together with envelopes pre-addressed to various levels of the organisation from the facility manager to the chief operating officer are in each wing. Catering staff place a specific feedback prompt for meals on dining tables at every meal. Brochures on external advocacy and complaint bodies are available and a suggestion box allows people to submit feedback anonymously if they wish. Staff monitor the resolution of any issue raised and seek the complainant's level of satisfaction with the outcome. Care recipients and representatives said they are comfortable in approaching management with their feedback.

## 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 documents and displays its purpose, mission, goals and commitment to providing quality care around the home, in 'resident handbooks' and on its website.

## 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 home has sufficient, appropriately qualified and skilled staff to deliver care and services. Management identifies staff needs through occupancy rates, roster vacancies and changing care recipient needs. Recruitment processes include formal interview, reference checks, police certificate checks and qualification and registration verification as required. New staff complete a comprehensive orientation program that includes 'buddy' support for initial shifts. Temporary staff are orientated and teamed with regular staff. Staff stated orientation provides a good basis for commencement and they have access to ongoing training and support. Administrative staff manage the roster and there is a system for part-time and casual staff to register their availability for additional shifts. Management monitors staff performance through supervision, appraisals, observation, audits and data analysis. Care recipients and representatives said staff are responsive to their needs and provide appropriate care.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

Management has a system to ensure appropriate levels of equipment and inventory are available to staff for the provision of care, lifestyle, catering and environmental services. An ordering system, which includes the provision of urgent items, ensures an adequate supply of items are available at all times. The home's clinical supplier audits and maintains an imprest of commonly used items on site and adheres to agreed stock levels. Staff said maintenance of equipment occurs and products needed to deliver care are readily available. Care recipients and representatives said equipment and consumables are available when needed.

## **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 home has systems to ensure all stakeholders have access to current, relevant information. Management provide care recipients and representatives with information on entry and keeps them updated through meetings, newsletters, emails, telephone calls, noticeboards and verbal discussions. Information regarding the privacy, confidentiality and access to personal information is discussed and included in handbooks. Staff have access to current policies and procedures and information relevant to their roles. Management communicates with staff through meetings, memoranda, electronic mail and alerts, handover and noticeboards. Management collects, analyses and disseminates key data and there are processes for escalating information as required. Confidential information is securely stored and confidential discussions occur in private. Archived material is registered and stored securely and there are systems for the destruction of confidential information. Electronic systems have restricted levels of access and data backup occurs via a secure offsite server. Staff are satisfied they have access to relevant information and care recipients and representatives are satisfied the home keeps them well informed.

## **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

External service providers work with the organisation to deliver care consistent with the needs of the organisation. Preferred suppliers are utilised to ensure consistency of service and contracts outline the scope and standard of work, regulatory compliance requirements and dispute resolution processes. External services delivered include essential fire and safety services, linen, allied health and specialised maintenance tasks. Monitoring processes include quality checks, observation of practice, post work inspection and stakeholder feedback. Management review the ability of external suppliers to deliver on requirements regularly. Care recipients are satisfied with the products and services currently supplied to the home from external providers.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Management actively pursue continuous improvement to promote care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for details of the system.

Examples of recent improvements relating to Standard 2 Health and personal care include:

- To provide a further option for pain relief, a review of all care recipients' health status for their suitability for heat pack therapy has occurred. The home has purchased individual packs for each care recipient and staff have been trained in their correct use. A work instruction guides staff to ensure they consider the temperature of the heat pack, position it correctly, undertake observations for its safe use and note its effectiveness as a strategy. Nursing staff said feedback form care recipients has been positive.
- Reflecting care recipients' wishes to receive palliative care from staff they have a relationship with, the organisation has established an upskilling program for nursing staff. As a result, there is less support required from external services and staff can now effectively support both the care recipient and their loved ones. Consultation with other care recipients has also led to a 'celebration of life' approach when others pass away. This includes an extending an invitation to everyone in the home to form a 'guard of honour' to farewell the care recipient and extend their condolences to the family.

## 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 a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for details of the system

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

- Registered nurses manage specialised care planning activities.
- Staff and management are aware of their responsibilities in the event of the unexplained absence of a care recipient.
- Staff safely store and administer medication in accordance with relevant legislation and guidelines.

## 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

The organisation has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively in relation to Standard 2 Health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the system.

Examples of education relating to Standard 2 Health and personal care include:

- clinical study day
- dementia dynamics training
- diabetes management for care workers
- oral health care
- palliative care
- safe medication management for nurses
- wound care.

## 2.4 Clinical care

*This expected outcome requires that “care recipients receive appropriate clinical care”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients receive care appropriate to their needs and preferences. When a care recipient first enters the home, staff develop an interim care plan until the assessments are completed and a long-term care plan developed. Staff consult with care recipients, representatives and medical practitioners in determining clinical care needs and personal preferences. Staff identify care recipients at risk of poor clinical health using an evidence-based care approach, review care plans on a regular basis, and make updates accordingly. There are clinical data reporting mechanisms, which occur on a regular basis to assist in monitoring care. Care recipients and representatives are satisfied with the care they receive at the home.

## 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

Suitably qualified nurses identify and meet care recipients’ specialised nursing care needs in the prescribed manner. Staff assess and identify care recipients for specialised nursing care when first entering the home and develop interim care plans. Staff identify and consult with care recipients requiring specialised care needs as well as medical and other specialist practitioners to ensure staff have appropriate information to develop an effective care plan, in line with care recipient’s preferences. Delivery of specialised nursing care is consistent with care plans and provided by appropriately qualified staff and external health care providers.

Management monitor staff practices and provide training as required. Care recipients and representatives are satisfied specialised care is delivered according to care recipients’ 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

Staff and management arrange appropriate referrals to suitable health specialists in accordance with assessed needs and preferences. When care recipients first enter the home, staff use a formal assessment process to determine referral requirements. Qualified staff have access to resources and make appropriate referrals, as needed. Staff consult with care recipients and representatives to honour needs and preferences, including arrangements to attend external appointments, as required. There are mechanisms for urgent referrals and provisions to reduce waiting times for services. The organisation keeps a list of preferred external service providers who visit the facility on a regular basis. Care recipients and



representatives are satisfied referrals to appropriate specialists occur as needed and preferred.

## **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

Nurses manage care recipients’ medication safely and correctly. When care recipients first enter the home, staff assess their medication needs to develop an effective care plan.

Trained and competent nursing and care staff administer medication in a safe manner. A contracted accredited clinical pharmacist assists the organisation by completing regular medication reviews on care recipients’ ordered medications. Management monitor staff compliance with the medication management system through the quality system. Controlled substances storage is at a level of security appropriate for the medication and circumstances and refrigeration of appropriate medications occurs as required in a dedicated medication refrigerator. There is facility for urgent and out-of-hours delivery of medications. Care recipients and representatives are satisfied with the safe and correct management of care recipients’ medication.

## **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

All care recipients are as free as possible from pain. Staff assess all care recipients for pain when they first enter the home and regularly thereafter when sentinel events occur such as post hospitalisation, after falls, when care recipients complain of further pain and when there has been an increase of ‘as needed’ pain medication administered. Staff use appropriate and varied pain assessments, including observation of nonverbal and behavioural signs indicating pain. Staff consult with care recipients, representatives and medical practitioners in the development of an effective pain management care plan. Care recipients and representatives are satisfied with the pain management for care recipients’ pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Staff maintain the comfort and dignity of terminally ill care recipients. The development of palliative care assessments and care plans occur as part of end of life care planning. Staff have access to external palliative care service providers. Staff evaluate and regularly update palliative care plans, including appropriate equipment to ensure effective care. Palliative care plans address continuity of care incorporating pain management, hydration, oral care, skin

integrity, physiotherapy requirements, emotional, spiritual and cultural support needs. Care recipients and representatives are satisfied with the care consultation process for palliative care and the maintenance of terminally-ill care recipients' comfort and dignity.

## **2.10 Nutrition and hydration**

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

### **Team's findings**

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration. Staff assess all care recipients for their nutrition and hydration needs when they first enter the home. Staff identify care recipients at risk of developing malnutrition or dehydration and make appropriate referrals. Care plans document identification of poor appetites, monitoring of weight, skin integrity, swallowing difficulties, the requirement for assistive devices, allergies and any texture modification required to meals. Care plans document care recipients' cultural and religious preferences regarding food. A contracted dietitian reviews care recipients who are at risk of malnutrition and appropriate measures undertaken in consultation with the care recipient and their family to meet preferences and needs. Care recipients and representatives are satisfied with the home's approach to meeting care recipients' nutrition, hydration and associated support needs.

## **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

Staff practices maintain care recipients' skin integrity consistent with their general health. When care recipients first enter the home, staff identify those who are at risk of impairment to skin integrity and develop detailed care plans to guide staff practices. Skin care delivery is consistent with skin care planning. Staff have access to external health professionals in providing appropriate advice and care, if required. Care plans indicate methods to reposition and provide regular skin care. There are processes to monitor and improve skin care management through the home's clinical indicators, equipment management and regular meetings. Staff receive training in manual handling techniques to minimise bruising, skin tears and prevent skin damage to care recipients. Incident reports and wound management charting is completed when a care recipient's skin is injured and follow up action undertaken. The home provides a range of pressure relieving devices. Care recipients and representatives are satisfied with the care provided in relation to care recipients' 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

The management of care recipients’ continence is effective. Care recipients’ continence assessments occur on entry and again as changes in continence needs occur. Care plans document relevant strategies, equipment and the level of assistance required by staff.

Management monitor care recipients’ continence needs by scheduled reviews, urinary tract infection data analysis and feedback. Management purchase continence aids on behalf of care recipients and maintain stock levels to meet all provisional needs, including attempts to restore care recipients’ continence where possible. An external continence advisor reviews the continence system to ensure care recipients have the appropriate aid. Care recipients and representatives are satisfied staff manage continence in a dignified manner.

## **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

Management’s approach to behaviours of concern is effective in meeting care recipients’ needs. Staff assess all care recipients who enter the home for behaviours, including causes and triggers for behaviour, after a suitable settling-in period. Staff consult with care recipients, representatives and health professionals about behavioural management needs, preferences and interventions. Staff use an assessment process to develop care plans with individually tailored approaches. Assessment of the home’s environment helps determine its influence on behavioural management practices and strategies. Management monitor staff practices to determine their effectiveness in meeting the needs of care recipients with behaviours of concern. There are referrals to external specialist services to improve the development of strategies in managing care recipients’ behaviours of concern. Care recipients and representatives are generally satisfied with the home’s approach to managing the causes of behaviours of concern.

## **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 achieve optimum levels of mobility and dexterity. Care recipients have their mobility and dexterity needs assessed, which includes an assessment by the contracted physiotherapist. Care plans document interventions required, including any assistive devices as needed. Staff complete incident reports following care recipient falls and staff organise a review of care recipients following a fall. Management monitor care recipients’ mobility through falls data analysis. Staff have attended education in relation to assisting care recipients with

mobilisation and manual handling techniques. Care staff and/or activity staff organise regular exercise programs. Care recipients and their representatives are satisfied with the home's approach to optimising care recipients' 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

The maintenance of care recipients' oral and dental health occurs effectively. Staff undertake oral and dental care assessments with care plans identifying aids, equipment and the level of assistance required. The organisation has arrangements with an external dental service to attend the home or at the providers' place of business. Management monitor oral and dental care through audits and stakeholder feedback. Staff change toothbrushes for care recipients on a seasonal basis and assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients and representatives are satisfied care recipients receive assistance as required maintaining 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

Assessment and care planning processes ensure staff identify care recipients' sensory losses and manage them effectively. Staff develop management strategies to minimise any identified sensory loss relating to the five senses. Staff make referrals to audiologists and optometrists and take care of devices. Care plan information includes the level of assistance required, care of aids and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff assist care recipients in maintaining and fitting sensory loss aids. The environment is safe, with sufficient lighting, uncluttered rooms and handrails on walls. The lifestyle program includes regularly scheduled activities to stimulate care recipients' senses. Care recipients and representatives are satisfied with the support and care provided to manage care recipients' sensory loss.

## **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. Staff identify care recipients' sleep needs on entry to the home and monitor changes on an ongoing basis. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitor care recipients' sleep requirements through the quality system and stakeholder feedback. Staff encourage natural sleep patterns through meeting care recipients' environmental needs, pain management

requirements and continence care. Staff keep noise levels to a minimum and care recipients who have wakeful periods overnight have access to lounge areas where there is provision of snack food if desired. Care recipients said they are able to achieve natural sleep patterns.

## 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 actively pursue continuous improvement to support care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the system.

Examples of improvements relating to Standard 3 Care recipient lifestyle include:

- The lifestyle team have developed an assessment tool to ensure they respond to an individual’s direct feedback on what they value and what provides them with quality of life. A velcro covered board with three categories, ‘very important,’ ‘somewhat important,’ and ‘not all that important’ allows care recipients to ‘stick’ a series of words onto the board. Staff said words or short sentences such as ‘laughter,’ ‘sleeping in,’ ‘sound mind,’ ‘memories’ are easily understood by care recipients and provide an easy guide to staff.
- As a result of care recipient feedback, the lifestyle team has reviewed the activity calendar to include more excursions. Staff seek regular feedback on preferred destinations and requests such as ‘put my feet in the sand.’ A ‘happy hour’ also occurs fortnightly due to its popularity with care recipients, including those usually prefer their own company. The lifestyle team work with catering staff to provide themed snacks during social events and birthday cakes on special occasions.

### 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 a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for details of the system.

Regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Management provide permanent care recipients with an agreement, which outlines occupancy arrangements, the services provided and security of tenure.
- The organisation maintains a reportable incident register and provides education to staff in recognising and responding appropriately to situations that may require mandatory reporting.
- The home displays the ‘Charter of care recipients’ rights and responsibilities’.

### 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

The organisation has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively in relation to Standard 3 Care recipient lifestyle.

Refer to expected outcome 1.3 Education and staff development for details of the system.

Examples of education relating to Standard 3 Care recipient lifestyle include:

- diversional therapy conference
- elder abuse training
- exercise group leader training
- mandatory training.

### **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

Care recipients receive initial and ongoing emotional support when moving into the home. Tours are undertaken and information outlining key aspects of living in residential care provided. Staff assist new care recipients to familiarise themselves with the home, ascertain their preferred routines and facilitate introductions to other care recipients. After a settling in period staff more formally consult with the care recipient and their representative on specific emotional support needs and develop strategies to help them adjust. Staff consider the care recipient's emotional support needs during care plan reviews, as their needs change and at times of grief, loss or emotional distress. A recent survey identified a high level of satisfaction with how staff support new care recipients to settle in and care recipients said they have adjusted well to life at the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

Management and staff assist care recipients to optimise their independence, maintain friendships and participate in life within the home and in the wider community. In consultation with the care recipient or representative, staff identify strategies to support both their physical, financial and social independence. Staff ensure motorised scooters belonging to care recipients are safely stored and batteries charged if required. Staff consider independence when reviewing care plans and as the care recipient's physical ability or wishes change. Referrals to allied health practitioners occur and staff provide assistive devices to enable care recipients to optimise their independence when moving around the home and when eating. Care recipients said staff are there if you need them but also respect you may still like to do some things for yourself.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients receive information on how the organisation protects their privacy during the admission process. Policies outline requirements to obtain consent for the use of personal information and staff ensure they hold conversations relating to care recipients in private. We observed staff demonstrating respect for care recipient's personal space and addressing care recipients with courtesy. Staff identified strategies to



support privacy and dignity in care recipients' lives and care recipients said staff respect their privacy.

### **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 provide input into the development of the activity calendar. In consultation with the care recipient or representative, staff identify each care recipient's interests and activity goals and develop care plans outlining individual needs. Staff support care representatives with a particular interest to run their own activity sessions and invite others to join them. Care recipient focused meetings, attendance and engagement records and surveys allow staff to change the program to reflect the preferences of care recipients. Community visitors and volunteers allow care recipients to follow individual pursuits. Staff announce group activities over the tannoy system to ensure all care recipients are aware of what is taking place at the home. Care recipients said go to those activities of interest to them and particularly enjoy bus outings and entertainers.

### **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 each care recipient's interests, customs, beliefs and backgrounds. 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 the care plans on a regular basis and incorporate any changes the care recipient wishes.

Visiting religious leaders provide spiritual support and guidance as requested and regular religious services occur. The organisation celebrates cultural events and days of significance throughout the year reflective of the predominantly Christian care recipient population. Care recipients and representatives are satisfied with the way staff respect and support the faith and customs of care recipients.

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

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

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

The home meets this expected outcome

Staff actively support care recipients to make informed choices about the services they receive. Individuals are free to exercise control over all aspects of their lifestyle in line with their preferences. Care recipients are supported to continue managing their own health care, finances or medications if they express a wish and are assessed as competent to do so.

Care plans reflect care recipients choices in relation to delivery of care and their life more broadly at the home. Staff review care plans on a regular basis and update care plans in response to changes in care recipients' wishes. Nomination of an advocate is supported if the care recipient prefers to have an alternative decision maker to act on their behalf. Care recipients and representatives said staff respect their choices and adhere to their decisions.

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

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

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

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management discuss security of tenure, fees and the available care services with each care recipient and/or their representative prior to moving into the home. Permanent care recipients receive a written agreement, which outlines security of tenure, privacy, confidentiality, complaints mechanisms and specified care and services. Management display the 'Charter of care recipients' rights and responsibilities' in the home. Document review confirmed signed agreements held on file and care recipients understand their place at the home to be 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 actively pursue continuous improvement to ensure care recipients live in a safe and comfortable environment. Refer to expected outcome 1.1 Continuous improvement for details of the system.

Examples of improvements relating to Standard 4 Physical environment and safe systems include:

- An integration of the home’s occupational health and safety program into the program driven by Sunbury Community Health has resulted in greater engagement by staff. A formalised reporting structure ensures hazards, incidents and near misses are reviewed by a senior staff group with the authority to take actions in line with the identified risk. Focusing on the aged care setting, a series of safe work practices have been developed to reflect tasks which may impact on the physical or mental health of employees. Staff said the integration with Community Health has reinvigorated the local team and staff have responded well to the change to a ‘no blame culture’ and consequently report more potential risks.
- A major building refurbishment has occurred to enhance the living environment for care recipients and the work environment for staff. Common areas have been recarpeted, new furniture purchased and a bed replacement program has seen the purchase of ‘high low’ beds to meet the changing needs of care recipients. A new disabled friendly toilet is also easier for care recipients to navigate with walkers and wheelchairs. Catering staff have upgraded key kitchen equipment and care staff now have a centralised ‘nursing station,’ which includes a relocated medication room. A security upgrade at entry and exits ensures staff can monitor who is entering and exiting the building. Care recipients and staff were all pleased with the focus on the environment.

## 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

Management has a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to Physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for details of the system

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

- There are procedures for recording, managing and reporting infectious diseases and outbreaks.
- There is a system to ensure ongoing compliance with fire safety regulations.
- Staff adhere to a food safety program and third party audits occur.

## 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

The organisation has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively in relation to Standard 4 Physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details of the system.

Examples of education relating to Standard 4 Physical environment and safe systems include:

- bullying and harassment
- fire and emergency training
- first aid and cardiopulmonary resuscitation
- food safety
- occupational, health and safety training
- work health and safety course.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable living environment for care recipients. The home is split into three separate wings each with its own kitchenette and outdoor area. Care recipient rooms are single occupancy with ensuite facilities and have a small private courtyard. A refurbishment program and security upgrade has recently improved the environment with new furniture and beds purchased and closed circuit television installed. A central administration building with a lounge and dining area acts as a hub for activities, social events and meals. Care recipients are encouraged to personalise their rooms and welcome guests at any time. Care recipients said the home is comfortable at they enjoy living there.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment and meet its regulatory requirements. At orientation and on an ongoing basis staff receive information and training to promote a safe workplace and safe work practices. A 'no blame' approach encourages staff to identify risks in the workplace, report incidents and near misses. Staff have developed a series of 'safe work practices', which include pictures and diagrams, for frequently undertaken tasks. Staff are aware of who their occupational health and safety representative is and committee minutes evidence hazards and incidents are identified, discussed and resolved. Staff said they are satisfied with the level of occupational health and safety within the home.

#### **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 are actively working to promote safety and provide a care and work environment that minimises the risk of fire, security breaches and other emergencies. Staff undertake emergency management training and a designated fire warden on each shift receives training on the fire panel and coordinating an emergency response. The home is equipped with security and smoke detection systems, sprinklers and other fire-fighting and emergency equipment. Scheduled servicing of fire and emergency equipment occurs and chemical substances are stored securely. Posters throughout the home remind staff and care recipients of actions to take in the event of hearing an alarm. Management are confident in their ability to handle an emergency.

#### **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. Staff complete training in infection control and hand hygiene at orientation and on an ongoing basis. Management ensure staff have access to personal protective equipment, hand washing facilities and anti-microbial gel. General practitioners offer care recipients' vaccinations and staff have the opportunity to be vaccinated. Management maintain an infections register and report results at relevant meetings and legislated bodies as required. Catering and environmental staff implement follow infection control guidelines including the use of colour coded mops and disposable cloths. The home has a food safety program, there are regular pest control inspections and infectious waste is managed safely. Infectious outbreak boxes are readily accessible if required. Staff confirmed they receive education in infection control, have access to appropriate supplies equipment and demonstrated an awareness of appropriate infection control practices.

#### **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

Staff provide hospitality services in a way that enhances care recipients' quality of life. A seasonal, rotating menu developed in consultation with care recipients and a dietitian incorporates care recipient preferences and dietary requirements. Food is prepared fresh on site daily and catering staff demonstrated their flexibility in addressing care recipient feedback. A review of cleaning schedules and methods has resulted in a more standardised approach. Laundry services ensure personal items are well cared. Care recipients and representatives were complimentary of catering and environmental services.