



Australian Government

Australian Aged Care Quality Agency

Vasey Brighton East

RACS ID 3449
709-723 Hawthorn Road
BRIGHTON EAST VIC 3187

Approved provider: Vasey RSL 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 06 December 2018.

We made our decision on 08 October 2015.

The audit was conducted on 30 September 2015 to 01 October 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.

Expected outcome	Quality Agency decision
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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Audit Report

Vasey Brighton East 3449

Approved provider: Vasey RSL Care Ltd

Introduction

This is the report of a re-accreditation audit from 30 September 2015 to 01 October 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 30 September 2015 to 01 October 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Tamela Dray
Team members:	Cassandra Van Gray Joanne Wheelahan

Approved provider details

Approved provider:	Vasey RSL Care Ltd
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Details of home

Name of home:	Vasey Brighton East
RACS ID:	3449

Total number of allocated places:	128
Number of care recipients during audit:	122
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Memory support unit

Street:	709-723 Hawthorn Road
City	Brighton East
State:	Victoria
Postcode:	3187
Phone number:	03 9519 3400
Facsimile:	03 9519 3401
E-mail address:	anna.borkowska@vaseyrslcare.org.au

Audit trail

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

Interviews

Category	Number
Management	4
Acting continuous improvement coordinator	1
Facility care coordinators	2
Registered and enrolled nurses	5
Care staff	8
Lifestyle staff and volunteers	3
Care recipients	9
Representatives	7
Catering staff	2
Cleaning staff	2
Laundry staff	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipient nutrition and hydration dietary requirements cross checked in kitchen	10
Care recipient agreements	11
Medication charts	10
Continuous improvement project plans	8
Personnel files	8
Care recipient electronic files	13

Other documents reviewed

The team also reviewed:

- 'Have your say' forms and register
- ANZAC memorial book
- Audits, audit schedules and reporting templates

- Business continuity plan
- Care recipients' information package, handbook and surveys
- Cleaning schedules
- Clinical documents including communication diary and allied health referrals
- Complaint management checklist
- Confidential reportable folder
- Continuous improvement plan
- Contractor induction folder, orientation checklist and guidelines
- Feedback letters and forms
- Food and cleaning service training documents
- Handover sheets
- Infection control documentation
- Job safety analysis forms
- Lifestyle assessment tools
- Maintenance request book, schedules and essential safety measures log books and hazard register
- Meeting minutes and agendas
- Menu
- Newsletters
- Professional registration register
- Risk assessments
- Service agreements and guidelines
- Staff education calendar
- Staff incident reports, register and investigation form
- Third party food safe certification.

Observations

The team observed the following:

- Activities in progress

- Archive room
- Chemical storage
- Cleaning in progress, cleaners' store room and trolley
- Equipment, supplies and storage areas
- Feedback forms, advocacy brochures and suggestion boxes
- Fire emergency equipment, signage and evacuation equipment
- Interactions between staff and care recipients
- Internal and external complaint brochures
- Internal and external living environment
- Kitchen and kitchenettes
- Laundry
- Meal and refreshment services
- Medication administration and storage
- Mission, vision and values statement
- Notice boards and notices
- Noticeboards and information displays
- Security process and system
- Short group observation in dining room
- Sign in and out register
- Smoking areas
- Spills and gastroenteritis kits
- Staff knocking on care recipient doors
- Suggestion box
- The 'Charter of care recipients' rights and responsibilities
- Visitors and volunteers in the home
- Waste management and contaminated waste disposal systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across the Accreditation Standards. Mechanisms for identifying improvements include 'have your say' forms, audits, annual satisfaction survey results, meeting minutes and performance indicators. The organisation's corporate systems and plans support local improvement processes. Continuous improvement plans and associated project plans outline actions, progress and evaluation of outcomes. The home operates a quality committee which meets on a two monthly basis.

Improvement information is also presented to the Board. Management evaluates and communicates improvements and outcomes to stakeholders through meetings, memoranda and notices. Care recipients, representatives and staff are aware of quality improvement processes and are satisfied ongoing improvement occurs within the home.

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

- The home's parent organisation identified the opportunity to introduce version three of the care recipient electronic documentation system. The organisation worked closely with the system provider to include a range of improvements. Management stated the new version provides for up to date care recipient care plans, a more person centred approach and staff ready access to contemporary information.
- As a result of staff feedback the home has introduced an email function for care recipients' representatives. Important information such as the newsletter, outbreaks and Quality Agency visits are regularly communicated. Management stated there has been positive feedback regarding this initiative.
- An internal audit identified the opportunity for enhanced communication with staff. The home subsequently established individual staff email messaging and access. Management stated there has been good feedback from staff regarding this initiative.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home is a member of peak industry bodies and engages and subscribes to a range of regulatory compliance related services. Additional information is distributed by the home’s parent organisation. Regulatory compliance is a standing agenda item at some meetings with relevant documentation updated as required. There are systems to ensure all employees and applicable contractors have current police certificates and statutory declarations. Changes are reported to staff through attendance at training, meetings, electronic messaging and notice boards as required. Care recipient and representative notification of changes occurs through meetings, mail and electronic notice boards.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate skills and knowledge to perform their roles effectively.

The education program provides mandatory training and annual competency testing for staff. Processes used to identify topics include staff suggestions and appraisals, incident reports, observations of practices, changes in care recipients’ needs, regulatory compliance, guideline updates and an annual training needs’ analysis. Processes to inform staff about education and training include advertising on the staff noticeboard, the home’s intranet, emails to staff and the annual staff training calendar. Attendance records are kept and staff provide written feedback on education and training sessions. Staff stated they are encouraged and supported to attend education and training sessions.

Recent training and development opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- leadership and management forum
- organisation induction program
- safety and wellbeing for managers and supervisors
- training for supervisors.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has comments and complaints systems, processes and procedures that are accessible to all stakeholders. Feedback is encouraged through the completion of paper based forms, audits, surveys, one to one discussions and attendance at meetings.

Stakeholders receive information regarding internal and external comments and complaints processes on entry and through the care recipient agreement, handbooks, and internal and external brochures are displayed throughout the home. The home maintains a complaints register which is monitored and actioned on a routine basis. Management respond to complainants in a timely manner and maintain confidentiality of individual complaints. Care recipients, representatives and staff stated they are aware of the internal and external complaint processes and are satisfied management address complaints appropriately.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home has documented vision, mission and philosophy. Information is available to stakeholders in information handbooks, which is displayed throughout the home. The home has a commitment to quality across all services; this is evident through the organisation's systems, and personnel dedicated to monitor and support compliance.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are sufficient appropriately skilled and qualified staff to deliver care, lifestyle and service needs and preferences. Management and key staff monitor staffing levels and skill mix through stakeholder feedback and consultation, reviews of care recipient needs, preferences and data analysis. Staff recruitment and performance management processes occur with support from the home's parent organisation. Commencing staff participate in an induction and orientation program and work with experienced staff members. Staff have access to position descriptions and duty statements to guide them in their roles. The home has access to casual staff, predominately from a sister home in the region, to support periods of planned and unplanned absences. Employment agency care staff are used on an infrequent basis. Care recipients and

representatives stated they are satisfied there are sufficient, appropriately skilled staff to meet care recipient needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems to ensure appropriate goods and equipment are available for the delivery of quality care and services. Management and designated staff organise the purchase and replacement of inventory and equipment through the home's parent organisation, supplier checks, authorised purchase orders and established ordering processes. Management and staff identify inventory and equipment needs through frequent visual checks, audits, care recipient needs and preferences, and feedback received at meetings. New equipment is trialled and evaluated on site and staff are provided with training, as required. Goods are stored safely in secure areas. Preventative and reactive maintenance programs are established. Care recipients, representatives and staff stated they are satisfied with the availability of appropriate goods and equipment.

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 communication is effective across all services. The home operates an electronic care recipient documentation system, data bases and paper based forms. Regular meetings, electronic messaging and written documentation support the effective distribution of information. Staff sign a confidentiality agreement and care recipients and representatives receive information for privacy and confidentiality purposes. Policy and procedure reviews ensure information remains relevant and current. Information technology systems are backed up on a routine basis and staff have access to on line support.

Information was observed to be stored securely. Staff stated they have access to information required to perform their roles. Care recipients and representatives stated they are satisfied with information provided by 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 organisation has systems to provide externally sourced services to meet the home's needs and service quality goals. The organisation has processes to select, monitor and evaluate external suppliers to ensure the provision of quality service from local and national suppliers. The organisation's sourcing and management teams establish, manage and review

ongoing service contracts. Contractors are required to adhere to relevant legislative arrangements such as current licencing, registration, police checks and professional insurance coverage. Evaluation of service agreements with stakeholder feedback is part of the organisation's management of external contractors. Contractors are required to sign in when working at the home, receive orientation prior to commencing work and are supervised by staff. Externally sourced services include cleaning, optometry, physiotherapy, pharmacy, dental and dietitian services, medical supplies, waste management and pest control. Care recipients, representatives and staff stated they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Systems demonstrate ongoing improvements in care recipient health and personal care.

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

- Based on information derived from poor skin integrity indicator results, the home engaged a consultant to provide advice and staff education. In addition the home introduced new processes, procedures and products, in particular the application and removal of dressings. Management stated the changes have resulted in enhanced skin integrity for care recipients.
- The home's parent organisation identified the opportunity to introduce enhanced palliative care. The home reviewed its practices against the palliative care tool kit. A palliative care 'link nurse' was appointed to support and guide on the job practices and staff training. Management stated care recipient representatives have expressed gratitude to the skilled staff in caring for their loved ones.
- Staff identified an opportunity to enhance the home's 'resident of the day' approach. A holistic tracking tool was developed as well as a new schedule. Management stated the new approach ensures care is completed in a timely manner with involvement from a range of parties.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

All registered nursing staff have current professional registrations. Registered nursing and care staff perform care and medication management activities within their scope of practice. The home has systems to record and manage instances of unexplained care recipient absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 Health and personal care include:

- caring for care recipients with diabetes
- continence aids
- hearing aid use
- pain medication in end of life care
- palliative care for care recipients living with dementia
- using supplements.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff ensure care recipients receive appropriate clinical care. Staff use established clinical systems to assess care recipients upon entry and develop plans of care around these needs. Documentation tracks the monitoring of clinical care through charts,

assessments, care plans and progress notes. Review of care occurs through the care recipient of the day process and as changes in care recipients' health status require.

Registered nurses oversee clinical care and are supported by enrolled nurses. Medical practitioners and allied health professionals enhance the holistic approach to care. Formal and informal care consultations with care recipients and their representatives ensure satisfaction with the care provided and observation of any identified preferences and needs. Care recipients and representatives stated they 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

The home has registered and enrolled nurses and access to specialised nurses to assess, plan, manage and deliver specialised nursing care needs to care recipients. Specialised needs are overseen by the facility care coordinators. Specific care plans are developed and individually tailored to guide staff. Staff reported changes in the care needs of care recipients are communicated effectively and staff are supported to ensure they have the appropriate skills and knowledge to meet a diverse range of specialised needs. Care recipients and representatives stated they are satisfied specialised care needs are identified and managed appropriately.

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

Management ensure care recipients have access to appropriate health specialists in accordance with their needs and preferences. Medical practitioners visit the home at regular intervals with care recipients able to retain their own doctor if desired. There are regular physiotherapy, podiatry and dietitian services with other allied health staff such as a speech pathologist available as needed. Staff assist care recipients to attend other health professionals and specialists in the community as required. Care recipients and representatives stated they are satisfied with the range of health specialists available.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Management ensure there are systems to support safe and correct medication management. Competency tested nursing and care staff administer medications, education is provided, with overall medication management monitored through incident reports and audits. The home has

a process for assessing and monitoring those care recipients who wish to self- manage and self-administer medications. Processes exist for the ordering, delivery and disposal of medications with access to urgent medications through a local pharmacy service and on hand stocks. Medications are stored safely and securely and in accordance with regulatory guidelines. A multi-disciplinary advisory committee meets regularly to discuss the medication needs at the home and instigate any improvements. Policies and procedures and current medication resources are readily accessible and guide staff practice. Care recipients and representatives stated they are satisfied with how staff manage care recipients' medication needs.

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

Staff and management ensure all care recipients are as free as possible from pain. Care recipients are assessed for previous and current pain on entry and changes in pain status prompt staff to reassess and make referrals to appropriate health professionals. A variety of methods are utilised to help manage care recipients' pain and these include the use of 'as needed' medication where appropriate. A physiotherapist, in conjunction with the registered nurses, oversees a pain management program for care recipients assessed with chronic pain. Staff are aware of verbal and non-verbal pain cues in care recipients and use these to guide pain prevention and management on an individual level. Care recipients and representatives stated they are satisfied with the pain management strategies provided by the home.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Staff and management ensure the comfort and dignity of care recipients in their final phase of life. Consultation occurs between staff and care recipients, or their representatives, about the care recipients' advanced care planning wishes and this forms the basis for care provided in the terminal stage. If required, staff access palliative care assistance through local support services. Spiritual and emotional support is available for the care recipient and their family if desired and representatives are supported to stay by their loved ones side overnight if they wish. Representatives expressed satisfaction with how staff respect and support individual beliefs and comfort levels during the palliative care process.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Management and staff ensure care recipients receive adequate nourishment and hydration. Clinical systems prompt staff to identify and assess care recipients’ nutritional needs, preferences and the level of staff assistance required. Staff monitor care recipients’ weight and guidelines prompt staff on how to manage any losses or gains with the assistance of the dietitian, when required. Assistive devices are available to help care recipients maintain their independence with eating and drinking. Care recipients and representatives stated they are satisfied with the quality of food and beverages provided at the home.

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 assess and care for care recipients in a way that promotes optimal skin integrity. Staff assess care recipient’s skin integrity on entry, when care plans are reviewed and as health needs change. Barrier cream is applied and pressure area care strategies utilised to promote skin integrity. Staff also assist care recipients to maintain their skin in a healthy state via a visiting podiatrist and hairdresser to help them maintain their nails and hair. Monitoring of skin tears and wounds occurs and care is reflected on appropriate charts. Policies and procedures are available to guide staff in wound assessment and management, and specialist care by a wound care consultant is available if staff need further advice. Care recipients and representatives stated they are satisfied with the home’s approach to maintaining 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

Management and staff ensure care recipients’ continence needs are managed effectively and with dignity. Staff assess the care recipients’ continence needs on entry and as their needs change. Assessments take into consideration the staff assistance levels required and any continence aids needed. The home’s approach to continence management encourages promotion of independence and dignity and education is provided on continence management. Care recipients stated their continence needs are met.

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 and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Staff conduct behavioural assessments and use the information gathered to formulate care plans that outline any identified triggers and management strategies. Staff receive education to help manage behavioural challenges, especially those related to dementia. Medical practitioner advice and specialist groups are utilised as a supportive resource for staff and to help implement strategies for care recipients with challenging behaviours. Care recipients stated they are satisfied with the management of any behavioural issues that occur within the home and the behaviour of other care recipients does not impact on their own wellbeing.

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

Staff and management ensure care is provided in a way that guarantees optimum levels of mobility and dexterity are achieved for care recipients. Each care recipients’ mobility and dexterity needs are assessed on entry and mobility aids are available, if required.

Physiotherapy and occupational therapy services are provided regularly at the home, with all care recipients assessed and reviewed as needed. Assistive devices, such as those for eating, are available and their use promoted. There are adequate mobility and dexterity aids to cater for care recipients’ needs. Care recipients stated their mobility and dexterity is supported by staff when needed and encouragement is given to maintain their independence with the assistance of aids if required.

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

Staff ensure assistance is given to care recipients to maintain optimal oral and dental health. Staff conduct assessments of care recipients’ oral and dental needs and preferences on entry and include details in care plans about assistance levels required and daily care of teeth, mouth and dentures as appropriate. Care recipients are assisted to access dentists and dental technicians, which may be of their own choice if desired. Staff assist and prompt care recipients with daily dental hygiene and observe and document any relevant dental issues. There is a process for the provision of additional oral and dental care during the palliative phase. Staff formulate specific strategies for care recipients with swallowing difficulties which include texture modified diets and staff assistance with meals. Care recipients and

representatives stated staff provide adequate assistance with care recipients' oral and dental hygiene.

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

Staff and management ensure care recipients' sensory losses are identified and managed effectively. Staff assess care recipients' sensory deficits upon entry and as changes in care needs require. Staff arrange assistance for care recipients to attend appointments with their own preferred provider or specialist providers when required for hearing and vision assessments both inside and outside the home. The home is well lit, has adequate handrails and visible signage. Staff are aware of individual needs and assist care recipients who require help with care, maintenance, fitting and cleaning of aids and devices. Care recipients and representatives stated staff assist care recipients with their sensory loss needs.

2.17 Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

Staff and management ensure care recipients are assisted to sleep in a natural and non-invasive way. Normal sleep and wake patterns are assessed on entry and, if possible, pre entry patterns are supported by staff through the care planning and actioning process. A variety of methods are used to promote sleep including settling routines, evening drinks, snacks and medication as prescribed. Records show staff respect care recipients' wishes regarding sleep. Care recipients stated the home is quiet at night, their preferred wake and sleep times are respected and they sleep as soundly as possible.

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

Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Systems demonstrate ongoing improvements in care recipient lifestyle.

Examples of recent improvements in relation to Standard 3 Care recipient lifestyle include:

- Care recipients identified an opportunity to change the location of the home’s library. As a result of this request the library has been relocated to a dedicated area with enhanced seating and lighting. New large print books and resources were also purchased. Management stated they have noted an increase in the use of the area.
- The home has introduced the ‘Help program’. Implemented at a sister facility, the program aims to provide a person centred approach to care recipient lifestyle with an emphasis on ‘what’s important to them’. Management stated all staff have access to this information and deliver care accordingly.
- As a result of care recipient feedback a small table, with an electronic candle and condolences book, will be placed in the relevant unit when a care recipient passes away. Management stated there has been good feedback regarding this initiative.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Care recipients and representatives receive information regarding privacy and confidentiality on entry to the home. The care recipient handbook and agreement includes information regarding rights and responsibilities. The home has systems to record and manage instances of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 Care recipient lifestyle include:

- dementia awareness
- respecting care recipient's choices
- virtual dementia tour.

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 support in adjusting to their new environment from care and lifestyle staff. Care recipients are given an orientation to the home, encouraged to personalise their rooms and are introduced to other care recipients and staff to help with adjusting to their new surroundings. Lifestyle staff complete each care recipient's lifestyle and activities care plan in consultation with the person, their family and friends. Staff regularly check for changes to care recipients' emotional wellbeing and help with any concerns. Religious practitioners and volunteers are available to provide additional emotional support. Lifestyle staff and volunteers provide information regarding events and activities occurring in the home and spend individual time with care recipients. Visitors are always welcome at the home and are encouraged to participate in special days of significance such as 'ANZAC Day' and 'Remembrance Day'. Care recipients stated they are satisfied with the way staff support them and make them feel welcome on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Lifestyle staff develop individual and group activity programs to maintain each care recipient's independence and engagement with the community inside and outside the home. Staff support care recipients to continue to engage with the community through support to continue

memberships with local groups and clubs and to visit family and friends. This includes links with local 'Returned and Services Leagues' clubs and friendship groups and competitions with other local homes. Care recipients are encouraged and assisted to facilitate programs for themselves and other care recipients such as bible studies and gardening. Care recipients and representatives stated care recipients are supported to maintain their independence where possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information on rights and responsibilities, privacy and dignity are included in orientation information for care recipients. Staff knock and wait for a response prior to entering care recipients' rooms and care recipients are addressed by their preferred name. Private dining rooms and lounge areas are available for care recipients, their families and friends to celebrate special occasions or visit in private. Care recipients' files and information are secure and are only accessible to authorised staff. Staff demonstrated warmth and respect during their interactions with care recipients. Care recipients and representatives stated staff provide care in a respectful and appropriate manner.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities and interests. Care recipients, their family and friends are consulted on the development of an individualised lifestyle program based on person centred care principles. Lifestyle plans are reviewed on a regular basis and in response to the changing needs of care recipients. The lifestyle program offers a range of group and individual activities reflecting the person's emotional, physical, cognitive and cultural needs. Special commemorations relating to military service with visits and competitions with other homes in the organisation add to the diversity of activities. Care recipients and representatives stated they are satisfied with the range of activities offered by the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of the care recipients. Care recipients are encouraged to celebrate and

commemorate their cultural and spiritual backgrounds. Religious practitioners visit the home and provide services based on the preferences of the care recipients. Care recipients, with assistance from volunteers and staff, celebrate personal days of significance and national and state wide events throughout the year. Care recipients and representatives stated they are satisfied with the support provided to engage in activities associated with their cultural, spiritual beliefs and backgrounds.

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

The home supports care recipients to exercise choice and control over their lifestyle. Staff identify care recipients' care and lifestyle preferences on moving into the home and encourage and support their decisions around their care. Care recipients are encouraged to express their wishes through 'resident and representatives' meetings, individual consultation, surveys and feedback processes. Care recipients make choices and decisions about their daily routine and care options. Care recipients stated they are satisfied they are able to exercise choice in their care and lifestyle activities.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients have secure tenure within the home and care recipients and their representatives understand their rights and responsibilities. The organisation provides information about security of tenure and care recipients' rights and responsibilities in the residential agreement and handbook. Elder advocacy and independent complaints investigation posters and information are displayed around the home. A change of rooms occurs only after consultation with the care recipient and representatives. Care recipients and representatives stated they are satisfied with the security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

There are systems and processes to actively pursue continuous improvement. Systems demonstrate ongoing improvements in physical environment and safety.

Examples of recent improvements in relation to Standard 4 Physical environment and safe systems include:

- Management identified the opportunity to redevelop the home’s memory support unit external garden. Colourful plants, a sand pit and mini golf area were established. Management stated care recipients have been seen to enjoy the area more frequently.
- Management identified the need for automatic sensor doors to be fitted to enable care recipients with mobility impairments to gain easier access to the external garden. Management stated they have received good feedback regarding this initiative.
- Following education regarding appetite stimulation, staff identified the need for care recipients to be provided with red china plates and mugs to improve their nutrition and hydration intake. Management stated they have noted an improvement in care recipient’s consumption of food and fluids.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has achieved compliance with the appropriate building, fire, emergency and food safety certification legislation.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- fire training
- first aid training
- food safety
- manual handling
- occupational health and safety.

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

The organisation is actively working to provide a safe and comfortable environment consistent with a care recipient's care needs. Care recipients have access to clean, comfortable and well-maintained communal dining and lounge areas that are bright and well furnished. Care recipients are accommodated in well maintained and clean single rooms or double rooms for couples, with ensuites. There are well maintained gardens and internal courtyards that are easily accessible for care recipients. All care recipients' rooms have a television and telephone and internet connectivity is available. The safety of the home is monitored through employing preventative, reactive and routine building and equipment maintenance. Care recipients and representatives stated care recipients feel safe and comfortable.

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 that meets regulatory requirements. There is an organisation wide occupational health and safety system that includes an onsite representative and an occupational health and safety management committee. Staff are aware of their occupational health and safety responsibilities through the organisations induction program and ongoing mandatory training and education. Staff demonstrated an understanding of the incident reporting system and maintenance reporting processes. Key staff monitor the environment for risks and potential hazards. Staff are informed about occupational health and safety and are satisfied with the safety of their working 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 are actively working to provide an environment with safe systems of work to minimise fire, security and emergency risks. Professional accredited contractors carry out testing and maintenance on emergency alarms, sprinkler systems and equipment. The fire and emergency equipment is tested and maintained to a maintenance and schedule program. There are documented emergency policies and procedures with annual mandatory education for staff in fire and other emergencies. The evacuation kit, with care recipient list and information, is up to date. Exit doors are clearly marked and free from obstruction. Staff have access to information on fire, security and emergency policies and procedures. Care recipients and representatives stated they feel safe and secure 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 operates an effective infection control program. Staff receive infection control education during orientation and through mandatory training and competency assessments. Policies and procedures including outbreak guidelines are available. Hand hygiene, personal protective equipment and appropriate waste disposal systems are available throughout the home. Care recipients are assessed and monitored for the risk of infection and medical practitioners and nursing staff monitor response to treatment. There is a planned pest control program. Catering, cleaning and laundry procedures follow infection control guidelines.

Cleaning schedules and the environment is regularly audited. Vaccinations are offered to care recipients and staff. We observed staff maintaining contemporary 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

Care recipient catering requirements are prepared fresh daily on site, seven days a week. The home operates a four week rotational menu which has been reviewed by a nutrition service. Documentation held in the individual unit kitchenettes generally reflects care recipients' likes and dislikes and dietary needs and preferences. Meal satisfaction occurs through one to one feedback, meetings, audits and surveys. An external contractor undertakes cleaning, seven days a week and staff perform their duties in line with documented schedules. Care recipient personal items and linen are laundered internally. Care recipients' and representatives stated they are satisfied with the catering, cleaning and laundry services provided by the home.