Australian Government
Australian Aged Care Quality Agency

Victoria Grange Residential Aged Care Facility

RACS ID 3822
502-514 Burwood Hwy
VERMONT SOUTH VIC 3133

Approved provider: Australian Unity Care Services Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 June 2018.

We made our decision on 04 May 2015.

The audit was conducted on 24 March 2015 to 25 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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:

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

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: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

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Audit Report

Victoria Grange Residential Aged Care Facility 3822

Approved provider: Australian Unity Care Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 24 March 2015 to 25 March 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 24 March 2015 to 25 March 2015.

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

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

Assessment team

Team leader:	Carolyn Ashton
Team members:	Joanne Wheelahan Kerry Ewing Lisa Coombes

Approved provider details

Approved provider:	Australian Unity Care Services Pty Ltd

Details of home

Name of home:	Victoria Grange Residential Aged Care Facility
RACS ID:	3822

Total number of allocated places:	104
Number of care recipients during audit:	103
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	502-514 Burwood Highway
City:	Vermont South
State:	Victoria
Postcode:	3133
Phone number:	03 9955 4200 / 1800 026 388
Facsimile:	03 9955 4299
E-mail address:	jhill@australianunity.com.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Corporate management	5
Nursing and care staff	11
Lifestyle staff	3
Administration staff	1
Care recipients	20
Representatives	5
Hospitality management and staff	7
Maintenance staff	2
Physiotherapist	2

Sampled documents

Category	Number
Care recipients' clinical files	20
Care recipients' agreements	10
Medication charts	12
Personnel files	10

Other documents reviewed

The team also reviewed:

- Archive records

- Asset register, equipment evaluation forms

- Audit schedule, audits and reports

- Care plan evaluation calendar

- Cleaning protocols and monitoring documentation

- Communication books

- Continuous improvement plan, feedback forms, feedback and complaints registers

- Contractor documentation

- Dietary preference and menu choice documentation

- Education and staff development documentation and information resource folders

- Employee medication competencies report

- Environmental inspection reports, pest control documentation and essential safety services records

- Food safety program and certification

- Hazardous substances register

- Human resource management manual, staff rosters and associated documentation

- Incident documentation

- Infection control documentation

- Lifestyle documentation

- Mandatory reporting register and documentation

- Memoranda

- Minutes of meetings

- Newsletters

- Police certificate and nursing registration documentation

- Policies, procedures, statements and flowcharts

- Pressure relieving mattress records

- Preventative and corrective maintenance documentation

- Residents, representatives and staff surveys

- Risk assessments, restraint documentation

- Staff, residents and representatives handbooks

- Temperature monitoring documentation

- Victoria Grange self-assessment.

Observations

The team observed the following:

- Activities in progress

- Allied health services onsite

- Archive storage

- Australian Unity vision, values, philosophy and model of care

- Charter of care recipients' rights and responsibilities displayed

- Chemical storage

- Cleaning in progress, trolley and storage

- Equipment and supply storage areas, personal protective equipment, material safety data sheets

- Feedback and complaints forms and external advocacy brochures

- Fire panel and emergency equipment, evacuation pack

- Interactions between staff and care recipients

- Internal and external living environment

- Kitchen and kitchenettes, meal and refreshment service and assistance to care recipients

- Laundering in progress

- Medication storage and administration

- Mobility aids and equipment

- Notice of Quality Agency visit displayed

- Noticeboards

- Short group observation in level one dining room

- Waste disposal area

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

There is a system to support active pursuit of continuous improvement across the Accreditation standards. Management has processes to collect suggestions from a variety of sources including verbal and written feedback from residents, representatives, staff and visitors, audits and quality report analysis, surveys and strategic organisational initiatives.

Management captures information such as actions, timeframes and assigned responsibilities in a plan for continuous improvement, used for monitoring progress towards results.

Management communicates improvements to stakeholders through meetings, memoranda, direct correspondence and newsletters with evaluation of actions occurring through audits and consultation processes. Residents, representatives and staff are satisfied with opportunities to contribute to the continuous improvement program and continuous improvements are occurring at the home.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- In response to staff feedback, management created a checklist covering information exchanged with new staff during orientation shifts worked alongside peers. Management said the information provides reassurance to both new and guiding staff that they are meeting the expectations of orientation. Staff provided feedback during development and implementation of the checklist and management is satisfied the protocol meets staff needs in delivering care for residents. Further evaluation is planned.

- To support the introduction of new organisational values, management increased the categories of staff recognition awards. The new awards align with each of the values and staff peers nominate recipients. Management is satisfied the recognition of individual staff efforts encourages an enabling culture at the home and assists staff to understand and integrate the organisational values into their work practice.

- In response to training needs analysis, management participated in an aged care leadership program. The program provides the opportunity for staff to build mentoring relationships with other industry homes for sharing best practice initiatives. Management

is satisfied that techniques and knowledge gained from the program facilitates practices that develop leadership amongst the senior team. Ongoing evaluation is planned.

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

There is a system to identify and ensure compliance with relevant regulatory requirements, standards and guidelines. The organisation's compliance management team receive direct notification of updates to government legislation and regulatory requirements through subscription to legal alert services and from agencies, professional organisations and industry peak bodies. They assess the scope and impact of changes within the organisation, reviewing standards and policy guidelines as required. Management implements and communicates regulatory requirements to staff and other stakeholders through meetings, memoranda and a regulatory compliance communication folder. Staff inform residents and representatives of regulatory compliance changes through direct correspondence, newsletters and meetings. The organisation's compliance management team and management at the home monitor regulatory compliance through observation of staff practice, stakeholder feedback, incident analysis and audits.

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

- Management has processes to monitor police certificates and credential checks for staff, volunteers and service providers.

- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

- Staff manage and destroy personal information in accordance with regulatory requirements.

- Management has processes for notifying stakeholders of the re-accreditation audit.

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 organisation encourages, supports and assists management and staff to develop and maintain the necessary knowledge and skills in order to perform fully in their roles. The education program is developed in accordance with the organisation's overarching strategic plan, advice from legal and compliance experts, the individual needs of residents and staff knowledge and skill deficits identified through management processes. The education program is accessible, flexible and responsive to change. Management record and monitor staff attendance and sessions are evaluated to monitor their effectiveness. Staff can access

assistance and support to upskill. Management and staff said they are supported to develop and maintain an appropriate level of skill and knowledge.

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

- leadership

- 'systems' training.

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

There is a system to ensure each care recipient, their representative and other interested parties have access to internal and external complaints mechanisms. When moving into the home, residents receive information in handbooks and with their resident agreement, describing the complaints policy at the home. Residents can also access these details, along with external complaints and advocacy services, through regular newsletters and displayed posters. Management obtains comments and complaints from stakeholders through feedback forms, resident and representative meetings, surveys, staff meetings and formal and informal discussions with stakeholders. An electronic system is used by organisational quality and compliance staff and management to monitor complaint types and trends. Staff are guided in managing complaints by a policy describing accessibility and resolution timeframes. Communication of complaint outcomes to stakeholders occurs via personal communication and meetings where appropriate. Residents, representatives and staff said management are approachable, they are aware of the comment and complaints process and are satisfied with responsiveness to 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 has documented its vision, values and philosophy which reflects its commitment to provide personalised care and service. Management displays the information in the home and in a range of stakeholder publications including booklets and handbooks.

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 systems and processes for the recruitment and ongoing monitoring of staff practices to meet residents' care needs and services. Recruitment processes include formal interviews, references and credential checks. Position descriptions, duty lists and policies and procedures inform and guide staff in areas of resident care and professional development. New staff attend the orientation program and are partnered for informal mentoring and support. Annual appraisals, feedback and quality processes assist management to identify ongoing staff training and skills requirements and to assess whether the staffing roster meets residents' needs. Residents and representative are satisfied with the responsiveness of staff and said staff provide satisfactory care to meet residents' 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 is a system to ensure sufficient stocks of appropriate goods and required equipment for quality service delivery is available. Ordering of all supplies occurs through preferred suppliers and designated staff are responsible for monitoring stock levels. Management identifies equipment needs through feedback including reports, observations, assessment of resident needs and audits. Equipment purchase includes the completion of risk assessments, trial periods and evaluation by staff and residents, where applicable. Staff receive training in the use of new equipment as required. Equipment is barcoded for inclusion in the asset register and the maintenance program ensures all equipment is in working order. Sufficient secure and clean storage areas are available. Residents, representatives and staff are satisfied with the quantity, quality and accessibility of supplies and equipment used.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are processes to ensure stakeholders receive relevant information. Residents and representatives receive information from a variety of sources including handbooks, correspondence, newsletters, care and nursing staff discussions and meetings. Staff access policies and procedures and information relevant to residents electronically, and memoranda, noticeboards, meetings and communication folders provide updates about the home and regulatory compliance. Staff archive redundant documentation in accordance with the record retention system before being sent off-site to a document warehouse prior to destruction.

Authorised staff access clinical records via password protected electronic systems with externally located back-up servers. Residents, representatives and staff are generally satisfied with access to information and with the communication mechanisms at 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

There are systems to ensure the provision of externally sourced services is consistent with the home's needs and service quality goals. Management administers short term arrangements through standard purchase orders while the organisation's sourcing and compliance management teams establish, manage and review ongoing service contracts. Established processes ensure contractors abide by legislative and statutory requirements relevant to their roles such as provision of current licencing, insurance and police certification along with the organisation's expectations of confidentiality and quality standards.

Contractors receive orientation to the home according to their roles. Externally sourced services include, but are not limited to, cleaning, physiotherapy, pharmacy, waste management and pest control. There are mechanisms for staff and other stakeholders to provide feedback on unsatisfactory service standards and where necessary, for contracts to be reviewed. Residents, representatives and staff are satisfied with the current external service 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 pursues continuous improvement across aspects of care recipients' health and personal care. Residents and their representatives said they are satisfied with the quality of care provided by staff. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- Following feedback from staff and residents, management undertook a review of pain management heat packs. Management purchased additional heat packs, covers and storage baskets and extended staff shift duration to accommodate the application of heat packs and massage. Management said feedback from staff has been favourable with heat packs more accessible and staff are satisfied with the additional time provided to meet the needs of residents.

- In response to internal review, management introduced a new care plan assessment tool. Staff said the changes support collection of improved quality information and the new tool is easier to use. Management and staff are satisfied the new assessment tool supports the identification of residents' needs and where changes to care plans are required. Evaluation is ongoing.

- Management purchased a bed specifically designed to meet the needs of a resident. With guidance from physiotherapists, management explored options and identified the correct equipment for the resident, providing training for staff. The bed assists staff to care for the resident and also meets their health and safety needs. Management is satisfied the purchase increases the care and comfort for the resident and provides a model for future investigation of specialised equipment needs.

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 systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to

expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

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

- Processes exist to ensure medications are appropriately and securely stored.

- Registered nurses supervise the provision of clinical care according to relevant legislation and resident needs.

- There are procedures to ensure compliance with legislation in the event of a resident's unexplained 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 appropriate knowledge and skills to perform their roles effectively in relation to their provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development system.

Staff are satisfied with the ongoing education and support to develop their knowledge and skills in relation to health and personal care. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

- behaviour management

- palliative 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

Management has processes in place to ensure care recipients receive appropriate clinical care. When residents move into the home, registered nurses and other qualified staff assess the clinical needs of the resident and develop care plans around these assessments. The clinical care of residents is tracked through the use of an electronic record management system using online charts, assessments, care plans, risk assessments and progress notes. Registered nurses and allied health professionals regularly review residents' care needs through a 'resident of the day' process and at any change in a resident's health status.

Residents have access to their choice of medical practitioner, the home has contracted allied health professionals at the home and access to local area health services provide a multidisciplinary approach to clinical care for residents. Residents and representatives are consulted about residents' care needs and preferences which are incorporated into care plans. Residents and representatives are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Management demonstrates there are appropriately skilled staff to identify and meet care recipients' specialised nursing care needs. Registered nurses assess residents for specialised nursing needs on moving into the home and as the resident's needs change. Appropriate staff develop a care plan in consultation with residents and representatives, medical practitioners and allied health professionals. Care plans describe specific needs, including any specialised equipment needed and medical practitioner and allied health professional instructions. The home consults specialised nursing services outside the home if required for care such as wound management, skin care and continence care. Residents and representatives are satisfied with how residents' specialised nursing care needs are identified and managed.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings

The home meets this expected outcome

Management demonstrates care recipients are referred to appropriate health specialists in accordance with their individual needs and preferences. Medical practitioners visit the home regularly and residents can retain their own medical practitioner if desired. Allied health professionals are available at the home and include physiotherapy, podiatry, a dietitian, a speech pathologist, an optometrist and dental services. Specialist local area health services are also available for residents as needed. Residents are supported to attend specialist

medical appointments. Following referrals to specialists and other health services residents' care plans are reviewed and updated. Residents and representatives 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 has a medication management system to support safe and correct medication management for care recipients. Qualified staff administer medications, staff receive regular education updates and testing of competencies as part of the medication management system. Medication incidents are recorded, investigated and actioned. A medication advisory committee meets quarterly where medication audits and incidents are tabled and discussed. A regular review of each resident's medication is undertaken by their medical practitioner.

Medications are stored securely in accordance with regulatory requirements. There are arrangements to ensure medications are supplied if needed outside business hours and on weekends. There are policies and procedures for residents to self-administer medications. Residents and representatives are satisfied with how staff manage residents' 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

Management has systems to ensure all care recipients are as free as possible from pain. Residents are assessed for pain on moving into the home and if required, registered nurses with appropriate health professionals develop an individual pain management plan. A variety of methods are used to help manage residents' pain and these include the use of heat packs, aromatherapy, massage, medication and exercise programs developed by the physiotherapist. Pain relief is monitored for effectiveness by clinical and allied health professionals. Additional pain management occurs through the palliative phase in consultation with specialist services and the home's palliative care trained staff. Staff can describe residents' pain needs and the effectiveness of pain management. Residents and representatives 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

Management ensures staff practices maintain the comfort and dignity of terminally ill care recipients. On moving into the home, residents and representatives are consulted about the

residents' advanced care plan wishes, these wishes form the basis for care provided in the palliative phase of the resident's life. Spiritual and emotional support is available for the resident and their family from staff and religious practitioners. An individual and multidisciplinary approach is used when caring for a resident receiving palliative care. Staff have access to palliative care resources from local area health services to support the resident and their family during the palliative care process. Representatives are satisfied with how staff respect and support their loved ones during end of life care.

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 demonstrates care recipients receive adequate nutrition and hydration. On moving into the home residents have their nutrition and hydration needs assessed and their needs are regularly reviewed. Resident's dietary preferences and needs are used to develop the care plan using a consultative approach. A dietitian and speech pathologist are available as required to assess and screen residents for inappropriate weight change. Staff document any food allergies, diet modification and changes in food preferences. Communication processes ensure all appropriate staff are aware of any changes in a resident's diet. Each resident has regular monitoring of body weight to ensure appropriate levels of nutrition and hydration. Residents at risk of poor nutrition are assessed by the appropriate allied health professionals and if required, provided with assistance with meals, texture-modified diets or thickened fluids. The menu is reviewed by a dietitian and, through a food focus group, residents have input to changes in the menu. Residents and representatives are satisfied with the home's approach to meeting residents' nutrition and hydration 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

Management demonstrates care practices maintain care recipients' skin integrity consistent with their general health. When residents move into the home staff assess skin integrity and identify skin care needs. Residents' care plans contain specific directions for maintaining and improving skin integrity. Care plans are regularly reviewed and interventions for skin care delivery and processes to manage skin tears and wounds are detailed. Policies, procedures and resources are available to staff for wound assessment and management. Regular education is provided to care staff on skin and wound care. Clinical staff are supported by experienced allied health professionals including a wound care consultant to support the resident's skin integrity. Residents are satisfied with the home's approach to maintaining their skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Management demonstrates processes to effectively manage care recipients' continence needs. On moving into the home residents are assessed for their continence needs by staff using care plan assessments and consultation with the residents. Care plans include strategies to help maintain residents' continence, independence and dignity. Care plans are regularly reviewed and reassessed with any change in a resident's health status. Continence education for staff is part of the regular training calendar and continence equipment and aids are available for residents. Residents and representatives are satisfied with the methods used in meeting residents' individual continence needs.

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 demonstrates behavioural management care planning is effective in meeting care recipients' needs. Residents are assessed for responsive behaviour triggers and if necessary referrals are made to specialist services to gain a diagnosis and/or appropriate treatment. Resident's care plans are developed in consultation with residents and representatives, appropriate health professionals, visiting medical specialists and local area health services. Staff are educated on appropriate methods for managing residents' responsive behaviours, including strategies to reduce triggers, which include massage and music therapy. Residents and representatives are satisfied with the home's approach to managing the causes prompting responsive behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

There is a system to support all care recipients to achieve optimum levels of mobility and dexterity. Care staff and the physiotherapist undertake assessment and care planning for mobility, dexterity and rehabilitation needs when a resident moves into the home as well as at regular intervals and as necessary following a fall or change in health status. Incidents and hazards are analysed and strategies are implemented and revised as necessary. A falls prevention program and a range of equipment and aids are utilised according to individual needs to support mobility and maximise independence. Residents are actively encouraged to partake in a range of exercise opportunities. Observation, data analysis and feedback mechanisms contribute to evaluation of the falls prevention program. Residents and representatives are satisfied that processes support residents' mobility, dexterity and rehabilitation needs.

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

Management and staff demonstrate there are systems to routinely assess and maintain care recipients' oral and dental health. Assessment of individual needs and preferences occurs when a resident moves into the home. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. These are reviewed on a regular basis or as required. Residents have access to a mobile dental service or can choose to attend their own dentist if preferred and further consultation can occur with medical practitioners, speech pathologists and dietitians for residents with oral, dental and swallowing difficulties. There are adequate dental and mouth care supplies as well as a toothbrush replacement program. Management monitors the effectiveness of oral and dental care by observation, feedback and data analysis. Residents and representatives are satisfied with the oral and dental care provided.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Management demonstrate care recipients' sensory losses are identified and effectively managed. When residents move into the home, staff assess the resident's speech, vision, hearing, skin integrity and sensation. Care plan assessments include consultation with residents and representatives and care is delivered to support residents with sensory loss. Qualified staff evaluate care plans on a regular basis and detail any assistive devices required by the resident. Residents and representatives are satisfied with the approach to managing residents' sensory losses.

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

Management demonstrate effective strategies to enable care recipients to achieve natural sleep patterns. Staff assess all residents for their sleep requirements and development of care plans includes consultation with residents and representatives. The assessment process includes identification of sleep patterns and habits, including living environment issues and their impact on natural sleep. In consultation with clinical staff, appropriate sleep aids are identified that include settling strategies such as warm drinks or food anytime overnight. Management undertake environmental audits to ensure residents can achieve natural sleep patterns. Residents and representatives said residents are able to achieve a good nights' sleep.

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 pursues continuous improvement activities in relation to aspects of care recipients' lifestyle. Residents and representatives are satisfied with the assistance provided for control of their lives within the residential care service and the community. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- In response to feedback from residents and staff, management sourced an additional bus for resident outings, shared with another of the organisation's homes. Lifestyle staff at the home can operate the bus, which augments the existing outings program, extending the number and range of trips and accommodating greater spontaneity. Management is satisfied the additional bus provides greater opportunity for residents to take part in outings. Residents said they enjoy the bus outings.

- Arising from staff feedback, management and staff introduced a 'meet and greet' program. Administration staff visit new residents for an informal chat within a month of them moving into the home. Management said the visits provide another avenue of identifying and solving resident concerns and supports relationship building with administration staff. Staff said the visits give them an opportunity to clarify practical concerns and provide information about the home and helps them get to know the residents.

- Following internal review, management converted a kiosk shop into a mobile trolley service. Operated by volunteers, the trolley service visits residents weekly with supplies for purchase and a 'shop-to-order' option. Management said the service is particularly designed to meet the needs of residents with less mobility or social contacts. Ongoing monitoring is planned.

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

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

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

- Residents receive information on their rights and responsibilities, privacy and consent in their information handbook and residential agreement.

- The home displays a poster of the 'Charter of care recipients' rights and responsibilities'.

- Processes to manage compulsory reporting of assaults that includes staff education in elder abuse, incident reporting and a reportable assault register.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

There is a system to ensure management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the ongoing education and support to develop their knowledge and skills in relation to care recipient lifestyle. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education relating to Standard 3 Care recipient lifestyle includes:

- dementia essentials

- tai chi for arthritis.

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 in adjusting to their new environment and on an ongoing basis. On moving into the home, residents are welcomed with a fresh bouquet of flowers, introduced to key staff and other residents and oriented to their new surroundings. During the settling in period, staff meet with residents or their nominated representative to identify ways staff can assist with residents achieving optimal wellbeing. Staff consider residents' emotional support needs during scheduled care plan reviews and at times of distress, grief or loss. Staff arrange further ongoing emotional support using volunteers, pastoral care, cultural support services and special events to strengthen social connections. Residents and representatives are satisfied with the emotional support staff provide.

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 actively assist care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the wider community. In consultation with a resident and their representative, staff identify strategies to support the resident's physical, social, cultural, financial and intellectual independence and incorporate these into care plans. Staff consider ways to optimise resident independence during scheduled care plan reviews and as individual resident's needs change. A physiotherapy program assists residents to maintain their mobility and dexterity and supplies of equipment and adaptive aids optimise each resident's independence. Lifestyle staff co-ordinate excursions and support residents to maintain links with the community where possible.

Residents and representatives said staff assist residents to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Policies outline requirements to obtain consent for the use of personal information and staff receive training on their obligations in the use and release of information. Staff described strategies to support privacy and dignity in care delivery and during palliative care. Management and staff use feedback mechanisms, audits and visual observation to monitor the effectiveness of strategies to ensure each resident's right to

privacy, dignity and confidentiality is recognised and respected. Residents and representatives expressed satisfaction with the manner in which staff support each resident's privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a range of activities and to provide input into the development of the leisure and lifestyle calendar. In consultation with residents and their representative staff identify each resident's leisure and lifestyle interests and incorporate these into plans of care. Staff review residents' care plans on a regular basis and in response to residents' changing interests, abilities, attendance levels and feedback.

The activity program offers a range of group activities reflecting residents' emotional, physical, cognitive, sensory, cultural and spiritual needs. Special celebrations, excursions, volunteers, entertainers and pet therapy contribute to the diversity of activities on offer. We observed residents participating in a variety of individual and group activities and attending concerts. Key staff monitor the effectiveness of the program through stakeholder meetings, activity evaluations and satisfaction surveys. Residents are satisfied with avenues to provide input into the activity program and with the variety of activities on offer.

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 resident and their representative, staff identify each resident's cultural and spiritual needs and wishes and incorporate these into care plans.

Visiting religious leaders provide spiritual support and guidance to residents as requested and regular religious services occur. The organisation celebrates cultural events, birthdays and days of significance for residents throughout the year. Key staff monitor this area through meetings, activity evaluations and satisfaction surveys. Residents and representatives are satisfied residents have opportunities to engage in activities reflective of their cultural and spiritual beliefs and they are supported to practice their faith, traditions and spirituality.

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 or their nominated representative to make informed choices and exert control over the service care recipients receive. Resident's individual preferences are identified through a consultative discussion with residents and/or their nominated representative and this information is captured on appropriate documentation. Residents have choice in all aspects of care and service including but not limited to, choice of doctor, refusal of treatment, showering frequency and times, mobility aids, food choices and residents' own interests. Management and staff invite residents to participate in meetings for residents and representatives and monitor the effectiveness of the system through feedback mechanisms, observation and satisfaction surveys. Residents are satisfied with the level of control they have over their individual lives.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There is a system at the home to ensure residents have secure tenure and understand their rights and responsibilities. Prior to moving into the home, residents and representatives have the opportunity to view the home and meet with staff to discuss each resident's care requirements, resident agreement and residents' rights and responsibilities. A handbook provides written information and the 'Charter of care recipients' rights and responsibilities', advocacy and independent complaints posters are displayed. Residents and representatives are advised of any changes to specified care and services and there is a process for consultation with residents and representatives should a change of room be required.

Residents and representatives said residents have secure tenure within the home and are aware of resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement activities in relation to aspects of the physical environment and safe systems. Residents and representatives are satisfied with the safety and comfort of the living environment and the quality of the services provided. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Arising from resident and staff feedback, management rearranged a multipurpose area on level two. The change created a corner dining room close to the kitchen, facilitating meal service and reducing disturbance from staff movements during residents' mealtime. Early feedback was incorporated into achieving the current layout of the room and evaluation of the change is ongoing.

- To support storage of linen prior to its transport off-site for laundering, management built a purpose designed structure. The storage area located alongside the building is ventilated, delivering an improved environment for staff, while also providing additional equipment storage. Management said early feedback from staff has been favourable and ongoing evaluation of the building use is planned.

- In response to resident feedback and internal review, management undertook an overhaul of the menu in consultation with a dietary consultancy firm, residents and representatives. The implemented changes include the re-introduction of seasonal variation for winter and summer while retaining the seven week structure. Ongoing consultation with residents and representative in relation to meals provides the opportunity for further refinement as needed. Management said feedback has been positive.

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

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe

systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

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

- Material safety data sheets are accessible.

- Regular monitoring and maintenance of fire and safety systems occurs and staff attend annual mandatory training in fire and emergency procedures.

- The kitchen complies with a food safety program and has current third party and local council food safety certificates.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Staff are satisfied with the ongoing educational opportunities in relation to the physical environment and safe systems. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education relating to Standard 4 Physical environment and safe systems includes:

- crime prevention

- food safety

- infection control.

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 environment consistent with care recipients' care needs. Residents can access a combination of private and shared spaces inside and outside the home and furnishings appear inviting and appropriate. Internal climate control occurs to optimise resident comfort, and personalisation of private spaces is enabled. Preventative and correct maintenance programs, auditing, incident and hazard

reporting mechanisms are effective in monitoring the safety and comfort of the environment. Residents and representatives are satisfied with the safety and comfort of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management actively works to provide a safe working environment that meets regulatory requirements. The system includes an active occupational health and safety committee, comprehensive policies and procedures, work health and safety bulletins, workplace inspections and incident/hazard reporting processes. Staff induction and ongoing training, risk assessments, maintenance programs and quality monitoring mechanisms support the safety of staff, contractors, visitors and other stakeholders. Staff described incident and hazard reporting processes and are satisfied management promotes work health and safety.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff work to maintain a safe environment that minimises fire, security and other emergency risks. Fire safety systems include fire plans, fire panel, alarms, sprinklers, smoke doors, and firefighting equipment. Contracted service professionals regularly monitor safety equipment in accordance with regulatory requirements. Management have systems to support the safety and security of the home. A business contingency plan is in place, and management are prepared to respond to other emergencies including electrical emergencies and/or threats. Management monitor their preparedness through scheduled committee meetings. Staff described emergency procedures and said they attend ongoing fire training. Residents said staff would assist them in an event of 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

Management has an effective infection control program. Management and staff have access to resources to inform and guide policies and practices. Infection control practices are part of the compulsory training calendar and management conduct regular audits to ensure standards are maintained. Infections are monitored and appropriate strategies are implemented to reduce the incidence of infections and the risk of spread of infections. An influenza vaccination program is available for residents and staff. Adequate and appropriate equipment are available to manage and contain infectious disease outbreaks and staff are aware of infectious diseases outbreak management plans. Clinical, catering, cleaning and laundry staff incorporate infection

control measures into their work practices and describe appropriate procedures in the event of an infectious outbreak.

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

There is a system to support the provision of hospitality services that enhances care recipients' quality of life and staff's working environment. Catering staff prepare meals onsite, served in small dining rooms throughout the home. A seven week menu is prepared in consultation with a dietitian, residents and representatives. There is a process for staff to establish each resident's daily meal preferences and to maintain currency of dietary allergens and food consistency requirements. Cleaning contractors follow a schedule to ensure cleanliness of common areas and each resident's room. Staff monitor the adequacy of cleaning supplies and store chemicals safely. Laundry staff wash residents' personal clothing onsite and provide a labelling service to assist the return of items. A contract service launders linen offsite. Management monitors the services provided through resident and representative meetings, feedback forms, audits and observations. Residents and representatives are satisfied with the catering, cleaning and laundry services.