



**Australian Government**

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**Australian Aged Care Quality Agency**

**Villa Del Sole**

RACS ID 3544  
73 William St  
GLENROY VIC 3046

**Approved provider: Securo Care Proprietary Limited**

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 20 November 2018.

We made our decision on 30 September 2015.

The audit was conducted on 25 August 2015 to 26 August 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

<b>Expected outcome</b>	<b>Quality Agency decision</b>
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

## Standard 3: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



**Australian Government**  
**Australian Aged Care Quality Agency**

# **Audit Report**

**Villa Del Sole 3544**

**Approved provider: Securo Care Proprietary Limited**

## **Introduction**

This is the report of a re-accreditation audit from 25 August 2015 to 26 August 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 25 August 2015 to 26 August 2015.

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

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

## Assessment team

<b>Team leader:</b>	Simon Couper
<b>Team member:</b>	Ursula Harbin

## Approved provider details

<b>Approved provider:</b>	Securo Care Proprietary Limited
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## Details of home

<b>Name of home:</b>	Villa Del Sole
<b>RACS ID:</b>	3544

<b>Total number of allocated places:</b>	52
<b>Number of care recipients during audit:</b>	46
<b>Number of care recipients receiving high care during audit:</b>	46
<b>Special needs catered for:</b>	Italian language and heritage.

<b>Street:</b>	73 William St
<b>City:</b>	Glenroy
<b>State:</b>	Victoria
<b>Postcode:</b>	3046
<b>Phone number:</b>	03 9953 6666
<b>Facsimile:</b>	03 9304 3222
<b>E-mail address:</b>	<a href="mailto:cbadry@villadelsole.com.au">cbadry@villadelsole.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Clinical care coordinator	1
Registered nurses	3
Visiting general practitioner	1
Care staff	7
Physiotherapist	1
Care recipients/representatives	11
Lifestyle staff	2
Housekeeping staff	3
OHS and maintenance staff	2
Catering staff	2
Administration assistant	1

### Sampled documents

Category	Number
Care recipients' clinical files	8
Care recipients' files including agreements, care and lifestyle	6
Care plans	8
Medication charts	15
Personnel files	6

### Other documents reviewed

The team also reviewed:

- Activities calendar and participation records
- Advanced care planning and end of life choices documentation
- Audit schedule and results
- Care recipients' information handbook, package, surveys and newsletters
- Cleaning schedule

- Continuous improvement plan and associated documents
- Education documentation including calendar
- Fire and emergency equipment, log books, and pack
- Food safety documentation, checklists, audits and schedules
- Handover sheets
- 'Have your say' forms availability and secure box for submitting
- Information and orientation handbooks/pack
- Incident and hazard documentation
- Italian guide for health professionals
- Job descriptions
- Legislative updates
- Maintenance management registers and records
- Mandatory reporting register
- Material safety data sheets
- Meeting schedule, minutes and memoranda
- Policies and procedures
- Recruitment policies and procedures
- Regulatory compliance tools and associated documentation
- Resident of the day review forms
- Restraint authorisations and information
- Rosters
- Self-assessment documentation
- Staff handbook, job descriptions and duty lists
- Work health and safety information.

## **Observations**

The team observed the following:

- Activities in progress
- Advocacy, complaints and feedback brochures on display



- Archive area
- Charter of care recipients' rights and responsibilities on display
- Cleaning in progress
- Closed circuit security system
- Emergency assembly areas
- Equipment, medication and supply storage areas, inclusive of maintenance
- Fire and emergency equipment and paths of egress
- Infection control equipment and outbreak kits
- Interactions between staff and care recipients
- Laundry, kitchen and cleaners' rooms
- Living environment
- Meal and snack services in progress
- Medication round
- Mobility aids and care recipient transfer equipment
- Noticeboards and information displays
- Personal protective equipment
- Short group observation in dining room
- Storage of medications
- Waste management 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's management actively pursues continuous improvement across the four Accreditation Standards. Management identifies continuous improvement opportunities through 'quality improvement forms', meetings, scheduled audits, incident data, complaints, and feedback from care recipients, representatives, staff and other stakeholders.

Improvement opportunities are compiled monthly onto the home's continuous improvement plan where the facility manager tracks their progress until completion. The facility manager analyses the outcomes of improvement actions to evaluate the effectiveness of the continuous improvement system. Stakeholders are kept informed of improvements through meetings, minutes, memoranda, newsletters and noticeboards. Care recipients, representatives and staff are satisfied the home seeks the views of stakeholders and actively pursues improvement.

Examples of recent improvement initiatives in relation to Standard 1 Management systems, staffing and organisational development include:

- The clinical care coordinator recognised it was difficult to quickly identify changes in care recipients' condition or care regimes from the existing handover sheets. The clinical care coordinator introduced a new monthly handover sheet for each care recipient where any changes or observations are noted on a shift by shift basis. This has resulted in the ability to immediately see patterns in care recipients' needs and care, monitor that any issues are followed up and follow the progress of any illnesses or other issues. The new system has been in use for three months and the clinical care coordinator reports the new sheet is an excellent running record of care recipients' care and treatment. The handover sheet proves to be a very good reference for new staff, agency staff or staff members who have been on leave.
- Staff observed the home was occasionally running low on clean linen which was replaced by the supplier on the basis of a standard order. The home's cook was given the responsibility for checking linen quantities in stock and ordering appropriate numbers of items to ensure consistent availability. Since this change there have been no instances of linen supplies running low.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives notifications and updates of legislative requirements from professional bodies and via government communiques. The consultancy service distributes information in line with the home’s reporting structure and information is made available to staff via meetings, memoranda and noticeboards. Monitoring of regulatory compliance occurs through internal and external audits, incident analysis and competency testing. Staff said management inform them of legislation and regulatory changes as they occur.

Regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- All staff and volunteers have a valid police certificate and a statutory declaration.
- Information on internal and external complaints mechanisms is available to care recipients and representatives.
- The organisation notified care recipients and representatives of the re-accreditation visit in the required timeframe.

## 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 knowledge and skills to perform their roles effectively. Management identifies education and staff development opportunities. The education calendar schedules mandatory and other relevant topics. Management records individual attendances on an education matrix and evaluates training. New staff receive an orientation program and staff are encouraged to attend training to increase their skills. Care recipients and representatives are satisfied with the knowledge and skills of management and staff.

Recent examples of education related to Standard 1 Management systems, staffing and organisational development include:

- resolving confrontational issues
- effective written documentation
- Accreditation –your roles and responsibilities.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

Each care recipient, their representative and other stakeholders have access to internal and external complaints mechanisms. Staff inform care recipients and representatives of internal and external complaint and advocacy mechanisms when they enter the home. Management provides stakeholders with complaints information in Italian and English through care recipient handbooks, brochures and notices. Stakeholders are encouraged to make suggestions or complaints which management immediately acknowledge and take appropriate action to resolve. The facility manager directs and monitors the progress of complaint resolution on an ongoing basis until a satisfactory outcome is achieved. Care recipients, representatives and staff are satisfied they have access to complaints mechanisms and management deals with comments and 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 organisation's vision, mission and values statement is on display and included in key documents. The organisational structure provides overall leadership, strategic direction and resources to support the home in meeting their care objectives. Management demonstrates its commitment to the provision of the quality system at an organisational level.

## 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 appropriately skilled and qualified staff to deliver services in accordance with care recipients' needs. The manager determines staffing levels through review of care recipients' care needs, feedback from care recipients, representatives and staff. Each shift includes an Italian speaking staff member. The home uses site-specific processes to recruit and retain staff, and monitor staff police certificates and professional registrations. A program provides new staff with additional support from an experienced staff member. Management monitors staff performance via feedback and reporting mechanisms, internal audits and performance appraisals. Staff have access to policies and procedures, and job descriptions and duty lists outline responsibilities for each role. Staff reported they have sufficient time to carry out their duties. Care recipients and representatives stated staff are very responsiveness and they are satisfied with their level of skill and ability to meet care recipients' needs.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home has adequate supplies of stock and equipment to enable the delivery of quality services. Designated staff are responsible for stock control and rotation processes, and there is an ordering process to ensure there are sufficient goods. A planned and reactive maintenance program ensures equipment is regularly checked and is in a serviceable and safe condition. Equipment is stored for accessibility and staff are trained to use the equipment safely and correctly. Staff reported repairs are made in a timely manner and management is responsive to requests for additional goods or equipment. Care recipients and representatives stated goods and equipment are provided by the home and are accessible for the delivery of services to meet care recipients' needs.

## 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 effective information management systems. Documentation systems are paper-based and staff have access to current policies and procedures, information related to care, administration and operations appropriate to their roles. Management provides care recipients and representatives with appropriate information in English and Italian when they move into the home. The home uses newsletters, memoranda, handbooks, meetings and noticeboards to provide effective ongoing communication to all stakeholders. The security of computer systems is maintained through password protection with defined levels of access and established backup processes. Management ensure the effectiveness of information and documentation systems by conducting regular audits. Documents are securely stored, archived and destroyed according to legislation. Care recipients and representatives are satisfied they have access to sufficient information and are consulted and kept well informed.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

Externally sourced services are provided in a way that meets the needs and goals of the home. Policies and procedures are followed in relation to the provision of external services, and contracts for services are coordinated by the consultancy service. Management systems define requirements related to the engagement, conditions and annual review of external service providers. Onsite contractors provide information to the home on their insurance arrangements, professional registration requirements, and provision of a police certificate.

The quality of services are monitored via various feedback mechanisms. Staff, care recipients and representatives reported satisfaction with the standard of externally sourced services.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

The home's management actively pursues continuous improvement in relation to care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements related to Standard 2 Health and personal care include the following:

- After observing the positive outcomes of care recipients' use of electrical massage chairs, management purchased vibrating massage mats which have functions similar to the massage chairs. The mats are taken to care recipients who are unable to make use of the chairs due to mobility or behavioural issues. Since the introduction of the massage mat program the facility manager reports an improvement in care recipients' range of motion and general mobility and a decrease in their levels of pain, wandering and agitation. In addition, the mats are used for care recipients who are unable to get out of bed. In the two years this program has been in operation, no pressure injuries have developed within the home.
- The clinical care coordinator identified a deficit in staff knowledge about dementia and its behavioural and psychological symptoms. Appropriate resources were sought and management obtained a 'dementia dynamics toolkit' for staff to access at any time. Staff have been enthusiastic about using the kit to improve their knowledge and report being more confident in their abilities to care for care recipients living with dementia. The facility manager stated the quality of staff documentation of care recipients' responsive behaviours has also improved.

## 2.2 Regulatory compliance

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

### ***Team’s findings***

The home meets this expected outcome

Management has a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. For details regarding the home’s system, refer to expected outcome 1.2 Regulatory compliance.

Regulatory compliance relating to Standard 2 Health and personal care include:

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

## 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 knowledge and skills to provide appropriate health and personal care to care recipients. Refer to expected outcome 1.3 Education and staff development for a description of the system.

Recent examples of education related to Standard 2 Health and personal care includes:

- palliative care approach
- dementia and continence
- skin integrity
- mental health defining depression
- recognising and responding to pain
- caring for a person with respiratory issues.



## **2.4 Clinical care**

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

### ***Team’s findings***

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. Clinical staff use initial assessments and referral information to provide care when care recipients move into the home. Clinical staff perform comprehensive assessments across all care domains to develop long term care plans. The clinical care coordinator conducts a care conference with the care recipient/representative to fully review the care plan three months after the care recipient moves into the home and annually thereafter. The clinical care coordinator and other registered nurses review care plans following a monthly ‘resident of the day’ schedule and in response to the changing needs and preferences of care recipients.

Clinical staff refer care recipients to medical practitioners as required and discuss any changes in care recipients’ condition and/or care with their representatives. Staff transfer care recipients to acute care services and refer to medical specialists and allied health practitioners as appropriate. Care recipients and representatives said staff are very caring and attentive to care recipients’ health and well-being.

## **2.5 Specialised nursing care needs**

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

### ***Team’s findings***

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Registered nurses coordinate the assessment and care planning of specialised nursing care. Medical practitioners develop and review care directives related to specialised needs and these directives are followed by nursing staff. Specialised nursing care includes diabetes management, oxygen therapy, complex pain management and catheter care. Staff undertake competency assessments in the provision of specialised care and have sufficient equipment and resources to deliver care. Care recipients expressed satisfaction with the way in which their specialised nursing care needs are met.

## 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

Clinical staff refer care recipients to appropriate health specialists in accordance with care recipients’ needs and preferences. Allied health professionals including physiotherapists, podiatrists, dietitians, and speech pathologists visit the home on a regular and as needed basis. Staff assist care recipients to attend external appointments with specialised health practitioners as necessary. Care staff follow directions provided by allied health professionals and review and update care plans in response to allied health professionals consultations.

Staff said communication between themselves and allied health professionals is effective. Care recipients and their representatives are satisfied with care recipients’ access to appropriate health care specialists.

## 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

The home has systems to ensure care recipients’ medication is managed safely and correctly. The clinical care coordinator manages the assessment and planning of care recipients’ medication administration. Staff ensure medical practitioners complete and regularly review medication charts. The pharmacy supplies medications in dose administration aids or original packaging as required and provides an after-hours, emergency delivery service. Medications are stored and disposed of correctly. A consultant pharmacologist provides a regular comprehensive medication review service and liaises with medical practitioners regarding care recipients’ medication regimes. Staff administer medications according to their qualifications and assessed competencies. Management monitor the system through incident reports, audits and a medication advisory committee.

Care recipients stated they are happy with the way their medications are managed and medications required at specific times are administered at those times.

## 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 and staff ensure all care recipients are as free as possible from pain. Registered nurses and the home’s contracted physiotherapy service coordinate the assessment, planning, and review of pain management. Care recipients are assessed for pain on entry to the home and at any time indications of new or increased pain occur. Care recipients with chronic or complex pain are enrolled in a multi-faceted pain management program facilitated by the

physiotherapy service. Lifestyle staff, under the direction of registered staff, apply heat packs, which care recipients reported to be beneficial. Staff report any changes in care recipients' pain status to medical practitioners who order pain relieving medication as appropriate. Care recipients said their pain is well-managed and any change in their pain status is responded to quickly and effectively by staff.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to maintain the comfort and dignity of terminally ill care recipients. Registered nurses raise the issue of terminal care wishes with care recipients and representatives on entry to the home and document their needs and preferences as these are revealed. Care consultations are held with clinical staff, medical practitioners, care recipients and representatives when a care recipients' health status deteriorates. When it is determined a care recipient is at end of life stage, care staff implement a palliative care pathway. Care recipients are referred to palliative care experts as required. Staff have undertaken education in palliative care and pain management and appropriate resources are available to support care delivery. Management and staff support representatives to remain with care recipients as they wish. We observed letters from families expressing their appreciation for the end of life care provided to their loved ones.

## **2.10 Nutrition and hydration**

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

### **Team's findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Clinical staff assess care recipients on entry to the home for their nutrition and hydration needs and preferences and formulate a care plan. Care plans include specific dietary needs, likes and dislikes, directions for texture modification, allergies and assistive devices as appropriate. Staff weigh care recipients regularly to identify any unplanned weight loss or gain and refer any significant variations to the dietitian. Staff consult the speech pathologist and medical practitioners to review changes in care recipients' condition. Management monitor the effectiveness of nutrition and hydration interventions through regular reviews, incident reports and feedback. Care recipients generally maintain healthy weights and appropriate interventions are undertaken when this is not the case.

## 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

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. Clinical staff assess needs, preferences and skin integrity risk on entry to the home and formulate care plans. Staff monitor care recipients’ skin and record and report changes. Staff assist to maintain care recipients’ skin integrity by applying moisturisers and skin protectors and by providing assistance with hygiene and position changes and through the use of ‘massage mats’ and ‘massage chairs’. Staff may refer care recipients to medical practitioners and wound specialists if required, however the incidence of any form of skin breakdown is minimal. Registered nurses have overseen the management of wounds which have arisen in other care settings with successful outcomes for the care recipients concerned. Management monitor skin care through regular reviews and analysis of clinical data. Care recipients expressed satisfaction with their skin care.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to effectively manage care recipients’ continence. Clinical staff assess continence needs and preferences when the care recipient moves into the home and develop care plans from the assessment data. Staff monitor care recipients to identify strategies to reduce episodes of incontinence and maintain social continence. Staff work to minimise conditions affecting continence through attention to care recipients’ hydration and refer care recipients to medical practitioners for assessment and treatment if required. Staff have access to a continence advisory nurse for consultation if required. Management monitor the effectiveness of continence management through monitoring aid usage, audits, care reviews and feedback. Care recipients and representatives expressed satisfaction with the assistance care recipients receive to meet their continence management 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 and staff effectively manage the needs of care recipients with challenging behaviours. Clinical staff assess care recipients’ behaviours on entry to the home and when changes occur to identify the nature of challenging behaviours and their contributing factors. Staff assess care recipients’ cognitive status and mood, and care plans contain strategies to alleviate care recipients’ distress and manage challenging behaviours as appropriate. Staff support care recipients, offering meaningful activities and one to one interactions. Staff refer

care recipients as required to specialist services for the management of behavioural and psychological symptoms of dementia and work with them to achieve positive results.

Management monitor behaviour management interventions through audits and incident reports. Care recipients said behaviours are well-managed and they feel safe and secure in the home.

#### **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

The home has systems to ensure care recipients achieve optimum levels of mobility and dexterity. The physiotherapist and clinical staff assess care recipients for mobility and dexterity on entry to the home. Care plans include falls prevention strategies and exercises to assist care recipients to maintain or enhance their mobility and dexterity. The physiotherapist, who attends the home five days a week, reviews care recipients regularly, on referral or following a fall and conducts daily exercise programs as prescribed in care recipients’ individual plans. The design of the environment and the equipment supplied by the home support mobility and reduce the risk of falls. Management monitor the incidence of falls and discuss results at relevant meetings. Care recipients expressed satisfaction with support provided for their mobility and dexterity.

#### **2.15 Oral and dental care**

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

##### **Team’s findings**

The home meets this expected outcome

Management and staff have systems to maintain the oral and dental health of care recipients. Care staff assess care recipients’ oral and dental health on entry to the home and on an ongoing basis and develop an oral and dental care plan. Care recipients’ care plans include oral and dental needs and preferences and the level of assistance required. Staff refer care recipients to medical practitioners for treatment of conditions of the mouth and gums. A visiting dental service attends to care recipients regularly and staff assist care recipients to access community dental services as desired. Management monitor oral and dental care through regular care reviews and care staff feedback. Care recipients and representatives expressed satisfaction with care recipients’ oral and dental care.

#### **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

The home has systems to identify and manage care recipients’ sensory losses effectively. Staff assess care recipients’ sensory function on entry to the home and develop individualised

plans of care to manage sensory deficits. Staff review care plans regularly and refer care recipients to specialist services such as optometry and audiometry as necessary. Care staff are aware of the maintenance and fitting of sensory aids and provide appropriate assistance to care recipients. Management monitors the effectiveness of interventions through regular care reviews and audits. Care recipients are satisfied with the assistance they receive to manage their sensory deficits.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients are assisted to achieve their natural sleep patterns. Clinical staff assess care recipients on entry to the home to establish needs, preferences and rest patterns. Care plans detail individual preferences such as preferred rising and settling times, environmental considerations and settling rituals. Staff refer care recipients to medical practitioners for medication to assist sleep as appropriate. Staff respect individual preferences for sleeping and waking times and assist over night by providing physical and emotional comfort measures if care recipients are not sleeping. Management monitor results for care recipients through regular care reviews and feedback. Care recipients said they generally sleep well and staff assist them when required.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The home’s management actively pursues continuous improvement in relation to care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements related to Standard 3 Care recipient lifestyle include the following:

- Care staff noted care recipients living with dementia were often either fidgety or disengaged when sitting at the dining table before or after meals. If the tables were set for meals, care recipients often made inappropriate use of the items on the tables. The home obtained specialised table cloths with a variety of colours, textures, and objects included in the fabric. Since the introduction of these table cloths, care recipients who were disengaged are more stimulated and actively investigate the different components of the cloths. Care recipients who were previously agitated are now more settled and engaged in inspecting and manipulating the table cloths.
- Staff recognised many family members of care recipients living with dementia had limited understanding of their loved one’s condition and the ways in which dementia may affect the sufferer’s behaviour and mood. A dementia resource area was established near the entrance to the home, with information about the condition, its symptoms and how these can be managed and care recipients’ distress minimised. Management has received positive feedback from care recipients’ representatives in response to 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

Management has a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle. For details regarding the home’s system, refer to expected outcome 1.2 Regulatory compliance.

Regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Processes ensure the privacy of care recipients’ personal information.
- Management provide care recipients with an agreement detailing occupancy arrangements, the services provided and their rights and responsibilities upon entering the home.
- The home maintains a reportable incident register and provides procedures to guide staff in their reporting 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 knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Recent examples of education related to Standard 3 Care recipient lifestyle include:

- protect older people
- defining dementia.

### 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

Each care recipient receives ongoing support to adjust to life in the home. Management provide new care recipients and representatives with information regarding the home’s



services, an orientation and welcoming process, and encourage family and friends to visit. Lifestyle coordinators introduce care recipients who are new to the home to other care recipients who have similar interests. Clinical staff refer care recipients to specialist health professionals as required, and volunteer and activity programs further assist care recipients to meet their emotional needs. The visiting priest provides additional emotional support. The effects of events on care recipients' emotional needs are identified and supported through specific care plans and relaxation therapy. Care recipients and representatives reported staff are caring and ensure the emotional support provided meets care recipients' needs and preferences.

### **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

The home has processes to ensure regular assessment of care recipients' needs in achieving maximum independence. Clinical and lifestyle staff assess and review the level of ability and cognition of care recipients to participate in their own activities of daily living. Care plans include considerations of care recipients' sensory, communication, mobility and dexterity function and levels of assistance required to promote independence. Care recipients are encouraged and assisted to maintain links with the community and to continue participating in activities they have been involved with previously. Consents and authorisations for treatment and risk taking activities are sought from care recipients and representatives to allow care recipients to make decisions and remain independent. Staff described strategies to assist care recipients maintain independence in all aspects of their lives within their abilities, including environmental factors, the use of equipment/aids and the civic ability to exercise the right to vote. Care recipients and representatives reported they are satisfied with the assistance provided by the home in relation to care recipients' 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

The home has processes to ensure that each care recipients' right to privacy, dignity, and confidentiality is recognised and respected. The care recipients' information package includes relevant statements and brochures on privacy, consent and disclosure of information. An initial and ongoing assessment process identifies the care recipient's need for privacy, dignity and confidentiality that includes continence, sensory loss, and palliative and cognition considerations. The home's environment promotes privacy, including the provision of accommodation such as single rooms with own ensembles, quiet indoor and outdoor areas for care recipients to meet with family and visitors. The home provides care recipients with health and personal care services in allocated facilities and care recipients' rooms, and preferred gender care is considered. Staff receive education on expectations around privacy and dignity as part of their induction program and information is reiterated at meetings and via memoranda. Staff described strategies and protocols for supporting personal and clinical care

that protects the privacy and dignity of care recipients. Care recipients and representatives reported staff respect care recipients' privacy, dignity and confidentiality.

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

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

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

The home meets this expected outcome

There is an embedded culture and processes to encourage and support care recipients to participate in a wide range of interests and activities of interest to them. The lifestyle team and physiotherapist conduct assessments of care recipients and develop and review care plans and individual programs. The lifestyle team undertake a 'resident of the day' review, and update and develop activity programs consistent with care needs and preferences of individuals. The activity programs are delivered throughout the week and include a range of cognitive, gross motor, sensory and social group activities as well as special and cultural events. The lifestyle team and volunteers provide one-to-one activities for those care recipients who are unable, or who choose not to participate in group activities. Processes are in place to evaluate care recipients' lifestyle and activity programs via care recipients' feedback, audits, review of care planning and evaluation of activity attendance records. Care recipients and representatives reported they are satisfied with the range of activities offered to care recipients.

### **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

Care recipients' ethnicity is of Italian background and their beliefs are valued and fostered. The lifestyle team undertake an emotional, social, spiritual and well-being needs assessment when care recipients move into the home. This information is updated annually, or following a review process and communicated to relevant staff via care plans and dietary notification forms as appropriate. The lifestyle team organises cultural theme days throughout the year such as Alpini, Carnivale, Ferragosto and individual birthday celebrations. The home has a visiting priest and Rosary reading occurs weekly. The home assists care recipients to access Italian church services via radio and television and supports them in their spiritual beliefs.

The management and lifestyle team use monitoring mechanisms, evaluations of programs and surveys to ensure individual care recipient's cultural and spiritual interests are fostered and valued. Care recipients and representatives reported high satisfaction with the cultural and spiritual support provided by the home.

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

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

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

The home meets this expected outcome

Management and staff encourage and support care recipients and their representatives' individual choices and decisions about care and service delivery. Relevant staff assess care recipients' individual needs, abilities and preferences across areas of care, lifestyle and service delivery when moving into the home and on a regular basis thereafter. The home conducts general meetings and individual care review meetings to provide care recipients and representatives with forums to express views and participate in decisions about care and services. Complaints mechanisms and the 'Charter of care recipients' rights and responsibilities' is available to care recipients and their representatives, and authorised representatives make decisions on behalf of care recipients who are unable to act for themselves. Staff reported strategies for supporting care recipients' individual preferences, including sleep and meal routines, as well as refusal and choice of meals/drinks, care interventions and participation in activities. The home uses feedback mechanisms, surveys and evaluations of programs to monitor the effectiveness of care recipients' choices and preferences. Care recipients and representatives reported they are supported to make choices in all aspects of the care recipients' daily life.

### **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 processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Assistance is available for care recipients on moving to the home to clarify queries in relation to tenure, fees and arrangements. Care recipients and representatives receive a care recipient information package that includes an agreement and handbook as well as the 'Charter of care recipients' rights and responsibilities'. The agreement includes information regarding complaint mechanisms and associated schedules such as the specified level of care and services, and bonds and fees. Management provide care recipients and representatives with consultation prior to room transfers within the home and where a care recipients' classification or fees are reviewed, the home advises them of the change and implications. Staff receive relevant mandatory education regarding care recipients' right of protection. Care recipients and representatives reported satisfaction with the care recipients' 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

The home’s management actively pursues continuous improvement in relation to the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements related to Standard 4 Physical environment and safe systems include the following:

- Management and staff identified the home’s outdoor areas could be better utilised. Management engaged the Dementia Behaviour Management Advisory Service to assist in an environmental audit and to establish how to support care recipients’ experience when spending time in outdoor areas. Management and staff researched how various approaches of creating outdoor areas assisted in the wellbeing of care recipients living with dementia. There are several concepts at the early stages for submission to the home’s directors which include themes from care recipients’ native Italy, sensory themes and gardening projects for care recipients. Management reported this project, when finalised, will enhance culturally and cognitively appropriate experiences for care recipients.
- Care staff suggested there was limited space to accommodate linen skips while they were in use during linen changes and hygiene care. This meant the skips were left in corridors, creating obstacles for care recipients to move around causing an unpleasant odour at that time. Management investigated options and re-purposed areas to allow the skips to be located out of the corridor areas. There has been positive feedback about this change related to the decreased clutter and lack of odour in the corridors.

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

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Staff store chemicals safely and current material safety data sheets are available.
- There is a system to ensure compliance with fire safety regulations.
- There are procedures for recording, managing and reporting infectious diseases and outbreaks.
- There is a food safety program that is regularly reviewed and a food registry for items brought in by families.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development in relation to Standard 4 Physical environment and safe systems.

Examples of education and training related to Standard 4 are listed below.

- looking after your back
- safe food handling
- fire and safety
- incident investigation and reporting
- manual handling.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipients' care needs. Care recipients' accommodation is equipped to assist them with independence, privacy and security. The living environment supports and promotes independence and includes a communal therapy room, dining areas, lounges, hairdresser and outdoor areas with pathways and seating for quiet reflection. Health professionals conduct further assessments for care recipients identified at risk, and establish environmental and safety strategies to manage such risks. Care recipients were observed having access to indoor and outdoor communal and private areas for meals, social interactions and activities. Physical restraint at the home is limited to keypad exit points. Care recipients and representatives reported satisfaction with how the home ensures a safe, private and comfortable living environment according to the care recipients' needs and preferences.

#### **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

There are systems and processes to provide a safe working environment, in consideration of occupational and health and safety responsibilities. Management, staff and safety and maintenance representatives monitor the safety of the environment using feedback and reporting mechanisms and workplace safety inspections. Management regularly reviews incidents and hazards, staff practices and environmental and equipment issues. Health and safety updates are provided to staff via email, meeting minutes and memoranda.

Management commence improvement projects or remedial action plans as required in response to staff accidents, safety and infection control issues. Secure storage for chemicals is in place with material safety data sheets available at the point of use. Staff reported they are made aware of safety management processes through training and meetings, and management is active in providing a safe 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 promote safety and provide a care and work environment that minimises the risk of fire, security breaches and other emergencies.

Approved professionals carry out regular testing of fire detection systems and fire fighting equipment. The home has a business continuity plan, emergency procedures and evacuation plans to direct staff in the event of a fire or other emergency. Maps and signage in English and Italian identify emergency exit routes and the location of fire fighting equipment within the home. Staff described the home's security systems and emergency procedures and reported there are processes to check and tag new and existing electrical appliances to minimise electrical hazards. Visitors and contractors sign in and out to ensure an awareness of who is in the building. Care recipients and representatives are informed of what to do if they hear a fire alarm via the care recipients' handbook, posters and meetings.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Nursing staff identify infections through clinical indicators and refer care recipients to medical practitioners for treatment.

Management promote immunisation programs for staff and care recipients. The home has outbreak and infectious spill kits, a pest control program, effective systems to prevent cross-contamination, and catering staff follow a food safety plan. Staff receive mandatory infection control education and follow guidelines for outbreak management and cross-infection prevention. Personal protective equipment, hand washing facilities and infectious waste disposal systems are available. Management monitor the program through regular audits and the analysis of characteristics and rates of infections and discuss these at relevant meetings.

The home's systems ensure the appropriate treatment of care recipients' infections and the prevention cross-infection.

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

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

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

The home meets this expected outcome

The organisation provides hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. Food is a significant aspect of the care recipients' Italian cultural heritage. It is prepared onsite from fresh ingredients in a way familiar to the

home's Italian care recipient population. Meals are served in a large, common dining room providing an opportunity for social engagement and interaction. Housekeeping staff follow documented cleaning procedures and schedules and maintain the cleanliness of the environment to a high standard. Care recipients' personal clothing is laundered on site according to documented procedures and flat linen is provided by an external service. The home provides a labelling service and there are minimal instances of lost clothing.

Management conducts regular audits and encourages feedback in relation to all hospitality services. Care recipients and representatives are very happy with the home's catering, cleaning and laundry services.