

Arcare Caulfield

RACS ID: 3962

Approved provider: Arcare Pty Ltd

Home address: 141 Kooyong Road CAULFIELD NORTH VIC 3161

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| 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 24 December 2020.We made our decision on 31 October 2017.The audit was conducted on 25 September 2017 to 26 September 2017. 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.

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.

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 services and in the community.

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

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



Audit Report

Name of home: Arcare Caulfield

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# Introduction

This is the report of a Re-accreditation Audit from 25 September 2017 to 26 September 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 25 September 2017 to 26 September 2017.

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

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

# Details of home

Total number of allocated places: 110

Number of care recipients during audit: 105

Number of care recipients receiving high care during audit: 104

Special needs catered for: N/A

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| General services manager  | 1 |
| Residence services manager  | 1 |
| Quality lead- Victoria | 1 |
| Nursing staff | 6 |
| Personal care assistants | 7  |
| Volunteer | 1 |
| Care recipients and/or representatives | 20 |
| Representatives | 6 |
| Catering staff  | 2 |
| Occupational health and safety representative | 1 |
| Cleaning staff | 3 |
| Laundry staff | 2 |
| Maintenance staff | 1 |
| Allied health  | 3 |
| Lifestyle staff | 2  |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ clinical files | 9 |
| Care recipients’ lifestyle files including assessments, care plans and social charting | 9 |
| Medication charts | 5 |
| Personnel files | 6 |

## Other documents reviewed

The team also reviewed:

* Activities calendar
* Agreements – external services
* Comments and complaints register
* Dietary advice forms
* Duty lists and schedules
* Education calendar, participation and evaluation records
* Essential services maintenance documentation and annual essential safety certification
* Food safety plan and associated documentation
* Handbooks and information booklets
* Handover and care recipient lists
* Incident reports
* Internal and external audits
* Licencing and registration certificates
* Meeting minutes and memoranda
* Menu and condiments lists
* Police certification and professional registration registers
* Policies and procedures
* Preferred provider list
* Quality Improvement plan and register
* Reactive and preventative maintenance system and documentation
* Regulatory compliance register
* Roster
* Safety data folder
* Self-assessment report
* Staff training records
* Surveys.

**Observations**

The team observed the following:

* Activities in progress
* Archiving system
* Barbeque lunch in progress
* Cleaning and laundry services
* Emergency and firefighting equipment, evacuation kit, maps, egress routes and pathways
* Equipment in use and storage including signage
* Feedback forms, brochures
* Infection control equipment, spills kit, outbreak kit
* Internal and external living environment
* Meal and refreshment service
* Medication storage and administration
* Palliative care kit
* Notice boards and information displays
* Secure storage of medications
* Security systems in operation
* The ‘Charter of care recipients’ rights and responsibilities – residential care’ displayed
* Short observations
* Visiting pets
* Vision and commitment to quality on display.

# 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 services, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. There is a continuous improvement framework which includes processes for identifying, recording, implementing and evaluating the effectiveness of improvements. Opportunities for improvements are identified through mechanisms such as ‘quality improvement request’ forms, comments and complaints, analysis of incident reports, satisfaction surveys, direct feedback, audits and meetings. Management record improvements on the quality improvement plan and continuous improvement is discussed at meetings. The outcome of improvement activities are evaluated for effectiveness. Management provides feedback to staff and stakeholders as appropriate; verbally through meetings or consultations or through documentation such as organisational reports, and memoranda. Staff, care recipients and representatives are aware of quality improvement processes and are satisfied ongoing improvements occur in the home.

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

* Management identified an opportunity to enhance the sharing of operational and clinical information by implementing an afternoon ‘huddle’ meeting in addition to the existing morning ‘huddle’. These meetings allow key staff working across the home to meet and discuss operational and clinical information that needs to be considered during the day. The addition of an afternoon ‘huddle’ has enabled more consistent information sharing across all shifts. Management and staff have identified this extra meeting as a valuable method of sharing important information.
* In response to staff survey results, management introduced more tailored education sessions for care staff. Specifically, management delivered a series of education sessions developed in consideration of care recipients’ clinical needs and care staff knowledge. This training was modelled on the training that is provided to registered nursing staff in addition to the current mandatory modules. Sessions include clinical care documentation and practical and contemporary skills development in relation to care recipient needs. Feedback has been positive in relation to the additional and new specific training opportunities.

### 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 systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Information is received from external sources that include peak bodies, legislative updates service and government departments. Key management personnel have clear responsibilities for management of regulatory compliance and identifying and initiating changes to policies and procedures in response to legislative change, as required. Staff are kept informed of changes and updates through meetings, minutes, education sessions, memoranda and emails. Management monitor regulatory compliance through observations of practice, audits and analysis of data. Staff are satisfied they have access to relevant information and management keep them informed of regulatory requirements. Care recipients and representatives are satisfied with the information provided to them about the re-accreditation visit.

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

* Stakeholders have access to information about internal and external complaints mechanisms.
* Management maintain processes to ensure the currency of police certificates for staff, volunteers and contractors.
* There is a current licence to permit administration of medication under an imprest system.
* Management have a continuous improvement plan, which integrates the Accreditation Standards.

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Staff participate in an orientation program and regular mandatory education relevant to their role. New employees also undergo ‘buddy shifts’ to ensure confidence and appropriate skills to fulfil their position requirements. Additional education and training topics are provided as required and in response to incidents, audit results, stakeholder feedback and care recipients’ needs. Staff receive education in a variety of ways including via self-directed electronic learning packages, competency assessments, group training sessions on site, with externa learning opportunities facilitated where deemed necessary. There is a process to maintain attendance records with evaluations to monitor the effectiveness of the training. Staff are satisfied with the education opportunities within the organisation. Care recipients and representatives stated staff perform their roles to their upmost ability.

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

* care plans
* electronic management system training
* leadership
* organisational orientation and values.
* policies and procedures.

### 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 and/or representative and other interested parties have access to internal and external complaints mechanisms. Management and staff inform care recipients and representatives of internal and external complaint and advocacy mechanisms when they enter the home and provide stakeholders with access to information through notices, brochures, newsletters, meetings, information packs and handbooks. Management seeks stakeholder satisfaction through regular surveys and audits and stakeholders are encouraged to make comments or complaints through feedback forms, by correspondence, meetings, telephone or in person. Management records and monitors comments and complaints as part of the organisation’s quality system and where appropriate, complaints trigger reviews of and changes to procedures and practices. Care recipients, representatives and staff are aware of how to make a comment or complaint and would do so if required.

### 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 prominently displays its vision, values and philosophy at the home. This information is also available in a variety of publications the home distributes to care recipients, their representatives and staff.

### 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 organisation has a system to ensure management recruit appropriately skilled and qualified staff to deliver quality care and services to care recipients. Recruitment processes are supported by corporate management to ensure requisite criteria is met by potential candidates. Management review the roster to ensure appropriate skill mix and shift coverage with a team of relief staff available to replace leave as required. The organisation’s dedicated staffing model ensures consistency and continuity through the provision of the same staff in the same areas of the home. Policies, procedures, position descriptions and a relationship centred model of care delivery guides staff practice. Monitoring of staff performance occurs through feedback mechanisms, audit analysis, incident review, competency assessments and observation of practice. Care recipients and representatives expressed satisfaction with staff and their caring and kind manner observed when assisting care recipients.

###  1.7 Inventory and equipment

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

#### Team’s findings

The home meets this expected outcome

Management has an effective system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Preferred suppliers are used with goods and equipment securely stored and stock rotation occurring as needed. There are processes to maintain adequate stock levels and ensure equipment is safe. Management identifies equipment needs through clinical reviews, hazard reports, professional input, audits and staff requests. Staff are trained in the safe use and storage of equipment relevant to their role. Electrical equipment is tested and tagged. There are preventative and corrective maintenance systems to ensure the routine inspection, testing and maintenance of equipment. Storage areas are sufficient, clean, organised and secure. Care recipients and staff are satisfied they have access to appropriately maintained equipment and sufficient supplies of inventory and other supplies.

### 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 effective information management systems in place. Management and staff have access to accurate and current information to help them perform their individual roles. There are processes to ensure information is stored in accordance with relevant legislative requirements. Confidential material is accessible when required, stored securely and disposed of appropriately with systems in place to back up electronic information. Care recipients have access to relevant information through a quarterly magazine, handbooks and regular ‘resident/representative’ meetings with minutes distributed to representatives. Management keep staff informed of relevant information via memoranda, and staff meetings. Care recipient information is accessible via an electronic management system with user initiated passwords to limit access based on need and role. Representatives are provided relevant information regarding their care recipient’s care, as required. Care recipients, representatives and staff are satisfied the communication mechanisms used at the home keep them adequately 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

There is a system to ensure external providers deliver services in a way that meets the residential care service’s needs and quality goals. Corporate management oversees external provider service agreements which specify the quality and level of service required. The organisation has procedures to ensure contractors are appropriately qualified, certified, registered, insured and have current police certificates, as relevant, as part of the contractual engagement and review process. Contractors are oriented to the site and must sign through the electronic sign in system. Management monitors the quality of services through mechanisms including feedback from staff, care recipients and their representatives, audits and observation. Care recipients, representatives and staff are satisfied with the services provided by external contractors.

## Standard 2 – Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for information regarding the home’s improvement system and processes.

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

* As a result of the review of falls data and care recipient feedback, the frequency of exercise classes was increased with physical activity sessions now held daily. There are Yoga and Zumba sessions tailored to meet the individual needs of care recipients to improve posture and flexibility. There is access to a gym and physical activity sessions have been included in the activity program. An education session for care recipients has been held which focussed on mobility aids and the safe and correct use of equipment. Management report the exercise classes are very well attended with positive feedback received. Care recipient feedback has included an increased awareness of the correct use of four wheel frame brakes and the dangers of using the four wheel frame as a wheel chair.
* In response to feedback related to oral and dental care across the organisation, a dedicated oral and dental assessment was introduced. Previously this information was included in the care plan, under other domains. To support this initiative, an online education module has been developed and a resource folder placed in each nurses’ station. Management report there has been an increase in skills and knowledge of oral and dental health care, with improved outcomes for the care recipients.

### 2.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the regulatory compliance system.

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

* Registered nurses undertake care planning and specialised nursing care.
* Management monitor the professional registrations of staff.
* There is a system to ensure medications are stored and managed correctly and safely according to regulatory requirements.
* There are protocols to manage and report the unexplained absence of a care recipient.

### 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 monitor the knowledge and skills of staff to effectively perform their roles in relation to care recipients’ health and personal care. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard 2 Health and personal care include:

* continence
* diabetes competency testing
* drug allergies
* pressure injury prevention
* stoma care
* wound training.

### 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 mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and assessment processes. Individual care plans are developed by qualified staff and reviewed as part of the regular ‘resident of the day’ process. Further information to guide staff in care delivery includes handover and progress notes. Changes in care needs are identified and documented and where appropriate referrals are made to medical practitioners or health professionals. Monitoring of the clinical care process occurs through incident analysis, audits and feedback. Staff provide care consistent with individual care plans and there is adequate clinical supplies and equipment to meet care recipients’ individual needs. Care recipients and representatives are satisfied with the clinical care being 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

Specialised nursing care is delivered by appropriately qualified staff consistent with individuals’ care plans. Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. This information, together with instructions from medical practitioners and health professionals, is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis and as part of the routine review process. There are effective working relationships with external services or specialists who staff refer to for additional support or advice as required. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Care recipients and representatives are satisfied with how care recipients' specialised nursing care needs are 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 care recipient’s needs and preferences”.

#### Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Allied health professionals including dietitian, physiotherapist and podiatrist visit the home regularly. Health specialist directives are communicated to staff and documented in the care plan with staff providing care in accordance with these instructions. Management monitors staff practices to ensure care is consistent with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives are satisfied referrals are made to appropriate health specialists of their choice.

### 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

There are systems to ensure care recipients' medication is managed safely and correctly. Medication is administered by registered nurses and medication competent carers from dose administration aids and original packaging. There is a registered nurse on each shift for ongoing monitoring and support as required. There are processes to ensure adequate supplies of medication are available and that it is stored securely and correctly. Reviews of the medication management system occur through analysis of medication incident data, pharmacy review and clinical care meetings. There is an imprest system that provides care recipients with timely access to medications as needed. Staff involved in medication management is subject to ongoing competencies. Registered nurses and medical practitioners assess, review and monitor care recipients' who self-administer medications. Care recipients and representatives are satisfied medications are managed safety and correctly.

### 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

There are systems to ensure that all care recipients’ are as free as possible from pain. Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are used as required for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated on a regular basis to ensure interventions remain effective. Medical practitioners and allied health professionals are involved in the management of care recipients' pain for the provision of both pharmacological and therapeutic pain management strategies. Such strategies include massage, application of heat packs and pain relief medications. Management conduct audits regularly and monitor staff education needs, to ensure the effective management of care recipients’ pain. Care recipients and representatives are satisfied care recipients are as free as possible from pain.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

There are processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative at the earliest opportunity, to identify end of life care wishes. This information is documented in an end of life care plan with consideration to individuals’ customs, beliefs and personal preferences. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Referrals are made to medical practitioners and palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow documented instructions and respect any changes which may be requested. Staff described strategies utilised to ensure the comfort and dignity of care recipients during the delivery of end stage palliative 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 and staff ensure care recipients receive adequate nourishment and hydration. The assessment of care recipients’ nutritional needs occurs on entry to the home taking into consideration cultural needs, personal preferences, medical requirements and known allergies. Staff identify changes in nutritional intake through regular weight monitoring, identification of poor appetite and the presence of any acute or chronic illness. Referrals to medical practitioners, speech pathologists and dietitians occur for additional support and advice. Strategies to enhance care recipients’ nutritional intake where required includes the provision of nutritional supplements and texture modified food. Care recipients and representatives are generally happy with the food provided and state there is enough to eat and drink.

### 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 and staff demonstrate there are processes and systems to manage care recipients’ skin integrity in accordance with their general health. The assessment of care recipients’ skin integrity occurs on entry to the home and on an ongoing basis. Staff develop corresponding care plans recording strategies to protect and promote care recipients’ skin health. These include regular repositioning, the provision of pressure relief aids and limb protectors and application of creams or lotions. Management monitor skin related incidents and analyse trends associated with skin tears and wounds to minimise recurrence with records of care reflected on appropriate charts. Staff are provided with education relating to skin care and wound management. Care recipients and representatives are satisfied with the home’s approach to 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

Management and staff demonstrate there are systems to ensure care recipients’ continence is managed effectively. Assessment of care recipients’ continence needs occurs on entry to the home. Ongoing monitoring and review occurs regularly as part of the care plan review process and in response to a change in care recipients’ continence needs. The home’s monitoring process includes the collection and analysis of data relating to infections. Corresponding care plans document care recipients’ needs, toileting schedules and the type of continence aids required. There are adequate supplies of continence aids and equipment to promote care recipients’ continence, independence and dignity. Care recipients and representatives are satisfied with the home’s approach to continence management.

### 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 demonstrate there are processes for effectively managing the needs of care recipients with challenging behaviours. Processes include initial assessments in consultation with care recipients and representatives, regular care plan reviews and staff monitoring for any changes in the care recipient’s behavioural needs. Consultation occurs with the care recipient’s medical practitioner as required and there is access to external specialists for additional advice and support. The home's monitoring process includes the collection and analysis of behavioural incident data to identify opportunities for improvement relating to behaviour management. The lifestyle program enhances provision of behavioural management through one-to-one and group activities which are regularly reviewed to ensure they meet care recipients’ needs and preferences. Staff demonstrated understanding of how to manage individual care recipients' responsive behaviours. Care recipients and representatives said staff are responsive and support care recipients with behaviours which may impact on others.

### 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

Management and staff demonstrate there is a system to promote care recipients’ mobility and dexterity. Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to medical practitioners and other health specialists, including physiotherapists and an occupational therapist. Pain management strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The organisation’s incident reporting system includes analysis of incidents to identify trends and implementation of strategies to reduce falls. Care recipients and staff have access to a variety of equipment including access to a gym, to assist with care recipients' mobility, dexterity and rehabilitation needs. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Care recipients and representatives are satisfied with the support provided for achieving optimum levels of 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 demonstrate there are established systems for identifying and managing care recipients’ oral and dental requirements. All care recipients’ oral and dental needs are assessed as part of the entry process. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, through clinical monitoring processes and feedback. Equipment to meet care recipients' oral hygiene needs are available where necessary and referrals are made to health specialists such as dentists. Access to a dietitian and speech therapist further enhances oral and dental health care as required. Care recipients and representatives are satisfied with the support provided for achieving optimum levels oral and dental health.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are systems for identifying and managing care recipients’ sensory losses. Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. The lifestyle program accommodates activities that highlight the senses including aromatherapy, music, gardening and exercise. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are processes to ensure care recipients are able to achieve natural sleep patterns. Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical practitioners are informed of sleep problems. Strategies used to help care recipients’ sleep include offering food or a warm drink, massage, position change, relaxing music, pain management and appropriate continence management. The environment is optimised to ensure it supports natural sleep and minimises disruption. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

## Standard 3 – Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for information regarding the home’s improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

* In response to requests from care recipients and representatives, management implemented ongoing information and education sessions on issues of interest as nominated by the care recipients. To date, these sessions have included the safe use of mobility aids; practical session on the home’s emergency procedures; and information on dementia delivered by Alzheimer’s Australia. Feedback from care recipients has been positive with requests to continue to have these information sessions and guest speakers.
* In response to feedback from the culturally diverse staff wanting to share their cultural identity with care recipients, the home celebrated ‘Indian Independence Day’. This event allowed staff members from the Indian culture to share their customs and traditions. Care recipients and staff engaged in activities involving cultural music and dance, costumes and food. Management report that care recipients ‘thoroughly enjoyed’ the celebration with requests for more cultural days. International days have been scheduled on the calendar of activities.

### 3.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the regulatory compliance system.

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

* The organisation provides information about care recipients’ rights and responsibilities, privacy and security of tenure in handbooks and ‘resident agreements’.
* There are procedures and guidelines in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.
* The organisation has a policy, confidentiality agreement and code of conduct relating to care recipients’ privacy and personal information is stored and managed securely.

### 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 monitor the knowledge and skills of staff members to effectively perform their roles in relation to care recipient lifestyle. For details regarding the system refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

* choice and decision making
* dementia – by Alzheimer’s Australia
* holocaust training
* palliative care/emotional support.

### 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

Management and staff demonstrate there are systems to ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Staff assess care recipients’ emotional support needs on entry and review these following any changes in care needs or after a significant event in the care recipient’s life. Care plans document identified strategies to provide emotional support and assist the individual to cope with times of sadness. Sensitivity is given to any experiences that may trigger distress with staff respecting individuals’ preferences not to recall such events. Following entry to the home, staff familiarise care recipients with the environment and care and services offered. The provision of emotional support is supplemented through access to spiritual and religious support in response to identified need or specific request. Family members are welcome to visit throughout the day and evening and invited to be involved in the care recipient’s care and activities in accordance with individual preferences. Whilst responses to the consumer experience interview question regarding emotional support were mixed, care recipients did clarify that they preferred to talk to their family, friends or religious representative when requiring such support.

### 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 encourage care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Care plans identify care recipients’ wishes in relation to their level of independence and record aids or strategies known to support them meet their goals. The varied lifestyle program enhances independence through activities that assist care recipients to maintain connections with the wider community. These activities include regular bus outings, visiting entertainers and school groups. Care recipients’ right to vote is respected with processes established to facilitate participation in elections and surveys as required and requested. An on site café provides care recipients the opportunity to purchase food, drink and socialise as one would in the community. Care recipients and representatives are satisfied staff support care recipients to maintain their independence with some individuals advising they do not require staff support as they are able to do everything for themselves.

### 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 demonstrate there are processes to respect care recipients’ privacy, dignity and confidentiality. Relevant staff assess care recipients’ privacy and dignity needs and preferences, with processes established to obtain consent for various activities, as required. Staff practices such as using preferred names, knocking when entering care recipients’ rooms, closing doors during personal care and conducting handover behind closed doors, promotes privacy and dignity. The home has single rooms all with ensuites and facilities to accommodate couples if required. All care recipients are encouraged to personalise their rooms with their own belongings. Access to a private dining room provides the opportunity for care recipients and their friends/family to gather exclusively. There arewell appointed sitting rooms and alcoves for care recipients to host guests in quieter areas, if preferred. We observed staff interacting with care recipients in a kind, caring and respectful manner. Care recipients and representatives are satisfied care recipients’ privacy and dignity rights are supported.

### 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

Management and staff demonstrate there are processes for management and staff to support care recipients to participate in a wide range of interests and activities of interest to them. On entry to the home, staff conduct assessments, in consultation with the care recipient and/or the representative, establish what is important to each individual capturing information about their life history, cultural and spiritual preferences, hobbies, likes and dislikes. Care plans are then established and reflect the information collected during the admission process. There are a range of activities to meet the varying needs and abilities of care recipients. Monthly activity calendars are displayed throughout the home and in each care recipient’s room and care recipients can choose which activity they wish to attend. Lifestyle staff encourage care recipients to provide feedback regarding the activity program. Further monitoring of the lifestyle program occurs and includes regular review of care recipient participation and evaluation of individual activities. We observed a variety of activities in progress during the accreditation audit with staff noted to be actively involved in supporting care recipients to attend and participate. Care recipients and representatives are satisfied with the activity program and the support provided to participate.

### 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 demonstrate there are systems to address care recipients’ cultural and spiritual needs. Staff establish care recipients’ specific cultural and spiritual needs and preferences on entry to the home, in consultation with the care recipient and representative. Lifestyle staff develop an activity program to include significant cultural and religious days, reflective of care recipients’ specific cultural and spiritual backgrounds. Care recipients attend these in accordance with their personal beliefs and preferences. Catering services are engaged to further enhance the celebration of special occasions. There are regular religious services at the home with access to additional pastoral/spiritual support as required. Care recipients and representatives are satisfied with the home’s response to care recipients’ cultural and spiritual needs.

### 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

There are processes for management and staff to promote and support care recipients, to exercise choice and decision making over his or her lifestyle while not infringing on the rights of others. Care recipients have input into the services they receive including choice of general practitioner, rising and retiring times, level of participation in activities and preferred name. Care recipients choose to personalise the room in the way in which they prefer. Regular meetings and feedback mechanisms provide care recipients and their representatives an opportunity to comment about the care and services at the home. We observed the menu prominently on display offering alternative food choices at mealtimes. Care recipients and representatives are satisfied staff acknowledge and respect care recipients’ preferences and are satisfied care recipients can exercise choice and control with regard to their individual lifestyle. Care recipients said other care recipients in the home do not infringe on their rights.

### 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

Management and staff demonstrate there is a system to ensure care recipients have secure tenure within the service and understand their rights and responsibilities. On entry to the home, care recipients are provided with a handbook and residential agreement that outlines details of security of tenure, specified care and services and associated rights and responsibilities. Information regarding external complaint services as well as the 'Charter of care recipients' rights and responsibilities - residential care' is prominently on display within the home. If deemed necessary a transfer to an alternative room will occur, only after consultation with the care recipient and/or their representative. Care recipients and representatives are satisfied care recipients have secure tenure within the home.

## Standard 4 – Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for information regarding the home’s improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

* Internal auditing identified an opportunity to improve the dietary advice that guides the meal preferences and requirements for each care recipient. The Dietary Advice Folders kept at each meal delivery area were amended to reflect the seating arrangements in that dining area, with a visual display of the tables at the front of the folder. Staff delivering meal services reported having a ready reference to where care recipients sit and their meal requirements and preferences. Management reported that staff found the folders easier to use, minimising potential errors in meal delivery and allowing more efficient table service.
* A review of the cleaning processes resulted in the implementation of a ‘flat mop’ system and the purchase of more functional cleaning trolleys. Flat mopping involves single use microfiber colour coded mops and is a preferred cleaning method in relation to infection control and improved cleanliness. Cleaning staff report that the heavy buckets of water are no longer used, reducing manual handling requirements; cleaning processes are more efficient; and surfaces dry more quickly decreasing risks associated with wet floors.

### 4.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the regulatory compliance system.

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

* There is a system to ensure compliance with fire safety regulations.
* There are infection control policies and a system for managing and reporting outbreaks.
* There is a current food safety program and external audit conducted by a third party.

### 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

Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

* chemical handling
* fire and other emergencies
* handwashing competencies
* manual handling.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients’ needs. The environment is clean and well maintained and there are comfortable communal and private areas with suitable fixtures and furnishings. Care recipients are encouraged to personalise their rooms with items of their choice and have access to dining and sitting areas, common areas and well-maintained outdoor areas. There are several activity areas including a large communal room for conducting religious services and other activities. The home has a comfortable noise level, lighting and ventilation. There are monitoring systems to ensure the environment is safe and clean, including a preventative and corrective maintenance program and environmental inspections. Management seek feedback from care recipients, representatives and staff through care recipient meetings, complaints and comments and surveys. Care recipients and representatives are satisfied management provide a comfortable, safe and well maintained living environment.

### 4.5 Occupational health and safety

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

#### Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Staff complete orientation and induction programs and mandatory training includes manual handling, chemical safety, infection control and fire and emergency management. Staff are guided by documented policies, procedures and information displayed within the home. Staff are educated in the use of equipment and are provided with appropriate personal protective equipment. An appropriately trained occupational health and safety representative provides support to staff and monitors the safety of the environment by conducting regular workplace inspections. Opportunities for improvement and safety issues are identified through audits, incidents, hazard reports and maintenance requests. Health and safety issues are discussed and monitored through staff meetings. Staff are satisfied management works actively to create a safe work environment and are responsive to health and safety issues raised.

### 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 actively work to maintain a safe environment that minimises fire, security and other emergency risks. Management maintains an emergency response and disaster management plan detailing emergency procedures. Emergency and evacuation plans are on display throughout the home, emergency exits are illuminated and egress doors are unobstructed. External contractors check, test and service fire and emergency equipment. Staff complete fire and emergency response training during orientation and annual mandatory training and have access to fire and emergency procedures online and in hard copy. Regular fire drills are conducted and staff have an understanding of their roles and responsibilities in the event of a fire or other emergency. There are processes for updating the care recipient evacuation list. Care recipients and representatives are satisfied with the home’s processes to ensure those living in the home feel safe and secure.

### 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 processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control which includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Waste bins, sharps containers and hand wash facilities are accessible throughout the home. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Staff demonstrate an awareness of appropriate infection control processes.

### 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 home provides hospitality services in a manner to enhance care recipients’ quality of life and the staff’s working environment. Meals are prepared fresh on site. There are various and appropriately furnished dining rooms with attention to suitable settings to ensure a pleasant overall dining experience. Staff consult with care recipients, representatives and dietitians, and take into consideration care recipients’ specific dietary requirements and preferences. There is a seasonal menu with meal choices and staff accommodate special requests where possible. Cleaning staff provide cleaning according to documented schedules. Cleaning audits are conducted to monitor compliance with cleaning standards and processes. Laundry staff process all personal laundry on site. There are provisions for labelling of care recipients’ clothes to assist in the prevention of lost items. Management monitors hospitality services through surveys as well as internal and external audits, with the provision of regular staff education including chemical handling and infection control. Care recipients, representatives and staff are satisfied with the home’s cleaning and laundry services. Feedback relating to catering services was mixed. Management are aware of the varying degrees of satisfaction and demonstrated the range of strategies previously implemented to address this feedback. Monitoring of the catering services is ongoing and there is regular consultation, communication and meetings in relation to food satisfaction.