



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Assisi Centre Aged Care**

RACS ID 3364  
230 Rosanna Road  
ROSANNA VIC 3084

**Approved provider: Assisi Centre Inc**

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 01 December 2019.

We made our decision on 27 October 2016.

The audit was conducted on 04 October 2016 to 05 October 2016. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Assisi Centre Aged Care 3364**

**Approved provider: Assisi Centre Inc**

### **Introduction**

This is the report of a re-accreditation audit from 04 October 2016 to 05 October 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

### **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 04 October 2016 to 05 October 2016.

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

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

## Assessment team

<b>Team leader:</b>	Adrian Clementz
<b>Team members:</b>	Colette Marshall Lisa Coombes

## Approved provider details

<b>Approved provider:</b>	Assisi Centre Inc
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## Details of home

<b>Name of home:</b>	Assisi Centre Aged Care
<b>RACS ID:</b>	3364

<b>Total number of allocated places:</b>	150
<b>Number of care recipients during audit:</b>	143
<b>Number of care recipients receiving high care during audit:</b>	86
<b>Special needs catered for:</b>	Memory support wing

<b>Street:</b>	230 Rosanna Road
<b>City:</b>	ROSANNA
<b>State:</b>	VIC
<b>Postcode:</b>	3084
<b>Phone number:</b>	03 8458 3127
<b>Facsimile:</b>	03 9459 3120
<b>E-mail address:</b>	<a href="mailto:ekiely@assisicentre.com">ekiely@assisicentre.com</a>

## Audit trail

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

### Interviews

Category	Number
Director of care	1
Chief financial officer	1
Community and communications officer	1
Human resources	1
Administration assistant	1
Registered and enrolled nurses	8
Care staff	4
Care recipients	15
Representatives	15
Lifestyle and pastoral care staff	3
Catering staff	2
Cleaning and laundry staff	3
Maintenance staff	1
Visiting medical staff	1

### Sampled documents

Category	Number
Care recipients' files	16
Residential agreements	6
Medication charts	8
Personnel files	12

### Other documents reviewed

The team also reviewed:

- Archiving register
- Assessments, clinical charts, specialised nursing care documentation and records
- Audits including call bell, environmental and infection control audits
- Care recipient life stories

- Care recipients and relatives information pack and family guide
- Cleaning and laundry procedures and schedules
- Compulsory reporting folder
- Consent forms
- Daily schedule for care staff and handover sheet
- Dietary information records
- Duty statements folder
- Education schedule and attendance records
- Electronic feedback records and feedback folder
- Emergency plans and procedures, fire system maintenance records and essential safety measures report
- Food safety program, third party food safety audit and current certification
- Incident and hazard reports and related documentation
- Individual performance improvement plan
- Infection control policies and procedures, outbreak protocols and surveillance data
- Lifestyle calendars, attendance records and evaluations
- Minutes of meetings
- New staff suitability assessment
- Nurses registration register
- Palliative care kits
- Pastoral care weekly calendar, religious events and ceremony lists
- Plan for continuous improvement
- Policies and procedures
- Preventative and corrective maintenance records
- Restraint documentation
- Risk assessments
- Roster
- Safety data sheets



- Service agreements folder
- Surveys
- Volunteers folder.

## **Observations**

The team observed the following:

- Activities and religious services in progress
- Administration and storage of medications
- Archives
- Charter of rights and responsibilities - Italian and English
- Chemical storage
- Equipment and supply storage areas
- Fire exits, egress, equipment and assembly areas
- Interactions between staff and care recipients
- Living environment
- Meal service and kitchenettes with menu displayed on digital screens
- Noticeboards and information displays – Italian and English
- Short group observation memory support unit dining room and living room
- Staff noticeboards and occupational health and safety information.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home actively pursues continuous improvement and monitors performance against the Accreditation Standards. There is a framework with various mechanisms such as feedback from stakeholders, audit results and incident data to identify areas for improvement.

Management encourages stakeholders to contribute to the continuous improvement system through means such as attending meetings, completing feedback forms, electronic mail and the home's open door policy. In addition, care recipients, representatives and staff complete regular surveys. Management introduces changes in a structured manner and monitors their impact. There are processes such as internal and external audits to review performance.

Management provides feedback to stakeholders as appropriate verbally at meetings or consultations and through documentation such as electronic mail.

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

- Management identified information for staff could be enhanced by including an improved code of conduct principles statement in the staff handbook. Management spoke positively of the new handbook information, which aids in both performance management and maintaining a positive staffing culture.
- Management recognised an opportunity to improve the orientation and induction of volunteers with the development of a volunteer's handbook. The handbook outlines specific information regarding the home and its' volunteer processes. There has been positive feedback from volunteers who report the information assists both their orientation to the home as well as understanding the communication processes.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has a generally effective system to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. Management subscribes to various legislative services, government agencies and industry bodies to ensure they receive notification of changes in legislation.

Management then develops or modifies policies, procedures and education processes to ensure alignment with any changes. Staff receive information of any regulatory changes through avenues such as meetings, memoranda, notices, electronic mail or education. Management monitors compliance through the audit process.

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

- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Management notified stakeholders of the re-accreditation audit.
- Management has a system to undertake self-assessment.
- Management maintains processes to ensure the currency of police certificates for staff, volunteers and contractors.

### 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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Recruitment and selection processes are guided by role specific skill and qualification requirements. New staff are introduced to their position through supported shifts and an induction program which includes the completion of mandatory education topics and competencies. Management develops an education program based on staff requests, performance appraisals, surveys, changing care recipient needs, incident reports and new equipment. The education program incorporates both internal and external education sessions and covers a wide range of topics. There are processes to advise staff of upcoming training sessions and to track staff attendance at mandatory and other education. Staff are satisfied with the range of education and professional development opportunities available to them. Care recipients and their representatives are satisfied with staff knowledge and skills.

Recent examples of education provided and attended in relation to Standard 1 Management systems, staffing and organisational development include:

- addressing customer needs
- a performance management workshop
- customer focussed communication
- developing high performance teams
- Italian classes for staff.

## 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 their representative and other interested parties have access to internal and external complaints mechanisms. Information about external complaints and advocacy bodies and the home's system for providing feedback is included in stakeholders' information packages, displayed throughout the home, discussed in induction programs and pamphlets are readily available. A range of established communication strategies are used to encourage stakeholders to raise their concerns with management and staff or to use the feedback mechanisms. Stakeholders use feedback forms, electronic mail, meetings, surveys and verbal feedback to communicate comments and complaints to management. A locked feedback lodgement box at each of the three reception areas helps ensure confidentiality.

Feedback on action taken is provided to the initiator and meetings, electronic mail and the electronic care management system is also used to disseminate specific instruction or general reminders to staff. Management monitors stakeholder satisfaction through regular surveys, audits and a six monthly trend analysis. There is a process to link comments and complaints to the continuous improvement program if relevant. Care recipients, their representatives and staff said they are aware of how to make a comment or complaint and are comfortable to raise feedback.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The Assisi Centre focusses on serving the Italian community. Management has documented the home's vision, mission and values statements. A commitment to quality underpins these statements of strategic intent which are displayed within the home and documented in information handbooks.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with the Accreditation Standards and the residential care service's philosophy and objectives. Management demonstrated processes to review and adjust staffing numbers and skill mix in response to changing needs of care recipients and feedback from

staff, care recipients and representatives. Resources provided to staff to enable them to perform their roles include position descriptions, duty statements, policies and procedures, handbooks and information updates. Processes for monitoring staff performance against required duties and role responsibilities include stakeholder feedback, competency testing and reviews of individual performance. There are processes to replace staff during planned and unplanned leave using primarily the casual bank before seeking agency staff. Most staff interviewed are satisfied they have access to information regarding their duties and are able to complete them during the allocated shifts. Care recipients and their representatives are generally satisfied with staff practices, their responsiveness and the manner in which care is provided.

## **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

Stocks of appropriate goods and equipment for quality service delivery are available.

There is an effective stock control system and key personnel monitor stock levels and order goods through established inventory lists and preferred suppliers. Goods are stored safely in secure areas and there are cleaning programs and maintenance schedules to ensure equipment remains in good working order. There are processes to purchase or replace equipment. New equipment is trialled before purchase and staff training is provided prior to use. Staff, care recipients and representatives are satisfied with the quantity and quality of supplies and equipment available.

## **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

Effective information management systems are in place. The home primarily uses electronic systems to manage and disseminate information relating to care, services, staffing, policies and protocols. This includes the electronic care documentation and electronic mail systems. Care recipients and representatives have access to handbooks, newsletters, meetings and displayed information. Staff are informed by handbooks, position descriptions, policy and procedures, meetings, memoranda, electronic mail and verbal handover. Key data is routinely collected, analysed and made available to the relevant staff. Confidential information is stored securely and access to computerised information is password protected. Computerised information is backed up regularly and archived material stored securely pending destruction. Care recipients, their representatives and staff are satisfied with information systems and communication processes.

## 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 home's needs and quality goals. Management maintains service agreements with a variety of external service providers which specify quality and level of service required. External contractors provide evidence of police certificates, registrations, certifications and insurance information where relevant as part of the contractual engagement process. Management has processes to ensure external service providers meet their contracted obligations as scheduled.

Management monitors the quality of services drawing on feedback from staff, care recipients and their representatives. Action is taken including changing service providers when required levels of service are not met. Care recipients and staff are satisfied with the quality of 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

There is a system and processes that demonstrate ongoing improvements in care recipient health and personal care. Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system.

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

- Management identified physiotherapy services could be improved with additional therapies for pain management and mobility. In addition to therapeutic massage and general mobility programs, extra physiotherapy services now include transcutaneous electrical nerve stimulation and individualised exercise programs with mobility and transfer charts. There has been positive feedback from care recipients and staff as the care recipients enjoy the improved and individualised therapies.
- Management identified the benefit of ensuring all staff in the area for care recipients living with dementia completed extra education. Each staff member completed a three day workshop given by Alzheimer's Australia on dementia care. There has been positive feedback from staff who report the improved strategies and interventions assist in the management of responsive behaviours.



## 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

There is an effective system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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 monitors the professional registrations of staff.
- There are policies and procedures for the safe management and administration of medications.
- 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

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

Recent examples of education provided in relation to Standard 2 Health and personal care include:

- catheter care
- continence management
- diabetes management
- palliative care
- wound care.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients receive appropriate clinical care. Assessments conducted on entry to the home enable the development of an interim care plan, which details individual needs and preferences while the care planning process is completed. Care staff manage clinical needs using an electronic system incorporating assessments, charts, risk assessments and care plans. Designated staff review care plans according to a schedule and initiate reassessment in response to changes in care needs. Staff refer care recipients to medical and allied health specialists as required.

Management monitors clinical care through audits, incident and infection analyses, care plan reviews and stakeholder consultation. Care recipients and representatives are satisfied with the clinical care provided.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Assessment of care recipients’ specialised nursing requirements occurs on moving into the home and as needs change. Registered nurses assess, plan and evaluate care recipients’ specialised nursing needs in consultation with the care recipient, representative and relevant health professionals. Care plans outline specialised needs and preferences with instructions to guide staff practice. Staff consult expert services as required and have access to appropriate equipment and educational resources. Management monitors specialised nursing care through care plan reviews, audits and stakeholder feedback. Care recipients and representatives are satisfied with the specialised care provided.

## 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

Care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences. Management supports care recipients to access the medical practitioner and health specialists of their choice. A range of health professionals are available to care recipients including physiotherapy, occupational therapy, a dietitian, speech pathologist, podiatrist, optometrist and in-reach services. Care staff facilitate community consultations for complex wounds, mental health care, palliative care, audiology and dental care. Staff update care plans to reflect altered care needs and instructions. Care recipients

and representatives are satisfied they have access to relevant health specialists when required.

## **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 management of care recipients’ medication occurs safely and correctly. Nurses and trained care staff administer medications from the electronic system according to an assessment of care recipients’ medication needs and preferences. Policies and procedures ensure supply, storage and administration of medication complies with regulatory requirements. There are processes to enable care recipients to self-administer medication if desired. Management holds a licence for an imprest system with a range of medications to facilitate access after-hours. Management monitors the system through audits, appropriate follow-up of all medication incidents, involvement of a consultant pharmacist in the review of care recipient’s medications and regular medication advisory committee meetings. Care recipients and representatives are satisfied with medication management.

## **2.8 Pain management**

*This expected outcome requires that “all care recipients are as free as possible from pain”.*

### ***Team’s findings***

The home meets this expected outcome

All care recipients are as free as possible from pain. Clinical staff and the physiotherapist conduct pain assessments when care recipients move into the home and as necessary following an incident or change in health status. Care plans are developed based on individual interventions for verbal and non-verbal indicators of pain. Strategies provided by staff and the physiotherapist include therapeutic massage and gentle movement, the application of heat and the use of electronic pain relieving equipment and analgesia where appropriate. Staff monitor care recipients’ pain, record the use and effects of interventions to relieve pain and refer to a medical practitioner as required. Care recipients and representatives are satisfied with the assistance provided to manage pain.

## **2.9 Palliative care**

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

### ***Team’s findings***

The home meets this expected outcome

Staff practices maintain the comfort and dignity of terminally ill care recipients. Care staff discuss end of life wishes and advanced care directives with care recipients and representatives when they move into the home and there is an opportunity to update instructions as care needs change. End of life pathways guide staff practice and a pastoral care coordinator oversees any special requirements with support from onsite religious personnel. Management provides palliative care education and resources and arrange for the

involvement of external services if required. Staff are satisfied they have access to appropriate resources and support and care recipients and representatives are satisfied with end of life consultation and 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

Care recipients receive adequate nourishment and hydration. Assessments and care plans identify food allergies, clinical requirements, personal and cultural preferences and the level of assistance required. Meals are inspired by Italian cuisine with specialised diets, supplements, modified textures and thickened fluids provided as required. Regular evaluation of care recipients’ nutritional status and consultation with the dietitian, speech pathologist and catering team ensures recognition and support for changing needs.

Management monitor the adequacy of nutrition and hydration for care recipients through record keeping, care plan reviews, audits, surveys and feedback. Care recipients and representatives are generally satisfied with the meals and drinks provided.

## **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

Care recipients’ skin integrity is consistent with their general health. When care recipients move into the home staff assess skin integrity and identify skin care needs. Staff routinely repeat the skin risk assessment during care plan evaluation and on return from hospital. Care plans provide specific strategies for maintaining and improving skin integrity such as hygiene measures, regular position changes and the use of pressure relieving devices, skin protectors and lotions. Management provides education and protocols regarding skin integrity and wound management and investigates all skin integrity incidents. The external wound specialist reviews complex wounds as required. Care recipients and representatives are satisfied with the care provided to manage care recipients’ skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive continence care appropriate to their needs. Staff complete continence assessments when care recipients move into the home and then develop continence plans which they review regularly. Care plans include directives according to established routines, needs and preferences including assistance, aids, equipment and nutritional strategies to maximise independence. A consultant provides education and designated staff monitor stock

levels and product suitability. Care plan review includes analysis of infection data, assessment of the suitability of aids and feedback from care recipients and staff. Care recipients and representatives are satisfied with the assistance provided for 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

The needs of care recipients with challenging behaviours are managed effectively. Staff assess care recipients’ behaviours when they move into the home following a settling in period and reassessment occurs if necessary. Care planning includes gathering a comprehensive medical and social history to assist consideration of individual triggers and effective strategies to minimise responsive behaviours. Management provides memory care resources including education from industry experts to enhance staff skills to support care recipients living with dementia. Staff consult external dementia advisory services and medical professionals as required. Care recipients and representatives are satisfied with the management of the needs of care recipients with challenging behaviours.

### **2.14 Mobility, dexterity and rehabilitation**

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

#### **Team’s findings**

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Nursing staff and the physiotherapist assess each care recipient’s needs when they move into the home and develop care plans detailing exercise programs, equipment and assistance required. Care plans are re-evaluated regularly and after a fall or change in health status.

Management provides a range of equipment according to individual needs such as floor line beds, mobility chairs, sensor mats and specialised dining utensils. Staff regularly receive training in falls prevention and implement a ‘frequent faller review’ and ‘red star’ visual alert protocol for care recipients who experience repeat falling incidents. Audits, data analyses and care plan reviews contribute to evaluation of the environment and the falls prevention program. Care recipients and representatives are satisfied with the support care recipients receive to maintain 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

Care recipients’ oral and dental health is maintained. An assessment of oral and dental needs occurs on entry to the home and care plans detail individual preferences and the level of assistance required. Care recipients have access to a domiciliary dental service and dental

prosthetist and staff facilitate external dental treatment as required. There is a process for regular replacement of oral equipment. Monitoring of the effectiveness of oral and dental care is through care plan reviews, audits and feedback. Care recipients and representatives are satisfied with assistance provided to maintain 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

Care recipients’ sensory losses are identified and managed effectively. Care plans detail individual strategies including the care of assistive devices and environmental interventions to minimise the impact of sensory losses. Staff refer to health professionals such as the medical practitioner, optometrist and audiologist as required. There is adequate lighting and clear signage throughout the home. Lifestyle staff provide activities and resources to support care recipients with sensory loss. Care recipients and representatives are satisfied with the support provided to assist with sensory loss.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Nursing staff identify care recipient sleep needs and preferences during initial and ongoing assessments and observations. Care planning includes details of care recipients’ rituals, customs, needs and preferences such as settling, rising and nap times, bedding and environmental requirements. Strategies to minimise sleep disturbance include hot drinks and snacks overnight and respect for door signs indicating the wish not to be disturbed until a preferred time. Care recipients are satisfied staff provide assistance as required to enable the maintenance of 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

There is a system and processes that demonstrate ongoing improvements in care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

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

- Through care recipient and representative feedback, management recognised the opportunity to improve lifestyle programs. After consultation and through survey results, management organised for increased walking groups, increased bus trips and more concerts. A pet festival was also organised where families and staff brought in pets over a two week period. Following this activity the home purchased two canaries, named Romeo and Julietta. There has been positive feedback from care recipients, representatives and staff who enjoy both the activities and the pet birds.
- Management initiated a project to record the migrant history of care recipients at the home. A journalist from the local Italian newspaper assisted staff to conduct the interviews which culminated in a video for participants and their families and a permanent historical display in one of the common areas within the home. While the display has been well received by care recipients and families and serves as a great conversational point, management said other benefits have flowed from the project. For example, staff have a better understanding of care recipients and through this see the person rather than the task. Management said the training provided to staff on interview techniques has helped staff conduct assessments and consultations more effectively.
- Care recipients suggested they would like to do aqua aerobics. Staff organised for those interested care recipients to attend a local hospital’s hydrotherapy pool. There has been early positive feedback from care recipients who enjoy the trips to the pool for the exercises. Evaluation is ongoing.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

There is an effective system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Care recipients, representatives and staff are made aware of care recipients’ rights to privacy and confidentiality.
- There are procedures and guidelines in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.
- Care recipients are made aware of their rights and responsibilities and the Charter, in both Italian and English, is displayed within the home.
- At entry a residential agreement is offered to the care recipient or their nominated representative.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles relative to care recipients’ lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 3 Care recipients’ lifestyle include:

- dementia care essentials program
- elder abuse
- exploring Montessori as a practice model
- person centred music and memory program
- presentation for families on persons living with 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

Staff undertake assessment of emotional needs when care recipients move into the home and incorporates the care recipient's life history including important life events and family relationships. Care plans are developed from assessments to guide staff in supporting care recipients to adjust to living in the new environment. Ongoing monitoring and evaluation of emotional responses and needs occur on an individual basis. There is a team of pastoral care staff to provide emotional comfort and spiritual support to care recipients and families. Lifestyle staff provide activities to enable care recipients to engage in pursuits which give enjoyment and support emotional needs. Care recipients and representatives are satisfied with emotional support provided during the transition into the home and on an ongoing basis.

### **3.5 Independence**

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

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

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community. Assessment of independence includes care recipients' capabilities and assistance required to remain as independent as possible. Staff assist care recipients to maintain their independence and provide opportunities for them to contribute purposefully to life within the home. The home's two busses are utilised for daily or twice daily outings to various locations and community settings with assistance provided for care recipients with mobility limitations to join the outings. The environment of home supports care recipients to maximise independence and there is sufficient space for the use of mobility aids. Care recipients and representatives are satisfied with support given to maintain independence and enjoy being able to continue friendships and links with community groups.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff are informed of their responsibilities relating to confidentiality and respect for care recipients' privacy and dignity through orientation, meetings, education and policy. Staff promote care recipients' privacy and dignity by knocking before entering rooms, addressing care recipients by their preferred names and ensuring privacy when attending to personal care. Confidential care recipient information is secured in locked areas or password protected

with access limited to authorised staff and visiting health professionals. Care recipients and representatives are satisfied with how privacy and dignity is respected.

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

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities. Following entry to the home lifestyle staff complete assessments and care plans outlining care recipients interests, hobbies and preferences for attending events and activities. Care plans are updated regularly in response to care recipients' changing preferences and needs. The lifestyle program includes a wide variety of activities, theme days, events and outings with a strong focus on ensuring Italian traditions are incorporated into daily life at the home. There are three lifestyle programs designed to meet the needs of care recipients in all areas of the home and a group of volunteers support the lifestyle staff to enable care recipients to attend and engage in activities of choice. Monthly activity program calendars are readily available and displayed. Evaluation of the program occurs through observation, attendance records, meetings, surveys and verbal feedback. Care recipients and representatives are satisfied with the variety of the program and assistance provided to enable care recipients to participate according to their choice.

### **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' individual customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home is Italian specific and caters to the needs of the Italian cultural and spiritual lifestyle. Religious practices, special events and ceremonies are part of daily life in the home and care recipients are assisted to attend and participate. Pastoral care staff provide daily religious services in all areas of the home and there is a Catholic mass service held twice a week. The home provides culturally specific meals and care recipients are encouraged to contribute to selecting menu choices and doing cooking activities. Information displays, notices and feedback forms are displayed in Italian and English and there is Italian television, music and newsprint available. Care recipients and representatives are satisfied with the attention given to upholding cultural and ethnic traditions in daily life at 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

Each care recipient or their representative participates in decisions about services received and is enabled to exercise choice and control over lifestyle while not infringing on the rights of other people. Assessments, care plans and records note choices and preferences regarding their life at the home including leisure activities, meals and personal care.

Management provides information detailing the care and services available to care recipients when they move into the home and this information is included in care recipient information packages and agreements. Processes made available to support choice and decision-making include the comments, complaints and feedback system, meetings, care consultations and informal verbal discussions. Care recipients and representatives are satisfied with the level of choice and decision-making opportunities available.

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

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

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

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Prior to and at the time of entry designated staff guide new care recipients and their representatives through contractual and legislated relationship between the home and care recipient. Care recipients' rights and responsibilities, security of tenure, external complaints processes, advocacy services and specified care and services is covered through this process and included in the entry information pack and handbook. All care recipients or their nominated representatives are offered a residential agreement at the time of entry. Security of place is respected and consultation precedes any change of room. Care recipients and their representatives are satisfied with the security of care recipient tenure at 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

There is a system and processes that demonstrate ongoing improvements in physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

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

- During the refurbishment of the St Francis of Assisi wing, a stakeholder suggested the benefit of ‘smart floor’ technology and management organised for the installation. The floor detects movement in care recipient rooms, including incidents such as falls. There has been positive feedback from representatives and staff who feel this has improved security in the area. Management said the sensor information assists in clinical information such as the analysis of falls or monitoring sleep patterns.
- During the refurbishment of the St Francis of Assisi wing, management and staff recognised the opportunity to enrich the courtyard to reflect an Italian piazza. Decorations included ‘cobblestone’ flooring, window shutters, a market atmosphere, an ice cream cart and a wall mural reflecting a Tuscan countryside. There has been positive feedback from care recipients, representatives and staff who sit at the tables and enjoy the atmosphere of the Italian Court Piazza.
- In recognition that meals are an important part of the day for care recipients and a topic of conversation between care recipients and when families visit, management decided to include visual cues of daily meals on the electronic communication television. Photographs of each dish and the menu for each meal are displayed through the television board located in various parts of the home. Management said the visual cue has helped care recipients and provided a point of interest and conversation.

## 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 Physical environment and safe systems include:

- Staff store chemicals safely and there are processes to ensure safety data sheets are current.
- Staff participate in mandatory fire and emergency training.
- There is a system to ensure compliance with fire safety regulations.
- There are infection control policies and a system for managing and reporting outbreaks.
- Management has a food safety program that is regularly reviewed.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 4 Physical environment and safe systems include:

- fire and emergency
- food safety
- safety data sheets
- using a ceiling hoist
- using the electronic falls prevention equipment.

#### **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 safe, clean and well maintained and there are comfortable communal and private areas with suitable and well maintained furnishings. Care recipients' accommodation includes single or shared rooms. The design of the environment is suitable to enable easy access for care recipients using mobility equipment. External areas are safe and accessible for care recipient enjoyment including an Italian themed courtyard. There are several activity areas including a large communal room for conducting religious services. 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 reactive maintenance program and electrical testing and tagging procedures. The physiotherapist monitors the use of single fixed bed poles using a risk based approach. Care recipients and representatives are satisfied with the level of safety and comfort provided at the home.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. There are documented policies and procedures in relation to safe work practice and staff are aware of their responsibilities through the induction process, education, memorandum and meetings. There are occupational health and safety representatives from all areas of the home who have undertaken industry training. There is an occupational health and safety committee responsible for monitoring of health and safety including results of environmental audits, incidents and hazards. Staff receive training in the use of equipment, safe manual handling techniques and use of chemicals. Staff are satisfied management works actively to create a safe work environment and are responsive to any 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 are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines for response to a range of internal and external emergencies. External fire system contractors maintain essential services equipment and fixtures according to a set schedule. Evacuation

maps are on display and exits are clearly signed and free from obstruction. There are effective processes to maintain current evacuation lists and emergency evacuation packs. Mandatory fire and emergency training occurs at induction and on an annual basis with management monitoring attendance. There are measures in place to maintain secure access to the home and to prevent unauthorised absences. Care recipients and representatives are satisfied the home provides a safe and secure environment.

#### **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

There is an effective infection control program in place monitored by a dedicated person. Infection surveillance is undertaken and results are analysed and evaluated by key clinical staff and discussed at relevant staff meetings. Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are in place throughout the facility. Care recipients are monitored for the risk of infection and medical practitioners and nursing staff monitor response to treatment. There is a pest control program and monthly environmental and infection control audits. Catering, cleaning and laundry procedures generally follow infection control guidelines and there are cleaning schedules in place. There is a food safety program and current council and external audit certification. Vaccinations are offered to care recipients and staff. Care recipients and representatives are satisfied with infection control procedures at the home.

#### **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

Hospitality services enhance care recipients' quality of life and the staff's working environment. Care recipient meals and snacks are prepared fresh on site each day in accordance with the home's food safety program. Care recipients' dietary information and preferences are available for catering staff to follow and there is a system to notify catering staff of dietary changes. A rotating seasonal menu offers care recipients meal and beverage choices with alternative meal options available. The menu is designed to meet the cultural preferences of care recipients and there is a care recipient food tasting group to assist with menu choices. Linen and care recipients' personal clothing are laundered in-house and there are processes to label care recipient clothing to minimise lost property. Staff provide ironing and mending services and utilise a laundry preference list for each care recipient. Cleaning staff follow set cleaning schedules and procedures. Care recipients and representatives are generally satisfied with the quality of hospitality services.