Australian Government
Australian Aged Care Quality Agency

BlueCross Western Gardens

RACS ID 3654
40 Anderson Road
SUNSHINE VIC 3020

Approved provider: Blue Cross Community Care Services Group Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 October 2019.

We made our decision on 19 August 2016.

The audit was conducted on 12 July 2016 to 13 July 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.

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

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Audit Report

BlueCross Western Gardens 3654

Approved provider: Blue Cross Community Care Services Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 12 July 2016 to 13 July 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 12 July 2016 to 13 July 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

Team leader:	Gerard Barry
Team member/s:	Catherine Evans Jordan Galea

Approved provider details

Approved provider:	Blue Cross Community Care Services Group Pty Ltd

Details of home

Name of home:	BlueCross Western Gardens
RACS ID:	3654

Total number of allocated places:	90
Number of care recipients during audit:	88
Number of care recipients receiving high care during audit:	86
Special needs catered for:	N/A

Street/PO Box:	40 Anderson Road
City/Town:	SUNSHINE
State:	VIC
Postcode:	3020
Phone number:	03 8311 8888
Facsimile:	03 9311 8122
E-mail address:	westerngardens@bluecross.com.au

Audit trail

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

Interviews

Category	Number
Management/administration	4
Nurses/carers/lifestyle	13
Allied Health	1
Care recipients	8
Representatives	9
Environmental/hospitality	7

Sampled documents

Category	Number
Care recipients' files	17
Summary/quick reference care plans	9
Service agreements	5
Care recipient agreements	8
Medication charts	10
Personnel files	6

Other documents reviewed

The team also reviewed:

- Assessor welcome packs

- Audit schedule and results

- Care recipient list

- Care recipient of the day documentation

- Clinical documentation and assessments

- Comments, compliments and concerns

- Continuous improvement documentation

- Doctors' communication book

- Education and competencies records

- Fire, security and emergency documents

- Handover sheets

- Hospitality records

- Human resource management documentation

- Incident reporting and follow-up documentation

- Infection control data and analysis reports

- Leisure and lifestyle records

- Mandatory reporting register

- Meeting minutes and memoranda

- Monthly menu and daily menu in large print

- Newsletter

- Organisation orientation program

- Physiotherapy communication book

- Police certificates and statutory declarations

- Position descriptions

- Professional registrations

- Rosters

- Schedule 8 medication records

- Selected policies, procedures and flowcharts

- Self-assessment

- Specialised nursing care information and care recipient records

- Staff employment pack

- Vision/values/philosophy

- Volunteer folder

- Welcome packs for care recipients and representatives.

Observations

The team observed the following:

- Activities in progress

- Advocacy information in English and other languages

- Archive cupboards and secure confidentiality areas and bin

- BlueCross video presentation

- Care recipient of the day process

- Charter of care recipients' rights and responsibilities displayed

- Chemical storages

- Cleaning trollies and supplies

- Closed circuit security in operation

- Cultural care kit

- Electronic quality system

- Equipment and supply storage areas

- Handover

- Hygiene stations

- Infection control equipment and staff practices

- Interactions between staff and care recipients

- Internal and external living environment

- Lifestyle resources

- Meal service and care recipient assistance

- Medication administration and storage

- Mobility aids and transfer equipment in use

- Noticeboards and information displays

- Nurses' stations and resources

- Oxygen therapy

- Personal protective equipment

- Pet cat

- Re-accreditation posters throughout home

- Reminiscing themed books

- Short group observation conducted in the Sunflower Lounge

- Sign in/out and meals registers

- Specialised care equipment

- Staff room and resources

- Waste disposal

- Work safe poster.

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 organisation actively pursues continuous improvement across the Accreditation Standards meeting aged care service delivery. Corporate and local management use a variety of input sources such as verbal stakeholder feedback, audits, observations, incident data, action for improvement and comments, complaints and concern forms. Management establishes continuous improvement logs, delegates plans of action, monitors progress and evaluates improvements using an electronic quality performance management system. A range of meetings occurs targeting management groups, staff, care recipients and interested stakeholders. In addition, noticeboards, newsletters, surveys and reports inform stakeholders of continuous improvement actions in the home. Care recipients, representatives and staff are satisfied with how management encourages opportunities for improvement and achieves results across the Accreditation Standards.

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

• As part of an organisation- wide improvement, management arranged for the installation of a wireless network (Wi-Fi) throughout the 90 bed home. The free service is provided for care recipients, families and visitors. The technological upgrades have allowed for care recipients to use their own electronic devices within their own rooms or communal areas. Recently, a care recipient has been able to connect with a family member in England using the home's WiFi and a video-based application. Results and feedback have been positive.

• Effective January 2016, BlueCross implemented a new auditing system to streamline the process and the ability to "drill into expected outcomes". Consultation included the quality team in conjunction with the residence and general managers. Management provided education to delegated staff members to ensure audits conducted include the main principles of the four Aged Care Accreditation Standards. Each standard undergoes a review for a period of three months and is monitored, evaluated and actioned accordingly. Feedback from management and key staff is positive in that care recipients receive better results. Evaluations and monitoring will continue for each quality standard.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives relevant information from government, industry and professional associations and updates policies, procedures and associated documentation accordingly. Local management informs staff of changes through regular staff meetings, memoranda, and correspondence and through education sessions. Management monitors compliance through internal auditing and observation of staff practice. Management and staff demonstrated awareness of their obligations in relation to regulatory compliance.

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

- Processes to ensure compliance with police certificate and statutory declaration requirements.

- Information available to care recipients and representatives regarding internal and external complaint and comment systems.

- Scheduled review of policies and procedures to ensure currency with recent legislative and policy changes.

- Secure storage of confidential documentation.

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 an education program ensuring management and staff have appropriate knowledge and skills to perform their roles. Central services management develops an annual education calendar covering all four Accreditation Standards. The residence's management can add topics in response to care recipients' clinical needs, incidents, feedback and observation of staff practice. There is a range of education topics delivered through various methods including classroom sessions, conferences and seminars. All staff complete and participate in mandatory education annually and there is an extensive orientation program for new employees. The home's staff records attendances at education sessions and has an evaluation system to ensure effectiveness. Staff undertake appropriate competencies to maintain and monitor their practices. Central services track the training and experience of staff and management to assist in succession planning. Management and staff are satisfied with the education and development opportunities offered.

Education relating to Standard 1- Management systems, staffing and organisational development includes:

- bullying and harassment

- customer service

- documentation

- new audit system

- positive workplace behaviour

- seven pillars of management.

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

Care recipients and representatives have access to internal and external complaints systems. Information regarding comments and complaints is included in information packages provided to prospective care recipients/representatives and in care recipient agreements. Opportunity to comment forms in various languages are on display alongside advocacy and external complaints information. The availability of a suggestion box provides confidentiality. Stakeholders also provide feedback at regular meetings, through surveys and by speaking with staff and management. The organisation records, monitors and evaluates complaints as part of its quality performance management system. Care recipients and representatives are

aware of the comments and complaints processes available to them and are satisfied they are able to raise any concerns with staff and management.

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

Management has documented its mission, vision, values and philosophy statements including their objectives and commitment to quality care. The organisation promotes its 'four P's' system concentrating on; people, performance, principles and passion to underpin decision making and expected behaviour. Management displays these statements prominently in the home and makes them available to all stakeholders through a range of documentation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and the residential care service's philosophy and objectives. Management follows organisational recruitment, selection and orientation procedures including qualification, police certificate and reference checking. Management monitors the roster to ensure the appropriate number and skill mix of staff reflects care recipients' needs. Staff are aware of the requirements of their role through position descriptions, policies and procedures. New staff receive role specific and organisational information and complete "buddy" shifts supported by experienced staff. Monitoring of staffing levels occurs to reflect changes in care recipients' numbers and care needs. Audits, education, competencies and observation serve to monitor staff skills and practices.

Management and staff said the level and skill mix of staff is appropriate for care recipients' needs. Care recipients and representatives are satisfied with the responsiveness of staff and quality of care 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 a process to ensure contractors test and tag electrical equipment regularly while key staff audit the quality and safety of other equipment and supplies. Stock and equipment storage areas

are clean, secured and adequately stocked. Key staff and external suppliers deliver education to staff ensuring correct and safe use of newly purchased equipment and supplies. Key staff within clinical, administration, hospitality and lifestyle domains ensures appropriate monitoring and ordering of equipment and supplies occurs. There is an effective corrective and preventative maintenance system in operation. Management monitors, reviews and updates goods and equipment through observation, stakeholder feedback forms and meetings. Care recipients, representatives and staff are satisfied with the availability of supplies and equipment meeting care recipient needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are effective information management systems in place. Management and staff have access to current and appropriate information to perform their designated roles. The home uses noticeboards, newsletters, policies, procedures, flowcharts, memoranda, communication books, intranet system, electronic email/reminders and meetings assist with effective information flow to stakeholders. There are data security processes which manage the privacy and confidentiality of care recipient and staff personal details. Confidential material is stored securely and a secure bin allows for the disposal of sensitive information. Archiving occurs onsite and offsite with an external provider and is retrievable in a timely manner. Management and staff said they are satisfied with the accessibility to lifestyle, maintenance, health and personal care information. Care recipients and representatives are satisfied with information available to assist them to make informed decisions regarding care recipients' care and lifestyle needs.

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

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Management sources contractors, suppliers and services to ensure they comply with the requirements of the home. Externally sourced providers have suitable qualifications, insurance certificates and registrations. Management monitors the performance of external services through stakeholder feedback, observations, meetings and regular audits on both local and corporate levels. Management, staff, care recipients and representatives are satisfied with externally sourced providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation actively pursues continuous improvement in health and personal care. Staff document incidents and management analyses a range of clinical data for trends, creates reports and takes action accordingly. Care recipients, representatives and staff are satisfied the home pursues continuous improvement.

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

- Management identified in 2015 that staff were not conducting 'resident of the day' (ROD) in a timely manner. A suggestion from the quality team led to a change in the frequency from three to four monthly as of January 2016. The change has relieved the workload for the clinical care team, allowing for flexibility and enhanced the quality and consistency of ROD meetings amongst care staff. Feedback from management and staff is positive, evaluations are ongoing.

- In December 2015, management and key staff identified the organisation did not have medication management policies and guidelines in relation to effectively managing cytotoxic medication and waste. As a result, consultation occurred with the quality team and appropriate staff to draw up a new policy and guidelines. The purchase of two specific waste bins assists staff with appropriate and safer waste management procedures for care recipients requiring cytotoxic drug therapy. Staff and management expressed satisfaction with this enhancement.

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 more information about the home's systems and processes.

Management ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies.

Regulatory compliance at the home relating to Standard 2-Health and personal care includes:

- Appropriately qualified staff manage clinical care and carry out specialised nursing care.

- Monitoring of nursing registrations to ensure compliance.

- Processes to manage and report the unexplained absence of care recipients.

- Secure storage and management of medications according to legislated processes.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the home's education system and processes.

Management and staff have appropriate knowledge and skills to perform their roles in relation to care recipients' health and personal care. Management, nursing and care staff attend a range of clinical education sessions, complete medication competencies as required and have corporate assistance in furthering their qualifications. Management and staff are satisfied with the education opportunities provided.

Education relating to Standard 2-Health and personal care includes:

- continence, diabetic and pain management

- dysphagia and thickened fluids

- medication management competencies

- missing care recipients

- person centred 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

Care recipients receive care appropriate to their needs and preferences. Staff complete and update assessments to reflect care recipients' clinical needs and preferences and from these care plans are auto populated. Handovers, progress note entries and communication through the electronic care plan system keep staff aware of individual care recipients' care needs. All care staff contribute to evaluating care plans, with registered nurses overseeing this process. Staff monitor care recipients' clinical outcomes through scheduled and 'as required' reviews, person centred care meetings and care recipient and representative feedback. Staff maintain an ongoing consultation with care recipients and representatives regarding their condition and care. Management has a system of auditing tools and clinical data reporting mechanisms to monitor care outcomes. 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

Appropriately qualified staff identify and meet care recipients' specialised nursing care needs. Registered nurses record in care plans monitoring requirements, specific needs, equipment, resources, instructions and strategies to optimally deliver specialised care. General practitioners regularly review and monitor care recipients' health and wellbeing. Staff can access external specialists, including hospital-based services which offer a variety of specialised services and support staff in care delivery. Management provides resources and education and monitors specialised nursing care through regular 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

Staff refer care recipients to appropriate health specialists in accordance with their clinical needs and preferences. General practitioners visit regularly and visiting allied health professionals available at the home include a physiotherapist, podiatrist, dietitian, speech pathologist, optometrist, audiologist and dental services. Staff also facilitate consultations for complex wounds, mental health care and in-reach services as required. Care recipients' progress notes and care plans document timely referrals and/or follow up and staff implement specialists' instructions. Care recipients and representatives are satisfied with the way staff arrange referrals to relevant health specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

There are systems to safely and effectively manage care recipients' medication. Medication care plans and charts guide appropriately qualified staff with details of care recipients' special administration requirements and the level of staff assistance required. An external pharmacist reviews care recipients' medications and the medication advisory committee meets regularly to discuss issues, policies and improvements. Management conducts audits to monitor staff practice and ensures appropriate follow-up of any medication incidents with education and competency testing. The home has processes to enable care recipients to self-administer medication if desired. Processes ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Care recipients and representatives are satisfied staff manage medication safely 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

All care recipients are as free as possible from pain. Clinical staff, visiting physiotherapists and general practitioners monitor and review each care recipient on an ongoing basis to ensure appropriate management of discomfort and pain. Staff develop care plans based on individual strategies for verbal, non-verbal and behavioural indicators of pain. Staff use a range of prescription medication and alternative interventions, such as heat packs, physiotherapy intervention and massages to support care recipients to be as pain free as possible. Staff said they monitor care recipients for pain including non-verbal response to pain when necessary and provide support as needed. Care recipients and representatives are satisfied with the support care recipients receive to assist them treat and 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 maintain the comfort and dignity of terminally ill care recipients. Nursing management discusses end of life wishes with care recipients when they first enter the home and there is an opportunity to update these later as care needs change. Staff described care measures they undertake when caring for a terminally ill care recipient including comfort and dignity measures and use of specialised equipment. Staff spoke positively of the delivery of palliative care in the home. The home has access to external palliative care services to support care staff reassess the care recipient's needs in the event they enter the palliative phase of care. Care recipients and representatives are satisfied with the care and consultation provided regarding 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

Care recipients receive adequate nourishment and hydration. Staff identify care recipients' likes and dislikes and specific dietary and cultural requirements and record and communicate these to catering staff. Staff identify care recipients at risk of developing malnutrition or dehydration and refer those who require modified diets or supplements to visiting general practitioners and appropriate health specialists. A dietitian reviews care recipients who are at risk of malnutrition and staff undertake appropriate measures in consultation with the care recipient and their representative to meet their preferences and needs. Dining areas are spacious and relaxed and care recipients are able to make choices about the size of their meal as staff serve it. Care recipients and representatives are satisfied staff support care recipients to maintain their nutrition and hydration.

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. Staff assess each care recipient for their risks relating to skin integrity and can access care plans to guide them while providing care. Staff monitor the condition of care recipients' skin and maintain skin health through daily hygiene routines, the application of moisturisers and the use of pressure relieving devices. Registered nurses oversee wound care and wound care specialists visit as required to provide expert advice in wound management. Staff identify risks to skin integrity including the potential for care recipients to develop a pressure injury. The home provides appropriate equipment such as pressure relieving mattresses, contemporary wound management products and care recipient transfer equipment. Where a skin tear or pressure injury occurs, staff complete an incident report which a registered nurse reviews to prevent recurrence. Management monitors skin care using wound data, incident reports, and scheduled audits. Care recipients and representatives are satisfied with the way care staff manage care recipients' 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

Care recipients' continence is managed effectively. Nursing and care staff assess each care recipient for their continence needs and preferences on entry to the home and on a regular basis thereafter. Care plans include directives according to established routines, needs and preferences including assistance, aids and equipment to maximise independence. Staff review these regularly. Staff promote optimal bowel health through the implementation of increased

hydration, a high fibre diet and appropriate exercise. The organisation provides staff with education to assist care recipients with continence requirements. Staff said they have access to equipment and know each care recipient's individual needs relating to continence management and assist them to maintain their dignity. We observed adequate stock and suitable storage of continence aids. 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 home's continence management program.

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

Staff identify the needs of care recipients with responsive behaviours and provide appropriate care. Staff assess care recipients' behaviours on entry to the home and identify medical, emotional and cognitive reasons for individual behaviour. Care planning processes include the consideration of individual triggers and effective strategies to minimise reactive behaviours. When necessary, staff identify and record new challenging behaviours on incident forms and in progress notes. Staff, in consultation with the general practitioner, can access additional specialist services for advice and behaviour management strategies. Ongoing education and training for staff ensures they have current skills and knowledge in the delivery of person centred care. We observed the home to be calm with positive and caring interactions between staff and care recipients. Care recipients and representatives are satisfied with the home's approach to managing the causes of behaviours of concern.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has processes to encourage care recipients to achieve optimum levels of mobility, dexterity and rehabilitation. Care plans reflect individual interventions, type of aids and level of assistance each care recipient may require. Care staff and a physiotherapist review these on a regular and as needed basis. There are exercise programs and suitable equipment such as hand rails and mobility and transfer aids. The home provides appropriate transfer equipment and staff said they participate in annual manual handling training. Falls and injury prevention strategies include a clutter free environment, the use of sensor mats, hip protectors and mobility aids. The physiotherapist reviews care recipients who experience a fall and can provide a massage to those who consent. Senior staff review and analyse all incidents and update care plans and strategies as necessary. Care recipients and their representatives are satisfied with the home's approach to optimising care recipients' 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 oral and dental care plan includes the level of assistance required and interventions to meet each care recipient's individualised needs. Staff assist, observe and prompt care recipients with daily dental hygiene as needed and document any oral issues. The home has a regular program to ensure individual oral and dental equipment is maintained and appropriate for use. For care recipients with swallowing difficulties, staff develop specific strategies including texture modified diets, aids and assistance with meals. Dental and other health professionals provide specialised assistance to care recipients to maintain dental and oral health. Management monitors oral and dental care through audits and stakeholder feedback. Care recipients and representatives are satisfied with the level of oral and dental care staff provide.

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. The home accesses specialist providers for appropriate interventions such as hearing and vision assessments and recommendations. Staff assist care recipients to use their sensory aids including hearing aids and glasses.

Lifestyle staff provide resources to support care recipients with sensory loss. We observed the living environment to be very calm, with uncluttered rooms, adequate lighting and wide corridors. Management monitors sensory loss through the audit program and the capture of stakeholder feedback. Care recipients and representatives are satisfied with the care and attention given to care recipients' 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

The home supports care recipients to achieve natural sleep patterns. Care plans detail individual preferences and needs including preferred settling times, routines, bedding and environmental preferences for sleep. Staff monitor care recipient sleep patterns as part of the regular care plan review process and in response to any identified change in their sleeping habits. The home provides comfort and safety measures such as easy access to call bells to care recipients overnight. Single room accommodation enables care recipients to have a peaceful rest environment. Audits and stakeholder feedback help nursing management

monitors care recipients' sleep requirements. Care recipients said the home is quiet overnight, they sleep well, and they are satisfied with the way in which staff provide assistance to promote their 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

For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation's continuous improvement system shows improvements in the area of care recipient lifestyle. Care recipients, representatives and staff are satisfied the organisation is actively improving and providing care recipients with control of their own lives within the residential care service and wider community.

Examples of recent improvement initiatives in relation to Standard 3-Care recipient lifestyle includes:

- In August 2015 lifestyle staff decided to enhance care recipient engagement through the development of a variety of themed, reminiscing books. Family members assisted with the process providing photographs and ideas. Lifestyle staff now have a range of themed books for care recipients to engage in stimulating conversations on topics including Melbourne in the 1940's, cars, countries and babies. Staff report care recipients enjoy the themed books.

- A recent suggestion provided by a care recipient stated there are few activities available on the weekends. Management responded by seeking a volunteer to assist with weekend programs for care recipients who wished to participate. The volunteer now attends the home on Saturdays and facilitates activities. Feedback from care recipients and the volunteer regarding the new initiative is positive.

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 more information about the home's systems and processes.

The organisation's policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to care recipients' lifestyle.

Regulatory compliance at the home relating to Standard 3-Care recipient lifestyle includes:

- Displaying the Charter of care recipients' rights and responsibilities – residential care.

- Implementing processes that ensure staff practice is consistent with maintaining the confidentiality and privacy of care recipient information.

- Maintaining a register for the mandatory reporting of elder abuse incidents according to legislative requirements.

- Offering agreements to all care recipients that specify care, services, rights and responsibilities and security of tenure.

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

Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Management and staff have the appropriate knowledge and skills to perform their roles in relation to care recipients' leisure time. Lifestyle staff have relevant qualifications and attend ongoing education, which assists them in continually adding to or revising the leisure and lifestyle program.

Education relating to Standard 3-Care recipient lifestyle includes:

- dementia practice

- diversity - LGBTI

- elder abuse

- Montessori

- privacy and dignity.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Care recipients and representatives receive a tour of the home, introductions to staff and fellow care recipients. Where appropriate, staff will buddy newly admitted care recipients with like-minded individuals in the home. Lifestyle staff conduct assessments of care recipients' social and emotional needs, personality profiles and 'ways to make this resident's day'. Staff are then able to identify strategies to provide emotional support and develop care plans to support individual needs. Ongoing monitoring and evaluation of emotional needs occurs regularly. The home offers additional one-on-one support from lifestyle and care staff, visiting community providers and religious services. Some staff allow their pet dogs to enter the home creating a comforting environment. The residence's cat also provides comfort and support to care recipients. Care recipients are also encouraged to personalise their rooms as they wish to. Care recipients and representatives are satisfied with how staff provide emotional 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

Staff support care recipients to remain as independent as possible and to maintain friendships both within their home and the wider community. Care plans are developed and reviewed on a regular basis or as needs change ensuring staff support and promote care recipients' independence. Care recipients living with communication, mobility and cognitive difficulties are supported to retain independence by staff and assistive equipment and devices such as assessed mobility aids and adaptive crockery/cutlery. There is a range of home based activities and community based programs encouraging friendships within and outside the home. A variety of bus outings occurs each month, visiting places of interest, scenic drives and entertainment venues. Care recipients can also freely access all secure outdoor areas as they desire. Care recipients and representatives are satisfied with how staff encourage and support care recipients to achieve maximum independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff are provided with information relating to confidentiality and respect for care recipients' right to privacy and dignity through orientation, meetings, education and policies, procedures and flowcharts. Staff demonstrated ways to promote care recipients' privacy and dignity such as knocking before entering rooms, addressing individuals by their preferred names and ensuring privacy when attending to personal care. There are numerous quiet retreat areas offering care recipients and visitors privacy. Care recipients and representatives are satisfied with how staff respect and maintain privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle staff identify individual interests by collecting information and consulting with care recipients and/or their representatives in creating a life history. Lifestyle staff develop care plans incorporating preferences and strategies to provide activities programs suited to care recipients' social, emotional and independence needs.

Monthly and weekly large-print activity calendars are placed in care recipients' rooms and on noticeboards. Activities are announced on the public address system and staff encourage care recipient participation. The program includes a range of music events, exercise programs, craft, games, quizzes, cooking, bus outings and entertainers. An intergenerational program with local school children regularly occurs and a variety of community programs enhances care recipient interest and choice. A volunteer assists with weekend activities.

Lifestyle staff record activity attendance while monitoring and reviewing individual participation. Further monitoring includes audits, observations, care plan reviews, surveys, feedback forms, meetings and individual discussions. Care recipients and representatives are satisfied with the range of activities available.

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 interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Lifestyle staff conduct cultural and spiritual needs assessments of care recipients through consultation and feedback. A range of religious services occurs within and outside the home and these are attended according to individual choice. The home celebrates cultural and religious events and days of significance throughout the year. These include Christmas, Easter, Australia and Anzac days, mardis gras and an array of cultural themed days and commemorative events. BlueCross as an organisation to celebrates care recipient birthdays (with consent), having grand celebrations for care recipients 97 years and older. Care recipients and representatives are satisfied with how staff honour and respect individual interests, beliefs and cultural backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and/or their representatives participate in decisions regarding health, personal and lifestyle services. Key staff discuss and provide care recipients and their representatives with information about the range of care and services provided at the home. A consultation and observation process occurs regarding care recipient choice of dietary requirements, health and personal care provision, preferred daily routines and level of participation in the activity programs. Care plans detail specific choice and preferences and regular updates occur. Care recipients are able to voice opinions and thoughts in regular meetings, through individual consultation and via feedback forms. Staff described ways they support care recipients to make choices and decisions about their daily routine and care options without infringing on the rights of others. Care recipients and representatives are satisfied they are able to exercise choice regarding their health, personal and lifestyle care services.

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 residential care service and understand their rights and responsibilities which are detailed in an information package provided to care recipients when they move into the home. The home's key staff offer care recipients residential agreements stipulating details of secure tenure, services and additional fee based services, concessional details, privacy, confidentiality and 'The Charter of care recipients' rights and responsibilities – residential care'. Management follows a consultative process when considering any change in a care recipient's accommodation or if the home is unable to meet care recipients' complex care needs. Care recipients and representatives are satisfied they understand the security of tenure arrangements.

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

For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The organisation's continuous improvement system shows improvements in the area of the physical environment and safe systems. Care recipients, representatives and staff are satisfied the organisation is actively providing a safe and comfortable environment ensuring quality service delivery for care recipients.

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

- As an organisation wide move to a safer and healthier workplace, BlueCross became a smoke free environment effective 1 July 2016. Management also promoted a quit program to support the transition for staff and visitors. Care recipients within the home who choose to smoke are able to do so in their designated smoking areas. Management said they will continue to assess, support and accept care recipients who choose to smoke as part of a lifestyle choice. Management and staff report an improved environment with a reduction in unwanted cigarette smoke from staff and visitors.

- In December 2015, management identified a need to employ a structural engineer to assess cracking of the building and paving. This led to an improvement project with the removal of large trees in courtyards, the roots of which were causing the cracking and potential trip hazards. Landscaping was undertaken with new, authentic-looking synthetic grass, clear, level pathways and additional furniture and plants. The outdoor areas are now inviting, uncluttered living spaces. The project was completed in May 2016 and feedback from stakeholders has been very positive.

- In response to a report provided by the Quality Agency during an announced visit in January 2016, management implemented a revised dining experience in the Ferguson Grove area. Management purchased new dining chairs and tables more suitable for those in wheelchairs. There are now two meal sittings for care recipients with high care needs allowing staff to focus more attentively on care recipients during meals. We observed the lunch service to be pleasant, attentive, calm and supportive. Feedback has been positive and management will continue to monitor this initiative.

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 more information about the home's systems and processes.

Management has systems to identify and ensure compliance with relevant regulations to enable care recipients, staff and visitors to live and work in a safe and comfortable environment.

Regulatory compliance at the home relating to Standard 4-Physical environment and safe systems includes:

- Availability of current safety data sheets and safe chemical storage.

- Compliance with annual essential services maintenance requirements.

- External auditing to ensure compliance with food safety regulations.

- Infection control processes to guide the effective management of an outbreak.

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 about the home's systems and processes.

Management has processes to monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Staff confirmed they attend annual mandatory training and said they are confident of their skills in the event of an emergency or infectious outbreak.

Education relating to Standard 4-Physical environment and safe systems includes:

- fire and emergency

- hazards and near miss

- infection control

- laundry and chemical training

- manual handling

- work health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and the organisation are actively working to provide care recipients with a safe and comfortable environment, consistent with the comfort and needs of those living at the home. Care recipients enjoy single rooms with a private ensuite and are encouraged to personalise their room with their own belongings. There are numerous internal communal areas with suitable furnishings for care recipients' use. External areas are accessible, secure and inviting for care recipients and visitors. Scheduled audits, maintenance requests, incident and hazard reporting assist to ensure a safe and comfortable living environment.

Corrective and preventative maintenance systems and a cleaning program ensure equipment, fittings and fixtures are safe and functional. Care recipients and representatives are satisfied with the safety and comfort of the 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 and staff are actively working to provide a safe working environment that meets regulatory requirements through a well-developed health and safety management system.

Measures used to identify risks and provide safe work practices include hazard and incident reporting, workplace inspections, environmental audits and preventative and corrective maintenance. Local management has access to central service resources and staff have input into ensuring environmental safety through a health and safety representative. Local management has representation at corporate meetings. Designated staff promptly review reported incidents and data analysis informs evaluation of policies and practices across the organisation. Staff undertake mandatory training and use equipment which minimises the risk of injury. Secure storage, education and safety data sheets support the safe use of chemicals. Staff said management supports a safe working environment by providing appropriate equipment, training and maintenance.

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

The organisation has systems to minimise fire, security and emergency risks. Emergency management policies guide staff practice, evacuation plans are on display throughout the home and emergency exits are clearly marked and free from obstruction. Secure doors release in the event of an emergency. An evacuation kit contains equipment and a current list of care recipients. Specialist contractors regularly monitor and maintain fire and safety equipment and undertake independent fire inspections. Fire and emergency training is mandatory for all staff upon commencement and on an ongoing basis. Security measures include keypad access to the home, closed circuit television cameras and locked storage areas. Staff demonstrated awareness of their responsibilities in the event of an emergency and care recipients feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Staff identify care recipients at risk of infection and undertake appropriate reviews and implement treatment as needed. Staff complete training in infection control and hand hygiene at orientation and annually thereafter as part of a mandatory training program. Infectious outbreak management procedures and flowcharts are available and there are appropriate resources such as an infectious outbreak

box and spill kits for staff. There are effective processes for hand hygiene, the use of personal protective equipment and the safe disposal of contaminated waste and sharps.

Staff cleaning, laundry and medication practices follow current infection control guidelines. The home has an immunisation program for both care recipients and staff. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. The home monitors the incidence of infections and the data is analysed and trended with strategies discussed at relevant meetings. Care recipients and representatives are satisfied with infection control and documentation and statistics indicate the program is effective.

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 working environment. Catering services adhere to the home's food safety plan and meet care recipient's' dietary needs, preferences and special requirements through communication with care recipients, representatives, staff and specialists. Food is prepared daily onsite according to a rotating menu that reflects seasonal changes. Management monitors satisfaction with the food service through surveys, meetings, audits and a food focus group. Cleaning staff follow schedules and respond to other requests in a timely manner. An onsite laundry facility performs all laundry services and has provision for the labelling of care recipient's clothing and ironing as requested. Care recipients, representatives and staff are satisfied with hospitality services.