



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

**Reconsideration Decision**

**Eltham Lodge Nursing Home RACS ID: 3412**

**Approved Provider: St Vincent's Care Services Ltd.**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

Reconsideration Decision made on 27 December 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 16 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 29 August 2015 to 29 June 2019.

Reason for decision

Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from

27 December 2017

Accreditation expiry date

29 June 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Eltham Lodge Nursing Home**

RACS ID 3412

43 Diamond Street

ELTHAM VIC 3095

Approved provider: Melbourne Citymission 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 29 August 2018.

We made our decision on 16 July 2015.

The audit was conducted on 10 June 2015 to 11 June 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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



**Australian Government**  

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**Australian Aged Care Quality Agency**

## **Audit Report**

**Eltham Lodge Nursing Home 3412**

**Approved provider: Melbourne Citymission Inc**

### **Introduction**

This is the report of a re-accreditation audit from 10 June 2015 to 11 June 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 10 June 2015 to 11 June 2015.

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:	Andrew Duncan
Team members:	Angela Scarlett
	Marg Foulsum

## Approved provider details

Approved provider:	Melbourne Citymission Inc
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## Details of home

Name of home:	Eltham Lodge Nursing Home
RACS ID:	3412

Total number of allocated places:	60
Number of care recipients during audit:	52
Number of care recipients receiving high care during audit:	Not specified
Special needs catered for:	Not applicable

Street:	43 Diamond Street	State:	Victoria
City:	Eltham	Postcode:	3095
Phone number:	03 9431 0100	Facsimile:	03 9431 0342
E-mail address:	rholland@mcm.org.au		

## Audit trail

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

### Interviews

	Number		Number
Management	3	Care recipients/representatives	9
Unit Coordinator	1	Volunteers	3
Nursing and care staff	6	Hospitality, cleaning and laundry staff	4
Lifestyle and leisure staff	2	Maintenance staff	2
Allied health staff	1	Pastoral care worker	1
Administration staff	2		

### Sampled documents

	Number		Number
Care recipients' files	11	Medication charts	3
Care recipient agreements	6	External services' contracts	5
Personnel files	12		

### Other documents reviewed

The team also reviewed:

- Audit schedule, audits and reports
- Care recipients' dietary information
- Cleaning schedules and temperature monitoring records
- Clinical review meeting action plans
- Comments and complaints records
- Continuous improvement plan
- Contracts and contractor documents
- Criminal record check records
- Current safety data sheets
- Education documentation including mandatory training register
- Evacuation procedures, maps and instructions
- Food safety program, survey, dietary information and menu
- Handover sheet and care recipient list
- Human resource records including performance appraisals
- Incident and hazard reports
- Infection surveillance documentation
- Information packs
- Lifestyle calendar and associated documentation including cultural resources

- Mandatory reporting register
- Meeting minutes, newsletters and memoranda
- Noticeboards
- Pest control records
- Physiotherapy referrals
- Policies and procedures
- Preferred contractor and supplier lists
- Staff communication books
- Staff roster
- Surveys
- Vision, values and mission statements.

### **Observations**

The team observed the following:

- Activities in progress
- Archive area
- Call bell system
- Chapel and visiting pastoral care workers
- 'Charter of care recipients' rights and responsibilities' on display
- Chemical and oxygen storage
- Cleaning and laundry service in progress
- Clinical supplies and equipment
- Clothing labelling machine
- Comments, complaints and advocacy information on display
- Drugs of addiction register and storage
- Equipment and supply storage areas
- Fire safety equipment
- Internal and external living environment
- Kitchen and food storage areas
- Meal and refreshment service
- Medication administration, medication trolleys and storage
- Noticeboards, whiteboards, blackboards and brochures
- Personal protective equipment
- Short group observation in the dining room
- Staff room and training facilities
- Suggestion boxes
- Volunteers.



## 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

Management has a system which demonstrates pursuit of continuous improvement across the Accreditation Standards. Management initiatives, audits, informal and formal feedback, comments and complaints, incident reports and survey results feed into the continuous improvement system. Management monitors and evaluates the effectiveness of improvement processes with progress and/or outcomes communicated at relevant meetings. Care recipients, representatives and staff are satisfied the organisation actively pursues continuous improvement.

Examples of improvements implemented by the home relevant to Standard 1 Management systems, staffing and organisational development include:

- To improve the way information is disseminated to staff, management have instituted a mandatory forum for staff to attend every six months. Standing agenda items have been developed for the meetings which cover legislative and policy changes and general industry updates. A management review in June 2015 noted that staff are satisfied with the level of information and support provided by management, and feel confident that they are kept up to date with relevant industry developments.
- In response to a review, management noted that information available to staff about aged care legislative changes and regulatory changes was fragmented. In April/May 2015 management consolidated all the relevant information into a single legal resource folder. There is a folder in the staff room and administration area to ensure easy access. Use of this resource will be reviewed after three months. In the interim, the initiative has been discussed at staff meetings and management report that the improved accessibility of this information has been positively received and will ensure staff knowledge of legislative and regulatory developments is maintained.

#### 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 systems which identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives information through communications from peak bodies and government agencies. Corporate personnel disseminate this information to management onsite, and monitor and amend policies and procedures in response to legislative or process changes. Management informs

staff of changes through regular meetings, staff noticeboards and updated staff information folders. 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:

- A system to ensure compliance with criminal check requirements for staff, volunteers and contractors.
- Information available to care recipients and representatives on the internal and external complaint 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

Management ensure staff have appropriate knowledge and skills to perform their roles effectively. The home identifies education needs through training applications, data analysis, audit outcomes, care recipient needs, feedback and observation. The annual education calendar is delivered in consultation with corporate services and is sufficiently flexible to incorporate additional sessions throughout the year as required. Management display the calendar in staff areas and upcoming sessions are advertised through individual flyers. Sessions are presented by an external training organisation and senior staff and delivered through large and small groups and on the spot sessions. Mandatory training is scheduled regularly and attendance monitored. Participants evaluate each session. Staff are satisfied with the education opportunities available to them. Care recipients and representatives said staff have the skills and knowledge to meet care recipients' needs and ensure effective service delivery.

Examples of education and training offered relative to Standard 1 Management systems, staffing and organisational development include:

- clinical documentation
- information privacy
- managing staff performance
- performance development.

### **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, representatives and other stakeholders have access to the home's internal and external complaints systems. Details of the home's system are included in information

provided to new care recipients by management and in care recipient agreements. Comments, complaints and compliment forms are on display and the availability of envelopes ensures privacy and confidentiality is maintained. Staff can complete forms and advocate on behalf of care recipients if required. Anonymous complaints are also accepted and acted upon. Stakeholders can also provide feedback at regular meetings, through surveys and by contacting management directly. Documentation confirms management records, monitors and evaluates complaints as part of its quality system. Care recipients and representatives said they feel 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

The home has documented its vision, values and mission statements which reflect its commitment to provide quality care and services. Management displays this information throughout the home and it is included in information packages provided to stakeholders.

### **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 meet care recipients' needs. The organisation's centralised suite of human resource policies and procedures support local management with recruitment, orientation, appraisal and performance management practices. New staff participate in orientation and education programs and work 'buddy' shifts. Key staff monitor the roster to ensure staff levels and skills are appropriate to meet the needs of care recipients and to provide appropriate services. Staff record their ability to work extra shifts in an availability book which management can draw upon, in addition to a causal bank of staff, to cover staff absences. Care recipients and representatives expressed satisfaction with the care and services provided by staff.

### **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

Systems ensure stocks of appropriate goods and equipment are available for quality service delivery. Management ensure stock orders are placed according to a regular cycle and there are processes to access additional supplies in an emergency. Management, care staff and external health professionals identify care delivery equipment needs through assessments, reviews, care consultations, best practice and feedback processes. Support services monitor the performance of equipment and there is a capital expenditure program for forward

planning major purchases. New equipment is trialled and evaluated prior to purchase whenever possible, and suppliers are responsible for training staff in correct use. New equipment is entered to the asset register and included in maintenance systems as required. Faulty equipment is reported, labelled and removed from service and storage areas are well organised, clean and secure. Staff, care recipients and representatives are satisfied with the sufficiency and quality of supplies and equipment at the home.

### **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

Management ensure there are effective information management systems. Staff, contractors and volunteers undertake orientation on commencement and receive a service agreement or introduction pack as appropriate. Care recipients and representatives have opportunity to tour the home prior to entry and receive a pre-admission pack; an admission pack and care recipient agreement are provided on entry. Management communicate with staff through memoranda, electronic mail, newsletters, notices, forums and meetings. Care recipients and representatives are informed through newsletters, notices, care consultations, telephone contact and meetings. Information is appropriately stored and there are processes for archiving and destruction of confidential documents. Electronic information is password protected with restricted levels of access and there are automatic back-up systems to an off-site server. Staff, care recipients and representatives said they are satisfied they receive sufficient and relevant information.

### **1.9 External services**

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

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

The home meets this expected outcome

Management ensure externally sourced services are provided in a way that meets the home's needs and service quality goals. Management maintain service agreements with relevant external service providers. Contracts include responsibilities in relation to qualifications, certification, insurance, registration and police certification. Management monitor the quality of services provided through observation, care recipient and staff feedback and meetings. Care recipients, representatives and staff are satisfied with the services provided by external service providers.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home pursues continuous improvement related to care recipient health and personal care with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements implemented by the home relevant to Standard 2 Health and personal care include:

- In response to a review, management and clinical staff have enhanced the care planning process at the home. Rather than have a formal monthly or bi-monthly review, clinical review meetings occur twice a week during which care staff discuss the care needs of five to six care recipients and update their care plans accordingly. A formal review now occurs every three months. Staff have responded positively to the changes which have helped to ensure care plans have become more dynamic documents which are responsive to care recipients' changing needs.
- After reviewing clinical practices at the home, the clinical coordinator identified improvements to the way care recipients' pain management needs are met through better use of physiotherapy services. A meeting was held with the physiotherapist to determine the new communication and review processes. The new approach commenced in April/May 2015. A recent review undertaken by the clinical coordinator confirmed better integration between physiotherapy services and pain management practices at the home for the benefit of care recipients, with an overall reduction in the use of pain medication.

### **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

Procedures and systems for recording and reporting relevant information and monitoring compliance ensure the home is meeting its obligations regarding care recipients' health and personal care. Refer to Expected outcome 1.2 Regulatory compliance for information of the home's regulatory compliance systems and processes.

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

- Maintenance of policies, procedures and guidelines for unexplained absence of care recipients
- Monitoring of nursing registrations to ensure compliance
- Secure storage and management of medications according to legislated processes
- Systems which ensure skilled and qualified staff and medical practitioners provide appropriate care to care recipients and that registered nurses oversee care plans.

### **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 about the home’s education and staff development systems and processes.

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

- heating aid maintenance
- nutrition and special diets in aged care
- restraint/managing difficult behaviour
- stoma 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 clinical care appropriate to their needs and preferences. Upon entry to the home an assessment and interim care plan outlines care recipients’ care requirements. This is followed by a period of scheduled assessments and completion of a long term care plan. Assessments and care planning occurs in consultation with the care recipient, their representatives, medical practitioners and other health professionals. There is regular review of care, a formalised care review process and care consultations. Communication of care needs occurs through verbal and written handover and care plans. Staff said they have opportunity for clinical issues education. Care recipients and representatives expressed satisfaction with the clinical care provided by qualified and other staff at the home.

### **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. Relevant specialised care plans are developed and outline interventions and monitoring for staff to follow. Registered nurses review and evaluate outcomes of care in consultation with medical practitioners and other allied health professionals. Staff said they have opportunities for education regarding specialised nursing care with competencies undertaken as required. Care recipients and representatives expressed satisfaction with how the care recipients’ specialised care is undertaken.

## **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 professionals in accordance with their needs and preferences. This occurs in response to care recipients’ specific requests or identified needs and where applicable, transport arrangements can be made to facilitate appointments. Specialist health services provided regularly in the home include physiotherapy, podiatry, speech pathology and dietetics. Access to additional services such as wound specialists and palliative care occurs when required. Documentation review confirms examples of referrals to a range of health and related services. Care recipients and representatives expressed satisfaction with the process of specialist appointments as 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

Management and staff demonstrate care recipients’ medication is managed safely and correctly. Registered nurses and endorsed enrolled nurses administer medication from dose administration aids. The home stores medication appropriately and in accordance with legislative requirements and performs regular counts of scheduled medications. Audits of medication management processes and review of incidences occur to identify trends which may require a change to staff practice. Care recipients and representatives expressed satisfaction in the safe and timely administration of medication.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff ensure all care recipients are as free as possible from pain. Assessment of pain occurs upon entry to the home and as required thereafter. Staff develop plans outlining strategies to relieve pain, including heat packs, massages, repositioning and medication. When medication is used, review occurs as to the effectiveness of the analgesia. Where there is an increase in medication use, the medical practitioner is notified and may initiate a referral to pain specialists. Care recipients and representatives expressed satisfaction with staff’s attention to pain management in the home.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff aim to maintain the comfort and dignity of care recipients in palliative care. Assessments are undertaken at the time of need and care plans adjusted to accommodate extra care needs at the time of palliation. Consultation with care recipients, representatives, medical practitioners and other health care professionals occurs at this time. Regular review is ongoing with interventions adjusted as required. Staff have access to external care providers for support and advice. Staff encourage care recipients to complete advanced care directives on entry to the home which care recipients can change at any time. Care recipients and representatives expressed satisfaction with the care at the home.

## **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 nutrition and hydration. Staff assess all care recipients for their nutrition and hydration needs upon entry to the home. Care plans document identification of poor appetites, required weight monitoring, skin integrity, swallowing difficulties, any required assistance with meals, food allergies, required nutritional supplements and any requirement for assistive devices. Regular review of care recipients’ dietary requirements occurs as part of the care review process and as needs change. Kitchen staff are informed of any changes to dietary requirements as they occur. Allied health specialists are utilised as required and staff know the process to follow to refer care recipients. Care recipients and representatives expressed satisfaction with the meals and confirmed there is enough to eat and drink.

## **2.11 Skin care**

*This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff complete skin risk assessments upon entry to the home and regularly thereafter in consultation with care recipients, representatives and other health professionals. These assessments determine each care recipients’ level of risk for developing pressure areas or other skin related issues. Preventative strategies are documented, implemented and regularly reviewed by staff and include the use of pressure relieving devices as deemed appropriate. Registered nurses oversee wound care and wound specialists are available as required for advice and support to staff. We observed sufficient supplies such as wound dressings to protect skin and promote healing. Care recipients and representatives expressed satisfaction with the skin care at the home.



## **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 effective continence management that is appropriate to their individual needs and preferences. The home has ongoing review and evaluation systems for identifying and managing care recipients’ continence care requirements. Processes include assessments, regular care plan reviews in consultation with care recipients and their representatives and staff monitoring for any changes in continence needs. Continence aids are stored discretely and staff said they have adequate continence supplies. Care recipients and representatives expressed satisfaction with the way staff manage care recipients’ continence needs.

## **2.13 Behavioural management**

*This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Staff have strategies and processes for assessing and reviewing care recipients who display behaviours of concern. These processes include assessments in consultation with care recipients and their representatives, care plan reviews and staff observation for any changes in the care recipients’ behaviour. Behaviour management occurs in consultation with the care recipients’ general practitioner and referrals are made to external expert providers if required. Care plans include triggers for behaviours and interventions that may assist with settling the behaviour. The lifestyle programme includes activities for care recipients with behavioural problems and those living with dementia, which are personalised according to needs. Care recipients and representatives are satisfied with the care provided by staff at the home.

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

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

### **Team’s findings**

The home meets this expected outcome

Staff ensure care recipients’ achieve optimum levels of mobility and dexterity. Upon entry to the home, staff develop a care plan in consultation with the physiotherapist after a period of assessment. Care plans document strategies to promote mobility and prevent falls, including the use of mobility and transfer aids and sensor mats. Staff record falls on the home’s incident management system and these are reviewed by management to identify trends and minimise recurrence. The physiotherapist reviews all care recipients post fall and makes suggestions for further mobility and dexterity improvement. Staff said mandatory manual handling education occurs annually. Care recipients’ said they are satisfied with the support offered by staff to ensure their mobility and dexterity needs are met safely.

## **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

The home has ongoing review and evaluation systems for identifying and managing care recipients’ oral and dental requirements. All oral and dental needs are assessed upon entry to the home and regularly thereafter or as the need arises. The care plan is generated from these assessments with consideration to personal preference, medical needs and the level of assistance that may be required. Referral to dentists and specialists occurs in response to care recipients’ needs and preferences. We observed adequate supplies of toothpaste and toothbrushes in use in the home. Care recipients said they are satisfied with the oral and dental care provided to them.

## **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

Staff demonstrate there are systems for identifying and managing care recipients’ sensory losses. Care staff collect information regarding sensory loss when first discussions occur upon entry to the home. Staff use this information to formulate care strategies and are communicated via care plans. Referral to allied health professionals such as speech pathologist, audiologist and optician occur as required. Staff provide care recipients with use of hearing and visual aids including the cleaning and fitting of such devices. Care recipients are satisfied with the care given by staff to their 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

Care recipients are assisted to achieve natural sleep patterns. Staff assist care recipients to adopt their preferred sleep pattern when they move into the home and provide assistance as required. Care recipients select their individual preferences for settling and rising time and sleep promotion comforts are used if they so wish. Staff assist and support care recipients who experience sleep difficulties with comfort measures as required. Care recipients said the home is quiet at night and staff are available to assist them as required.

### **Standard 3 – Care recipient lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to care recipient lifestyle with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements implemented by the home relevant to Standard 3 Care recipient lifestyle include:

- In response to an observation from management that pastoral care services were underutilised at the home and that awareness of the program was low, steps have been undertaken to better integrate pastoral care with the lifestyle program. An information sheet has been developed, added to the care recipient admission pack and put up on display. Pastoral care staff are now included in the operations and care recipient lifestyle meetings. A new pastoral care staff member has been employed and will commence in July 2015. Management report that these changes have better integrated pastoral care at the home and has increased care recipient and representative awareness about pastoral care can offer them. Review is ongoing.
- Lifestyle staff purchased three electronic tablets to trial in the home after care recipients expressed a desire to be able to communicate with relatives between visits or with those who are far away. Staff engaged volunteers from the local library to teach care recipients how to use the tablets. Discussion groups with care recipients have been organised to identify any issues in using the technology. Management said care recipients have benefited from the initiative as it has enhanced their connectedness with family and friends. Review of the tablets is ongoing and management intend to install Wi-Fi in the home to enable better use of this technology.

#### **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

Policies, procedures and staff education provide guidance to staff in meeting regulatory requirements relating to care recipient lifestyle. Systems help ensure the service meets its obligations and monitors compliance. Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

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

- Displaying the Charter of care recipients’ rights and responsibilities in the home
- Implementing procedures and practices that comply with privacy legislation and ensure the security and privacy of confidential information

- Maintaining a register for mandatory reporting of incidents of elder abuse 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 information about the home’s education and staff development systems and processes.

Education offered relating to Standard 3 Care recipient lifestyle includes:

- choice and decision making/privacy and dignity
- cultural competency
- elder abuse
- spirituality and mental health.

### **3.4 Emotional support**

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff support care recipients to adjust to life in the home and monitor care recipients’ emotional support needs on an ongoing basis. Assessment occurs on entry and includes documenting care recipients’ preferred emotional support strategies; information informs the development of care plans. Staff monitor new care recipients to ensure they are settling in, invite and encourage them to participate in activities and introduce them to other care recipients with similar interests. Staff review emotional support needs as part of scheduled care review and more often as required. Lifestyle staff, pastoral carers, religious clergy and volunteers provide individual emotional support according to individual needs and preferences. Staff refer care recipients to specialists as required. Care recipients and representatives are satisfied with the emotional support provided by the home.

### **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 care residential care service”.*

#### **Team’s findings**

The home meets this expected outcome

Management and staff ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care planning processes identify,

assess and plan for care recipients' optimal independence in physical, sensory, cognitive and psychosocial tasks. Care plans document assistive equipment requirements and the level of support required that may vary from full support to stand-by assistance. The home utilises a number of strategies to promote independence including availability of mobility and sensory aids, modified equipment and a well-lit, clutter free environment. Care recipients are supported to maintain community based interests, community outings are incorporated into the activity program and family, friends, community groups, entertainers and students visit the home regularly. Care recipients have opportunity to exercise their right to vote if they wish. Care recipients and representatives are satisfied care recipients' independence is supported by the home.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients and representatives receive information about care recipients' rights and responsibilities and information privacy on entry. Care recipients have individual or twin share rooms with ensuite bathrooms. Shared rooms are designed to allow each care recipient their own space and dividing curtains are in place for additional privacy as required or preferred. The home welcomes visitors and there are small lounge areas where care recipients may meet with their visitors if they wish. Staff are mindful of respecting care recipients' privacy and demonstrate this by gaining consent for the display of name and photograph, knocking on doors prior to entry, and discussing personal information and assisting with personal tasks in private. Care recipients and representatives are satisfied staff respect their privacy and dignity.

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

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

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

The home meets this expected outcome

The home ensures care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle staff meet with new care recipients on entry and complete a personal profile that considers their background, family history, cultural and spiritual needs, hobbies, interests and future lifestyle preferences. Care plans are developed and reviewed in line with scheduled care review. The lifestyle program focuses on life skills and incorporates group and individual sessions and outings. Sessions are varied and support maintenance of care recipients' physical, sensory, cognitive and social function. Staff adapt sessions daily in response to care recipients' needs and preferences. The calendar is on display and care recipients may receive a personal copy if they wish. Staff individually invite and assist care recipients to join in sessions, and volunteers, care and hospitality staff support the program. Staff maintain attendance records and care recipients provide feedback on the program via meetings, discussions, feedback forms and surveys. Care recipients are satisfied with the lifestyle program available to them.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that “individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered”.*

#### **Team’s findings**

The home meets this expected outcome

Management and staff ensure individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Staff identify care recipients’ cultural and spiritual needs and preferences on entry. Religious services are conducted in the home and are open to care recipients of all denominations. The lifestyle program includes meditation, bible reading, circle of friends and reflection. Pastoral care workers and religious representatives visit the home to meet with care recipients as preferred. Days of significance are identified, acknowledged and celebrated and include culturally specific food. Staff have access to cultural support resources and interpreter services as required. Care recipients and representatives are satisfied care recipients’ cultural and spiritual needs and preferences are respected and supported.

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

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff ensure each care recipient, or their representative, participates in decisions about the services the care recipient receives, and is enabled to exercise control and choice over their lifestyle without infringing on the rights of others. Staff consult with care recipients, or their representatives, during assessment and care planning processes and care consultations ensure ongoing input into decision making. Care plans detail care recipients’ preferences related to rising and settling times, personal hygiene, meals and activities of interest. Staff consult care recipients about their wishes as part of day to day interactions. Management hold regular care recipients and representatives meetings and further opportunity for feedback occurs through comments, compliments and complaints forms, surveys and informal discussions. Care recipients and representatives are satisfied they have adequate opportunity for choice and decision making about the care and services provided.

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

*This expected outcome requires that “care recipients have secure tenure within the care 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 understand their rights and responsibilities. Management communicate information regarding rights and responsibilities, tenure, complaints mechanisms and specified care and services on entry and these are included in the residential agreement and admission pack. The Charter of care recipients’ rights and responsibilities is on display and consultation precedes any change in room. Care recipients and representatives are satisfied with the security of tenure.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to care recipient lifestyle with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements implemented by the home relevant to Standard 4 Physical environment and safe systems include:

- As a result of a management initiative, a cleaning review was conducted to examine the adequacy of cleaning supplies and overall management arrangements at the home. The review identified the need for better coordination and oversight. A staff member was subsequently appointed as acting cleaning coordinator with responsibility for monitoring cleaning practices, maintaining standards, identifying improvements and providing input to management. Evaluation is currently ongoing with the expectation that the changes will reduce the risk of infection in the home.
- In response to a review of emergency and evacuation arrangements, management has improved emergency practices at the home. Care recipient information such as evacuation lists were previously housed in unit offices. Revised evacuation/relocation lists are now situated at the fire panel and are updated regularly by the Office manager. Management said that this has improved their emergency evacuation processes for the benefit of care recipient safety.

### **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

Audit reports, essential services inspections and maintenance processes ensure the home meets its regulatory compliance obligations in relation to physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance for information relating to the service’s systems for identifying and ensuring compliance with legislation.

Examples of regulatory compliance related to physical environment and safe systems include:

- Compliance with the annual essential services maintenance requirements
- Current safety data sheets available
- External auditing to ensure compliance with food safety regulations
- Mandatory education in fire safety, infection control, manual handling and safe food handling for all relevant staff.

### **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 information about the home's education and staff development systems and processes.

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

- fire warden training
- first aid
- food safety refresher
- infection control.

### **4.4 Living environment**

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

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

The home meets this expected outcome

Management and staff actively work to provide a safe and comfortable environment consistent with the needs of care recipients. Care recipients have individual or twin share rooms with ensuite bathrooms. The home is arranged into four "cottages" each serviced by small kitchen, dining and lounge areas. Care recipients and representatives can access outdoor areas within the home's extensive surrounds. Corrective and preventative maintenance systems and a cleaning program ensure equipment, fittings and fixtures are safe and functional. The home is clean and well maintained. 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 is actively working to provide a safe working environment that meets regulatory requirements. Relevant policies and procedures guide staff practices. Management inform staff of occupational health and safety requirements through orientation, education and regular meetings at which staff can provide input. Management further monitors occupational health and safety through workplace inspections and analysis of audits and incident reports. There are electronic preventative and corrective maintenance programs to ensure the physical environment is well maintained and equipment remains in working order. Secure storage and material safety data sheets support the safe use of chemicals. Staff said that management supports a safe working environment through providing appropriate equipment, training and maintenance support.



#### **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 home has systems to manage fire, security and emergencies and minimise risk. Emergency management policies guide staff practice. Evacuation plans, maps and instructions are on display throughout the home and emergency exits are clearly marked and free from obstruction. The home has secure external doors that release in the event of an emergency. Specialist contractors regularly monitor and maintain fire and safety equipment and the home has a process for testing and recording the safety of electrical appliances. Fire and emergency training is compulsory for all staff upon commencement and annually thereafter. Staff are aware of their responsibilities in the event of an emergency. Care recipients and representatives report feeling 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 and record care recipient infections on a monthly infection register. Management collate, analyse and report data through relevant meetings and there a process for external reporting in line with legislative requirements. Staff practice is guided by policies, procedures and government resources. Staff have access to hand hygiene facilities, microbial gel, personal protective equipment, spills kits and outbreak kits. Staff are aware of additional precautions and infectious waste and sharps are managed appropriately. Care recipients and staff have access to vaccination. There is a food safety program in place and catering, cleaning and laundry services adhere to appropriate infection control practice. Pest control contractors regularly attend the home. Care recipients and representatives and are satisfied with infection control 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 at the home enhance care recipients' quality of life and the staff's working environment. Catering services adhere to the home's food safety plan and meet care recipients' dietary needs, preferences and special requirements through communication with care recipients and care staff. A co-located home supplies lunch and dinner with the service monitored by onsite kitchens through information folders, communication books, food surveys and daily temperature recording sheets. Cleaning staff adhere to schedules and follow appropriate processes for maintaining the cleanliness of the environment, using colour coded cleaning equipment, personal protective equipment and safety signs. The team observed the living environment and care recipients' rooms to be clean during the visit. Four small laundries operate onsite for care recipients' clothing while an external contractor launders linen. Adequate cleaning and laundry supplies and equipment are available and chemicals are stored in a safe manner. Care recipients, their representatives and staff expressed satisfaction with the catering, cleaning and laundry services at the home.