

Faversham House

RACS ID: 3096

Approved provider: Boroondara Aged Services Society

Home address: 27 Shierlaw Avenue CANTERBURY VIC 3126

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 June 2021.  We made our decision on 13 May 2018.  The audit was conducted on 09 April 2018 to 10 April 2018. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Faversham House

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# Introduction

This is the report of a Re-accreditation Audit from 09 April 2018 to 10 April 2018 submitted to the Quality Agency.

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

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

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

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

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

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 09 April 2018 to 10 April 2018.

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

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

# Details of home

Total number of allocated places: 185

Number of care recipients during audit: 170

Number of care recipients receiving high care during audit: 143

Special needs catered for: Persons living with dementia

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients | 29 |
| Representatives | 13 |
| Chief executive officer | 1 |
| Quality and risk manager | 1 |
| Human resources advisor | 1 |
| Admissions officer | 1 |
| Procurement and quality assistant | 1 |
| Administration | 1 |
| Education coordinator | 1 |
| Residential manager | 1 |
| Clinical care coordinators | 2 |
| Registered nurse team leader | 1 |
| Registered nurses | 3 |
| Endorsed enrolled nurse team leader | 2 |
| Endorsed enrolled nurse | 2 |
| Care staff | 8 |
| Lifestyle staff coordinators | 2 |
| Lifestyle staff | 2 |
| Hospitality and property manager | 1 |
| Chef | 1 |
| Catering staff | 2 |
| Laundry manager | 1 |
| Laundry staff | 1 |
| Cleaning staff | 2 |
| Maintenance officer | 1 |
| General practitioner | 1 |
| Pharmacist | 1 |
| Dietitian | 1 |
| Physiotherapist | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 18 |
| Medication charts | 12 |
| Accommodation agreements | 5 |
| Personnel files | 8 |

## Other documents reviewed

The team also reviewed:

* Allied health assessments, care plans and review summaries
* Archive room and documentation
* Audit schedules, reports and documentation
* Care recipient handbook and information pack
* Care recipients' accommodation agreement
* Catering menu and documentation
* Cleaning and laundry documentation
* Clinical assessments, plans and documentation
* Clinical communication diaries
* Clinical forms and charts including weight and other observations records
* Clinical incident reports
* Comments and complaints documentation
* Complex care assessment, planning and management documentation including diabetic and wound management
* Computer based information systems
* Continence aid allocation information
* Continuous improvement documentation
* Cultural background and church attendance reports
* Distribution list for advice of reaccreditation
* Education calendars and documentation
* Electronic medication system
* Emergency management plan and procedures
* Falls prevention documentation
* Fire inspection, testing and maintenance records
* Food safety plan and associated documentation
* Food temperature records
* Handover documentation
* Infection control documentation
* Infection surveillance records and summaries
* Maintenance documentation
* Medication and clinical procedures folder
* Meeting minutes, schedule and agenda
* Menu and care recipient dietary information
* Music therapy documentation
* Occupational health and safety documentation
* Pain management program documentation
* Pest control service records
* Rosters and allocation sheets
* Safety data sheets
* Self-assessment
* Self-medication assessments
* Sign in/out register
* Statements of strategic intent
* Weekly activities program for each wing.

## Observations

The team observed the following:

* Activities in progress
* Archive room
* Care recipient artwork on display
* Catering area
* Charter of care recipients' rights and responsibilities - residential care
* Cleaning in progress
* Clinical equipment and supply storage areas
* Closed circuit television
* Evacuation pack
* Evacuation signs and egress diagrams
* Feedback mechanisms – internal and external
* Firefighting equipment
* Fresh fruit available
* Hairdresser in attendance
* Hand hygiene facilities
* Home pet therapy animals
* Interactions between staff and care recipients
* Internal lift access
* Key pad locks
* Laundry environment
* Lifestyle activities resources
* Living environment – internal and external
* Meal service
* Medication administration
* Noticeboard poster advising of visit
* Nurses stations
* Outbreak resources
* Palliative care trolley
* Personal protective equipment
* Secure storage and disposal of medications
* Short observation in assisted memory wing lounge room.

# Assessment information

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

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

### Principle:

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

### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides.

Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* The home has introduced a new human resource management software system. The new system allows management to view staff qualifications, learning and development information and leave applications. Staff are able to access the online system at work or from home. An electronic mail notification can now be sent out to all staff when a new policy has been uploaded into the system. Management advised that the new system provides a central point of information for all staff and has improved productivity. Feedback from staff in relation to the new human resource system has been positive.
* Management advised that a new corporate manual has been developed at the home. The new manual has been created in preparation for the draft single set of quality standards. The manual has been created in line with the guidance materials created for aged care providers. Management advised that the manual will be updated when the draft standards are finalised. The corporate manual will provide a single consistent location for management and staff to access information on the new draft standards.

### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

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

* Confidential documentation is stored securely.
* Information regarding external complaint mechanisms is communicated to care recipients and representatives.
* Management has a system to undertake self-assessment.
* Processes ensure all relevant individuals including volunteers have a current police certificate check and statutory declaration.
* Stakeholders were advised of the reaccreditation audit as prescribed.

### 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

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process is available to address non-attendance. Staff will in addition access a suite of topics available through a commercial online portal. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Staff are satisfied they have access to a range of education and resources to assist them in their role. While a high proportion of care recipients interviewed agree or strongly agree that staff know what they are doing, one care recipient’s view was neutral and another disagreed.

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

* understanding ACFI and documentation, delivered as part of the home’s annual learning program.
* using the recently introduced online portal where staff access policies and procedures and other information and human resources.
* understanding the legal requirements relating to documentation and complaints.

### 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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. While a high proportion of care recipients interviewed for the consumer experience report said staff most of the time or always followed up when they raised things with them, a small proportion said staff only followed up some of the time. Management advised that they will review the feedback and provide education to staff.

### 1.5 Planning and Leadership

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

#### Team's findings

The home meets this expected outcome

The organisation has documented the home's vision, mission, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives and staff through handbooks. A high proportion of care recipients interviewed for the consumer experience report felt the home is well run.

### 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 systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. There are recruitment, selection and induction processes to provide staff with the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives interviewed are generally satisfied with the availability of skilled and qualified staff and their responsiveness in providing care and services.

### 1.7 Inventory and equipment

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

#### Team's findings

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Additional equipment was purchased recently to reduce reliance on shared equipment. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available 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

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. There is an ongoing process of strengthening and streamlining existing management and information systems through the introduction of software systems, such as the online maintenance management and staff portals. Staff interviewed stated they are satisfied they have access to current and accurate information. Care recipients and representatives are satisfied the information provided is appropriate to their needs and supports them in their decision-making, however a small proportion of care recipients interviewed felt staff only explained things to them some of the time.

### 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

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

## Standard 2 - Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 2 Health and personal care are:

* The home reviewed the use of oxygen cylinders for care recipients requiring oxygen therapy. Management purchased oxygen concentrator machines to replace the oxygen cylinders used in the home. The oxygen concentrators filter out nitrogen from the air, leaving almost pure oxygen for care recipients to breathe. The oxygen delivery rate can be adjusted to suit the care recipient’s medical needs. Management advised that occupational health and safety risks have been reduced due to oxygen cylinders no longer being stored on site. Management advised that care recipient dignity has also been improved by moving away from the use of the more overt oxygen cylinders. Feedback from staff and care recipients has been positive in relation to the use of the new oxygen equipment.
* Management reviewed the use of heat packs in care recipient pain management. The home had been using hydrocollators to warm heat packs. The mobile hydrocollators used high temperature water to reheat the packs and were often utilised in the rooms of care recipients. Management has now purchased and implemented the use of gel packs in the home. The gel packs are prepared and stored in each care recipient’s room until required for pain relief. Management purchased individual gel packs for each care recipient, which will assist infection control management. Management advised that feedback from staff and care recipients in relation to the new gel packs has been positive.

### 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 information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Regulatory compliance relating to Standard 2 Health and personal care include:

* Management monitor and ensure the currency of all nursing registrations is maintained.
* Registered nurses undertake and oversee care planning and specialised nursing care.
* Medication management, administration and storage occurs in accordance with legislative requirements.
* Management have a policy and procedure for unexplained absences of a care recipient including the requirement to notify all relevant authorities.

### 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information.

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

* application of elasticated tubular bandages and compression stockings in response to an observed need.
* continence management as one of the standard education topics made available through the education calendar each year.
* oral and dental health through the visiting dental practitioner.
* wound management in response to staff requests.

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis and individual care plans are developed by qualified staff. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Changes in care needs are identified and documented and where appropriate, referrals are made to medical officers or health professionals. Care recipients' clinical care needs are monitored, evaluated and reassessed through scheduled care plan reviews, consultation with the care recipient and/or their representatives, incident analysis and feedback. The home regularly reviews and evaluates the effectiveness of the clinical care system and tools used. Staff provide care consistent with individual care plans. The majority of care recipients and representatives interviewed said staff meet care recipients’ heath care needs most of the time or always. One care recipient responded never to this question but was not able to provide further details.

### 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, planned and managed by appropriately qualified staff. Complex care plans direct specialised nursing care along with instructions from medical officers and health professionals. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met and nursing care is delivered by appropriately qualified staff consistent with the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Care recipients interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to visiting health specialists such as podiatry, optometry, allied health, wound care consultants, palliative care and mental health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Care recipients interviewed said they are satisfied referrals are made to appropriate health specialists of their choice.

### 2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Qualified staff administer medications according to documented medication orders and procedural guidelines. The home's monitoring processes include internal and third party reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed. The home is currently transitioning to an electronic medication management system, with plans and monitoring processes in place to manage the transition appropriately and safely. Care recipients interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

### 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

The home has systems to ensure all care recipients are as free as possible from pain. Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Allied health staff assist with pain management as required through means such as massage and guided physical activity. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Care recipients interviewed are satisfied care recipients are as free as possible from pain.

### 2.9 Palliative care

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

#### Team's findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representatives and advanced care directives guide end of life care wishes. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Equipment to support the care recipient during the end stage of life is available. Staff practices are monitored to ensure the delivery of palliative care is in accordance with care recipients’ wishes. Care recipients and representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 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

The home has systems and processes to ensure care recipients receive adequate nutrition and hydration. Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home has processes to refer care recipients to other health specialists such as dietitian and speech pathologist if a need is identified. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment and their practices are monitored. Care recipients interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 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 care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists and wound consultant are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting, analysing and reporting incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care, skin protectors, barrier creams and safe manual handling techniques Care recipients and representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and toileting schedules to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids and assistive devices are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 2.13 Behavioural management

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

#### Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection, analysis and reporting of behavioural incident data. Staff have an understanding of how to manage individual care recipients' challenging behaviours and have access to sensory boxes. An outdoor sensory garden provides a safe space for care recipients who are at risk of wandering. Referral processes to behaviour consultants, psychogeriatric team and medical specialists are available if needed. Care recipients and representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team's findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists and occupational therapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. Care recipients have an opportunity to attend exercise programs in consultation with the physiotherapist. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity, falls prevention and rehabilitation, including the collection, analysis and reporting of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists and dental technicians. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep which include supper and warm drinks. Where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

## Standard 3 - Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* The home purchased a therapeutic robot seal for use in the assisted memory unit. The therapeutic robot has been designed with a variety of sensors and can recognise light, sound, temperature, touch and posture. The device will respond to voices and will interact with care recipients by making sounds and by moving its head and legs. Management advised that it has reduced care recipient stress and stimulated interaction between staff and care recipients in the assisted memory support unit. Feedback from staff, care recipients and representatives has been positive.
* The home has expanded the hours of operation for the on-site kiosk. The kiosk’s opening hours have been extended due to the assistance of community volunteers. The kiosk is open on Tuesday’s, Thursday’s and now with the help of volunteer’s, it is open on Saturday’s as well. The kiosk provides an opportunity for care recipients to purchase items such as confectionary, cards and personal care items. The kiosk also provides an opportunity for care recipients to interact with volunteers, staff and other care recipients. Feedback from care recipients, representatives and volunteers has been positive in relation to the kiosk’s extended hours.

### 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 information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Regulatory compliance at the home relating to Standard 3 Care recipient lifestyle includes:

* Care recipients and/or their representatives receive a residential agreement upon entry which outlines obligations, rights, services, responsibilities and fees.
* The Charter of care recipients' rights and responsibilities - residential care is displayed.
* The home demonstrates its obligations to meet privacy legislation, which was reviewed in relation to data breach regulations.
* There are policies and procedures available in relation to privacy and confidentiality of care recipient and staff information.

### 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information.

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

* attending a palliation, family support and spiritual care workshop that led to changes in how lifestyle staff assist care recipients during palliation.
* attending Alzheimer’s Australia’s ‘Enabling Eddie’ virtual reality workshop that helped strengthen of staff practices in the assisted memory wing.
* cultural diversity, as part of the 2018 education program.
* 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

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff have access to information of what is important to the care recipient to support their individual emotional needs. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. Staff are supported to attend funerals of care recipients. The home facilitates an annual remembrance service to remember care recipients who passed away. Over half of care recipients and representatives agreed or strongly agreed care recipients are able to talk to staff if they are sad or worried. The remaining number provided neutral responses, with varying reasons provided. Some care recipients said they did not feel sad or worried and others were more likely to speak to family.

### 3.5 Independence

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

#### Team's findings

The home meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment provides outdoor garden areas and equipment to ensure care recipients' independence is maximised. The home's monitoring processes, including feedback, and environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. While more than half of care recipients interviewed agreed or strongly agreed care recipients are encouraged to be independent, most other care recipients chose a neutral response to this statement. One care recipient disagreed and provided examples of how staff could better support their sensory loss. Management were receptive to this feedback and recognised additional processes to support care recipients with sensory loss could be undertaken.

### 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

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides private areas and outdoor gardens for walks and receiving guests. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Care recipients and representatives interviewed said staff treat everyone with respect and feel their information is secure. All care recipients interviewed for the consumer experience report agree or strongly agree staff treat everyone with respect.

### 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 has processes to support care recipients' participation in a wide range of activities. Care recipients' interests and activities of choice are identified on entry; and any barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is provided based on care recipient’s identified needs and choices. The program is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. Special events are celebrated and care recipient representatives are invited and encouraged to attend. Equipment to support access to leisure activities is made available. Volunteers provide a library service, support care recipients to maintain social contacts outside the home and run a kiosk trolley. Staff encourage and support care recipient participation but respect their choice not to participate; one-on-one support is provided if group activities are not suitable. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interests 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

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home has access to pastoral support services and provision is made for the observation of special days of cultural and spiritual significance. Religious services are conducted regularly at the home. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. Staff support care recipients to attend and participate in activities of their choice. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Care recipients interviewed confirmed care recipients' customs and beliefs are respected.

### 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

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. The home uses a variety of strategies to foster care recipient participation in decision making including care recipient meetings, feedback and complaints mechanisms, care consultations and surveys. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

### 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 and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 - Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* Management advised that new automated doors have been installed at Faversham house. The doors are operated by pressing a button, which activates the motorised hinges to open the door. Three automated doors have been installed so far at the home. The automated doors enable care recipients with mobility aids to visit the garden areas or attend outdoor activities without assistance. Management advised that the new doors have enabled care recipients to better maintain their independence. Feedback from care recipients, representatives and staff has been positive in relation to the new automated doors.
* Management has introduced a new maintenance software system at the home. Previously a maintenance book was held in each unit of the home and staff would enter information for the maintenance team to action. The maintenance team would walk to each unit every morning to collect the forms. The maintenance team is now able to focus on actioning and prioritising any maintenance requests received electronically. The new software system is available for all staff to use and can also be accessed via a smart phone. Management are now able to keep track of requests without the need to travel to review the maintenance books in each unit. Feedback from management, the maintenance team and staff has been positive in relation to the implementation of the new maintenance software system.

### 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 information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Regulatory compliance relating to Standard 4 Physical environment and safe systems include:

* There is a system to ensure compliance with fire safety regulations.
* There are infection control policies and a system for managing and reporting outbreaks.
* Chemicals are stored appropriately with staff access to material safety data sheets.
* Management processes identify changes to work health and safety regulations and staff adhere to work health and safety policies.
* The kitchen has a current food safety program and current certification by external authorities.

### 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

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

* a practical induction program for new workplace health and safety representatives.
* fire emergency and warden training delivered by the newly appointed external service provider.
* infection control, in response to observations of staff practice.
* using bed alarms effectively, provided by the supplier of this new equipment.

### 4.4 Living environment

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

#### Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. While a high proportion of care recipients interviewed said they felt safe at the home most or all the time, one care recipient felt this was only the situation some of the time. Management will continue to monitor the environment to ensure it meets the care recipients’ needs.

### 4.5 Occupational health and safety

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

#### Team's findings

The home meets this expected outcome

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

#### Team's findings

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and 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 processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 4.8 Catering, cleaning and laundry services

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

#### Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. While the majority of care recipients like the food most of the time or always, a small proportion said they like the food some of the time or never due to personal preference. Management is actively engaging with care recipients to improve satisfaction levels.