

Glanville Village

RACS ID: 3660

Approved provider: Echuca Regional Health

Home address: 26 Service Street ECHUCA VIC 3564

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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 04 January 2021.  We made our decision on 23 November 2017.  The audit was conducted on 10 October 2017 to 11 October 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Glanville Village

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# Introduction

This is the report of a Re-accreditation Audit from 10 October 2017 to 11 October 2017 submitted to the Quality Agency.

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

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

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

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

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

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

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 10 October 2017 to 11 October 2017.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two 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: 60

Number of care recipients during audit: 58

Number of care recipients receiving high care during audit: 58

Special needs catered for: The indigenous aged care community in the area and care recipients living with dementia in a secure environment.

# Audit trail

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

| Position title | Number |
| --- | --- |
| Care recipients | 14 |
| Representatives | 2 |
| Nursing director of aged care | 1 |
| Human resource manager | 1 |
| Executive director of nursing | 1 |
| Aged care quality manager | 1 |
| Infection control officer | 1 |
| Director of education | 1 |
| Information technology manager | 1 |
| Executive director of finance and corporate services | 1 |
| Finance manager | 1 |
| Corporate services manager and acting head chef | 2 |
| Nursing and care staff | 10 |
| Allied health personnel | 2 |
| Administration assistant/officer | 2 |
| Lifestyle coordinator, staff and volunteer | 3 |
| Food service assistants | 5 |
| Environment staff | 3 |
| Maintenance supervisor | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 8 |
| Lifestyle care plans and related records | 6 |
| Summary and/or quick reference care plans | 7 |
| Medication charts | 7 |
| Residential agreements | 6 |

## Other documents reviewed

The team also reviewed:

* Activity and cultural resource information
* Activity program, activity evaluation, outings planner and attendance records
* Allied health information
* Audits schedule and audit results
* Care recipient dietary requirements
* Care recipients satisfaction survey 2016 and action plan
* Catering feedback book
* Cleaning schedules and communication diary
* Clinical documentation and charting
* Clinical handover records
* Comments and complaints register and related documentation
* Continuous improvement plan
* Data and trend analysis
* Essential service records
* External contractors service agreements
* Human resource management documentation
* Incident reports and analysis
* Infection control records and information
* Information handbooks - care recipient and staff
* Inspection checklist
* Inventory and stock records
* Maintenance electronic system – reactive and preventive records and summaries
* Meeting minutes
* Occupational health and safety documentation
* Performance evaluation documentation
* Police certificate, statutory declaration and nursing registration documentation
* Policies and procedures
* Regulatory compliance certification and documentation
* Rosters
* Staff education documentation and tracking mechanism
* Wound care documentation.

## Observations

The team observed the following:

* Activities in progress
* Archive storage room
* Notice boards, information brochure displays and the external complaints brochures
* Comments and complaints forms and secure feedback box
* Equipment and supply storage areas
* Interactions between staff and care recipients
* Living environment - internal and external
* Meal and refreshment services in progress and assistance to care recipients
* Medication administration and storage
* Mobility scooters, walking aids and devices
* Nurse call systems
* Personal protective equipment in use
* Secure electronic devices and
* Security systems in operation
* Short observation in the dining room
* Staff response to call bells and care recipients requests
* The ‘Indigenous lounge meeting room’ and garden area.
* The charter of care recipients' rights and responsibilities - residential care displayed.

# Assessment information

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

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

### Principle:

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

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation Echuca Regional Health has established systems to actively pursue continuous improvement within the aged care home and across the Accreditation Standards. The continuous improvement plan identifies specific improvements in relation to Standard 1 Management systems, staffing and organisational management. Management and staff identify improvements from a variety of sources including stakeholder comments, meetings, quality activities, incident reports, projects, observations and the changing needs of care recipients. Management and staff respond to improvement opportunities at the time and/or may log improvements onto the electronic continuous quality improvement plan. The register records planned actions, progress and completion dates, results or outcomes. Management monitor the progress and outcomes of improvements. A monthly report on improvement activities, incidents, trend and data analysis and other information is generated and made available to the organisation’s committee members and board of management. Management provide feedback to stakeholders as appropriate through meetings, consultation, newsletters and other communication mechanisms. Care recipients, representatives and staff said ongoing improvements occur at the home.

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

* Following a discussion, the acute hospital incorporated the aged care home into their text messaging system to assist in the replacement of vacant shifts. The text message system enables multiple requests to be sent to particular staff for short notice and planned leave. Documentation shows that since this type of communication system commenced, nursing staff are not held up with contacting staff and are able to focus on care recipients’ clinical care needs.
* A committee discussion regarding clinical incident reporting made way for a review of how the clinical governance and executive oversight were informed. Although various electronic incident reporting systems have their own risk rating, the processes were incidental and not a ratified system. Corporate management reviewed the method of reporting to ensure an effective and informative process. Adverse events now include an incident severity rating for each incident domain as to a rating number which automatically escalates to the executive and board of management. Documentation shows a more effective and informative incident reporting system.

### 1.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Management with the support of the organisation 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 government departments and 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 communicates the changes to care recipients, their representatives and staff as appropriate. Various established monitoring systems and processes ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

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

* The home has a plan for continuous improvement.
* Management demonstrated they notified care recipients and representatives by letter of the re-accreditation audit within the required notice time.
* Stakeholders are provided with and have access to information regarding advocacy services and the internal and external complaint mechanisms.
* The home has processes to ensure the currency of professional registrations.
* There is a system to ensure compliance with police certificate requirements and statutory declarations as required for all relevant staff, volunteers and contractors

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

### The home's processes support new and existing staff to participate in ongoing education and training to support them in their aged care role. An orientation program introduces staff to the organisation, key policies and procedures and information fundamental to aged care. The home has a mandatory education program which includes topics such as fire and emergency, elder abuse and infection control. Staff are scheduled to attend mandatory education and other education related to their roles with attendance and learning outcomes monitored and evaluated. The organisation encourages professional development with several staff completing their nursing degree or workplace assessor course and other staff having opportunities in multi-skilling roles. Staff are satisfied with the education and training provided and available to them. Care recipients and representatives are satisfied staff have the knowledge and skills to perform their roles.

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

* ‘ACFI’ in practice
* aged care conference seminar
* attendance at the Aged Care ‘Better Practice’ conference.

### 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. During the initial and entry period and at regular intervals, management provide information on the internal and external complaints mechanisms to care recipients and/or their representatives and others through induction or information material. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Verbal complaints are generally documented and formalised complaints logged onto a register which are linked with the home's continuous improvement system where longer actions may be required. The effectiveness of the comments and complaints system is monitored and evaluated. Results show formal complaints are responded to in a timely manner and feedback is provided to complainants, if requested. Management and staff have an understanding of the complaints processes and how they can assist care recipients and representatives with access. Staff assist care recipients and others with solutions to concerns raised. Care recipients, representatives and other interested parties have an awareness of the complaints mechanisms and are generally satisfied with the home’s response to informal complaints.

### 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, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents and electronic information.

### 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 the availability of sufficiently skilled and qualified staff to deliver services that meet the Accreditation Standards. Registered nurses are available across all shifts. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are continually reviewed in response to changes in care recipients' needs. There are processes to address planned and unplanned leave. Management monitors and maintains the skill level of staff through education, training competencies and audits. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. While care recipients and representatives are satisfied with the availability of skilled and qualified staff and the quality of care and services provided, we received two neutral responses to consumer experience questions about staff knowing what they are doing and whether the home is run well. One care recipient said they agreed that staff know what they are doing but did not know all the staff working in the home. Another care recipient said they did not feel it was not their place, to say whether the home is well run.

### 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

Established organisational systems ensure appropriate goods and equipment are available for quality service provision. Site management and key staff organise the purchase of inventory and equipment through ordering and supply processes with a state buying group which sources supplies at competitive rates through bulk purchasing. 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. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives 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 paper based information is stored securely and processes are in place for backup, archiving 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 the various information management systems to ensure they are effective. Staff 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.

### 1.9 External services

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

#### Team’s findings

The home meets this expected outcome

All externally sourced services are provided in a way that meets the residential care service’s needs and service quality goals. The home has agreements with external service providers which outline performance expectations 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. Care recipients and staff are able to provide feedback on external service providers. Care recipients, representatives and staff 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

The organisation actively pursues continuous improvement in care recipients’ health and personal care. Care recipients and representatives are satisfied with the clinical and personal care provided to care recipients. Care recipients, representatives and staff are satisfied the home pursues continuous improvement. Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

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

* Following discussions and recommendations, the education and executive committee introduced basic life support education and training as a mandatory topic. Two onsite aged care clinical educators completed the ‘basic life support workplace assessor training’ in December 2016. Clinical staff were provided an online learning course with the educators providing training for staff every week for both day and evening shift staff throughout 2017. All staff completed a practical competency evaluation. Documentation shows all clinical staff have completed their education and training competency and are up to date with best practice training and are competent in assisting care recipients in the event of clinical emergency.
* A review of oral and dental hygiene resulted in the services of a ‘dental hygienist’ to come to the home. Care recipients were offered the service and particularly those who are frail or have difficulty with mobilising. Those who consented to the service, completed authorisation forms as to an oral assessment with further consent to treatment of the in-house service. The dental hygienist consults with registered nurses as to particular oral care changes identified and any required strategies to support the care recipients in maintaining their oral or dental hygiene. Documentation shows and nursing staff said all care recipients have access to this service which has resulted in care recipients’ improved oral and dental care and minimised infection and pain.

### 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

Management with the support of the organisation has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

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

* Appropriately qualified and trained staff plan, supervise and undertake the provision of specialised nursing care.
* Management and nursing staff demonstrate knowledge and practice of legislative obligations in relation to medication management, storage and relevant protocols.
* There are procedures for the compulsory reporting of the unexplained absence of a care recipient.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

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:

* basic life support
* clinical handover
* clinical skills (specialised nursing)
* degenerative diseases.

### 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 processes to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through assessment and consultation processes which may include the care recipient, their representative, general practitioners and other health professionals. Care plans are developed by qualified staff and scheduled reviews occurs. There are processes to ensure staff have access to current information regarding individual care recipient’s care needs. Clinical care is monitored through a quality indicator program, incident analysis, clinical audits and feedback. Care recipients and representatives are satisfied with the clinical care provided to care recipients.

### 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 through assessment and consultation processes on entry to the home. Care is planned and managed by appropriately qualified staff. Information identified during the assessment period, together with instructions from general practitioners and other health professionals is documented in the care plan. Care recipients have their specialised nursing care needs reviewed as part of the home’s care review process. Staff have access to specialised nursing care equipment and other resources to ensure care recipients' needs are met. Care recipients and representatives are satisfied with how care recipients' specialised nursing care needs are managed.

### 2.6 Other health and related services

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

### Team’s findings

### The home meets this expected outcome

### The home has systems to ensure care recipients are referred to appropriate health professionals in accordance with their needs and preferences. There are a range of health professionals available within the Echuca Regional Health service including physiotherapist, occupational therapist, speech pathologist and dietitian services. The directives of health professionals are communicated to staff and documented in care plans. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Care recipients and representatives are satisfied referrals are made to the appropriate health professionals of their choice and staff carry out their instructions.

### 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 correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. General practitioners prescribe and review medication orders and these are dispensed by a pharmacy service. Documented medication orders provide guidance to staff when administering or assisting with medications. The home's monitoring processes include 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 this process is complimented by a medication advisory meeting. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives are satisfied care recipients' medications are provided 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

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 assessment information and these are evaluated to ensure interventions remain effective. General practitioners 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 use pain assessment charting to assist this process. Staff use a range of non-pharmacological pain management strategies including massage and heat packs. Care recipients and representatives are satisfied care recipients' are as free as possible from pain.

**2.9 Palliative care**

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

**Team’s findings**

The home meets this expected outcome

There are processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and representative to identify end of life care wishes and this information is documented in an end of life plan. Referrals are made to general practitioners and palliative care services as required. Lifestyle staff play a supportive role in the provision of palliative care, giving support to families, visitors and staff. Religious and cultural representation is available and is arranged on an as needed basis. Care recipients and representatives said they are confident care recipients' comfort, dignity and palliative care needs will be 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

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified in consultation with the care recipient and their representatives on entering the home. 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 recipients nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those with swallowing difficulties and weight loss. The home provides equipment, special diets and dietary supplements to support care recipients' nutrition and hydration and there is ready access to dietitian and speech pathologist support. While over fifty percent of care recipients and representatives interviewed for the consumer experience report reported that they like the food only some of the time, they are satisfied the home strives to meet care recipients' nutrition and hydration requirements.

**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 are assessed and identified in consultation with care recipients and representatives when they enter the home. Wound care charts reflect the presence of wounds and skin tears and strategies to maintain care recipients' skin integrity. Referral processes to other health professionals are available if a need is identified. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients and representatives 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 through assessment processes and in consultation with care recipients and their representatives. Strategies to manage care recipients' continence requirements are documented in continence and toileting care plans. Care staff have an understanding of individual care recipients' continence needs, preferences to particular continence aids and how to promote privacy when providing care. Equipment and supplies such as continence aids are available to support continence management. Care recipients and representatives 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 in consultation with the care recipient, their representative and general practitioner when they enter the home. Individual strategies to manage challenging behaviours are identified and documented in the behaviour management care plan. The home practices a minimal restraint policy relating to physical devices and medications. Staff have an understanding of how to manage individual care recipients' challenging behaviours and seek support from relevant external industry services as necessary. Care recipients and representatives said staff are responsive and support care recipients with behaviours which may impact on others.

**2.14 Mobility, dexterity and rehabilitation**

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

**Team’s findings**

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified in consultation with the care recipient and their representative when they enter the home. There is a multidisciplinary approach to assessment and care planning including input from general practitioners, the physiotherapist and the occupational therapist. Strategies to manage care recipients' mobility and dexterity are documented in mobility care plans which are regularly reviewed. Care recipients have access to a variety of equipment to assist with mobility, dexterity and rehabilitation. Care recipients and representatives are satisfied with the support provided for achieving optimum levels of mobility, dexterity and rehabilitation.

### 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 in consultation with care recipients and their representatives when they enter the home. Oral and dental care plans specify relevant information regarding individual needs for oral care and are reviewed regularly to ensure they reflect changing needs. Staff provide assistance with oral and dental care and where necessary referrals are made to other health professionals such as dentists and denture technicians. Care recipients and representatives 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 in consultation with care recipients and their representatives when they enter the home. Communication and sensory care plans specify care recipients individual needs and preferences and are reviewed on a regular basis. Care recipients are referred to other health professionals such as optometrists and audiologists according to their assessed needs or upon request. Staff receive instruction in the correct use and maintenance of sensory aids. Care recipients and representatives are satisfied with the support provided to manage care recipients sensory needs.

### 2.17 Sleep

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

### Team’s findings

### The home meets this expected outcome

### Care recipients' sleep patterns, including settling routines and personal preferences are identified in consultation with care recipients and their representatives when they enter the home. Sleep care plans are developed from assessment information and these are reviewed on a regular basis. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep and where appropriate general practitioners are informed of sleep problems. Care recipients and representatives are satisfied with the support provided to care recipients to achieve natural sleep.

## 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 organisation actively pursues continuous improvement in relation to care recipients’ lifestyle. Care recipients and representatives are satisfied with the support provided to care recipients to enhance the quality of their lives. Refer to expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

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

* The educator/aged care quality manager attended a three hour external training session on ‘LGBTI: Inclusion and awareness’ which resulted in this education provided to other staff at the home, including resource information. The policy regarding ‘expression of sexuality’ was reviewed and changed to an organisational wide ‘inclusivity and diversity acceptance policy’. Procedures were reviewed with admission paperwork to be adjusted in regards to gender and marital status and changed to more suitable language inclusive of ‘LGBTI’ expectations. All staff have access to training, education and best practice information on issues facing this special needs group of care recipients with strategies now available to alleviate or eliminate issues. Evaluation continues.
* A care recipient’s request in regards to identifying key staff on duty, resulted in the installation of four notice boards outside each house within the home, with photographs and associated names of staff on duty displayed. Night shift staff amend the notice boards as to the next two staffing shifts. Documentation shows the care recipient who raised the improvement is very happy as are other care recipients in that they are better able to identify staff and raise any queries or concerns with the right person.

### 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

Management with the support of the organisation has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of care recipient lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

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

* Management maintains a consolidated reporting register. Policies and procedures guide management and staff actions in response to compulsory reporting obligations.
* The organisation has policies and procedures and management and staff uphold privacy principles and confidentiality of care recipient information.
* Care recipients have access to information in multiple languages, if required.
* The organisation demonstrates compliance relating to the provision and signing of residential agreements. Care recipients receive specified goods and services as appropriate.
* The home displays the 'Charter of care recipients', rights and responsibilities - residential care' in key areas and within documentation.

### 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:

* bulling and harassment
* elder abuse
* LGBTI: Inclusion and awareness.

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

Each care recipient receives emotional support in adjusting to life in the new environment and on an ongoing basis. Upon entry, care recipients are welcomed by staff and introduced to other care recipients at the home. Staff consult with care recipients, representatives and/or their community to determine each care recipients’ emotional needs and preferences with ongoing assessments and care plans. Visitors are welcome and staff foster ongoing connections with families, friends and associated community groups. Care recipients receive additional support from staff and where indicated. Staff have access to other support services such as the visiting clergy, community representatives or referrals to health professionals. Management monitor the effectiveness of emotional support through stakeholder feedback, observation, care plan reviews, consultations and meetings. The results of the consumer experience interviews indicated care recipients mostly agree and strongly agree to, if they are feeling a bit sad or worried there are staff to talk to. One care recipient answered neutral to this question and preferred to talk to a friend or family member. Most care recipients and representatives are satisfied with the ongoing level of care and emotional support provided to care recipients.

### 3.5 Independence

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

#### Team’s findings

The home meets this expected outcome

Management and staff encourage care recipients to achieve maximum independence and maintain community ties and friendships. The assessment process identifies each care recipient’s needs and preferences for maintaining independence. Lifestyle staff develop activities based on these preferences such as outings, exercise programs and links with community groups. Friends, family and community groups are welcome to visit the home and there are a range of internal and external areas throughout the home that can host social gatherings with friends and family. Staff encourage care recipients independence through the use of equipment such as mobility aids and specialised crockery and cutlery. The results of the consumer experience interviews indicated care recipients mostly agree and strongly agree to, being encouraged to do as much as possible for myself. One care recipient answered neutral to this aspect and felt they don’t need encouragement as they have a mobility aid to get around. Most care recipients and representatives are satisfied staff assist care recipients to be as independent as possible.

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

Each care recipient’s right to privacy, dignity and confidentiality is recognised and respected. Policies and procedures guide management, staff and contractors of the organisational expectations for respect of care recipients’ rights, confidentiality and privacy requirements. Staff have access to care recipient information that includes their preferred name and other privacy requests, with confidential information stored in secure areas or electronic code access only. Staff assist care recipients in a respectful manner, knock on doors before entering care recipients’ rooms, close doors while undertaking care and generally ensure private information is kept confidential. Care recipients have access to internal and external quiet, private areas. Management monitor recognition and respect for care recipients using feedback and observation. Care recipients and representatives are satisfied staff treat care recipients with dignity and 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

Lifestyle staff identify each care recipient’s leisure and lifestyle needs and preferences on entry to the home, documenting their choices and supporting interventions in lifestyle care plans. Review and update of care plans occur which reflect individual preferences or changes. Lifestyle staff develop a monthly activity calendar based on care recipient’s interests and preferences and/or through formal or informal feedback mechanisms. A diverse range of group and one-on-one activities occurs with the support of volunteers. These include beauty, sensory and pet therapies, ‘purposeful activities’, crafts, music, entertainers and bus outings. Staff encourage and remind care recipients to attend favourite activities where required. Management and staff monitor the effectiveness of the program through attendance records, observation, feedback, focus group meetings and quality activities. Care recipients and representatives said care recipients are encouraged to attend the lifestyle program and are satisfied with the activities available.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

Management and staff value and foster each care recipient’s interests, customs, beliefs and cultural backgrounds. Through the assessment and care planning processes staff identify care recipients’ cultural backgrounds, spiritual beliefs and related preferences. Staff ensure the specific requirements of care recipients are enabled and respected. Lifestyle staff with the support of catering services arrange events in celebration of a broad range of cultural and spiritually significant days. These include ‘NAIDOC’ week, ANZAC day, Mothers or Father’s day, various sporting grand finals and many others. Regular religious services occur at the home with clergy or representatives visiting individual care recipients. The organisation has an aboriginal liaison officer to assist care recipients maintain links with their community. Staff have access to cultural resources and an interpreter service as required. Management and staff monitor the system through feedback mechanism, quality activities and care plan reviews. Care recipients and representatives are satisfied management and staff support care recipients cultural, spiritual interests and beliefs.

### 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 promote and support care recipients to exercise choice and decision making in the care, lifestyle and hospitality services they receive while not infringing on the rights of others. Management and staff provide information detailing the care and services available to care recipients when they move into the home. Staff document choices and consult with care recipients and representatives about their needs and preferences across all aspects of care and services, including food requirements, activities and treatments. Care recipients and representatives participate in regular meetings, provide feedback to staff and have access to the comments and complaints process. Care recipients and representatives are satisfied care recipients’ choices or preferences are respected and followed.

### 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

The organisation has systems to ensure care recipients have secure tenure within the home and are supported to understand their rights and responsibilities. Prior or during the entry phase, management and a corporate representative meet with each care recipient and/or their representative and provide information and a pack on life in the home, care, services and entitlement, offered a residential agreement and encouraged to seek further advice from external services. Information provided includes security of tenure, fees and charges, privacy, confidentiality, the complaints mechanisms and the ‘Charter of care recipients’ rights and responsibilities – residential care’ which is also displayed in the home. Management inform care recipients and/or representatives of any changes to fees and other arrangements through processes such as letters, notices and consultation, as appropriate. Care recipients and representatives feel secure in care recipient’s tenure at the home.

## Standard 4 – Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in relation to physical environment and safe systems. Care recipients and representatives are satisfied with the comfort and safety of the living environment, the quality of domestic and generally catering services provided. Refer to expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

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

* A comment and discussion regarding the drinking cups provided to care recipients resulted in their preferences identified. As requested various types of china cups were trialled, with specific motif designs for each house chosen by care recipients and purchases made by the ‘friends of Glanville’ community group. The new mugs have a wider and larger handle which enable care recipients to place their fingers and hold the cup more securely and minimise the risk of spilling their drink. Documentation shows positive comments by care recipients.
* In response to similar enquiries as to the location of houses or rooms, management arranged for direction signage displayed in key areas to direct care recipients and visitors. The signs are mounted near entry and exit areas and at corridor cross roads and in large print. Documented feedback shows satisfaction by various stakeholders in finding their way.
* To support various indigenous care recipients at the home and attract others living in the region as to respite or palliative care services, management included an ‘indigenous living area complete with lounge room, kitchenette and outdoor garden area. Various onsite and community groups were consulted and involved in the project with indigenous designs, colours, decorative features and native plants incorporated into the internal and external living environment. A morning tea was held to recognise the work that many people contributed to the project. The area has since been used for a ‘smoke’ ceremony for a care recipient’s family member who passed away. Care recipients and staff expressed positive comments as to the new living environment.

### 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

Management with the support of the organisation has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of physical environment and safe systems. Management and staff are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

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

* An established monitoring system ensures all staff attend annual mandatory training in fire and emergency procedures.
* Regular monitoring and maintenance of emergency and essential service systems occurs.
* The organisation actively promotes and monitors workplace health and safety.
* An established system monitors infection control and guides staff in the management of an outbreak.
* The catering service complies with a food safety program and maintains current food safety certification.
* Chemicals are stored securely and material safety data sheets are available.

### 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 to 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:

* fire and emergency training
* manual handling
* infection control (McGeer’s Definitions).

### 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 are actively working to provide a safe and comfortable environment for care recipients. The ground level home accommodates care recipients in a single bedroom and ensuite or shared ensuite. 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. Care recipients have access to various lounge, dining, activity and smaller quiet areas for social engagement or quiet space. The home reflects the safety and comfort needs of care recipients including upholstered furniture, decorative features, comfortable temperatures throughout and generally maintained handrails. Outdoor courtyards have seating and garden features. The safety and comfort of the living environment is assessed and monitored through feedback from care recipients and other stakeholders, meetings, surveys, quality activities, incident and hazard reporting. The home has systems for the safety, security, maintenance and cleaning of the home. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives are satisfied the living environment is safe and comfortable.

### 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 audits, 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 into safety at the home. 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

Management and staff actively provide a safe environment and incorporate safety services and practices to minimise fire, security and emergency risks. Maintenance and specialist services regularly service and maintain emergency and firefighting equipment. Exit signage and evacuation maps are displayed and egress areas generally clear of obstacles. The home has an emergency management plan which includes procedures on the management of internal and external threats. Staff also have access to an evacuation kit and current care recipient list which includes care recipients' transfer and other needs as necessary. There are security procedures and systems to ensure the buildings and grounds are secure and back up of an emergency power generator. The home has a smoking policy and a dedicated smoking area; risk assessments are completed for those care recipients who choose to smoke. Management utilise stakeholder feedback, internal and external audits and inspections to identify risks. Staff attend mandatory emergency response training and expressed knowledge of evacuation procedures and other emergencies. Care recipients are aware of what to do in the event of an evacuation and feel safe living at 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 and an infection surveillance program covering the broader health service. Management and staff have access to guidelines for reporting and managing notifiable diseases. Preventative measures used to minimise infection include staff training in infection control, a food safety program, vaccination programs, waste management and safe cleaning and laundry processes. Staff are provided with information about infections at the home and have access to policies, procedures and specific equipment to assist in the prevention and management of infections. Care recipients, representatives and staff said they 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 organisation provides hospitality services in a manner that enhances care recipients’ quality of life and the working environment for staff. All food is freshly prepared daily at the organisation’s onsite commercial kitchen in line with the food safety program, dietitian review of the menu, care recipients’ individual dietary needs and generally their preferences. All meal dishes, food and drink items are supplied with other food preparation and meal service undertaken at the home’s kitchen. Alternative meal choices are available with a variety of drinks, snacks and fresh fruit provided daily. The cleaning program includes scheduled cleaning of care recipients’ rooms, the living environment and staff work areas, with additional cleaning requests attended to as required. Cleaning staff use safety signs, colour coded cleaning and personal protective equipment to ensure a safe and quality service. Care recipients’ clothing is laundered on site with a labelling and ironing service provided. Staff put away care recipients’ clothes according to their preference with lost clothing minimised. An external laundry service processes flat linen. Monitoring mechanisms include internal and external audits, observations, stakeholder feedback and satisfaction surveys. The results of the consumer experience interviews indicated a moderate degree of dissatisfaction with meals and catering. This included commentary regarding meal quality, taste, variety and temperature. Management said they would now be reviewing their overall meal service for care recipients in Glanville Village. Care recipients and representatives expressed satisfaction with the laundry and cleaning services.