

Hillview Bunyip Aged Care Inc

RACS ID: 3212

Approved provider: Hillview Bunyip Aged Care Inc

Home address: 22 A'Beckett Road BUNYIP VIC 3815

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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 29 November 2020.  We made our decision on 09 October 2017.  The audit was conducted on 28 August 2017 to 29 August 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: Hillview Bunyip Aged Care Inc

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# Introduction

This is the report of a Re-accreditation Audit from 28 August 2017 to 29 August 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 28 August 2017 to 29 August 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: 55

Number of care recipients during audit: 49

Number of care recipients receiving high care during audit: 45

Special needs catered for: 15 care recipients living with dementia

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Director of nursing | 1 |
| Chief executive officer | 1 |
| Quality manager | 1 |
| Education coordinator | 1 |
| Care manager | 1 |
| Registered/enrolled nurses | 3 |
| Care staff | 4 |
| Homecare staff | 2 |
| Care recipients | 17 |
| Representatives | 2 |
| Leisure and lifestyle coordinator/staff | 2 |
| Maintenance officer | 1 |
| Administration officer | 1 |
| Chef/cook | 2 |
| Medical practitioners | 2 |
| Mental health consultant | 1 |
| Senior housekeeper | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' clinical and lifestyle files | 5 |
| Care recipients’ administration files | 5 |
| Medication charts | 5 |
| Personnel files | 2 |
| External services agreements | 6 |

## Other documents reviewed

The team also reviewed:

* Accident, incident and hazard documentation
* Allied health reviews and directives
* Annual emergency training record
* Audit schedule, completed audits and analysis
* Care recipient evacuation list
* Care recipient handbooks
* Care recipient satisfaction survey
* Chemical register and safety data sheets
* Cleaning schedules
* Clinical care documentation – electronic and paper based
* Clinical data reports and analysis including for falls, infections, skin tears, behaviours and medication incidents
* Communication diaries
* Compliments and complaints logs and related documentation
* Consent forms
* Corrective and preventative maintenance documentation
* ‘Dangerous Drugs’ registers
* Education calendar, compulsory and general training records
* Emergency evacuation manual
* Equipment, food and medication refrigerator temperature logs
* Fire and essential services maintenance and testing records
* Food safety plan, external food safety audit report, food sampling report and food authority licence
* Job descriptions, duty statements and code of conduct
* Lifestyle assessments, care plans, participation records and reviews
* Lifestyle calendar, participation records and evaluations
* Mandatory reporting documentation
* Master and working rosters
* Medication documentation including reviews, pathology results and nurse initiated medication list
* Meeting minutes
* Menu and care recipient dietary information
* Newsletters and other publications
* Nursing registration register
* Outbreak management documentation
* Pharmacy documentation
* Plan for continuous improvement and action plan
* Police and statutory declaration register
* Policies and procedures
* Referral/communication folders
* Risk assessments including for bed poles, smoking, physical and chemical restraint
* Self-administration medication assessments
* Sling washing instructions and register
* Specialised nursing care directives and management plans
* Staff orientation pack
* Volunteer documentation.

## Observations

The team observed the following:

* Activities in progress and information displays
* Evacuation kit, firefighting equipment, maps, egress routes and pathways
* Feedback forms, brochures and locked lodgement box
* Interactions between staff, care recipients and representatives
* Internal and external living environment
* Laundry and cleaning in progress
* Lunch and beverage services and staff assistance
* Palliative care resources and supplies
* Pest control measures in place
* Secure clinical and non-clinical equipment and chemical storerooms including signage
* Secure oxygen storage
* Short group observation in dining room
* Spill kits, sharps disposals and infectious waste bins
* The ‘Charter of care recipients’ rights and responsibilities – residential care’ on display
* Volunteers supporting the lifestyle program and living environment
* Waste management practices.

# 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 feedback to monitor the performance of the quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives and staff 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:

* Following feedback, management installed a computer in the staff room for staff to access education, emails and the electronic care system in a quiet environment as preferred. Management said feedback from staff is positive and the computer is being used.
* Staff provided feedback regarding the amount of time spent replacing staff using an old telephone to send text messages. Management provided a new telephone which allows group text messaging. Management said staff feedback is very positive with staff more readily replaced and the time taken to seek a replacement reduced.
* Maintenance staff suggested communication between care staff and maintenance could be improved by their attending handover on an ‘as needed’ basis. Maintenance staff provide education on current and new equipment at these sessions, provide updates and also answer questions. Management and maintenance staff said these sessions have effectively resolved a number of equipment issues and will continue as needed supported by the use of messaging on the new electronic care 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

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. Management have established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, management take 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.

Relevant to Standard 1 Management systems, staffing and organisational development, management are aware of the regulatory responsibilities in relation to:

* Police certification and completion of statutory declarations for staff, volunteers and contractors.
* The requirement to provide advice to care recipients and their representatives about re-accreditation site audits.
* Having a plan for continuous improvement which identifies improvement initiatives and is monitored.
* Appropriate and secure information storage and destruction systems.

### 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. Performance appraisals, audits and training needs analysis are used to identify training needs. Staff have access to a range of education options including online and external training. Staff are scheduled to attend regular mandatory training and role specific competencies with attendance monitored and a process available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided.

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

* staff and super user training in the new electronic care system
* ACFI training
* documentation training.

### 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 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. Care recipients and representatives have an awareness of the complaints mechanisms available to them and are encouraged to provide feedback. While one care recipient said staff follow up with them ‘some of the time’, the remainder were satisfied that staff followed up most or all of the time.

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

### 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. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Registered nurses are available to supervise care staff and manage specialised nursing care needs. 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. Agency staff are utilised when permanent or casual staff are not available with staffing levels maintained to ensure regular staffing. 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 are satisfied with the availability of skilled staff and the quality of care and services provided.

### 1.7 Inventory and equipment

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

#### Team's findings

The home meets this expected outcome

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. Preferred suppliers are used by the home. Staff receive training in the safe use and storage of goods and equipment. Care recipients, representatives and staff 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. Information is disseminated to staff and care recipients verbally as well as through other mechanisms such as newsletters, memoranda, meetings and informal discussion. 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. 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.

### 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 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

Management actively pursue continuous improvement in all aspects of care recipient health and personal care. Care recipients are satisfied their health care needs are met. 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:

* Management identified the need to replace the previous electronic care system and paper based system with a new supported system to improve documentation and the monitoring of care. Management reviewed a number of systems and implemented a new electronic care system in April 2017. All care assessment, planning and care recipient administration processes are in use. Management said the new system is accessible to staff and management for follow up of care, monitoring of incidents and consolidation of information, with communication and care improved.
* Staff feedback indicated it was difficult to identify care recipients on thickened fluids at the point of care when assisting with meals. Laminated name tags with colour indicators remain in use and management purchased red trays to identify care recipients requiring thickened fluids. Management said feedback is positive, with safety improved for care recipients requiring assistance with eating and drinking.
* Staff suggested care in the mornings could be more effectively provided if two care staff were allocated to assist only those care recipients requiring the assistance of two people and the remaining care staff assisted those requiring the assistance of only one person. Management trialled this initiative and as feedback was positive, implemented this routinely. Management said staff are better able to plan their day and care recipients receive more timely assistance in the morning.

### 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 has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of 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.

Relevant to Standard 2 Health and personal care management are aware of the regulatory responsibilities in relation to:

* Specified care and services with registered nurses undertaking care planning, supervision and undertaking of specialised nursing care.
* Professional registrations with a register of nursing registrations maintained.
* Medication management and secure storage of medications.

### 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:

* continence
* palliative care training
* pressure injury prevention
* syringe driver.

### 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 mechanisms 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 consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through care plan reviews, audits, incident analysis, reviews and feedback. The home regularly reviews and evaluates the effectiveness of the clinical care system and tools used. Changes in care needs are identified and documented; where appropriate, referrals are made to medical practitioners or other health professionals. Staff said they have sufficient time to provide care and have an understanding of care recipients’ clinical care needs. Care recipients and representatives are satisfied with the clinical care being provided.

### 2.5 Specialised nursing care needs

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

#### Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical practitioners and health professionals is documented in the care plans. Technical or complex care plans and specialised care guidelines are documented for care recipients requiring specific specialised care. Specialised nursing care needs are reassessed when a change in care recipient needs occur and on a regular basis. Registered nurses are available either on site or on call 24 hours a day, seven days a week to assess and oversee specific and general care requirements. Staff have access to specialised equipment, information 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 specialists in accordance with their needs and preferences. Management, staff and medical practitioners refer care recipients to services such as podiatry, optometry, audiology, dentists, dental technicians, wound care consultants, palliative care, mental health and behavioural specialists. Medical practitioners visit the home regularly. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff support care recipients to attend external appointments with health specialists if required. Care recipients and representatives are satisfied referrals are made to appropriate health specialists 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 safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. There is a medication dispensing system which supports the safe delivery of medication to care recipients. Medical practitioners prescribe and review medication orders and these are dispensed by the pharmacy services. Documented medication orders and procedural guidelines provide guidance to staff when administering or assisting with medications. A medication advisory committee provides advice on the home's medication management system and discusses medication incidents. A pharmacist regularly conducts medication reviews for individual care recipients. There are processes to support the safe administration of nurse-initiated medications. Registered nurses and medical practitioners assess and regularly review and monitor care recipients who self-administer medication. The home's monitoring processes include audits, medication reviews, analysis of medication incident data and staff generally complete medication competencies. Care recipients and representatives 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

Management has systems and processes 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. Staff use a range of strategies to assist in the management of pain, including hot packs, massage, repositioning, medication, exercise and walking programs. Staff monitor care recipients’ pain and record the use and effects of interventions and strategies for pain relief. Medical practitioners and allied health professionals are also involved in the management of care recipients' pain. The home's monitoring processes include care plan reviews, charting, frequency of analgesia use and feedback. 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

Management has processes to ensure the comfort and dignity of terminally ill care recipients is maintained. Staff assess care recipients to identify and manage individual palliative care needs and preferences, including end of life care wishes. The home uses an 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 practitioners, palliative care services and others as required. Staff follow end of life plans and respect any changes which may be requested. Care recipients and representatives 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

Management has systems to ensure care recipients receive adequate nourishment 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. Care recipients are weighed as required and weight loss or gain is monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. The home monitors nutrition and hydration processes through care recipient weight records, trend analysis, audits and feedback. Care recipients and representatives 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

Management has systems to ensure care recipients’ skin integrity is consistent with their general health. 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. Staff identify care recipients at risk of developing pressure areas and document specific instructions to maintain skin integrity, such as the use of emollients, protective clothing and repositioning. Staff have access to resources such as soap free cleansers, moisturisers and pressure relieving devices to maintain skin integrity. Staff refer care recipients to health specialists such as podiatrists and wound care providers in accordance with care recipients’ needs. The home's monitoring processes include care plan reviews, documenting and analysing incidents relating to skin integrity, audits and feedback. 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

Management has processes to ensure care recipients’ continence is managed effectively. 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 how 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 are available to support continence management. The home's monitoring processes include care plan reviews, reassessments and charting, audits and the collection and analysis of data relating to infections. 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

Management has processes to ensure the needs of care recipients with challenging behaviours are managed effectively. Care recipients with specific behavioural needs are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage responsive behaviours are documented in the care plan and are regularly evaluated to ensure they remain effective. Staff have an understanding of how to manage individual care recipients' responsive behaviours, including those care recipients who are at risk of wandering. There are processes for referral to behavioural management services if required. The home practices a minimal restraint policy; where restraint is used it has been assessed, authorised and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis. The home's monitoring processes include care plan reviews, behaviour charting, audits and the collection and analysis of behavioural incident data. Care recipients and representatives are satisfied 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

Management has systems to ensure that optimum levels of mobility, dexterity are achieved for all care recipients. Mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. In addition, each care recipient’s risk of falling is assessed and strategies are implemented to reduce the risk. Interventions to support 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 and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation requirements. Associated programs such as exercise and walking sessions are delivered by appropriately skilled staff, consistent with the care plan. Where a need is identified, referrals are made to medical practitioners and other health specialists, including physiotherapists. The home's monitoring processes include care plan reviews, reassessments, feedback and the collection and analysis of data relating to accidents and incidents. Care recipients and representatives 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

Management has systems to ensure care recipients’ oral and dental health is maintained. 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. Equipment to meet care recipients' oral hygiene needs is available and is regularly replaced. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients have access to domiciliary dental services or can access community dentists if they prefer. The home's monitoring processes include care plan reviews, audits and feedback. 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

Management has systems to ensure care recipients’ sensory losses are identified and managed effectively. 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. 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. The activity program incorporates sensory stimulation such as massage, music, large print books, gardening and cooking. Audiology and optometry services provide services to the home and care recipients are supported to attend external appointments with a provider of their choice. The home's environment is monitored to ensure that care recipients with sensory loss can mobilise safely and comfortably. The home's monitoring processes include care plan reviews, audits and feedback. Care recipients and representatives 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

Management has systems to ensure care recipients are able to achieve natural sleep patterns. Care recipients' sleep and rest needs, 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; where appropriate medical practitioners are informed of sleep problems. Strategies used to help care recipients sleep include offering food or a warm drink, massage, position change, relaxing music, pain management and appropriate continence management. The environment is optimised to ensure it supports natural sleep and minimises disruption. Monitoring of effective sleep management is through feedback, care plan reviews and audits. Care recipients and representatives are satisfied support is provided 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

Management actively pursue continuous improvement in all aspects of care recipient lifestyle. Care recipients are satisfied with the assistance provided to have control of their lives within the home and the community. 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:

* Following staff attending a workshop, staff suggested the purchase of wireless headphones which can be programmed with a care recipient's preferred music. Care recipients had undertaken fundraising from the sale of a recipe book they developed and management identified this would be a suitable project to allocate the funds to. Five headphones were purchased and family have contributed to music selections programmed for their care recipient. Management said feedback is positive from family and staff and care recipients respond to the music and are more settled in the afternoon.
* A care recipient provided feedback it was difficult to fasten the seatbelt on the bus. Lifestyle staff investigated options and identified seat belt extenders would make it easier. Four seat belt extenders are now in use on the bus. Management said care recipients say they are able to do up their own seatbelts, with independence improved and less delays when leaving on outings.
* Management applied for some funding to improve garden plantings and installed a self-watering vertical garden outside Shelley House. Management said care recipients are able to plant and enjoy the garden at any time as it is undercover.
* A suggestion was made to paint a mural in the garden. Management sought community support with paint supplied and a local artist painting a farm scene on the wall. Management said feedback is positive and care recipients enjoy looking at and talking about the mural and related memories.

### 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 has systems to identify and comply with all relevant legislation 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.

Relevant to Standard 3 Care recipient lifestyle management are aware of the regulatory responsibilities in relation to:

* Compulsory reporting with management maintaining a mandatory reporting register and understanding their obligations.
* Care recipients' rights and responsibilities with the ‘Charter of care recipients' rights and responsibilities - residential care' on display and in relevant documentation.
* Security of tenure with any room changes occurring in consultation with care recipients or representatives and care recipient agreements signed.

### 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:

* elder abuse
* vision and loss
* depression and anxiety
* responding to behavioural and psychological symptoms of dementia.

### 3.4 Emotional support

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

#### Team's findings

The home meets this expected outcome

Management has a system to ensure each care recipient receives support in adjusting to life in the new environment 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. Care recipients are encouraged to personalise their rooms and visitors including pets are encouraged. The home's monitoring processes include feedback, audits and care plan reviews. A small proportion of care recipients interviewed for the consumer experience report provided a neutral response when asked about emotional support. They agreed they could talk to staff if they had any worries or concerns, but they preferred to seek emotional support predominantly from family and friends. The majority of care recipient and representatives interviewed said staff and management are supportive and caring.

### 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 has processes to ensure 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. Care recipients' needs and preferences are assessed on entry and on an ongoing basis. 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 is monitored and equipment is available to ensure care recipients' independence is maximised. There are mobility and lifestyle programs that support and promote care recipient's independence. The home supports care recipients to vote during government elections if they choose to do so. Care recipients attend community recreational, social and church activities of their choosing. The home's monitoring processes include care plan reviews, surveys, audits and feedback. Care recipients and representatives are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the home.

### 3.6 Privacy and dignity

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

#### Team's findings

The home meets this expected outcome

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. On entry to the home, care recipients are provided with written information about their rights and their entitlements to privacy and confidentiality. Confidential information is discussed in private and care recipients' files are securely stored. Staff are provided with information regarding privacy and confidentiality on appointment. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes include care plan reviews, the comments and complaints process, feedback, meetings and audits. Care recipients and representatives said 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

Management has processes to ensure care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are also recorded. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. Care recipients are provided with information about the activity program which includes group, individualised and community activities. Whilst they are encouraged to attend, staff respect their choices if they choose not to participate. Special events are celebrated and care recipient representatives are invited and encouraged to attend. Staff encourage and support care recipient participation. Effectiveness of the lifestyle program is monitored through feedback, participation records, surveys, meetings and care plan reviews. 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 support services such as interpreters, if required, religious and community groups and provision is made for the observation of special days. Care recipients' cultural and spiritual needs are considered in the facilitation of leisure activities. Staff support care recipients to attend and participate in activities of their choice. The home's monitoring processes include care plan reviews, surveys, feedback meetings and audits. Care recipients and representatives 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 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. Care recipients and their representatives are provided with information about their rights and responsibilities. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions. Strategies to foster care recipient participation in decision making include care recipient meetings, comments and complaints mechanisms, case conferences, surveys and feedback forms. The home provides information to care recipients through care recipient and representative meetings, noticeboards, newsletters and other written information. Care recipients also have access to information about external advocacy and complaints services. Staff provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Care recipients are satisfied they can participate in decisions about the care and services they receive and while a high proportion said staff explain things to them most of the time or always, one said this occurred ‘some of the time’.

### 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. The charter of care recipient's rights and responsibilities is displayed in the home. Key staff discuss information in the care recipient agreement with each care recipient and/or their representative. 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 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 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

Management actively pursue improvements to ensure care recipients live in a safe and comfortable environment. 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 found care recipients were leaving fans and lights on in bathrooms. Management installed lights and fans on sensor and timer mechanisms to all bathrooms in Shelley House. Management said electricity usage is reduced, safety is improved as the risk of fans burning out is eliminated, and care recipient safety improved as lighting turns on when they enter their bathrooms.
* Care recipients requested more lighting in the dining room. Management installed new down lights and upgraded the curtains. Management said care recipients have provided positive feedback about the improvement in lighting and the reduction in glare as a result of the new curtains.
* Management identified there was only one disabled parking bay which was often used by the bus. Management created two more disabled parking bays for representatives and visitors. Management said care recipients are pleased as it is easier for them to be picked up or dropped off closer to the front door.
* Care recipient complained there was a residual taste of soup when drinking tea from the two handled plastic mugs. Management identified suitable two handled crockery mugs and purchased one dozen. Management said the care recipient is pleased and feedback from others is positive.

### 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 have systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 4 Physical environment and safe systems management are aware of the regulatory responsibilities in relation to:

* Work, health and safety with staff undertaking manual handling training and management supporting safe work practice and return to work.
* Fire systems with regular maintenance scheduled and management undertaking bush fire planning.
* Food safety with a food safety program in place and external audit and certification.
* Infection control and outbreak management and reporting processes.

### 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:

* food safety
* hand hygiene and infection control
* manual handling
* chemical training
* fire and emergency.

### 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. Rooms are personalised with items from care recipients' homes and are fitted with call bells and secure storage areas. There are communal and private areas for care recipient and visitor use. Environmental strategies are employed to minimise care recipient restraint. 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. Care recipients and representatives are satisfied the living environment is safe and comfortable and care recipients agree the home is well run.

### 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 receive training in new equipment. 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 with fire drills occurring. The home has a generator. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Strategies to provide a safe environment include environmental audits, testing of electrical equipment, environmental controls and designated smoking areas. 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 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, 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. 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. Staff participate in infection control training including hand washing assessments, at orientation and on an ongoing basis. Preventative measures used to minimise infection include a food safety program, cleaning regimes, sling cleaning process, vaccination programs, a pest control program, waste management and laundry processes. The home's monitoring processes include audits, observation of staff practices, analysis of clinical and infection data and evaluation of results. Care recipients, representatives and staff 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 home care 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 menu has been reviewed by a dietitian and meals are freshly cooked on site. Care recipients' personal clothing is laundered on site with flat linen outsourced to a contracted laundry service. Laundry services include clothing labelling service and ironing. Monitoring processes include feedback from care recipients and representatives, audits and monitoring of staff practice. Home care staff said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the home care services enhance the working environment. Care recipients and representatives are satisfied the home care services meet their needs and they look forward to mealtimes.