

Plumpton Villa Aged Care Facility

RACS ID: 3615

Approved provider: Glenn-Craig Villages Pty Ltd

Home address: 7 Lewis Street GLENROY VIC 3046

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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 06 November 2020.We made our decision on 06 October 2017.The audit was conducted on 22 August 2017 to 23 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: Plumpton Villa Aged Care Facility

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# Introduction

This is the report of a Re-accreditation Audit from 22 August 2017 to 23 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 22 August 2017 to 23 August 2017.

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

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

# Details of home

Total number of allocated places: 126

Number of care recipients during audit: 82

Number of care recipients receiving high care during audit: 82

Special needs catered for: N/A

**Audit trail**

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

**Interviews**

| **Position title** | **Number** |
| --- | --- |
| Administration assistant | 1 |
| Care recipients | 18 |
| Catering staff | 1 |
| Cleaning staff | 2 |
| Clinical coordinators | 2 |
| Customer services officer | 1 |
| Executive chef | 1 |
| Facility manager  | 1 |
| Laundry staff | 1 |
| Leader better practice | 1 |
| Leisure and lifestyle coordinator | 1 |
| Leisure and lifestyle staff | 1 |
| Maintenance officer | 1 |
| National procurement officer | 1 |
| Personal carers | 5 |
| Physiotherapist | 1 |
| Regional manager | 1 |
| Registered nurses | 2 |
| Representatives | 4 |

**Sampled documents**

| **Document type** | **Number** |
| --- | --- |
| Care recipient agreements | 6 |
| Care recipients’ files | 11 |
| External service provider files | 6 |
| Medication charts | 10 |
| Personnel files | 8 |
| Wound charts | 6 |

**Other documents reviewed**

The team also reviewed:

* Advanced care planning documentation
* Allied health information
* Audits
* Call bell response reports
* Care recipients’ information handbook
* Clinical documentation and charting
* Comments and complaints records
* Continuous improvement documents
* Education calendar, plans, records and evaluations
* External service providers’ management records
* Fire, security and emergency management documents
* Gastroenteritis outbreak information
* Incident reports and analysis
* Infection control documentation
* Maintenance program and documentation
* Mandatory reporting documentations
* Minutes of meetings
* Mission and values statement
* Occupational health and safety program records
* Police certificates and statutory declarations
* Policies and procedures
* Professional registrations
* Recruitment and induction records
* Rosters
* Specialised nursing care documentation
* Staff and volunteers information handbooks
* Surveys.

**Observations**

The team observed the following:

* Activities in progress
* Charter of care recipients’ rights and responsibilities – residential care poster
* Clinical noticeboards
* Clinical supplies
* Confidential document storage and archives
* Equipment and supplies availability and storage areas
* External complaints information
* Fire, security and emergency equipment and signage
* Infection control equipment, spill kits and waste disposal
* Interactions between staff and care recipients
* Internal feedback forms and suggestion box
* Living environment
* Medication administration
* Medication rooms
* Noticeboards and information display
* Short group observation in small dining room
* Treatment rooms.

**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’s quality systems effectively identify, action and evaluate continuous improvement across the Accreditation Standards. Management source information through stakeholder feedback, analysis of audits and monthly clinical data collection, care recipient needs, legislative changes and strategic planning. Management log, monitor and evaluate actions with input from relevant departments. Continuous improvement is an agenda item at staff and care recipient meetings. Identified improvement opportunities may result in review of policies and procedures, equipment purchases, additional staff training and updates to the audit schedule. Care recipients, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and are encouraged to be part of continuous improvement at the home.

Improvements relating to Standard 1- Management systems, staffing and organisational development include:

* The organisation has replaced the electronic care program with a more comprehensive system. The new system incorporates care, medication, incidents and the quality program. The implementation is in stages and commenced with conducting and uploading new assessments and care plans for all care recipients. The program provides extensive, consistent information across all departments and staff said it has improved their access to monitor care recipients’ clinical and lifestyle needs.
* The home has implemented the organisation’s new electronic roster program which is incorporated into the payroll system. This replaces the previous two separate systems. This provides a streamlined process with staff leave applications now reflected directly onto the roster. Management said the new, single system is more efficient for the generation of rosters, reduces the risk of errors and ensures staff receive their correct entitlements.

**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 receives regular information and updates on professional guidelines and legislative requirements through the organisation’s subscription to a legal update service, membership to peak bodies and notifications from professional networks and government departments. Processes ensure the revision of relevant policies and procedures when required. Monitoring of compliance is through internal and external reviews and the auditing schedule. Dissemination of information to staff regarding changes to regulations and the home’s practices is through electronic messages, meetings and education sessions. The home notifies care recipients and representatives of any relevant changes to legislation.

Regulatory compliance at the home relating to Standard 1 - Management systems, staffing and organisational development includes:

* Staff, volunteers and external contractors have current police certificates and signed statutory declarations as needed.
* Nursing staff hold current professional registrations.
* The home notifies staff, care recipients and representatives of re-accreditation site audits within legislated timeframes.
* Confidential documents are stored securely.
* Information is available to care recipients and representatives on external complaints and advocacy services.

**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 organisation has systems which 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 and the home, key policies and procedures and provides specific education in the home's mandatory training topics. Staff are required to attend regular mandatory training where attendance is monitored and non-attendance is followed up with each individual staff member. Education needs are determined through organisational directives, specific care recipient needs, staff requests, audit results and staff appraisals. Specific 'toolbox' education sessions are delivered by appropriately qualified staff and the organisation supports staff to attend appropriate external education and training. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed 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:

* continuous quality improvement.
* policy and procedure awareness
* workplace bullying and harassment

**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

Management provides stakeholders with access to internal and external complaints handling mechanisms. Information on the complaints process is in the information handbook and agreements given to care recipients and representatives. The home displays external complaints and advocacy information and provides access to internal comments and complaints forms with a secure suggestion box. Management has an open door policy and regularly consults with staff, care recipients and representatives providing group and individual forums to raise issues or concerns. Analysis of complaint data occurs and feeds into the continuous improvement system. Care recipients, representatives and staff are aware of the process and documentation shows matters are actioned appropriately and in a timely manner.

**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’s mission and values statement is on display and published in stakeholder documents. The home’s plan for continuous improvement confirms a commitment to providing ongoing quality service reflective of their philosophy.

**1.6 Human resource management**

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

**Team’s findings**

The home meets this expected outcome

The home has appropriately skilled and qualified staff to meet care recipients’ care needs and lifestyle preferences. Management follow recruitment, selection and orientation procedures including checking of qualifications, police certificates and references. Management monitor the roster to ensure the appropriate numbers and skill mix of staff reflects care recipients’ clinical and lifestyle needs. Staff are aware of the requirements of their position through position descriptions, duty statements, policies and procedures. Management monitors and maintains the skill level of staff through education, training competencies and audits. Staff confirmed there is sufficient and appropriate skill mix to meet care recipients’ needs. Care recipients and representatives are generally satisfied with the responsiveness of staff and the quality of care provided to care recipients.

**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. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

**1.8 Information systems**

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

**Team’s findings**

The home meets this expected outcome

The home has effective information management systems. Policies and procedures guide staff practice and the organisation’s document control systems ensure accuracy. Care recipients’ clinical information is current and staff confirmed adequate communication in relation to care recipients’ changing needs. Management collect, collate and analyse key information to identify potential risks and improvement opportunities. Confidential information is stored and archived securely. Computer systems are password protected with data backed up regularly. Communication mechanisms include electronic messaging, communication diaries, meetings, newsletters and noticeboard displays. Staff, care recipients and representatives are satisfied with the home’s information systems.

**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 organisation ensures ongoing quality and responsiveness of externally sourced services. The centralised procurement team monitors contractors’ insurance cover, police certificates and qualifications and ensures services meet relevant regulations. Contractors receive orientation and a handbook prior to commencing. The organisation regularly reviews satisfaction with externally sourced services including feedback from management, staff, residents and representatives, audits, surveys and observations. A list of preferred service providers is available and staff have access to after hours’ emergency assistance. Staff and care recipients are satisfied with the quality of currently sourced external suppliers.

**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 and staff actively pursue continuous improvement in relation to care recipients’ health and personal care. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements relating to Standard 2 – Health and personal care include:

* Management reviewed distribution practices for regular narcotic medication to improve efficiency. These medications are now incorporated into the daily packaging system supplied by the pharmacist. The new system provides more timely administration of medications and meets legislative requirements. Registered nurses said the process reduces the time they spend separately dispensing and monitoring stock levels of narcotics and is easier to use.
* The home has been involved in a two year project studying the relationship between dairy intake and bone density with the University of Melbourne and Austin Health. Care recipients who consented to participate attended an information session and have undergone regular blood testing to collate the results. The chef updated the menu to include four servings of dairy products each day. Management have identified a reduction in the use of supplements and more stable weights in care recipients across the home since implementing increased dairy into the menu. As a result the organisation has introduced the fortified dairy focussed menu across all their sites to promote good bone health.

**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 ensures compliance with regulations and guidelines regarding health and personal care. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

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

* Appropriately qualified staff provides medication management and specialised nursing care.
* Medication is stored securely.
* There are policies and procedures to guide staff in the event of a care recipient’s unexplained absence which includes appropriate incident reporting and notification processes.

**2.3 Education and staff development**

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

**Team's findings**

The home meets this expected outcome

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:

* apomorphine pump training
* chronic wound assessment.
* diabetes health
* foot care
* prevention of pressure injuries / falls

**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 their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. Changes in care needs are identified and documented and referrals are made to medical practitioners or other health professionals as appropriate. 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 incident analysis, reviews and feedback. The home regularly reviews and evaluates the effectiveness of the clinical care system. 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. This information, together with instructions from medical practitioners and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. 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. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Correspondence from health specialists is also uploaded to the homes computer system for ease of reference to this material. 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 appropriate health specialists and this generally occurs as required.

**2.7 Medication management**

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

**Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical practitioners prescribe and review medication orders and these are dispensed by the pharmacy service. 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 through medication advisory committee meetings. 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

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 are evaluated to ensure interventions remain effective. Medical 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 implement appropriate actions, including utilising a range of strategies to manage comfort levels. 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

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and their representative to identify end of life care wishes and this information is documented in advanced care directives. The home uses a multidisciplinary approach that assists in meeting the varied needs of individuals at end of life. This may include referral to medical practitioners, palliative care services and other health specialist as required. 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. Care recipients and representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

**2.10 Nutrition and hydration**

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

**Team's findings**

The home meets this expected outcome

Care recipients' nutrition and hydration requirements 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. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diets or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. 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

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and their representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care including processes for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices and pressure area care. 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 during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and 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. Care recipients and representatives are generally satisfied with the support provided to care recipients in relation to continence management.

**2.13 Behavioural management**

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

**Team's findings**

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home practices a minimal restraint policy. The home's monitoring processes include the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' responsive behaviours, including those care recipients who are at risk of wandering. 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 through assessment processes and in consultation with the care recipient and their representative. Where a need is identified, referrals are made to medical practitioners and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes include the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Care recipients and representatives are satisfied with the support provided for achieving independence where possible.

**2.15 Oral and dental care**

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

**Team's findings**

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and their representative. Care strategies are generally documented on the care plan and these are reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients and representatives said assistance is given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

**2.16 Sensory loss**

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

**Team's findings**

The home meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients and their representative on entry to the home. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or requests. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives 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 through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep and where appropriate medical practitioners are informed of sleep problems. The environment is monitored to ensure it supports natural sleep and minimises disruption. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

**Standard 3 – Care recipient lifestyle**

**Principle:**

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

**3.1 Continuous improvement**

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

**Team’s findings**

The home meets this expected outcome

Management and staff actively pursue continuous improvement in relation to the care recipients’ lifestyle experiences. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements relating to Standard 3 – Care recipients’ lifestyle include:

* Lifestyle staff attended training on person centred care and reviewed the activity program to provide more appropriate options for care recipients displaying anxious and challenging behaviours. They now provide individual and small group activities in a number of areas within the home and invite family members to join in. Staff report an increase in participation and socialisation amongst care recipients and said they have a better understanding of strategies to reduce aggression and anxious behaviours. Management said they have observed improved interactions between staff, care recipients and representatives since implementing the new activities program.
* In a recent satisfaction survey care recipients suggested introduction of a coffee club and pre-dinner drinks. These suggested activities have been adopted and are offered on alternative days. They have proven so popular they have been moved into a larger area and for a longer timeframe. Care recipients enjoy the daily social gatherings before their evening meal.

**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

The organisation has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

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

* The home has appropriate documentation to record incidents of elder abuse and maintains a consolidated register for mandatory reporting matters.
* Information for care recipients on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements.
* Guardianship and powers of attorney information is on file.
* The home displays posters of the Charter of care recipients’ rights and responsibilities – residential care.

**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:

* challenging behaviours
* cultural and spiritual awareness.
* emotional support
* 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

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that aims to meet care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified needs and concerns relating to emotional health are referred to appropriate support services. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. The majority of care recipients and representatives interviewed are satisfied care recipients are provided with emotional supported on entry to the home and on an ongoing basis.

**3.5 Independence**

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

**Team's findings**

The home meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes, including feedback, environmental audits and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. Care recipients and representatives interviewed 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. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Care recipients and representatives interviewed indicated staff respect their privacy and most stated they are treated respectfully by staff.

**3.7 Leisure interests and activities**

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

**Team's findings**

The home meets this expected outcome

Care recipients' interests and activities of choice are identified on entry to the home along with barriers to participation, past history, and cultural and spiritual needs and preferences. This information is recorded in the home's electronic documentation system and regularly updated to inform staff of care recipients' current preferred leisure choices. The lifestyle team provides a varied program of activities which is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. The lifestyle team provides care recipients with information about upcoming activities and engages care recipients in planning both group and individual activities. Staff encourage and support care recipient participation and respect care recipients' choices not to attend when this occurs. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interest 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 when applicable. Relevant information relating to care recipients' cultural and spiritual life is recorded in assessments and forms the basis for care plans which are regularly evaluated and reviewed. The home has access to support services such as local clergy and religious groups, interpreters and community groups and provision is made for the observance of days of cultural significance. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in cultural and spiritual activities of their choice. Care recipients and representatives interviewed confirmed care recipients' customs and beliefs are respected.

**3.9 Choice and decision making**

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

**Team's findings**

The home meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Strategies to foster care recipient participation in decision-making include care recipient meetings, comments and complaints mechanism, case conferences and care recipient surveys. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for care recipients to exercise choice and make decisions regarding the provision of care and services. Staff practices are monitored to ensure care and services are delivered in accordance with care recipients' choices and preference. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

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

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

**Team's findings**

The home meets this expected outcome

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

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

**Principle:**

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

**4.1 Continuous improvement**

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

**Team’s findings**

The home meets this expected outcome

Management and staff actively pursue continuous improvement to ensure care recipients live in a safe and comfortable environment. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements relating to Standard 4 – Physical environment and safe systems include:

* Management reviewed infection control practices in consultation with a specialist to ensure the appropriate use of antibiotics. They introduced new guidelines and monthly analysis reports to monitor usage. The reports are reviewed with the doctors and at the medication advisory committee meetings. This ensures care recipients are receiving effective treatment for suspected infections and antibiotics are only prescribed after pathology test results confirm their appropriateness.
* Management consulted with cleaning staff to review the cleaning program. This resulted in a restructure of schedules and duty lists and the introduction of documentation to monitor completion of tasks. Management said this new approach has improved accountability and increased the standard of cleaning. They will continue to monitor the success of the new program by regularly seeking feedback from care recipients and staff.

**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 has systems to identify and ensure compliance with relevant regulations to provide a safe and comfortable environment for care recipients and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

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

* Chemicals are stored appropriately with accompanying safety data sheets.
* The kitchen has a current food safety program and certifications by external authorities.
* Effective monitoring and maintenance of fire and safety regulations occurs.

**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 and enable them to effectively perform their roles 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:

* air mattress trouble shooting.
* looking after care recipients’ clothes
* maintenance log procedures
* occupational health and safety toolbox training

**4.4 Living environment**

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

**Team's findings**

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed 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

The occupational, health and safety management program provides a safe working environment for staff that meets regulatory requirements. The organisation contracts an external specialist consultant to manage and monitor the program. On-site trained representatives meet regularly to review safety related issues and suggestions. Responsibilities include conducting environmental audits and monitoring and mentoring staff practices. Staff receive ongoing training for manual handling, fire and emergency, safe chemical management and infection control. They have access to policies and procedures to guide work practices. Incidents and infections data is analysed and hazards and maintenance requests dealt with in a timely manner. Identified opportunities for improvement feed into the continuous improvement plan. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury.

**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

There are effective systems for the detection, prevention and management of fire, security and other emergencies. Regular maintenance and servicing of fire equipment and alarms occurs. Evacuation boxes are available with a current list of care recipients noting their mobility levels. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The home has keypad and closed circuit camera security systems and provides effective after hours’ emergency measures. Visitors are required to sign a register on entry and exit. Staff attend mandatory fire and emergency training at orientation and annually thereafter. Care recipients receive relevant information in their handbook, alert notices displayed in their rooms and throughout the home and at meetings. Staff are able to detail their actions in the event of an emergency evacuation and care recipients and representatives are satisfied with fire and security measures in the home.

**4.7 Infection control**

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

**Team's findings**

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

**4.8 Catering, cleaning and laundry services**

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

**Team's findings**

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes include feedback from care recipients and representatives at a variety of meetings and focus groups and monitoring of staff practice to identify opportunities for improvement in relation to the hospitality services provided. Hospitality staff have access to information about care recipient preferences and receive feedback about services provided. An onsite laundry with commercial washers and dryers enables care recipient personal clothing to be washed and dried in a timely manner and the home provides a labelling service. Cleaning staff are on site seven days per week and follow documented guides to ensure all areas are cleaned regularly. Care recipients and representatives interviewed are satisfied with the cleanliness of the home and the washing of the care recipient clothes. Care recipient meals are prepared fresh on site and alternatives for each meal is available, the majority of care recipients and representatives are satisfied with meals provided.