



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

**Reconsideration Decision**

**Royal Freemasons - Footscray Aged Care RACS ID: 4346**

**Approved Provider: Royal Freemasons Ltd**

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

Reconsideration Decision made on 23 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 24 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 18 September 2015 to 18 July 2019.

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

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

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

This decision is effective from 23 January 2018

Accreditation expiry date 18 July 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Footscray Aged Care**

RACS ID 4346

25 Mephan Street

FOOTSCRAY VIC 3011

Approved provider: DLW Health Services Pty Ltd

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 18 September 2018.

We made our decision on 24 July 2015.

The audit was conducted on 23 June 2015 to 24 June 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

**Standard 3: Care recipient lifestyle****Principle:**

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

Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Care recipient security of tenure and responsibilities		Met

**Standard 4: Physical environment and safe systems****Principle:**

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

Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Footscray Aged Care 4346**

**Approved provider: DLW Health Services Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 23 June 2015 to 24 June 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 23 June 2015 to 24 June 2015.

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.

## Assessment team

Team leader:	Gerard Barry
Team member:	Marian (Sandra) Lacey

## Approved provider details

Approved provider:	DLW Health Services Pty Ltd
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## Details of home

Name of home:	Footscray Aged Care
RACS ID:	4346

Total number of allocated places:	60
Number of care recipients during audit:	58
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Care recipients living with dementia, Vietnamese care recipients

Street:	25 Mephan Street	State:	Victoria
City:	Footscray	Postcode:	3011
Phone number:	03 9318 4244	Facsimile:	03 9317 3417
E-mail address:	don@fac.net.au		

## Audit trail

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

### Interviews

	Number		Number
Management/administration	5	Care recipients/representatives	9
Clinical/carers/lifestyle	7	Volunteers	1
Environmental/hospitality	5		

### Sampled documents

	Number		Number
Care recipients' files	6	Medication charts	9
Summary/quick reference care plans	11	Personnel files	5
Care recipient agreement	5		

### Other documents reviewed

The team also reviewed:

- Advance care plans
- Bed pole risk assessments
- Care recipients' information handbook and surveys
- Changes to regulatory compliance folder
- Compliments and complaints registers
- Continuous improvement register and plan
- Controlled substance registers
- Diabetic management plans and blood glucose charts
- Documentation in relation to human resource management
- Education records
- Emergency manual and contingency plans
- Essential service records
- External contracts
- Generic and industry approved risk assessments
- Hazard reports
- Hazardous and dangerous chemicals register
- Hospitality services records
- Incident reports
- Job descriptions
- Maintenance records
- Mandatory reporting registers

- Medication competencies
- Memoranda
- Minutes of meetings
- Mission, vision, quality objectives statements
- Opioid patch history charts
- Pain management program and care plans
- Physiotherapy assessments
- Police certificate register
- Professional registrations
- Purchase orders
- Quality system records
- Restraint documentation
- Safety data sheets
- Selected policies and procedures
- Specialised nursing folder
- Staff handbook
- Trend data analysis.

### **Observations**

The team observed the following:

- Activities in progress
- Charter of care recipients' rights and responsibilities on display
- Contractors on site
- Equipment and supply storage areas
- Fire equipment, signage and evacuation equipment
- Hand basins
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment services
- Medication rounds
- Notice of accreditation displayed
- Noticeboards, information displays and suggestion box
- Pets
- Short observation in main dining room
- Storage of medications
- Waste disposal system.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement in all aspects of care and service. The quality program involves a systematic process for continuous improvement including assessing current systems, planning and implementing improvements. The system includes improvement forms, audits, risk assessments and feedback mechanisms. Management registers improvement activities in a priority action plan, monitors progress and evaluates actions to confirm completion. Management posts continuous improvements on noticeboards to keep stakeholders aware of the operational issues within the home.

Improvement initiatives implemented by the home related to Standard 1- Management systems, staffing and organisational development include:

- Management decided their quality system needed streamlining. Following research and attendance at seminars, they have selected a commercial system and commenced implementation. The product chosen allows the home to personalise the documents and is providing simpler policies and procedures for staff to follow. Full implementation has been delayed until after the re accreditation audit.
- In recognition of the large proportion of Vietnamese care recipients the home appointed a Vietnamese associate charge nurse and proactively seek Vietnamese speaking staff and volunteers. Improved communication with care recipients has led to improved care plans and behaviour management.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has systems for identifying, communicating and enabling legislative compliance. Senior management achieve this by receiving and reviewing information through a commercial updating service, peak body memberships and communications from Government departments and agencies. Senior management review policies and procedures in response to legislative changes. Meetings, memoranda, electronic mail and revised policies and procedures inform staff about compliance requirements. Staff conduct internal audits and surveys to monitor compliance with relevant legislation, regulations and guidelines. Management and staff said they are aware of their obligations in relation to regulatory compliance.

Relevant to Standard 1 - Management systems, staffing and organisational development, the home has systems so that:

- Information on the internal and external complaint systems is available to care recipients and representatives.
- Recruitment processes include the need for current police certificates and statutory declarations according to published guidelines.
- The home notified care recipients and representatives of the reaccreditation visit.

### **1.3 Education and staff development**

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

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

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively. The education program includes topics across the Accreditation Standards including management systems, staffing and organisational development. There are established training requirements developed through needs analysis, care recipient care needs, performance appraisal, staff feedback, observation of practice and evaluation of monitoring processes such as audits, surveys and incident reports. The program includes competencies, orientation and compulsory training. There is a system to record and monitor staff attendance at education sessions. Staff said they are encouraged and supported to attend education.

Education provided relating to Standard 1 – Management systems, staffing and organisational development include:

- bullying and harassment
- missing care recipients.

### **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 record, action and monitor concerns, suggestions and compliments through their continuous improvement system. Forms are readily available and stakeholders can lodge completed forms anonymously. Information about the internal and external complaint processes is accessible through brochures, handbooks, newsletters and agreements. Care recipients and representatives said they are encouraged to voice any concerns and felt comfortable in doing so.

### **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

Management has documented its mission, vision, philosophy, values and commitment to quality. Management displays these statements prominently in the home and repeats them in selected documentation.

### **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 demonstrates there are appropriately skilled and qualified staff sufficient to ensure delivery of services in accordance with these standards and the residential care service's philosophy and objectives. Identified types and numbers of staff are maintained at all times, including replacements for leave and absentees. There are systems to review staff numbers and skill mixes in relation to changes in the mix of care recipient needs and preferences. Ongoing monitoring of staff practice occurs and includes observation, competency testing and incident reports. Staff have sufficient time to perform their roles. Management, staff, care recipients and representatives confirm the adequacy of the number of staff and satisfaction with the responsiveness of staff at the home.

### **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 stocks of goods and equipment to support quality service delivery. There is an effective system where staff check regularly and reorder inventory before stock reaches minimum levels. There is a system for the requisition of new equipment. Staff inspect and evaluate purchased goods/equipment upon arrival. There are ad hoc and preventive maintenance systems and stock is securely stored in safe, clean areas. Care recipients, representatives and staff are satisfied there are sufficient resources and equipment available.

### **1.8 Information systems**

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

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

The home meets this expected outcome

Management and staff have access to accurate information appropriate to their roles. The home uses paper based management systems to collect and securely store information.

Computers are password protected; access authorities limited and backed up regularly. Management provides care recipients with information appropriate to their needs assisting them to make decisions about their care and lifestyle. Stakeholders confirmed that management keeps them informed through verbal and written communication such as memoranda and minutes of meetings.

### **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 systems to ensure the quality and suitability of externally sourced services. Management arranges contracts aimed at improving quality and lowering costs. Management provides a service agreement and conducts security checks and training for external service providers. Management assess external providers by observation, audits and feedback about the quality of services to the home. The home has a list of approved providers with emergency contact numbers which staff can use as required. Care recipients and representatives are satisfied with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home's overarching system.

The home maintains an internal audit and competency program to measure performance against the Accreditation Standards. Care recipient and medication incident reports assist in providing clinical and management indicators. Management encourages staff to complete improvement forms, attend meetings and to improve their skills by attending educational sessions. Staff confirmed they actively participate in the continuous improvement system.

Improvement initiatives implemented by the home related to Standard 2 - Health and personal care include:

- Management changed the medication system to a sachet administration system for ease of use and improved staff accuracy. Care recipients who have a different pharmacy receive their medication in a dose administration aid. Medication administration and management is now more efficient.
- Survey results indicated care recipients and their representatives deserved improved communication around their care. Subsequently the home now offers six monthly case conferencing. The general practitioner is available by telephone if needed to be involved. Care recipients and representatives who have participated in the increased frequency of conferences have provided positive feedback on the experience.
- The home has improved its pain management program through having a physiotherapist on site with a physiotherapist assistant all week. Care recipients' pain levels and mobility have improved.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Staff are satisfied management update them about regulatory requirements. Management monitor regulatory compliance through a variety of methods including observations, audits, incident reporting, staff educational competencies and one to one feedback sessions.

Relevant to Standard 2 – Health and personal care, the home has systems so that:

- Appropriately qualified persons performing specific care planning activities and care tasks.
- There is a system for the reporting of missing care recipients.
- There is accurate classification of care recipients according to the Commonwealth funding tool.

### **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

For a description of the system refer to expected outcome 1.3 Education and staff development.

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care.

Education opportunities relevant to Standard 2 - Health and personal care include:

- behaviour management and communication
- nutrition and hydration
- palliative care
- support to people with dementia.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients receive care appropriate to their needs and preferences. Admission processes ensure new care recipients are acquainted with the home’s systems and processes, including identification of needs and preferences for delivery of clinical care. Interim care plans detail specific care needs until completion of an appropriate assessment allowing for the development of a detailed and specific care plan. Staff review care plans on a regular basis and update accordingly. Systems include auditing tools and reporting clinical data on a regular basis to assist in monitoring care. Care recipients are satisfied with the care they receive.

## **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

Suitably qualified nursing staff identify and meet care recipients’ specialised nursing care needs in the prescribed manner. Staff assess and identify care recipients for specialised nursing care when they first enter the home and an interim care plan developed. Staff identify and consult with care recipients living with diabetes and other specialised care needs as well as medical practitioners to ensure they have appropriate information to develop an effective care plan. Delivery of specialised nursing care is consistent with care plans, and includes access to external health care providers. Care recipients are satisfied with the specialised care according to their needs and preferences.

## **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

Staff and management arrange for appropriate referrals to suitable health specialists in accordance with assessed needs and preferences. When care recipients first enter the home, staff use a formal assessment process to determine referral requirements. Appropriately qualified staff identify referral requirements and consult with medical practitioners and other health professionals about the needs and preferences of each care recipient. There are referral folders to guide staff in contacting a large variety of health and allied health professionals. There are mechanisms for urgent referrals and provisions to reduce waiting times for services. Staff make referrals to appropriate specialists as needed and preferred and organise scheduling of staff to escort care recipients to appointments as needed.

## **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

Medical officers prescribe and review care recipients’ medications regularly. Registered and enrolled nurses administer all medications to care recipients. There are processes to manage controlled medications including disposal of used and discontinued medication. Medication charts contain special instructions, allergies and photo identification. Monitoring systems include regular re-evaluation of care recipients’ receiving psychotropic and anticoagulant therapy, refrigerated medications checks, medication chart checks and pharmacist and general practitioner reviews of all medications. Medication incidents are identified, discussed and actioned at medication advisory committee meetings. Medication staff complete annual theory and practical competency assessments. Care recipients are satisfied with the management of their medication.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Assessment of each care recipient to determine the presence of pain or discomfort occurs on entry to the home. Reassessment of care recipients’ pain occurs annually and when identifiable condition changes occur. Pain profiles contain information as to the type, source, intensity and frequency of pain symptoms. To ensure assessments are individual and person centred, verbal and nonverbal assessments are utilised to ascertain care recipients’ pain experiences. Pain management involves a multidisciplinary team approach, including a pain management program run by physiotherapists. Clinical staff access and utilise a variety of pain relieving equipment and strategies to manage symptoms in addition to pain medication. Care recipients are satisfied with the management of their 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

Staff endeavour to identify care recipients’ critical care wishes on entry to the home, discussing terminal care wishes and any advanced care directives with care recipients and family members. Management and staff collaborate to assess and attend care recipient’s and their family member’s emotional, cultural and spiritual needs during end of life care. Staff have access to local specialist palliative care services, which provides support and advice for respectful palliative care. Staff participate in palliative care education and make use of an end of life pathway, streamlining care directives. Individual cultural needs of care recipients and family members are respected at all times, including access to monks, chanting equipment and priests. Care recipients and representatives are satisfied staff will respect their wishes.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The dietary needs and preferences of care recipients are identified on entry and information recorded on the nutrition/hydration preference and dietary requirements form. Care recipient’s care plans record allergies, cultural information, dining aids and level of assistance required. Dietary requirements and preference reviews occur regularly and as required, when care recipients’ needs change. Systems and processes ensure catering staff receive notification of any amendments to dietary care plans. Assessments and observation identify care recipients at risk of malnutrition and dehydration with strategies developed to manage this risk. Where there is weight loss or gain, evaluation occurs and appropriate strategies implemented. Speech pathology and dietician services visit regularly and are available as required. Care recipients and representatives are satisfied with the culturally specific range and types of meals provided.



## **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

The home’s practices maintain care recipients’ skin integrity consistent with their general health. When care recipients first enter the home, qualified staff identify those who are at risk of impairment to skin integrity, such as medical conditions, mobility problems, medications, incontinence, amputations and those prone to pressure areas. Staff develop a detailed care plan to guide staff practices. Skin care delivery is consistent with skin care planning. Staff have access to external health professionals in providing appropriate advice and care, in particular regarding wound care. Care recipients and representatives are satisfied with the care provided in relation to care recipients’ 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

The management of care recipients’ continence is effective. Care recipients’ continence assessments occur on entry and again as changes in continence needs occur. Care plans document relevant strategies, equipment and the level of assistance required by staff. Management monitor care recipients’ continence needs by feedback, urinary tract infection data analysis and scheduled audits. Staff ensure appropriate continence purchases are made on behalf of care recipients and ensure stock levels are maintained. Staff have access to adequate supplies of continence aids and equipment to meet care recipients’ continence needs. Staff consult with care recipients and their family members in regards to the management of their continence requirements and they are satisfied their continence needs are being met.

## **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’s approach to behavioural management is effective in meeting care recipients’ needs. Qualified staff assess all care recipients who enter the home for challenging behaviours after a suitable settling-in time. Staff consult with care recipients, representatives and health professionals about behaviour management needs, preferences and interventions, using an assessment process to develop care plans with individually tailored approaches. A diversional therapy program supports behaviour management strategies. Staff make referrals to an extensive list of external specialist services to improve the development of strategies in managing care recipients’ challenging behaviours. Physical and/or chemical restraint (if used) has been assessed, has been deemed to be the last resort, is authorised and administered at a minimum form and level required, and in accordance with strict safety standards. Care recipients and their representatives are satisfied with the home’s approach to managing the causes of challenging behaviours.

## **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’ achieve optimum levels of mobility and dexterity. Care recipients have their mobility and dexterity needs assessed, which includes an assessment by the contracted physiotherapist. Care plans document interventions, including any assistive devices as needed and monitoring of falls. Staff complete incident reports following care recipient falls and a contracted physiotherapist reviews care recipients after these incidents occur as per request. Care recipients who require assistance with mobility aids and independent living aids have appropriate risk assessments completed. Management monitors care recipients’ mobility through falls data analysis and audits. Staff have attended education in relation to assisting care recipients with mobilisation. Care recipients and their representatives are satisfied with the home’s approach to optimising care recipients’ 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

The maintenance of care recipients’ oral and dental health occurs effectively. There are oral and dental care assessments with care plans identifying aids, equipment and the level of assistance required. The home has an arrangement with a local dental service for care recipients to attend. Management monitor oral and dental care through audits and stakeholder feedback. Staff assist care recipients with maintaining their oral and dental hygiene regimes, including referral to dental services. A contracted visiting dental service attends the home on a needs basis in response to staff referrals. Care recipients receive assistance as required maintaining their oral and dental care and are satisfied with the dental care they receive.

## **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

Assessment and care planning processes ensure staff identify care recipients’ sensory losses. Staff develop management strategies to minimise any identified sensory loss. There are referrals to audiologists and optometrists and devices to assist in care recipients’ sensory loss provided as required. Care plan information includes the level of assistance care recipients require, care of aids and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff assist care recipients in maintaining and fitting sensory loss aids. Care recipients and representatives are satisfied with the support and care provided to manage care recipients’ sensory loss.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Staff identify care recipient sleep needs and preferences on entry and on an ongoing basis. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitor care recipients’ sleep requirements through audits and stakeholder feedback. Staff encourage natural sleep patterns meeting care recipients’ environmental needs, pain management requirements and continence care. Care recipients are satisfied with the care they receive at the home and are achieve a good nights’ sleep.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home’s system.

The home conducts continuous improvement activities in relation to care recipients’ lifestyle through internal audits and satisfaction surveys. Comments, complaints and feedback from ‘Resident/Representative’ meetings feed into the action plan. Management documents, evaluates and notifies the originator of improvements. Care recipients and their representatives stated the home’s management informs them of changes through meetings, newsletters and informal discussions.

Improvement initiatives implemented by the home related to Standard 3 - Care recipient lifestyle include:

- Management is transforming a redundant portable classroom, donated to the home, into a multipurpose room. Complete with ramp and external decking the room will provide a meeting place for community day care and care recipients, a café kiosk, physiotherapy and other activities.
- Care recipients enjoyed the “egg to chick” program so much that they kept four of the chickens. These have now grown into hens that roam the backyard during the day and stay in a fox proof enclosure at night. Care recipients take great pleasure in watching and handling the hens.
- In an effort to improve the lifestyle program, the home introduced a music therapist, a harpist. Feedback from care recipients, representatives has been positive. Staff believe there has been a profound effect on the care recipients stating the environment in the dementia wing is much calmer with the music therapy having a settling effect on the care recipients.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for specific details on the home’s processes for regulatory compliance.

The home provides care recipients with information packs prior to and upon entering the home detailing specified care and services, security of tenure, complaint mechanisms and their rights and responsibilities. Management displays the home’s philosophy along with the Charter of care recipient’s rights and responsibilities in the home. Information brochures on

the external complaint system and other aged care related matters are readily available. Management informs care recipients and their representatives with relevant changes to legislation through letters and at meetings. Management has trained staff in mandatory reporting.

Relevant to Standard 3 – Care recipient lifestyle, the home has systems so that:

- There is a consolidated system for reporting elder abuse.
- There are processes to ensure privacy of care recipients' personal information.
- The home issues each care recipient with a 'residents' agreement.

### **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

For a description of the system refer to expected outcome 1.3 Education and staff development.

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle.

Education opportunities relevant to Standard 3 – Care recipient lifestyle include:

- challenging behaviour – I'm not ok
- compassionate touch
- elder abuse
- managing behaviours of concern in the elderly.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Care recipients and/or representatives have the opportunity to participate in a familiarisation tour of the home meeting staff and other care recipients. Care recipients receive an information pack, handbook, welcome pack and details about the home, care and lifestyle services provided and are encouraged to personalise their rooms. Care plans detail preferences, social, cultural and spiritual histories and strategies to manage emotional and behavioural episodes. Clergy, pastoral care and lifestyle staff provide ongoing support and information. Care recipients have the opportunity to attend memorial services conducted on site when a care recipient passes away. Regular reviews evaluate care and the activity program schedules individual time with care recipients. Care recipients are satisfied their needs and preferences are met in an appropriate and compassionate manner.

### **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 and lifestyle assessments identify the level of assistance care recipients require to participate in specific interests, maintain their independence and continue with their community activities. Care plans include strategies to maximise independence including strategies for activities associated with a degree of risk. Physiotherapy initiatives, mobility and dexterity aids enhance independence. Care recipients who are unable to make their own decisions have advocates act on their behalf to ensure they can retain as much independence as possible. Staff assist care recipients to maintain financial independence, vote in elections and entertain visitors. Care recipients and representatives said they feel part of the community and the staff assist care recipients to be independent.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipient information and staff education includes policies and practices for meeting privacy and confidentiality. Care recipients live in single or shared rooms with shared ensuites with spacious communal rooms and can access outdoor areas. Consent forms outline details for the use of health records and identifying information such as photographs and names. Care recipient records are stored securely and access is limited to relevant personnel. Staff described ways to promote care recipients' privacy and dignity such as gaining permission before entering care recipients' rooms, addressing care recipients correctly, respectfully and ensuring care recipients have privacy for personal times. Care recipients and representatives are satisfied with the way care recipients' privacy, dignity and confidentiality is recognised and respected.

### **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 and staff encourage and support care recipients to participate in a wide range of interests and activities. Leisure and lifestyle staff identify and document care recipients' preferences around activities and interests following discussion with care recipients and representatives. Leisure and lifestyle staff provide culturally appropriate activities in small and large groups or on one to one basis appropriate to each care recipient's needs and preferences. There are regular outings, visits from community groups occur and multicultural volunteers, such as Vietnamese, Italian, Chinese, Spanish, support the lifestyle program and undertake one to one visits with care recipients. Care recipient meetings, feedback and attendance records assist staff to monitor the effectiveness of the leisure and lifestyle

program. Care recipients and representatives spoke positively of the leisure and lifestyle activities and the support provided by staff to participate.

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

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

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

The home meets this expected outcome

Management and staff demonstrate they value and foster care recipients' cultural and spiritual lives. Initial assessments and care plans document care recipients' individual wishes and requirements including care recipients' cultural customs, beliefs, spiritual backgrounds and palliative care wishes. Scheduled reviews ensure staff identify and update each care recipient's preferences or changes in care plans. Staff and volunteers speak Vietnamese and clergy regularly attend the home to undertake services and support care recipient's spiritual beliefs and needs. The home has an onsite multi-faith room for religious services and celebrates a number of spiritual and cultural days of significance and care recipient birthdays, including Vietnamese, Buddhist, Catholic, Anglican, Greek Orthodox, Islamic and Australian. Care recipients and representatives are satisfied with the support provided to meet care recipients' cultural and spiritual needs.

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

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

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

The home meets this expected outcome

Management and staff encourage care recipients to exercise choice and decision making in all aspects of their care, lifestyle options and service delivery. Staff consult care recipients or their representatives on entry to identify care recipient's choice and preferences regarding clinical care, daily living, lifestyle and hospitality services. Staff undertake regular reviews of care recipients' preferences and record this in relevant care plans and related documentation. Quality activities and feedback processes assist management and staff in monitoring care recipient satisfaction regarding choice and decision-making. Staff said they support care recipients to make independent choices regarding their lifestyle. Care recipients and representatives are satisfied staff respect care recipients' choices and decisions.

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

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

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

The home meets this expected outcome

The home has a system to ensure care recipients have security of tenure and understand their rights and responsibilities. Management discuss entry requirements and provide agreements to care recipients and representatives. 'Resident' agreements include information about the care and services the home provides, including information about changing needs. Management displays the Charter of care recipient's rights and

responsibilities in the home along with complaints and advocacy information brochures. Management ensures there are Vietnamese speaking staff to meet the needs of that large section of the care recipient population in the home. Care recipients and representatives confirm management and staff provide and help care recipients to understand relevant information about their security of tenure.



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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a detailed explanation of the home’s overarching system.

Management and staff monitor the physical environment and safety systems through internal audit, analysis of incident/infection reports, care recipient/staff surveys and comments/complaints. Care recipients can make suggestions or express concerns through the regular care recipient/relative meetings or corrective action forms. Actions identified for attention are included on the home’s action plan for further development.

Improvement initiatives implemented by the home related to Standard 4 - Physical environment and safe systems include:

- Management realised the home needed a facelift and set about a refurbishment program. This decision resulted in changes to the kitchen, common rooms, bathrooms, laundry and care recipient’s bedrooms. Care recipients and staff agree the changes have brightened
- Survey feedback detailed the need to improve the catering the home delivered and to recognise the diversity in the care recipient population. Subsequently, management employed a supervising chef and a cook. The home now offers a choice of Western or Vietnamese meals at lunch and dinner. Care recipients say the food has improved and enjoy the dual choice.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details of the home’s compliance processes.

Relevant to Standard 4 – Physical environment and safe systems, the home has systems so that:

- There is a food safety plan and third party auditing of catering processes.
- Qualified contractors regularly check and maintain essential services.
- There are systems to actively promote and manage workplace health and safety.

### **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

For a description of the home's overarching system refer to expected outcome 1.3 Education and staff development.

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. Surveys and internal audits monitor staff improvements or opportunities for further education.

Education relating to Standard 4 - Physical environment and safe systems include:

- bullying and harassment
- fire and safety
- food safety education
- health and safety
- infection control training with competencies
- manual handling 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 has maintenance and emergency systems embedded with staff to ensure a safe and comfortable environment. The home has two distinct wings, one of which is dedicated to caring for care recipients living with dementia. Care recipients share four bed, two bed and single rooms with shared bathroom facilities. Main entry doors have keypad security and there are secure outdoor areas for the enjoyment of care recipients and their representatives. The internal environment is uncluttered and recently refurbished to provide a lighter, spacious appearance. A comfortable temperature is maintained throughout and care recipients said they feel safe and comfortable living in the home.

### **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 recommendation**

The home meets this expected outcome

Management is actively working to provide a safe working environment to meet regulatory requirements. The home's program including hazard identification, incident analysis, workplace audits and maintenance schedules ensures the environment and equipment is safe. Staff report hazards and learn about current workplace health and safety issues through meetings and memoranda. Staff orientation includes occupational health and safety

responsibilities, manual handling and infection control. The home provides secure storage for all chemicals and dangerous goods along with appropriate signage, safety data sheets and personal protective equipment. Occupational health and safety is included in all meetings and staff, care recipients and representatives are encouraged to report any hazards or to offer improvement suggestions. Staff confirm they can approach management with any issue relating to occupational health and safety.

#### **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 recommendation**

The home meets this expected outcome

There are appropriate security measures, equipment and environmental controls in the home. Emergency exits are clearly marked, well lit and large enough to facilitate the transfer of care recipients to an evacuation area if needed. Professional contractors regularly carry out testing and maintenance on all emergency alarms and equipment. The home has an electrical testing and tagging system, a safe smoking policy and exit doors that automatically release in the event of an emergency. A closed circuit television system monitors corridors and external areas for security. Staff confirmed they have annual education in fire and emergency.

#### **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

There is an effective infection control program to identify and manage infection risks. The program includes an infection surveillance system, actioning of identified trends, audits, and education and competency programs. Policies and infection control manuals, which include processes for gastroenteritis and influenza outbreak management, are available for staff. Sharps, personal protective equipment, spill kits, hand hygiene stations and sanitising gel are readily accessible. Vaccination programs are in place for care recipients and staff. Pest control services regularly attend the home. Management reviews infection rates and implements improvements to ensure infection control practices in the home remain current and effective. Staff have completed the annual education and competency programs. Care recipients are satisfied with the identification and management of any 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

Catering staff have relevant care recipient information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. A rotating menu offers variety and choice to the care recipients. A supervising chef and a cook provide a choice of Western and Asian meals at both lunch and dinner to satisfy the needs of the large number of Vietnamese care recipients in the home. An external contractor launders the linen, while in house hospitality staff launder care recipients' personal clothing and provide the cleaning

services. There are cleaning schedules that meet individual care recipients and service needs. The home monitors its hospitality systems to identify and correct deficits throughout the services. Care recipients and representatives are satisfied with the hospitality services the home provides.