

Villa Maria Catholic Homes Providence Aged Care Residence

RACS ID: 3058

Approved provider: Villa Maria Catholic Homes Limited

Home address: 9 Griffith Street BACCHUS MARSH VIC 3340

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 June 2020.We made our decision on 11 May 2017.The audit was conducted on 04 April 2017 to 05 April 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

Principles: 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

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: Villa Maria Catholic Homes Providence Aged Care Residence

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# Introduction

This is the report of a Re-accreditation Audit from 04 April 2017 to 05 April 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 04 April 2017 to 05 April 2017.

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

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

# Details of home

Total number of allocated places: 58

Number of care recipients during audit: 43

Number of care recipients receiving high care during audit: 42

Special needs catered for: Aging in place.

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Residential services manager | 1 |
| Care manager | 1 |
| Regional manager | 1 |
| Education and learning manager | 1 |
| Quality coordinator  | 1 |
| Registered nurse | 3 |
| Care staff | 7 |
| Administration assistant | 1 |
| Admissions coordinator | 1 |
| Catering staff | 2 |
| Care recipients  | 7 |
| Representatives | 4 |
| Lifestyle staff | 2 |
| Pastoral carer | 1 |
| Laundry staff | 1 |
| Cleaning staff and management | 3 |
| Maintenance staff | 2 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ clinical files | 7 |
| Care recipients lifestyle care plans | 6 |
| Medication charts | 7 |
| Personnel files | 7 |
| Care recipient agreements | 4 |

## Other documents reviewed

The team also reviewed:

* Audit documentation
* Bed pole information
* Cleaning schedules and records
* Comments and complaints documentation
* Communication diaries, clinical documentation and charts
* Continuous improvement documentation
* Controlled drug register
* Education matrix and related education information
* Food safety certifications and related documentation
* Handover sheets and care recipient list
* Incident reports, analysis and key performance indicator information
* Infection control information
* Information handbooks
* Lifestyle documentation
* Maintenance program documentation
* Mandatory reporting register
* Meeting minutes, agendas, memoranda, electronic mail and correspondence
* Mission, vision and values statements
* Nutrition and hydration documentation and catering menus
* Occupational health and safety notices
* Orientation information and checklists
* Pest control documentation
* Police certificates, statutory declarations and professional registration databases
* Position descriptions, duty lists and performance appraisals
* Preferred supplier and service provider documentation
* Regulatory compliance information
* Roster
* Safety data sheets
* Satisfaction survey documentation
* Selected policies, procedures and flowcharts
* Self-assessment report
* Visa monitoring documentation.

## Observations

The team observed the following:

* Activities and entertainment in progress
* Archive area
* Catering processes
* Cleaning in progress
* Complaints Commissioner posters and brochures
* Equipment and supply storage areas
* Fire equipment, maps and exit lighting
* Infection control equipment, spill kits and waste disposal
* Interactions between staff and care recipients
* Internal living environment and external grounds
* Laundry processes
* Meal and refreshment services
* Mobility aids and transfer equipment
* Noticeboards and information displays
* Palliative care kit
* Personal protective equipment
* Posters advising of the re-accreditation visit on display
* Secure clinical areas
* Short group observations of an activity in progress and the dining experience
* Storage and administration of medications
* The Charter of care recipients’ rights and responsibilities – residential care (displayed).

# Assessment information

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

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

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

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Management pursue continuous improvement across the Accreditation Standards. Ideas for improvement come from care recipient and representative feedback, staff ideas, organisational initiatives and industry better practice. Analysis of incident data, comments and complaints and results of surveys further inform continuous improvement. All stakeholders have the opportunity to express their ideas for improvement either through formal documentation or directly with management. The continuous improvement plan details idea sources, actions taken, outcomes and evaluation. Management discuss continuous improvement at relevant meeting forums. Care recipients are satisfied with improvements in the home.

Recent improvements relating to Standard 1 Management systems, staffing and organisational development include:

* In response to recent media coverage regarding medical practitioners practicing in Australia without appropriate credentials, management commenced an activity to screen practitioners visiting the home from their local clinic. They contacted the clinic’s practice manager and asked them to provide a list of their current practitioners. Upon receiving the list, management conducted their own Australian Health Practitioners Regulation Agency (AHPRA) check to determine registration statuses, working restrictions and supervisory conditions. While it was determined that all doctors visiting the home from the clinic were appropriately credentialed, it highlighted that some practitioners at the clinic would be required to meet further practicing conditions before being able to visit the home independently. Management said it was a worthwhile exercise in the context of regulatory compliance.
* As part of a local management initiative to provide staff with a more detailed picture of quality processes in the home, management now provide staff with monthly spreadsheet data regarding the performance of the home. The data relates to quality indicators such as falls, infections and medication incidents and provides staff with information in addition to what is discussed at meetings. Management said it is a positive way to engage staff in why such data is gathered and recorded and the importance of the provision of timely and accurate documentation.

### 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 ensure compliance with legislation, regulatory requirements, professional standards and guidelines relevant to aged care. They receive relevant information relating to industry alerts, legislative changes and organisational developments through an online compliance and risk management update program. Processes exist to communicate changes and information to staff, care recipients and representatives using meetings, memoranda and education. Management and staff are aware of their obligations in relation to regulatory compliance.

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

* Management has a system for ensuring the currency of police certificates and statutory declarations for staff, volunteers and contractors.
* Management notified stakeholders in advance of the re-accreditation audit.
* Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.

### 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

Staff have appropriate skills and knowledge to perform their roles effectively. Management develop both organisational and site specific education programs based on care recipients’ needs, staff training needs analysis, results from internal and external assessments and incidents. Staff receive training in a range of different modalities including electronic learning programs, group sessions delivered by external facilitators as well as in-house training. Management inform staff of educational opportunities through an education calendar, educational flyers, global messaging, meetings and memoranda. Staff are satisfied with education and training opportunities available to them. Care recipients and representatives are satisfied with the skills and knowledge of management and staff.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

* bullying and harassment
* complaint handling
* vision, mission and values.

### 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 ensures each care recipient and their representative are provided with information regarding internal and external complaints mechanisms. Management make available internal improvement forms and prominently display information regarding the Complaints Commissioner throughout the home. The care recipient handbook references elder rights and advocacy support groups that are available to individuals entering aged care. Care recipients and representatives have opportunities to raise concerns during care consultations, regular meeting forums and with management directly through their open door policy. Care recipients, representatives and staff are aware of complaints processes and are comfortable in raising issues with management.

### 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 vision, mission and values are documented in a wide range of stakeholder information and displayed prominently throughout the home. The organisation reinforces its commitment to providing quality care and services through values of respect, compassion, integrity, collaboration, partnership, inclusion and stewardship.

### 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

Management ensure there are sufficient numbers of appropriately skilled and qualified staff. Formal selection and induction processes guide staff recruitment and all new employees undergo orientation and buddy shifts to support them in their new role. Staff recruitment is based on position descriptions, qualifications and reference checks. Management monitor registrations of professional staff and all new staff undergo a police certificate check, prior to commencement and regularly thereafter. Staff appraisals, audits, competencies and management observations ensure maintenance of staff skills and practices. Guidance is available for staff through the education program, policies and care documentation. Staff are satisfied with the support they receive from management and say they are able to complete their duties each shift. Care recipients and their representatives said they are satisfied with the quality of staff care.

### 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

### There are established systems to ensure stocks of appropriate goods and equipment are available for quality service delivery. Allocated staff and service contractors monitor the stock of appropriate goods and equipment through observation and feedback mechanisms. Management order supplies and equipment through the organisations preferred and approved suppliers. Staff rotate stock where required and goods are stored in clean, tidy and secure areas. Preventative and corrective maintenance programs are well established, extensive and timely. Staff, care recipients and representatives stated they are satisfied with the availability of appropriate goods and equipment.

### 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

There are effective information systems to guide management and staff in the delivery of care and services to care recipients. The home has an electronic assessment and care planning program accessible to management, staff and visiting health professionals. Communication mechanisms include the use of diaries, a global messaging system, email, memoranda and newsletters. Lifestyle staff circulate weekly activity planners and convene care recipient and representative meetings. Clinical staff engages care recipients and representatives either face to face or by phone during care consultations. Management conduct surveys, complete audits and collect information regarding the quality of care and services provided in the home. Care recipients’ information is securely stored and there is a system for archiving and destruction of documents. Care recipients and representatives are satisfied with 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

There is a system to provide externally sourced services to meet the residential care service’s needs and service quality goals. The organisation maintains a register of approved external service providers. Each contractor signs an agreement specifying service needs and quality goals, signs a contractor code of conduct and completes an online induction program. This includes a system to ensure contractors have a current police certificate with associated documentation as necessary. Management monitor satisfaction with external service provision through a variety of mechanisms including observation, stakeholder feedback and audits. Care recipients, representatives and staff are satisfied with the quality of external services provided at the home.

## 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 pursues continuous improvement across the Accreditation Standards. For details of the system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relating to Standard 2 Health and personal care include:

* To ensure care recipients’ hearing aids are in optimal working condition staff and management developed a new maintenance and checking process. The process involves a new document which is filled out weekly to verify that the batteries in a particular device have been changed and to ensure dewaxing and related cleaning has occurred. Management said the new process has provided greater oversight of hearing aids and has led to more timely identification of devices that have malfunctioned and require service repair.
* Following an idea from staff to improve the communication of care recipients toileting needs at handover, a new communication chart was developed. The chart requires morning staff to document precisely when a care recipient has been assisted to the toilet to better assist afternoon staff to prioritise care for those care recipients who have not. Management said the paper document is a good visual cue and complements their computerised processes. Management said the chart is an effective tool and is now being used for all shifts.

### 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

There is a system to identify and comply with all legislation, regulatory requirements, professional standards and guidelines relating to the Accreditation Standards. For details regarding the home’s system, refer to expected outcome 1.2 Regulatory compliance.

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

* Appropriately qualified staff and allied health professionals perform specialised care and care planning activities.
* Medication management occurs in accordance with relevant legislation, guidelines and the home’s policies and procedures.
* Registered nurses and visiting health professionals maintain registration currency.
* Staff and management are aware of their responsibilities in the event of the unexplained absence of a care recipient.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development system.

Recent education and staff development relating to Standard 2 Health and personal care includes:

* dementia care
* end of life, pastoral care and grief training
* pain management
* wounds and skin tears.

### 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. When care recipients first enter the home, staff develop an interim care plan until the assessments are completed and a long-term care plan is developed. Medical practitioners frequently visit the home and care recipients can choose to retain their own doctor if practical. There is access to a registered nurse at all times and staff refer to allied health professionals for additional support and advice when necessary. Care staff are kept aware of individual care recipient’s care needs through handover, progress note entries and the electronic care plan system. There is a regular review process to assess care recipients and monitor the effectiveness of care provided. Staff consult with care recipients, representatives and medical practitioners in determining clinical care needs. Clinical staff can access a range of education, training, policies, procedures, supplies and equipment to assist them in the delivery of care. Management monitor clinical care through audits, incident analysis, key performance indicators, care plan reviews and stakeholder consultation. Care recipients and representatives are satisfied with the clinical care staff provide.

### 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

Appropriately skilled staff identify and meet care recipients’ specialised nursing care needs. Registered nurses develop relevant specialised care plans and outline interventions and monitoring procedures for staff to follow. The review and evaluation of outcomes of specialised care occurs in consultation with medical practitioners and a range of other health professionals. Provision of specialised nursing care occurs and includes diabetes management, complex wound care and anticoagulant therapy. Monitoring of delivery of specialised nursing care occurs through regular evaluation and feedback from care recipients and representatives. Staff indicate they have sufficient equipment to provide care for care recipients’ complex needs and have had training which guides their practice. Care recipients and representatives are satisfied with the specialised care provided.

### 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

Registered staff refer care recipients to appropriate health professionals in accordance with their needs and preferences. These include referrals to general and specialist medical practitioners and visiting and contracted allied health professionals such as a physiotherapist, speech pathologist, dietitian and podiatrist. There is a written communication system employed to ensure staff and care recipients are aware of future appointments, including pre-requisites and post appointment orders. Care recipients and their representatives are satisfied with mechanisms for referral of care recipients to health professionals according to their needs and preferences.

### 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

Care recipients’ medication is managed safely and correctly. Registered nurses undertake or supervise medication administration and they monitor competency training is completed annually for all staff who administer medications. Medication care plans and charts guide staff with details of care recipients’ special administration requirements and the level of assistance required. Medication supply, administration and storage comply with relevant policies and regulatory requirements. Staff conduct audits to monitor the system, an external pharmacist reviews care recipients’ medications and the medication advisory committee meets regularly to discuss issues, policies and improvements. The incident reporting and audit process contributes to the monitoring of the medication management system. Care recipients said they are satisfied with medication management.

### 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

All care recipients are as free as possible from pain. Staff assess care recipients’ verbal, non-verbal and behavioural indications of pain using observation, discussion, pain monitoring and assessment forms and implement appropriate strategies. Strategies used to assist care recipients include analgesia, massage, exercise programs, repositioning and heat packs. Staff record the use and effects of interventions and strategies. A physiotherapist undertakes individualised pain management programs for care recipients with chronic pain. Staff said they monitor care recipients pain including non-verbal responses to pain when necessary and provide interventions as needed. Care recipients indicated they were satisfied that staff are attentive to their pain management needs.

### 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 provides care recipients with end of life care that ensures their comfort and respects their dignity and cultural requirements. Staff encourage discussion of end of life preferences with care recipients and representatives when they move into the home and there is an opportunity to update these as care needs change. Advanced care planning is offered to all care recipients. Where required there is also input from the medical practitioner, registered nurses and palliative care specialists to develop an end of life pathway to meet the care recipient’s specific preferences. A pastoral carer provides regular support to care recipients and their representatives. Staff described ways in which they provide palliative care to care recipients which included strategies to enhance care recipients’ comfort and dignity. Staff are satisfied they have access to appropriate resources and support during this time.

### 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 receive adequate nutrition and hydration. Staff assess all care recipients for their nutrition and hydration needs when they first enter the home. Care plans document identification of poor appetites, monitoring of weight, skin integrity, swallowing difficulties, the requirement for assistive devices, allergies and any texture modification required to meals. Care staff monitor care recipients’ weight and refer to dietitians and speech pathologists as needed. Nutritional supplements, specialised diets and assistive devices are used to support assessed care recipient needs. We observed staff to assist care recipients with meals in an appropriate manner. Care recipients and representatives are satisfied with the quality and quantity of food and refreshments 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

There are processes to promote care recipients’ skin integrity consistent with their overall health. Staff regularly assess care recipients’ skin integrity to identify risks which may impair their skin integrity. They record strategies to promote care recipients’ skin health and prevent the development of pressure injuries on the care plan. Care staff use emollient creams as a preventive measure for skin protection and refer to relevant health services should these be required for advice on wound care. Staff assist care recipients with ambulation, position changes when needed and manage skin tears and wounds. There is access to pressure relieving equipment to enhance comfort and reduce the incidence of skin injuries. Management monitors and evaluates the effectiveness of skin care and injury prevention strategies and analyses all incidents relating to skin care. Care recipients and representatives are satisfied care recipients’ skin is adequately cared for.

### 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. Staff complete continence assessments when care recipients move into the home and from this develop continence plans. The home has systems to ensure adequate and appropriate continence aids are available and nursing staff provide discrete support to those care recipients requiring assistance with continence management. We observed adequate stock and suitable storage of continence aids. Staff promote optimal bowel health through the implementation of increased hydration, a high fibre diet and appropriate exercise. Management collate statistics for urinary infections each month and results are discussed at staff meetings. Care recipients and representatives are satisfied with the assistance provided for continence management.

### 2.13 Behavioural management

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are processes for effectively managing the needs of care recipients with challenging behaviours. Staff consult with care recipients, representatives and health professionals about behaviour management needs, preferences and interventions. Behaviour assessments identify concerns and care plans outline individual triggers and management strategies to assist in deescalating challenging behaviours. The home consults with external dementia advisory services and medical professionals as required. Staff document behavioural incidents and management reviews these regularly, developing strategies to minimise the likelihood of recurrence. Ongoing education and training for staff ensures they have current skills and knowledge in behaviour management. Care recipients and representatives are satisfied with the management of the needs of care recipients with 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. Staff and the physiotherapist assess each care recipient’s needs when they move into the home and develop care plans detailing exercise programs, equipment and assistance required. A falls prevention program identifies those care recipients at high risk of falling and staff initiate close monitoring of these care recipient’s movements. Staff refer care recipients to the home’s physiotherapist when changes in mobility are identified or falls occur. Management tracks fall incidences for trends and causative factors and implements strategies to prevent and minimise recurrence and injury. Data analyses and care plan reviews contribute to evaluation of the environment and the falls prevention program. Care recipients and representatives are satisfied staff provide adequate support to promote 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

There are care processes to assess and effectively manage care recipients’ oral and dental needs. Staff undertake oral and dental care assessments on each care recipient and develop corresponding care plans identifying aids, equipment and the level of assistance required. Staff initiate referrals to the general practitioner, speech pathologist and dental services as appropriate. Staff assist, observe and prompt care recipients with daily dental hygiene as needed and document any relevant dental issues. Care recipients and representatives said they are satisfied with the provision of oral and dental care.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

### Management and staff demonstrate there are systems and processes for identifying and managing care recipients’ sensory losses. Care plans include any resource requirements and the level of assistance required to minimise any identified sensory loss. Staff make referrals to audiologists and optometrists and assist care recipients to use and maintain their sensory devices. We observed the environment to be safe, with sufficient lighting, uncluttered rooms and handrails on walls. Staff described their role in assisting care recipients to maintain and fit their hearing aids and regularly clean their glasses. Care recipients and representatives are satisfied with the support provided to assist care recipients with sensory losses.

### 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 sleep needs and preferences through initial and ongoing assessments, observations and care recipient feedback. Care plans detail individual strategies to promote sleep, including routines and rituals for retiring, waking and naps, bedding and environmental preferences. Safety measures such as easy access to call bells provides comfort and security to care recipients overnight. Care staff, where possible, promote the use of alternatives to medication such as warm drinks, massage and individual psychological support to assist care recipients to have an undisturbed sleep. Care recipients and representatives said they are satisfied with the home’s approach to ensuring care recipients’ sleeping patterns are maintained.

## 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 pursues continuous improvement activities across the Accreditation Standards. For details of the system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relating to Standard 3 Care recipient lifestyle include:

* Significant resource has gone into the development of a memorial service to be held throughout the year to remember those who have passed. Management said the memorial service helps care recipients, representative and staff to deal more openly with the often sensitive but ever-present issue of death by giving them an opportunity to pay their respects and gain closure. Management said a recent memorial service was found to be a positive and rewarding experience for all involved and memorials will be held formally twice per year in future.
* To support some of the home’s culturally diverse care recipients, lifestyle staff initiated a process to easily identify culturally specific television programming. As part of the process new guides were designed as reference documents to quickly highlight what time a particular heritage or news program is showing on television. Lifestyle staff said the activity was helpful to those who took it up.

### 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

There is a system to identify and comply with all legislation, regulatory requirements, professional standards and guidelines relating to the Accreditation Standards. For details regarding the home’s system, refer to expected outcome 1.2 Regulatory compliance.

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

* The home displays posters of the Charter of care recipients’ rights and responsibilities – residential care.
* Management provide care recipients with an agreement detailing occupancy arrangements and complaints mechanisms upon entering the home.
* The organisation maintains a reportable incident register and has procedures to guide staff in their reporting of suspected or alleged elder abuse.

### 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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education system.

Recent education and staff development relating to Standard 3 Care recipient lifestyle includes:

* elder rights
* mandatory reporting
* spirituality
* Sexuality/LGBTI.

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

### Management and staff support care recipients to adjust to life in their new environment by providing person centred support. Further provision of emotional support occurs through a pastoral care worker and religious personnel who visit the home regularly. Prior to entering the home care recipients and representatives receive information on the home’s processes, services available and their rights and responsibilities. Orientation occurs which includes a tour of the living environment and introductions to other care recipients. Staff assist care recipients with settling before the commencement of assessments that consider life history, cultural and spiritual needs and lifestyle preferences more broadly. Care recipients receive a handbook with information on internal and external processes for raising their concerns. Care recipients and representatives said management and staff are supportive.

### 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 receive support to achieve and maintain independence in activities of interest to them. This includes encouragement to maintain friendships and participate in social and leisure activities outside the home where this is possible. Staff identify individual preferences which hold meaning to the care recipient and work with representatives, family members and volunteers to help fulfil these. Visitors to the home are welcome and family and friends are encouraged to facilitate outings. The lifestyle program provides opportunity for bus outings, community engagement, interactions with animals and children and exercise activities. Lifestyle staff work with families to identify ways in which they can support care recipients to fulfil various civic responsibilities. Care recipients are satisfied their independence is supported.

### 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’ rights to privacy, dignity and confidentiality are recognised and respected. The home has private sitting areas where care recipients can have quiet time or socialise with friends, family or representatives. Care recipient information is stored securely and access only permissible to personnel providing care. The home’s values ask of their workers to respect the uniqueness of each person and to be compassionate to their varying needs. Care recipients give consent for publication of photos and celebration of days of significance. Surveys, meetings and care consultations provide an avenue for care recipients to feedback to management. Care recipients are satisfied staff respect their privacy and dignity.

### 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 are encouraged to participate in a wide range of interests and activities. Lifestyle staff consult with care recipients and relevant others and complete comprehensive assessments which identify leisure interests and preferences for inclusion in the lifestyle program. Assessments form the basis of care plans which are regularly reviewed to reflect care recipients’ changing needs and preferences. Lifestyle staff with support from volunteers and the pastoral carer provide a wide-ranging program which includes group activity, outings and important one to one time with care recipients. Activities which some care recipients remarked upon during the visit included the live entertainment sessions, the new meditation class and craft groups. Others spoke of how they look forward to one on one time with staff members they hold in high regard. Care recipients and representatives expressed satisfaction with the lifestyle program and the commitment shown by lifestyle staff.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

### Management and staff value and foster care recipients’ cultural and spiritual lives. Lifestyle staff and the home’s pastoral carer assess care recipients to ascertain what is important to them with regards to their requirements for cultural and spiritual care. Care recipients can engage the pastoral carer on either a religious or spiritual level or more generally as an extra support person or confidant in the home. Cultural and spiritual support extends to end of life preparations and post life remembrance. Care recipients are encouraged to discuss and document their advanced care wishes when they feel comfortable doing so. The home provides regular religious services for those who wish to participate and recognises commemorative and special events. Care recipients and representatives are satisfied with how management and staff meet their 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 are committed to promoting each care recipient’s right to choose and participate in decisions affecting them in the home. When care recipients are assessed for their lifestyle needs and preferences information is sort to determine what is important to the individual regarding autonomy and choice within residential aged care. This information is then captured in the care plan where it can be referenced by all staff. Within the home staff respect care recipients preferences for a male or female carer during activities of daily living, there is open access to the outdoors, care recipients choose their settling and rising times and their level of participation in activities and events on offer. Staff are aware of the important role they play in advocating for care recipients and respecting their right to make decisions in the home. Care recipients said they participate in decisions regarding care and services in the home.

### 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

Organisational processes assist care recipients and their representatives to understand their rights and responsibilities and feel secure in their tenure. Management, supported by an admissions coordinator, discuss entry requirements and provide residential agreements to care recipients and representatives. Accommodation agreements include information on the care and services the home provides, including information about changing needs. Management displays the Charter of care recipients’ rights and responsibilities prominently throughout the home and within the care recipient handbook. Care recipients and representatives said management provide assistance to understand relevant information about 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

Management pursues continuous improvement activities across the Accreditation Standards. For details of the system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relating to Standard 4 Physical environment and safe systems include:

* As part of ongoing improvements around the home management are replacing carpets in bedrooms with wood look linoleum. Management said the improvement is also supportive of occupational health and safety and permits the safe use of transfer and lifting equipment in these bedrooms.
* Management expanded their fire and emergency training to include the safe and effective use of specialised ‘evacuation mats’. Management said the mats are an evacuation tool used for care recipients with limited or no mobility in the event of an emergency. Staff said the education was valuable.

### 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

There is a system to identify and comply with all legislation, regulatory requirements, professional standards and guidelines relating to the Accreditation Standards. For details regarding the home’s system, refer to expected outcome 1.2 Regulatory compliance.

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

* There are procedures for recording and reporting infectious outbreaks.
* There is a system to ensure ongoing compliance with fire safety regulations.
* A food safety program is in place and third party audits occur.
* Management promotes and manages occupational 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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education system.

Recent education and staff development relating to Standard 4 Physical environment and safe systems includes:

* emergency procedures
* infection control
* manual handling
* occupational health and safety.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

##### Management and staff are working to provide a safe and comfortable environment. Care recipients live in single rooms with private ensuites. Care recipients are encouraged to make their private spaces as personal and homely as possible without compromising safety. Care recipients have access to comfortable common areas and a number of private sitting areas. The home has a hairdressing salon, small chapel and three large courtyard areas which have maintained gardens and safe walking paths. Furnishings and equipment are ample and consistent with the needs of current care recipients. There is a well-managed system for preventative and reactive building and equipment maintenance. The home allows care recipients to use certain types of bed pole devices following assessment and approval by a physiotherapist. Care recipients and representatives are satisfied with the safety, comfort and cleanliness of the living environment.

### 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 home is working to provide a safe environment that meets regulatory requirements. There is an occupational health and safety program supported by the organisation and enacted by a number of onsite representatives. Staff are made aware of their occupational health and safety responsibilities through education, meeting forums, information displays and induction processes. There is a system for incident reporting and raising maintenance issues and hazards. Safety data sheets are available and the environment is monitored for hazards and clutter. Chemicals are stored in locked rooms and personal protective equipment is available for use by staff. Staff attend education relating to safety in the work place including manual handling and infection control training. Staff are satisfied with the safety of their working environment and the responsiveness of management to any issues raised.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

Management and staff are working to maintain a safe environment that minimises fire, security and other emergency risks. Staff have access to documented emergency management procedures. Fire safety systems are in place including inbuilt detection and containment mechanisms and fire-fighting equipment. Contracted fire professionals regularly monitor and maintain detection systems and fire equipment. Staff receive training annually regarding fire and emergency procedures including how to respond to the fire panel. Management remind care recipients of the process to follow in an emergency. Staff are aware of their responsibilities in the event of an emergency and care recipients feel safe and secure in the home.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

The home has an effective infection control program. Infection control measures include the availability of personal protective equipment, hand hygiene facilities, policies and procedures, audits, orientation and education. Staff collect care recipient infection data which management uses to identify trends and implement strategies which are discussed at relevant meetings. The kitchen has a current food safety plan and there are infection control processes related to laundry, cleaning systems and pest control. An immunisation program is provided to both care recipients and staff. Resources in the home include outbreak and spill kits. Staff participate in annual infection control training, including standard precautions and handwashing competencies. Staff demonstrated an awareness and knowledge of appropriate infection control practices related to their duties.

### 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

Hospitality services are provided in a way that enhances care recipients’ quality of life and the working environment for staff. Staff record care recipient’s dietary preferences on entry to the home and review these when needs or preferences change. Meals are prepared fresh in accordance with the home’s food safety program. A seasonal menu offers care recipients a range of meal, beverage, snack and finger food choices. The home has days whereby they will adopt the cuisine of a different country which adds further variety to the menu. Laundering of personal clothing occurs on site and there is a system for labelling care recipients clothing to minimise lost property. Cleaning occurs according to infection control guidelines and documented cleaning procedures. Overall, care recipients and representatives were satisfied with the hospitality services provided at the home.