



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

St Ives Melville RACS ID: 7237

Approved Provider: St Ives Care Pty 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 20 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 29 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 0-9 November 2015 to 09 November 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 20 March 2018

Accreditation expiry date 09 November 2019



Australian Government

Australian Aged Care Quality Agency

St Ives Melville

RACS ID 7237

15 Cottrill Street

MYAREE WA 6156

Approved provider: St Ives Care 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 09 November 2018.

We made our decision on 29 September 2015.

The audit was conducted on 18 August 2015 to 19 August 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

St Ives Melville 7237

Approved provider: St Ives Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 18 August 2015 to 19 August 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 18 August 2015 to 19 August 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:	Niky (Nikole) Parry
Team member:	Anne Rowe

Approved provider details

Approved provider:	St Ives Care Pty Ltd
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Details of home

Name of home:	St Ives Melville
RACS ID:	7237

Total number of allocated places:	50
Number of care recipients during audit:	49
Number of care recipients receiving high care during audit:	43
Special needs catered for:	Nil specified

Street:	15 Cottrill Street	State:	WA
City:	MYAREE	Postcode:	6156
Phone number:	08 9317 1744	Facsimile:	08 9330 2848
Email address:	enquiries@stivesgroup.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Care recipients/representatives	9
Quality team	3	Residential care manager	1
Registered nurses	2	Enrolled nurses	2
Care staff	5	Allied health staff	4
Kitchen staff and hotel services	7	Maintenance staff	1

Sampled documents

	Number		Number
Care recipients' files, including charts, assessments, external health services reports, and progress notes	8	Medication profiles and signing records, including self-assessment authorities where applicable	8
Care plans	8	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity program, therapy statistics and evaluations of activities
- Archiving and destruction register
- Audits, surveys and corrective actions plans
- Care recipient information package, handbook and agreements
- Continuous improvement folder
- Duty statements
- Employee details register for monitoring police certificates, visas, registrations and performance appraisals
- Evacuation procedures and care recipient mobility list
- Feedback folder
- Handover sheets and communication books
- Hotel services signing sheets
- Meeting minutes, memoranda and newsletters
- Monthly management, clinical indicator, residential care and quality reports
- Nutritional and dietary information, food and fridge temperature records, food safety plan and kitchen cleaning signing sheets
- Nutritional supplement records
- Occupational health and safety folder, including hazard reports
- Oral health screening and optometrist screening reports

- Pain clinic records
- Policies, procedures and organisational structure
- Preventative and corrective maintenance schedules
- Register of drugs of addiction
- Regulatory compliance folder
- 'Resident of the day' file and care plan reviews schedule
- Rosters
- Staff and care recipient vaccination records
- Staff handbook and orientation information
- Training and education information
- Wound assessments and wound care progress file.

Observations

The team observed the following:

- Access to internal and external comments and complaints mechanisms and secure suggestion box
- Activities in progress
- Equipment and supply storage areas, including archiving areas and secure documentation bins
- Interactions between staff and care recipients
- Living environment
- Location of emergency equipment, evacuation information and exit lighting
- Lunch meal service, including staff assisting care recipients
- Noticeboards displaying information for care recipients, visitors and staff
- Rainbow/palliative care equipment
- Short observation of group activity in dining/lounge area
- Storage and administration of medications
- Vision, mission and values statement, Charter of care recipients' rights and responsibilities and notice for re-accreditation displayed
- Wound care trolley, including wound care products.

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

There are systems and processes to identify, plan, implement and evaluate continuous improvement activities. Reporting and feedback mechanisms guide staff to identify opportunities for continuous improvement. Information from sources, such as suggestion and feedback forms, audits, hazard/incident reports, surveys and meetings is logged, actioned, evaluated for effectiveness and feedback given to stakeholders via meetings or noticeboards. Staff and care recipients reported they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

Examples of current or recent improvements in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- Feedback from the home's 2014 survey identified an opportunity to increase recognition of staff service. As a result, in January 2015 three plaques were mounted to the wall in the reception foyer to recognise staff service of five, 10 and 15 years. Staff who reach these milestones have their names engraved and displayed. The home has recorded a positive response to the initiative via their feedback system, and the staff survey is due to be repeated later this year.
- Feedback received from a staff member identified an opportunity to improve communication between staff due to the layout of the home. Instead of walking around to search for a staff member when assistance is required, the home has purchased two mobile phones to increase communication in addition to the satellite phone and call bell system. Staff interviewed reported the addition of the mobile phones improved communication by increasing access to assistance from other staff members.

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 to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from the head office, and policies are updated on shared system drives as required and disseminated to staff from the manager via meetings and memoranda. The home monitors compliance with legislative requirements through internal and external auditing programs, quality reports and human resource procedures. There are processes to monitor police certificates, professional registrations and working visas. Care recipients' fees

and charges are set according to legislation, and care recipients and representatives have access to external complaints processes. Care recipients and representatives reported they were informed of the re-accreditation audit via correspondence, newsletters and meetings.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home's education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identify training needs through feedback and requests from staff, surveys, audits, accident/incident reports and observation of work practices. Site orientation and 'buddy' shifts are established for new staff, and orientation, mandatory and optional training is accessed via internal, external and on-line mediums. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance. Staff reported they have access to a variety of internal and external training and education opportunities.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Certificate III and IV in aged care
- Corporate orientation
- Customer interaction
- Electronic communication and social media
- Workplace bullying and harassment.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous feedback forms. Information on the processes to access internal and external complaints and advocacy services is displayed throughout the home and discussed with care recipients and their representatives on moving into the home, at meetings and family conferences. Management action all comments and complaints and provide feedback to the originator. The home measures the effectiveness of the comments and complaints process via audits and satisfaction surveys, and identified trends feed into the home's continuous improvement plan. Staff receive information about the home's comments and complaints process during orientation and advocate on behalf of care recipients as required. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

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 home's purpose, vision and values statement is documented and displayed, and is available for care recipients, representatives and staff. New staff receive education on the home's values during orientation and the home uses the organisation's values to guide staff practices in providing care and services. The organisation has a strategic plan available for stakeholders to view. Staff surveys and performance appraisals monitor staff knowledge in values of the organisation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients' needs. The manager reviews staffing levels based on care needs and feedback from stakeholders and monitors staff police certificates, working visas and professional registrations. Recruitment processes are supported by head office. A 'buddy' program provides new staff with additional support from an experienced staff member. Staff performance is monitored via performance appraisals, feedback mechanisms, surveys and audits. Staff reported they have sufficient time to complete their duties and management is responsive to changes in care recipient needs. Relief cover is provided from the home's own staff or via an agency. Care recipients reported satisfaction with the skill level and number of staff to provide 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

The home has adequate supplies of appropriate stock and equipment to enable the delivery of quality services. Systems and processes ensure purchase, use, storage, maintenance and management of goods and service meets the needs of the home. The home monitors the effectiveness of storage, condition and availability of goods and equipment via reviews, inspections and reporting mechanisms. Relevant staff manage the corrective and preventative maintenance program, which ensures regular checking and servicing of all equipment, buildings and grounds. Training is available for the appropriate use of electronic and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their duties and repairs are made in a timely manner. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment to meet care recipients' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective information management systems. Systems and processes facilitate the collection, analysis, storage, retrieval and archiving of information related to care, business and operational matters. Management routinely collate, analyse and table information collected from clinical records and indicators, monitoring and reporting mechanisms and human resource and procurement processes. The home schedules meetings specific to roles and committees, and disseminates minutes as appropriate. The organisation reviews standardised documents, policies and procedures and notifies key staff of updates via emails, memoranda and meetings. The home has procedures for the secure storage, archiving and management of records and information. Staff reported they have access to information relevant to their roles via regular meetings, handovers, noticeboards, feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information to assist them to make decisions about care recipients' care and lifestyle.

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 ensures all externally sourced services are provided in a way that meets the home's needs and quality of service. Goods and services are purchased via a preferred suppliers list and the manager monitors police certificates, professional registrations and insurance details of external contractors. Quality of work is monitored through service records and feedback from stakeholders and review of services is taken into consideration prior to renewing contracts. Care recipients, representatives and staff reported satisfaction with the quality of service they receive from external service providers.

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 an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvements in relation to Standard 2 – Health and personal care are described below.

- The home has recently completed a review of the content included in the medication competency training, in relation to current best practice and national guidelines. As a result, the home has reflected these changes in the medication policy and introduced a competency for enrolled nurses. The home has evaluated these changes by reviewing staff related medication incidents, which have decreased from 18 in January 2015 to two in July 2015. Staff interviewed stated they have been updated of the changes to policy and have completed training in accordance with the new competencies.
- Following a suggestion from a registered nurse, the home is trialling an additional pain audit. The 'mini pain' audit was undertaken by a registered nurse and has been completed on all care recipients. The audit has resulted in a review of two care recipients' pain management by a general practitioner. Registered staff reported the audit provides additional monitoring of pain management and care recipients reported satisfaction with the assistance they receive to manage their pain. Quality staff advised the improvement may be added to the audit schedule following further review and evaluation by the clinical and quality teams.

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

Systems and processes identify and ensure the home achieves and maintains ongoing regulatory compliance in relation to care recipients' health and personal care. Clinical staff oversee initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Internal and external audits ensure medication storage and administration complies with relevant guidelines. The home monitors any changes in legislation and alerts staff through meetings or memoranda. The home has a policy and procedure for unexplained absences of care recipients. Care

recipients and representatives reported care services are received in accordance with specified care service requirements.

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 an overview of the home’s education and staff development system and processes.

Examples of education and training related to Standard 2 – Health and personal care are listed below.

- Dementia care and behaviour management
- Dysphagia care
- Oral health
- Palliative care
- Wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients receive appropriate clinical care. On moving into the home a range of assessments are undertaken by a multidisciplinary team to identify care recipients’ clinical care needs and preferences. A care plan is developed to guide staff in the provision of care and is reviewed six monthly, or sooner if required. Clinical incidents are recorded and an analysis, evaluation and benchmarking is conducted by registered nurses and the quality team. Care recipients and representatives have the opportunity to discuss clinical care needs and preferences at team/family meetings, or informally as needs change. Staff are advised of care recipients’ changed needs through memoranda and at handovers, and attend training to maintain their knowledge and skills. Care recipients and representatives reported they are satisfied care recipients receive appropriate clinical care.

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 qualified staff meet care recipients’ specialised nursing care needs. Registered staff assess, plan, manage and review specialised nursing care requirements and technical care plans are developed. The home has access to specialist services as required for care recipients with complex clinical needs. Care recipients are assisted to attend external appointments and specialised clinics. Registered staff advised there is sufficient equipment,

products and clinical information to support care recipients' specialised nursing care. Care recipients and representatives reported care recipients receive specialised nursing care in accordance with their needs.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home refers care recipients to appropriate health specialists in accordance with their needs and preferences. On moving into the home, the multidisciplinary team assess care recipients and develop summary and extended care plans. Other health services visiting the home to undertake care recipients' assessments or treatment include a podiatrist, speech pathologist and Parkinson's disease nurse. The home has access to a clinical response team as required, during the evening and overnight via referral from registered staff. Staff reported they liaise with other health services for additional services as required, and care recipients advised they are satisfied with the ongoing access they have to a variety of health specialists.

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. Competent care staff and registered staff administer medications from multi-dose sachets, blister packs and bottles. Care recipients' medication profiles show their identification, medication allergies and special instructions for administration. Medication incidents are reported, actioned and analysed, and regular medication audits are undertaken. The effectiveness of 'as required' (PRN) medication is evaluated and the general practitioner reviews medication on a regular basis. Following referral from a general practitioner, an accredited pharmacist reviews care recipients' medication and provides a recommendation to the general practitioner. A medication advisory committee meets quarterly to review medication governance. Care recipients who prefer to administer their own medication are assessed for competency to do so, and care recipients reported they are satisfied with their 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

Care recipients are as free as possible from pain. On moving into the home, pain is charted over a number of days and followed up by a pain assessment completed by registered nurses and the physiotherapist. Care plans are developed and additional pain management treatments, including regular aromatherapy massage and heat packs, are undertaken by the physiotherapist. Pain is monitored via charting when new pain is identified, or when changes are made in care recipients' pain management. Staff reported ways in which they identify pain and stated they report any observation of care recipients' pain to registered staff for

further intervention. Care recipients and representatives advised they are satisfied with staffs' assistance to manage care recipients' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has processes to ensure the comfort and dignity of terminally ill care recipients is maintained in accordance with their needs and preferences. Care recipients are provided with an opportunity to discuss their end of life wishes when they move into the home, or thereafter if preferred. The home has access to external palliative care services for the provision of assistance during care recipients' palliation. Additional palliative care equipment is stored in a container for easy access, and staff have undertaken training in palliative care. Staff reported they understand the care and support required for a care recipient and representatives during the terminal phase of life, and representatives are welcome to remain with the care recipient if preferred. We noted formal compliments received from representatives following end of life care provided at the home.

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 nourishment and hydration. A nutrition, hydration and dietary needs and preference assessment records care recipients' dietary requirements when they move into the home. Care recipients' meal intake is monitored over a number of days, and likes, dislikes, allergies and specialised diets are recorded and forwarded directly to catering staff. Care recipients' weights are monitored by registered staff, and following referral, are reviewed by the dietitian. Nutritional supplements are ordered when weight loss is identified. A speech pathologist reviews care recipients following referral and care recipients receive modified texture diets and fluids as required. Staff reported they have adequate knowledge and skills to assist care recipients with their nutrition and hydration, and care recipients and representatives advised they are satisfied with care recipients' meals and drinks.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Care recipients' skin integrity and, if necessary, their pressure area risk are assessed when they move into the home and as required. Care plans detail interventions and equipment to maintain care recipients' skin integrity. Skin care strategies include regular creams, limb protectors and air-flow mattresses. Registered staff attend wound care and an external service is accessed for further assistance when required. Skin tears and wounds are monitored by registered nurses

and via monthly clinical indicators that are reviewed by the quality team. Care recipients and representatives reported they are satisfied with the assistance provided by staff to maintain care recipients' skin health.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' continence is managed effectively. Care recipients' continence needs are assessed on moving into the home, and a care plan is developed and reviewed six monthly or sooner if required. A range of interventions are used to manage continence needs, including appropriate equipment, assistance in toileting and suitable continence aids. Bowel management strategies include daily monitoring and interventions, such as adequate fluids, high-fibre diets and medication. Staff reported they have adequate equipment and supplies to manage care recipients' continence needs effectively. Care recipients advised they are satisfied with staffs' assistance to manage their continence.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. The home identifies care recipients' behaviours of concern via charting and progress notes over a number of days soon after they move into the home. Possible triggers and interventions are identified and a behaviour assessment is completed by registered staff. Staff have access to other health services, including the older adult mental health service and the dementia behavioural management advisory service for further review as required. Monthly reporting systems and clinical indicators monitor incidents of behaviour. Staff have had training in dementia care and reported they have adequate skills to assist care recipients who may impact negatively on other care recipients. Care recipients and representatives reported care recipients are not disturbed by other care recipients' behaviour.

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

The allied health team assess care recipients' mobility, dexterity, complex pain and falls risk when they move into the home. The physiotherapist develops a program to maintain physical function that includes group or individual exercises and walking programs. Following a care recipient's fall, a falls risk assessment is completed by the physiotherapist and further interventions implemented as required. Dexterity assessments are completed by the occupational therapist and assistive devices ordered as required. Care recipients' attendance at therapy sessions are recorded and incidents of falls are monitored by multi-disciplinary staff and the organisation's quality team. Staff reported hip protectors and sensor mats are utilised to reduce the risk of a fall or prevent injury. Care recipients advised staff are skilled in

the assistance they provide with their mobility and they are satisfied with the management of their mobility and dexterity needs.

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 oral and dental health of care recipients is maintained. Care recipients’ oral and dental requirements are assessed when they move into the home by registered staff and information of their dental requirements are recorded on the care plan. Care recipients are offered an annual dental examination and information of recommended treatment is provided to care recipients and representatives for follow-up. Care recipients access external dental care and treatments ordered are undertaken by staff. Care recipients are referred to the speech pathologist when a swallowing impairment is identified and interventions are documented. Staff reported the care plan guides them with the amount of assistance care recipients require to maintain oral and dental hygiene and appropriate equipment is available. Care recipients are satisfied with the assistance from staff with their oral health needs.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Sensory losses of care recipients are identified and managed effectively. Registered and allied health staff assess care recipients’ sensory impairments when they move into the home. A toolkit is used by the occupational therapist as required for smell, touch and taste assessment. Care recipients have the opportunity of an annual optometry assessment conducted at the home by a specialist service, including provision and servicing of identified sensory aids. Care recipients attend external services for hearing examinations and provision or repair of hearing aids. Sensory activities are included on the activity program and large print and talking books are provided to care recipients as required. Staff have had training in hearing aid battery replacement and advised they provide assistance with sensory losses according to the care recipients’ needs. Care recipients and representatives reported they are satisfied with the assistance provided by staff to care recipients with 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. A sleep chart is completed over a number of days when care recipients move into the home to identify any waking patterns or disturbed sleep. Registered staff undertake a sleep assessment and care plans describe the care recipients’ preferences at night and interventions to assist achieve a natural sleep. Staff monitor care recipients overnight and report altered sleep patterns in the progress notes. Staff described factors that can influence a care recipient’s sleep, including pain and

continence issues. Care recipients reported staff provide them with assistance at night if they are unable to 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 an overview of the home’s continuous improvement system.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvements in relation to Standard 3 – Care recipient lifestyle are described below.

- The home, via feedback collected from care recipients, identified an opportunity to maximise care recipients’ independence by replacing hand basin taps. As a result, the home sourced and installed new taps, which are easier to use. The home has evaluated this improvement via formalised feedback submitted from care recipient’s families.
- The occupational therapist (OT) identified a delay between identifying a need of adaptive cutlery for a care recipient, and supply of the same. As a result, the OT has developed an adaptive cutlery toolkit, with a range of samples for the care recipient to select based on needs and preferences. The care recipient can then use the cutlery from the toolkit whilst waiting on the product to be delivered. The OT has evaluated the sustainability of the toolkit and had positive feedback from care recipients who have required adaptive cutlery.

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

Care recipients are informed about their rights and responsibilities via information provided to them when they move into the home. Information updates are advised in writing and care recipients have opportunities to discuss changes via formal or informal meetings. The home provides each care recipient with an agreement outlining fees, level of care and services, and tenure arrangements. There are policies and procedures for the compulsory reporting of elder abuse. Staff sign a confidentiality agreement on employment, and are informed of changes in legislation relevant to care recipient lifestyle through training, memoranda and meetings. Care recipients and representatives reported they are consulted in regards to making decisions about services and are informed when changes in provision of care arise.

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 an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 3 – Care recipient lifestyle are listed below.

- Cultural awareness and competence
- Lesbian, gay, bisexual, transgender and intersex awareness in aged care
- Mandatory reporting and elder abuse
- Privacy and dignity.

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

The home supports care recipients to adjust to life changes when they move into the home and on an ongoing basis. A facility orientation includes information, including use of call bells, security and shopping centre locations. Therapy staff reported they provide support to new care recipients by introducing themselves, giving them a newsletter that includes the activity planner and generally making them feel welcome. Information related to the care recipient's background, hobbies and interests is gathered during assessment and included on the care plan. Care staff described ways in which they support new care recipients to settle into the home. Care recipients stated they are satisfied with the emotional support provided by staff.

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 are assisted to achieve maximum independence, and maintain friendships within and outside the care service. A number of therapy and physical assessments are completed by the multi-disciplinary team when care recipients move into the home and a care plan is developed that identifies activities to maintain their independence. Programs to access the community include interaction and activities with care recipients in the co-located village, bus and lunch outings and outdoor walking groups. Identified care recipients use motorised equipment to access the community independently. Staff reported a number of care recipients spend time away from the home with their families on a regular basis and they encourage and assist care recipients maintain their independence. Care recipients gave examples of activities they undertake to maintain their independence and advised they are satisfied with the assistance provided by staff.

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

The right to privacy, dignity and confidentiality of care recipients is recognised and respected. Care recipients' right to privacy is reflected in the home's agreement, privacy policy, social media policy and information booklet. Care recipients or representatives have access to an organisational privacy officer with concerns relating to privacy. Records are stored appropriately in a secure area and computers are password protected and backed up. Staff have completed training in the privacy and dignity of care recipients and described ways they show respect to care recipients during personal care and lifestyle needs. Care recipients and representatives reported staff are respectful of care recipients' dignity, and they are confident their private information is managed effectively.

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 and supported to participate in a wide range of activities of interest to them. The occupational therapist and lifestyle staff gather and collate information regarding care recipients' personal histories, lifestyle and activity preferences and physical abilities from feedback and assessment. The lifestyle team develops a monthly program based on care recipients' interests, formal and informal feedback, participation records, and informal evaluation. The occupational therapist monitors the program via lifestyle staffs' evaluations, care recipient feedback and therapy statistics. Past and future activities are discussed at the care recipient meeting, and staff reported care recipients enjoy a wide range of activities, including bingo, quizzes, table games and entertainment. Care recipients stated they are satisfied with the activities offered to them and they are encouraged to participate or observe.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients are valued and fostered. Information on care recipients' cultural and spiritual backgrounds are recorded when they move into the home. Anglican and Roman Catholic services are held at the home regularly and Roman Catholic communion is provided each week. Significant events and multi-cultural days are celebrated through activities and special days and meals, including Australia Day, ANZAC Day and Melbourne Cup. Community and multilingual visitors are accessed to visit care recipients as required. Lifestyle staff advised that following a suggestion from a care recipient a new 'spiritual group' is being commenced. Care recipients reported they are supported to maintain their cultural needs, and care recipients stated their cultural and spiritual needs are supported.

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

There are processes to ensure care recipients can participate in decisions about the services they receive and exercise choice and control over their lifestyle without infringing on the rights of others. Processes are undertaken to assess care recipients' individual needs, preferences and wishes across all areas of care and service delivery. Care recipients have the opportunity to join the home's 'social committee' to meet and discuss the activity program and provide ideas and suggestions for activities and social events. Clinical meetings are conducted with care recipients and representatives to participate in decisions about the clinical care and services. Staff reported strategies for supporting care recipients' individual preferences, including their participation in activities and refusal of care. Care recipients reported staff support them to make choices in all aspects of their daily life.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service and understand their rights and responsibilities. A pre-admission package is provided to care recipients and representatives before moving into the home, which gives information on the home's care and services. On moving into the home, an agreement is signed that includes details of care recipients' rights and responsibilities, accommodation services, termination of agreement and security of tenure. Information in different languages is accessible for care recipients from non-English speaking backgrounds. Brochures regarding advocacy services are accessible to care recipients and representatives. Staff reported they understand the rights and responsibilities of care recipients, and care recipients and representatives stated they understand care recipients have secure living arrangements.

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 an overview of the home’s continuous improvement system.

In relation to Standard 4 – Physical environment and safe systems, staff conduct environmental audits and collect information in relation to hazards and incidents to identify trends. Surveys and feedback systems are used to measure and review the living environment and ensure safety of care recipients, staff and others. Care recipients and staff are satisfied management actively works to improve the home’s physical environment.

Examples of current or recent improvements in relation to Standard 4 – Physical environment and safe systems are described below.

- The home received feedback from care recipients that the temperature of the food was not to their preference. The home trialled a range of interventions and have since purchased two deep tray food warmers and insulated food covers. The home has since received compliments from care recipients via their feedback system in regards to the serving temperature of the food.
- At a recent meeting, care recipients informed management they felt the internal hallway and sun lounge lighting was insufficient. The home has since installed a variety of new lighting to the areas, consulting care recipients for their input. The home evaluated the initiative by asking care recipients at subsequent care recipient/relative meetings and the home has plans to improve lighting in care recipients rooms.

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

The home has systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency preparedness are routinely inspected and audited. Safety data sheets and infection control guidelines are available. The home has a food safety program to provide staff guidance. Interviews with staff confirmed their knowledge of regulatory compliance requirements.

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 an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 4 – Physical environment and safe systems are listed below.

- Chemical safety
- Fire and safety
- 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 provide a safe and comfortable environment consistent with care recipients' needs. The home provides care recipients with single rooms containing a kitchenette, sitting area and ensuite, which they are encouraged to personalise with items of furniture and mementos. Care recipients and their families have access to internal and external private and communal areas for social interaction and activities. There are processes to ensure the environment is well-maintained, clean, clutter and odour free. Room and environmental audits are undertaken regularly and corrective and preventative maintenance programs ensure safety and comfort. Care recipients and representatives expressed their satisfaction with temperature, noise, safety and comfort, and reported management consult them in regards to making decisions over 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

Management and staff actively provide a safe working environment that meets regulatory requirements. Staff are oriented to their occupational health and safety responsibilities, and organisational safety policies and procedures guide and direct staff practice. Management and staff regularly assess the physical environment, report risks, identify potential and actual hazards and analyse accidents and incidents. The home has a process for tagging of electrical appliances and scheduling maintenance for furniture and equipment. Staff receive information on their occupational health and safety responsibilities during orientation, meetings, memoranda and via newsletters. Staff described ways they identify and report

hazards and accidents, and they are addressed in a timely manner. Care recipients and representatives reported management is proactive in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe environment and reduce the risk of emergencies, fire and safety breaches. Fire, security and emergency procedures are available to staff, care recipients and visitors and inform them how to proceed in the event of an emergency. The building is equipped with a range of fire prevention and firefighting equipment and contracted services carry out routine inspections and the testing of fire systems. Staff attend regular fire and emergency training and an evacuation pack contains updated care recipient and next-of-kin information. Security procedures ensure staff and care recipient safety in the evenings. Staff interviewed described procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported they feel safe and secure within 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. Staff are informed of current practices at orientation and mandatory education sessions. The home provides information to guide staff in managing infectious outbreaks and appropriate personal protective equipment is readily available. Information on individual care recipient infections is collated monthly and shared with staff. Cleaning and laundry procedures, hand-washing facilities, sharps disposal, care recipient and staff vaccination programs, food safety and pest control management are some of the measures used to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and described their responsibilities in the event of an outbreak. Care recipients and representatives reported they are satisfied the home's infection control practices.

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. Care recipients' food preferences, cultural requirements, likes and dislikes and any special requirements are recorded when care recipients move into the home and as required. A dietitian approved rotating menu is cooked on-site and served in a communal dining room. An external contractor supplies clean linen, while personal items are laundered on-site. There are systems to minimise loss of personal items and ensure adequate stock of linen. Cleaning staff undertake cleaning in accordance with a structured cleaning program. Management monitor the quality of hospitality services via various feedback mechanisms,

such as comments and complaints, surveys, meetings and audits. Care recipients and representatives reported they are satisfied the home's hospitality services meet care recipients' needs and preferences.