



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

**Reconsideration Decision**

**Villa Maria Catholic Homes Bundoora Aged Care Residence RACS ID: 3511**

**Approved Provider: Villa Maria Catholic Homes Limited**

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

Reconsideration Decision made on 23 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 5 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 25 September 2015 to 25 August 2019.

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

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

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

This decision is effective from 23 January 2018

Accreditation expiry date 25 August 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Villa Maria Bundoora**

RACS ID 3511

1424-1428 Plenty Road

BUNDOORA VIC 3083

Approved provider: Villa Maria Society

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 25 September 2018.

We made our decision on 05 August 2015.

The audit was conducted on 30 June 2015 to 01 July 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**

**Villa Maria Bundoora 3511**

**Approved provider: Villa Maria Society**

### **Introduction**

This is the report of a re-accreditation audit from 30 June 2015 to 01 July 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 30 June 2015 to 01 July 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:	Jennifer Thomas
Team member:	Dean Gemmill

## Approved provider details

Approved provider:	Villa Maria Society
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## Details of home

Name of home:	Villa Maria Bundoora
RACS ID:	3511

Total number of allocated places:	91
Number of care recipients during audit:	89
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Memory support unit

Street:	1424-1428 Plenty Road	State:	Victoria
City:	Bundoora	Postcode:	3083
Phone number:	03 9467 9011	Facsimile:	03 9467 8548
E-mail address:	Louise.Care@villamaria.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management/administration/ corporate staff and consultants	6	Care recipients/representatives	13
Clinical/allied health/lifestyle/volunteers	13	Hospitality/safety/environment staff	6

### Sampled documents

	Number		Number
Care recipients' files	9	Medication charts	9
Care recipients' lifestyle, related assessments, care and evaluation documentation	9	Personnel files	6
Service agreements/contracts	4		

### Other documents reviewed

The team also reviewed:

- Allied health folders
- Audits
- Care recipients', staff, volunteers' and contactors' handbooks
- Catering and dietary records
- Continuous improvement forms (compliments, comments and complaints)
- Continuous improvement plan
- Education, staff training and development folder
- Essential services reports
- External contractor register
- Fire and emergency procedures manual, log books and service records
- Handover sheets and care recipients' lists
- Health, safety and wellbeing manual
- Hospitality documentation – catering, cleaning and laundry
- Incident reports, analysis and trending data
- Infection control records and analysis
- Information folder for Accreditation team
- Lifestyle activity calendars and related documentation
- Maintenance service schedules, requests, records and documentation
- Meeting minutes, schedules, memoranda and newsletters
- Menus and dietitian menu review report and dietary documentation

- Policies, procedures and flow charts
- Re-accreditation self-assessment
- Regulatory requirements documentation
- Risk assessments
- Rosters
- Specialised nursing care documentation
- Surveys.

## **Observations**

The team observed the following:

- Activities in progress and displayed lifestyle calendars
- Brochures and continuous improvement forms and suggestion box
- Call bell system
- Chemical storage and material safety data sheets
- Egress routes, signage and unobstructed pathways
- Equipment and clinical and non-clinical supply storage areas
- Fire panel and fire suppressant equipment, evacuation maps, packs and signage
- Hand washing facilities and hand sanitisers
- Personal protective equipment and outbreak management kits
- Interactions between staff and care recipients
- Kitchen, laundry and cleaner's room
- Living environment
- Medication administration, storage of medications and medication trolleys
- Mobility aids and transfer equipment
- Notice boards
- Notification of re-accreditation visit by Quality Agency displayed around home
- Organisational vision, mission, values and philosophy displayed
- Oxygen storage and signage
- Refreshment and meal service
- Short group observation in dining room of memory support unit
- The 'Charter of care recipient's rights and responsibilities' displayed
- Waste management systems.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across the Accreditation Standards and shows improvements in management, staffing and organisational development. Management identify opportunities for improvement from sources including stakeholder feedback, continuous improvement forms (comments, complaints and suggestions), audits, visual observation and quality reports. Key staff analyse a range of data for trends that are reported at meetings and actioned. Management monitor and evaluate the effectiveness of improvement processes and outcomes. Care recipients, representatives and staff are satisfied the organisation works towards continuous improvement.

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

- Management identified the need for additional reportable incidents/mandatory reporting education for staff. Senior personnel developed an electronic presentation on the topic and has presented this to a number of staff. Staff said they now have a better understanding of their role in mandatory reporting.
- Villa Maria Bundoora is part of a group of homes merging with Catholic Homes. A merger implementation plan has been developed and implemented, committees formed to assist with the logistics of the merger and to guide the process. Care recipients, representatives and staff said they have been kept informed of the progress of the merger to their satisfaction. The final stage of the merger occurred on the 01 July 2015.

#### 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

Systems help ensure management receive and respond to legislative changes and information relating to regulatory requirements, professional standards and guidelines. The approved provider receives information relating to regulatory compliance at the corporate level through contractual arrangements and industry peak bodies. Changes to legislative and regulatory requirements are forwarded to senior personnel at the home from the corporate office. This information is disseminated to staff and other stakeholders as required through memoranda, emails, meetings, education sessions and handover. Management monitors regulatory compliance through the home's auditing process. Care recipients, representatives and staff confirm they are informed when changes occur.

Examples of regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include the following:

- a system to ensure compliance with national police certificate requirements and completion of a statutory declaration by staff in relation to criminal history in countries other than Australia.
- monitoring of professional registrations, licenses and insurance of relevant contractors and external providers.
- ensuring policies and procedures reflect current legislation through regular review and relevant legislation being referenced in each procedure.

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

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

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

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively in relation to the Accreditation Standards. The organisation develops an education and training calendar which includes orientation and mandatory topics. In consultation with senior staff additional topics are scheduled and may be in response to performance reviews, quality activities, incidents, care recipients specific needs and changes to regulatory requirements. A range of education opportunities includes practical competencies, in-house and external sessions and courses. Internal educators and specialist service providers facilitate the various education and training sessions. Key staff maintain attendance records and review staff evaluation of education attended. Management and staff are satisfied with the learning opportunities offered to them. Care recipients and representatives said they are satisfied with the knowledge and skills of management and staff.

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

- customer service
- mandatory training refresher day
- insight into aged care reforms
- manage to lead training.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Each care recipient and/or representative and other interested parties have access to internal and external complaints mechanisms. The system includes 'continuous improvement' forms, stakeholder meetings, information handbooks and brochures. A locked box to lodge forms ensures anonymity if desired. Stakeholders also verbalise complaints through management's open door policy. There are information brochures available for care recipients from non-English speaking backgrounds as required. Management ensure stakeholder satisfaction through regular surveys as well as through the home's auditing

system. There is a process to log any comments and complaints to identify trends. Management investigate any suggestions in a timely manner and provide feedback to stakeholders as appropriate through emails, meetings, letters and consultations. Care recipients, representatives and staff said they are aware of how to make a complaint and are satisfied with how management responds.

### **1.5 Planning and leadership**

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

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

The home meets this expected outcome

The organisation has documented the residential care services vision, mission, values, and philosophy statement, which is displayed in the home. The statement and the home's commitment to quality are documented in care recipient information packs, volunteer, contractor and staff handbooks.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with the Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of registration once employed. There is a system to ensure staff possess current police certificates with associated documentation and completed statutory declarations. The staff orientation process includes education and supernumerary shifts and position descriptions document their roles. Management monitor staff performance through competency assessments, performance appraisals and observation of practice. There is a process to ensure roster coverage through the use of the organisation's staff or nursing agency staff to fill any vacancies with consideration given to the current needs of care recipients. Staff are satisfied with the number of staff and adequacy of skills. Care recipients and representatives said they are satisfied care recipients receive adequate care in a timely manner.

### **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 a system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Key personnel regularly monitor and order supplies and equipment through preferred and approved suppliers. Staff rotate stock where required and goods are stored in clean, tidy and secure storage areas. Through organisation processes, management purchase items of equipment as required. The provision of goods and

equipment reflect the identified needs of care recipients. Preventative and reactive maintenance programs and regular and scheduled cleaning of equipment ensures equipment is in good working order. Management monitor the stock of appropriate goods and equipment through quality activities and feedback mechanisms. Staff said they have sufficient and appropriate stock and resources. Care recipients, representatives and staff said they are satisfied with the quality, quantity and availability of stock 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 management systems with confidentiality, privacy and security maintained throughout. All stakeholders have access to current information, activities and events of the home as appropriate through means such as meetings, emails, noticeboard displays, handbooks and newsletters. Care recipients and representatives receive adequate information through informal consultation with staff to assist them to make decisions about each care recipient's care and lifestyle. Management and staff receive accurate information to help them perform their roles through the electronic care planning and medication administration systems, education, memoranda, meetings, policies and procedures. There is a process to regularly back up the computer system externally with logons and passwords for staff and care recipient information is securely and appropriately stored. Archiving and document destruction is managed by senior staff. Care recipients, representatives and staff said they are satisfied with information systems and communication processes in the home.

## **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. Management have a register of contracted providers and review the service agreements regularly with input from care recipients and staff, as appropriate, to ensure the provision of optimum service. There is a system to ensure contractors have a current police certificate with associated documentation as necessary. External providers receive information regarding the home's processes and are orientated to the site when they commence. Care recipients, representatives and staff said they are satisfied with the services provided by the home's contractors.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Management actively pursues continuous improvement in care recipients' health and personal care. Care recipients and representatives said they are satisfied with the quality of care provided. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvements related to Standard 2 Health and personal care include:

- Following an audit staff identified that slings used for transferring care recipients on lifting machines were not being laundered regularly. Management has introduced internal checks of slings and an external service to routinely review the condition of all slings used. A laundering schedule has been developed and implemented, the appropriate sling for each care recipient is recorded on their care plans and slings are matched to correct machines for added safety. Staff are positive about the new sling identification and laundering system.
- Audits revealed that the home's auditing system especially relating to manual handling required review. More frequent audits and improved documentation when completing audits has been introduced. The organisational learning and development office was contacted for assistance with suggested 'No lift' training provided to all care staff and 'No lift champions' appointed to provide ongoing support and assistance to staff. Staff are positive about the increased awareness of the 'No lift' program.

### **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

The home has systems to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines relating to care recipients' health and personal care. For further information refer to expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 2 Health and personal care includes:

- medications are stored and are administered according to legislated processes.
- the home has processes to follow in the event of an unexplained care recipient absence.
- there is a system to ensure all nursing staff have current nursing registrations.

### **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

Management demonstrates staff have the appropriate knowledge and skills to perform their roles in relation to the health and personal care of care recipients. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Examples of education related to Standard 2 Health and personal care include:

- dementia care essentials certificate four
- palliative care
- stroke safe training
- medications in the elderly.

### **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, including assessments, care planning, evaluation and consultation. Upon a care recipient’s entry and orientation to the home, an interim care plan supports the development of the longer term care plan. Care plans reflect care recipients’ individualised needs and goals. Evaluation of care occurs two monthly or more frequently if care needs change. There is a registered nurse rostered on at all times and a change in a care recipient’s health status prompts a clinical and/or medical review with support available from allied health personnel. General practitioners visit on a regular basis and referrals to other health professionals occur as required. Documentation of incidents and clinical indicators and the ongoing monitoring of care ensure optimal outcomes. Care recipients and representatives state they are satisfied with 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

Registered nurses identify care recipients’ specialised care needs and develop care plans according to individual needs. Staff in conjunction with the care recipient’s general practitioner or other health care professionals assesses each care recipient’s needs and preferences. Care plans reflect monitoring requirements, specific needs, equipment, resources, instructions and strategies to optimise care delivery. The home provides specialised nursing care including diabetes management, enteral feeding, colostomy care, catheter care, oxygen therapy and wound management. Access as required to external specialists, including hospital based in-reach services, complements the care provided by the staff. Ongoing education and the provision of policies and procedures further guide staff in

meeting care recipients' specialised nursing care needs. Care recipients and representatives expressed satisfaction with the provision of specialised nursing care.

## **2.6 Other health and related services**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to refer or assist care recipients with complex health requirements to access appropriate specialists for treatment and advice in accordance to their needs and preferences. Care recipients have access to a range of health professionals including a physiotherapist, podiatrist, dietitian, speech pathologist and psychiatric and mental health services. Staff initiate referrals in conjunction with the care recipient's general practitioner and/or representative. Care recipients' progress notes and care plans document timely referrals and follow up and staff implement specialists' instructions. Care recipients and representatives are satisfied with the mechanisms for referral of care recipients to health specialists 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

Management and staff demonstrate there are systems to ensure the safe, correct and timely management of care recipients' medication according to regulatory requirements and professional standards. General practitioners undertake assessment and review of care recipients' medication requirements regularly and an independent pharmacist completes a regular review of care recipients' medications. Documented processes include correct storage, checking of controlled medications, verification and documentation of variable medication orders and dating of opened medications. A medication advisory committee oversees medication safety at the home and promotes continuous improvement of the system. Staff practice demonstrates adherence to medication policy and procedures, and knowledge and competency of the electronic medication administration system in use. Dangerous drugs are stored in accordance with legislative requirements and a safe disposal system is in place. Medications administered on an as needs basis are recorded and monitored for effectiveness. Monitoring of medication incidents and frequent audits occurs electronically and reviews undertaken accordingly. Care recipients and representatives are satisfied staff administer medication to care recipients in a safe and timely manner.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

The home has processes for the assessment, documentation, evaluation and management of care recipients' pain to ensure they are as pain free as possible. Care processes for pain management includes assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain.

Additionally a pain management clinic is available for care recipients' experiencing chronic pain. Staff complete ongoing assessment and evaluation of pain and accordingly update assessments, care plans and progress notes. The range of pain management strategies includes medication therapy, physiotherapy, exercise groups, memory foam mattresses, therapeutic massage and the use of specialised equipment. Care recipients stated they are satisfied with the management of their pain.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The home provides care recipients with end-of-life care that ensures their comfort and respects their dignity and cultural requirements. On entry to the home, management discuss care recipients' terminal care and end of life wishes and document on an advanced care plan (if appropriate), or when the care recipient and or representative choose to communicate these wishes. Care staff receive education in palliative care and the local palliative care service is accessible to provide additional support if required. Spiritual, cultural and grief counselling support is also available. Staff described care measures they undertake when caring for terminally ill care recipient's including comfort and dignity measures and use of specialised equipment. Care recipients expressed satisfaction with the observed care and consultation provided at 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

The home has processes to ensure care recipients' nutritional and hydration needs and preferences are met. Care recipients' weight is monitored as required, variances are noted and appropriate action taken, such as more frequent weighing or referral to a dietitian. Additional supplements and dietary requirements including altered consistency and texture of food and fluids are supplied when necessary. The catering service offers care recipients a choice of menu and portion size. Assistive devices provide care recipients with the ability to maintain their independence. There is adherence to dietary and hydration preferences and other special associated needs. Referral to a speech pathologist for assessment and advice occurs for care recipients with swallowing difficulties. Care recipients and representatives confirmed staff support care recipients to maintain their nutrition and hydration.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to promote care recipients' skin integrity consistent with their overall health. Validated assessment tools are used to identify care recipients at risk of skin breakdown, care plans include interventions, preventative measures and protective and



assistive devices as required. Strategies used to promote skin integrity include pressure relieving mattresses, continence aids, nutritional supplements, massage and the use of emollient creams. Contemporary wound management practices are in place and there are sufficient supplies such as wound dressings and moisturisers to promote healing and skin integrity. Management monitor skin care using wound data, incident reports, and scheduled audits. Care recipients and representatives are satisfied with the way staff attend to skin care.

## **2.12 Continence management**

*This expected outcome requires that “care recipients’ continence is managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure the effective management of care recipients continence needs, including assessment on admission and ongoing evaluation of strategies and appropriateness of continence aids. Care plans include assessed levels of assistance required, including maintenance of skin integrity, toileting schedules, continence aids and other factors that may impact continence. Staff promote optimal bowel health through the implementation of increased hydration, a high fibre diet and appropriate exercise. Continence education is in place to support and train care staff as required. We observed adequate stock and suitable storage of continence aids. Care recipient and representatives are satisfied staff manage care recipients’ continence effectively and maintain their privacy and dignity when providing care.

## **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

Care recipients with challenging behaviours are assessed on admission and on an on-going basis to ensure behaviours are managed effectively. Behaviour assessments identify concerns and care plans outline individual triggers and management strategies that minimise challenging behaviours. Review of care plans occurs bi-monthly to evaluate current interventions and care recipients’ responses. There is a minimal restraint policy in place and when used is subject to rigorous assessment, authorisation and review processes. Staff, in consultation with the general practitioner, can access additional specialist services for advice and management strategies. Care recipients and representatives stated satisfaction with staff approach to behavioural management.

## **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 home has processes to encourage care recipients to achieve optimum levels of mobility and dexterity. Mobility, safety needs, effective transfer strategies, falls risk, and dexterity are assessed on admission and are reviewed and updated regularly. A physiotherapist attends for review and assessment of care recipients and care plans reflect care recipients’ level of

mobility with interventions to maintain and maximise independence. Fall prevention strategies include a clutter free environment, use of sensor mats, hip protectors and mobility aids. Staff report, monitor, analyse and take necessary action in relation to care recipients' falls. Falls are monitored, tracked for trends and causative factors, with strategies implemented to prevent and minimise recurrence and injury. Care recipients said they feel supported to maintain optimum levels of mobility.

## **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 home has systems to routinely assess and maintain care recipients oral and dental needs and preferences. An oral health care plan includes the level of assistance required and interventions to meet each care recipient's individualised needs. Staff initiate referrals to the general practitioner, speech pathologist and dental services as appropriate. Care recipients can choose and care staff can facilitate access to their preferred providers of dental care. The kitchen provides alternative food textures to accommodate oral or dental difficulties. There are supplies of toothpaste and toothbrushes to ensure optimal oral and dental health and toothbrushes are changed every three months or earlier. Care recipients said staff assist them to maintain their preferred dental care regimes and are satisfied with 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 across all five senses. Care staff collect information regarding sensory loss on admission and regularly thereafter. Referral to other health professionals such as a speech pathologist, audiologist and opticians occurs as required. Care plans include any resource requirements and the level of assistance required to minimise any identified sensory loss. Staff demonstrated the care provided for care recipients with the use of hearing, visual and other aids inclusive of fitting and cleaning of glasses and hearing aids. Care recipients and representatives are satisfied with the care and attention given to care recipients' sensory needs.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

The home supports care recipients to achieve natural sleep patterns. Care plans detail individual preferences and needs, including preferred settling and rising times and assistance required. Care staff regularly review care recipients' sleeping preferences, routines, rituals and patterns. Care plans contain information that may have an impact on sleep such as continence or pain. Single room accommodation provides care recipients with a quiet

environment. Care recipients said the home is quiet and restful at night, staff monitor sleep and provide assistance as needed and according to their preferences.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

Management actively pursues continuous improvement activities related to care recipients’ lifestyle. Care recipients and representatives said they are satisfied the home implements improvements that enhance their lifestyle. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent improvements related to Standard 3 Care recipient lifestyle include:

- Four care recipients have taken part in a project through the local library service relating to connecting isolated people. They were provided with electronic tablets from the library. The tablets were used to connect care recipients who were socially isolated or have cognitive decline to access their favourite music and songs. The response to the project has been positive. The home is intending to continue the use of electronic tablets as part of the lifestyle program.
- Staff identified the need for a dedicated sensory room. A space was found and some renovations completed. The room is a calm, well equipped space for care recipients with behavioural management needs and/or cognitive decline to use with staff assistance. Staff said they have observed positive responses from care recipients in the room with a noticeable decrease in behaviours and agitation for some care recipients.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines relating to care recipient lifestyle. For further information refer to expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 3 Care recipient lifestyle includes:

- management has processes to ensure staff are aware of compulsory reporting requirements.
- management displays the ‘Charter of care recipients’ rights and responsibilities’.

### **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

Management demonstrates staff have the appropriate knowledge and skills to perform their roles in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Examples of education related to Standard 3 Care recipient lifestyle include:

- what is independence
- certificate four leisure and lifestyle
- privacy and confidentiality
- activities and men.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Upon admission the care recipient is taken on an orientation tour, provided with an information pack and encouraged to bring items to personalise their room. Lifestyle and care staff, volunteers and clergy are available to provide ongoing emotional support. Staff provide information regarding events and activities occurring in the home. Care recipients and representatives stated they are satisfied with the way staff support care recipients and make them feel welcome to their new home and on an ongoing basis.

### **3.5 Independence**

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

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

The home meets this expected outcome

Management and staff actively assist care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the wider community. Consultation occurs with care recipients and representatives and strategies to help support physical, social, cultural and financial independence are documented. Lifestyle staff develop individual and group activity programs to maintain each care recipient's mobility and dexterity. Mobility aids, sensory support and staff assistance provide further support for care recipients' independence. Lifestyle staff support care recipients to maintain links with the community through outings and volunteers attending the home. The home has access to a bus to take care recipients on outings and to participate in events and meetings of the local community. Private areas are available for care recipients to use and maintain family and other relationships. Care recipients said they are supported to maintain their independence where possible.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information on rights and responsibilities is included in orientation information provided to care recipients and representatives and is displayed in the home. Staff knock and wait for a response prior to entering care recipients' rooms and address them by their preferred names. Care recipients' files are only accessible by authorised staff. We observed warm and caring interactions between staff and care recipients with discretion shown when instigating personal care. Care recipients and representatives said staff provide care in a respectful and dignified manner.

### **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 and to actively provide input into the development of the home's lifestyle program. In consultation with the care recipient and representative staff identify leisure and activity interests and develop individualised plans. Staff review the lifestyle plans on a regular basis through the care plan reviews and in response to the changing needs of care recipients. The lifestyle program offers a wide range of group and individual activities reflecting care recipients' social, emotional, physical, cognitive, sensory and cultural needs. Special celebrations, bus outings, visiting entertainers and a volunteer program add to the diversity of activities. Additionally, lifestyle staff implement targeted activities for care recipients residing in the memory support unit. Care recipients and representatives are satisfied with the range of activities offered by the home.

### **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 ensure individual interests, customs, beliefs and the cultural and ethnic backgrounds of care recipients are valued and fostered. Care and lifestyle staff identify cultural and spiritual needs through consultation with care recipients and representatives. Catholic mass and communion services are provided at the home within the onsite chapel. Care recipients' additionally have access to spiritual advisors from other denominations. Cultural and religious events and days of significance are recognised and celebrated throughout the year. Care recipients and representatives confirmed care recipients have opportunities to engage in activities associated with their cultural and spiritual beliefs and are very satisfied with the support provided.

### **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 support care recipients and representatives to exercise choice and control over the care recipients' lifestyle. On admission staff consult with care recipients and representatives to determine care needs and preferences. Staff document in care plans and regularly review care recipient's choices regarding care and support. Care recipients are encouraged to express their wishes through meetings, individual consultation, focus groups, surveys and feedback processes. Information about complaints and advocacy services are available to care recipients and representatives. Information on care recipients' rights and responsibilities is contained in the care recipient information pack and displayed throughout the home. Staff confirm they support care recipients to make choices and decisions about their daily routine and care options. Care recipients are satisfied they are able to exercise choice in their care and lifestyle activities.

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

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

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

The home meets this expected outcome

The home has processes in place to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. As part of the entry process, senior personnel meets with each care recipient and/or representative to detail care recipients' rights and responsibilities and security of tenure. This information is also included in care recipients' information packages and residential agreements. The 'Charter of care recipients' rights and responsibilities', advocacy and independent complaints mechanisms brochures are displayed within the home. Care recipients and representatives are advised of any changes to specified care and services and a process of consultation with a care recipient and representative occurs should a change in care requirements indicate the need to change rooms. Management informs all other stakeholders of care recipients' rights and responsibilities through handbooks, orientation, poster displays and policies and procedures. Care recipients and representatives said management offered them residential agreements and are aware of the rights of care recipients living in the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Management actively pursues continuous improvement activities related to the physical environment and safe systems. Care recipients and representatives said they are satisfied the home implements improvements that maintain a safe and comfortable environment. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

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

- Management observed some vinyl flooring was in need of replacement. Floors were inspected and quotes for replacement vinyl sourced. Before work commenced all stakeholders were informed by letter and staff advised at a meeting when work would commence. The replacement flooring will be completed by July 2015. Positive feedback from care recipients, representatives and staff about the new flooring.
- Observation by management identified eight bathrooms required updating and refurbishment. Quotes obtained and work commenced and completed. Care recipients are positive about the new colourful bathrooms.

### **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 identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines relating to the physical environment and safety. For further information refer to expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 4 Physical environment and safe systems includes:

- procedures for recording, managing and reporting infectious diseases and outbreaks.
- third party audits and inspections related to food safety and essential services.
- mandatory education that includes manual handling, infection control and fire and emergency response training.



### **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

Management demonstrates staff have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Examples of education related to Standard 4 Physical environment and safe systems include:

- fire and emergency training
- health, safety and wellbeing awareness
- nutrition information session - food first
- infection control.

### **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 is actively working to provide a safe and comfortable environment consistent with care recipients' needs. The home has three areas with two wings each comprising a kitchenette, dining room, lounge area and outdoor living areas. Care recipients have single bedrooms with ensuite or communal toilets and bathrooms. Other internal areas are accessible enabling care recipients to explore and for quiet solitude. The home presents as clean, well maintained and appropriately furnished with comfortable temperatures maintained. Scheduled programs include the safety, security, maintenance and cleaning of the home and other reactive processes. Management routinely monitors the living environment through quality activities, regular inspections, observations and feedback mechanisms. Staff said they encourage care recipients to decorate their rooms and ensure they feel comfortable and safe. Care recipients and representatives expressed satisfaction with the comfort, safety and security of the home.

### **4.5 Occupational health and safety**

*This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".*

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. There are documented policies and procedures in relation to safe work practice and staff are aware of their responsibilities through orientation processes, education, memorandum and meetings. There are three health, safety and wellbeing representatives and safety is an agenda item at all meetings. Monitoring staff practice, safe environment and

equipment occurs through environmental inspections, audits, maintenance programs and incident and hazard reporting. Equipment and hazardous material is stored safely and there are processes to ensure testing and tagging of electrical equipment. Staff are satisfied management work actively to create a safe work environment and are responsive 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 actively working to provide an environment and safe systems of work to minimise fire, security and emergency risks. Specialist contractors and maintenance regularly service, test and maintain emergency systems and fire suppressing equipment. The home has illuminated exit signs, evacuation maps displayed, evacuation instructions and egress areas are free from any obstruction. The emergency evacuation pack includes a current care recipient list and other relevant information which staff update as changes occur. Staff have access to a documented fire and emergency procedures manual, response and contingency plans which include internal and external emergencies. Management review the system through quality activities, inspections and external specialist or consultant reports. Staff said they attend fire and other emergency training annually and described procedures for various emergencies. Care recipients and representatives expressed confidence in staff keeping care recipients safe.

#### **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. Designated personnel oversee the infection control program and responsibilities include collection and analysis of infection surveillance data and overseeing infection control care and practices. Infection control education is included in staff orientation and education programs. Infection rates are monitored on a monthly basis through the electronic system. Policies and procedures include guidelines for managing gastroenteritis and influenza outbreaks. There are effective processes for hand hygiene, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Staff explained appropriate procedures to follow in relation to managing and preventing infections and their roles in the event of an infectious outbreak. Care recipients and staff said they are encouraged to have annual vaccinations. Staff said they have appropriate supplies of equipment for infection control and contaminated waste disposal.

#### **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 enhance care recipients' quality of life and the working environment for staff. Care recipient meals and snacks are prepared on-site, in line with the home's food safety guidelines. Catering staff are aware of care recipients' individual dietary requirements, allergies and preferences. A rotating seasonal menu offers care recipients meal and beverage choices that are inclusive of medical and cultural options. Personal laundry and cleaning are in-house services. Staff follow schedules to ensure completion of tasks. Management monitors catering, cleaning and laundry service performance through observations, stakeholder feedback and internal and external audit processes. Care recipients and representatives are satisfied with the hospitality services provided.