



**Australian Government**

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**Australian Aged Care Quality Agency**

**Arcare Nirvana**

RACS ID 4192  
78 Nirvana Avenue  
EAST MALVERN VIC 3145

**Approved provider: Arcare 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 04 February 2018.

We made our decision on 08 December 2014.

The audit was conducted on 11 November 2014 to 12 November 2014. 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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:

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

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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: Resident lifestyle

### Principle:

Residents 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 Resident security of tenure and responsibilities	Met

## Standard 4: Physical environment and safe systems

### Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, 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**

**Arcare Nirvana 4192**

**Approved provider: Arcare Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 11 November 2014 to 12 November 2014 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:

- All 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 November 2014 to 12 November 2014.

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

<b>Team leader:</b>	Jenny Salmond
<b>Team member:</b>	Margaret Lett

## Approved provider details

<b>Approved provider:</b>	Arcare Pty Ltd
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## Details of home

<b>Name of home:</b>	Arcare Nirvana
<b>RACS ID:</b>	4192

<b>Total number of allocated places:</b>	73
<b>Number of care recipients during audit:</b>	22
<b>Number of care recipients receiving high care during audit:</b>	Not applicable
<b>Special needs catered for:</b>	None

<b>Street:</b>	78 Nirvana Avenue
<b>City:</b>	East Malvern
<b>State:</b>	Victoria
<b>Postcode:</b>	3145
<b>Phone number:</b>	03 9573 4800
<b>Facsimile:</b>	03 9572 3527
<b>E-mail address:</b>	<a href="mailto:manager.nirvana@arcare.com.au">manager.nirvana@arcare.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
General services manager	1
Organisational management/support staff	2
Registered nurses, care staff and lifestyle staff	8
Care recipients/ representatives	7
Allied health	1
Catering, cleaning, laundry and maintenance staff	5

### Sampled documents

Category	Number
Care recipients' clinical files	7
Summary/quick reference care plans	1
Personnel/volunteer files	7
Medication charts	8
Care recipients' administration files	5
External service contracts	5

### Other documents reviewed

The team also reviewed:

- Audit schedule, audits and surveys
- Blood glucose monitoring charts
- Care recipients' information package and handbook
- Cleaning schedules
- Continuous improvement plan and related documentation
- Emergency procedure manual, disaster management plan and current residents' evacuation list
- Essential safety measures certification and related documentation

- Food safety plan, associated documentation and current Council and third party food safety certification
- Incident forms and register
- Infection register
- Information handbooks and packs – residents, staff and contractors
- Lifestyle program, participation records and activity evaluations
- Mandatory reporting register and related resources
- Material safety data sheets
- Meeting minutes
- Memoranda
- Menu
- Newsletter
- Organisational values statements
- Pest control program
- Police certificates and statutory declarations monitoring processes
- Position descriptions and duty lists
- Preventative maintenance schedule and associated documentation and corrective maintenance requests and actions
- Procedure flowcharts
- Professional registration register and monitoring process
- Resident lists
- Restraint folder
- Self-assessment
- Sign in and sign out records
- Staff roster
- Training folder
- Wound charts.

## Observations

The team observed the following:

- Activities in progress, activity planner on display, resources and photo displays
- Call bell system
- Cleaning in progress and the cleaners' trolley
- Compactus used for archiving confidential information.
- Continuous improvement form availability and suggestion boxes
- Equipment and supply availability and storage areas
- Fire panel and related fire system equipment and evacuation kit and evacuation diagrams
- First aid kit
- Hand disinfection and washing availability
- Infectious outbreak kits
- Information notice boards
- Interactions between staff and care recipients
- Internal and external living environment
- Key pad door security
- Kitchen
- Laundry
- Lunch and refreshment services and menu displayed
- Newsletter
- Notification of re-accreditation by the Quality Agency on display
- Organisational value statements on display
- Outbreak kit
- Pamphlets and external complaints scheme brochures on display
- Personal protective equipment
- Pet therapy (visiting dog)
- Residents mobilising independently and using mobility aids

- Short observation in resident dining room
- Spills kit
- Staff base and work areas
- Storage of medications, medication trolley and medication administration
- The 'Charter of residents rights and responsibilities' on display
- Transfer equipment
- Unobstructed exits, illuminated exit signs and egress routes
- Waste management.

## 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 organisation actively involves all stakeholders in the ongoing pursuit of continuous improvement. Established communication and information systems highlight improvement opportunities. These include identification of the home's level of performance across the Accreditation Standards through a schedule of audits and informal and formal feedback. Observation, a schedule of meetings and the regular analysis of key performance indicators adds to this process. A plan for continuous improvement captures actions and assists monitoring of progress towards satisfactory outcomes. A variety of formal and informal processes supports ongoing evaluation and management communicate outcomes to key stakeholders through established communication methods. These include scheduled meetings and the distribution of meeting minutes, the use of information notice boards, memoranda and a regular newsletter. Staff, residents and representatives said they are encouraged to provide feedback and receive feedback.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include the following:

- As part of an organisational initiative, a leadership program was implemented in June 2014. The program, which finished this month, was open to staff from all levels who displayed leadership qualities. Each session, lasting four to five hours, involved a different guest speaker and provided attendees with the opportunity to enhance their skills and understanding of aspects of management. In addition, participants learnt more about the organisation, its plans for the future and were provided an opportunity to network with a broad range of management staff. Staff report satisfaction in the organisation's demonstration of trust and confidence in them by investing in their professional development. Management is satisfied this program will have a positive effect on succession planning and stated the program will be repeated. A formal feedback session is planned for later this week.
- Following staff education appropriate to their level of use, the organisational specific electronic care documentation system was implemented at the home in May 2014. The manager, who is also a key facilitator for the implementation of the system state wide, reported staff confidence in the use of the system is increasing with practice. A registered nurse facilitated entry of information from existing care recipients' assessments and care plans to the electronic system. Management is satisfied with the

enhanced efficiency of reviewing data as a result and reported staff are using the system for progress notes and charting. The provision of electronic tablets allows staff to enter information anywhere in the home. Staff are enthusiastic about the efficiency of entering and accessing information care related information. Evaluation is ongoing and the organisation continues to work through the information technology committee and the developer to enhance the system to better meet users' needs.

- In response to staff feedback, the organisation recognised the benefits to care provision of appointing dedicated managers at each site. At the end of March 2014 a general services manager commenced to provide reception and administration support to the clinical team. Responsible for the timely handling of personal and telephone contacts at the home, the role includes the ordering of catering and other supplies and the supervision of environmental services. At the start of June 2014 the home's new manager took up their role. Staff are satisfied the provision of regular management resources and support has had a positive effect on their ability to provide timely and quality services to residents. Families have provided positive feedback on the benefit of having a regular familiar face to greet them on entry.

## 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 organisation's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation remains informed of legislative changes through membership of a legislative update service, via key software packages and notifications from professional bodies and government. Established documentation and communication processes communicate changes to all relevant staff through the facility manager. Monitoring of regulatory compliance occurs through management observation, internal and external auditing processes and incident analysis. Staff stated management informs them of changes to legislation, regulatory requirements and professional guidelines. Residents and representatives expressed satisfaction with the information available to them at the home.

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

- A range of current policies, procedures and flow charts reflect regulatory and professional guidelines.
- Confidential documents are stored securely and destroyed according to schedule.
- Management ensures information about internal and external complaints mechanisms is readily available to residents and their representatives.
- Management follows an established process to ensure all current staff, volunteers and relevant contractors have provided a statutory declaration and comply with the requirement to have a current police certificate.
- Management monitors the currency of professional registrations.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

Management and staff have the appropriate knowledge and skill to perform their roles effectively, particularly in relation to management systems, staffing and organisational development. An education program, comprising nominated annual training requirements, support for ongoing education and on site tool box sessions, is available. Staff have opportunities to suggest training topics and to express interest in individual long term training goals. The staff notice board displays a training calendar which includes both mandated and other training opportunities. Staff evaluate the non-tool box training sessions provided onsite. Staff practices demonstrate appropriate knowledge and skills. Staff state they are satisfied with the type and frequency of training provided and residents are satisfied with the knowledge and skills of staff.

Examples of education provided over the last 12 months relating to Standard 1 Management systems, staffing and organisational development, include:

- e-case training
- leadership program for middle line managers
- time management
- values and relationship centred care.

### 1.4 Comments and complaints

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

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

The home meets this expected outcome

Management has systems to ensure each care recipient, their representative and other interested parties have access to internal and external complaints mechanisms. Information about the comments and complaints process is included in resident and staff handbooks. To reinforce stakeholder understanding of the feedback process, pamphlets outlining external complaints services are readily available, the subject is included in orientation and management uses established communication strategies. These include informal discussions with staff and management, scheduled meetings and residents' use of the comments and complaints form. Management review all feedback and ensure timely follow- up and where appropriate develop an action plan and monitors progress through the continuous improvement system. Staff encourage residents and representatives to raise their concerns and where appropriate assist them through this process. Residents and representatives stated they feel comfortable approaching management and staff with feedback and are satisfied with their responsiveness.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation's values statement is on display in the foyer, in the residents' information pack, on the website and in other documentation. This provides residents, staff and other stakeholders with a statement regarding the organisation's commitment to service delivery. Management has developed a quality policy and provides resources to ensure staff awareness and monitoring of the quality of the services provided.

## 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

Sufficient, appropriately skilled and qualified staff are available to ensure services are delivered in accordance with these standards and the organisation's values. Established processes, based on required skills, knowledge and qualifications, guide the recruitment and selection of new staff. An orientation process, position descriptions, duty statements and procedural flow charts inform staff of the responsibilities of their role. Management monitor staffing levels and strategies are in place to increase or decrease staffing as appropriate.

Part-time and casual staff fill staff vacancies and registered nurses are available to support care staff on each shift. Management monitor the skills and professional development of staff through established processes. These include observation, auditing and incident analysis, feedback mechanisms and the evaluation of education and training. Staff stated sufficient staff are available to provide quality care that meets residents' needs and responds to individual preferences. Residents and representatives stated they are very satisfied with the quality of care and support they receive from staff.

## 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

Management have systems to ensure manual handling, catering, cleaning and other equipment are available to assist staff in meeting resident care needs. Preferred external providers service equipment and management replace equipment when needed.

Designated staff have responsibility to maintain stocks of clinical and other supplies and the rotation of stock ensures goods remain of a suitable quality. Staff trial new equipment to

ensure its suitability and staff receive training in its use. Residents and staff are satisfied the home has appropriate equipment and suitable goods to meet the needs of residents.

## **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 an effective information management system. Head office manages the home's electronic information system. There is an archival system for the management of resident and staff files. A locked compactus secures these files. Passwords protect current residents' electronic clinical and lifestyle information. Management provides staff with information electronically and in hard copy through procedure flowcharts, meeting attendance, electronic memoranda, noticeboards and resident care documentation.

Residents and their representatives receive a handbook on entry to the home and a recently implemented newsletter keeps them informed. Residents are able to attend regular resident and representatives' meetings. Residents state they are kept informed by management and staff.

## **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

Management ensure all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The organisation maintains a register of approved providers and develops and regularly reviews service contracts with relevant suppliers. Contractors are required to sign a register when entering and leaving the home and appropriate supervision occurs as required. Established processes ensure contractors abide by legislative requirements appropriate to their role; including the provision of evidence of current police certification. Management monitor stakeholder satisfaction with external service provision through a variety of mechanisms which include observation, stakeholder feedback and analysis of audit outcomes. Residents, representatives and staff are satisfied with the quality of external services provided at the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Management actively pursues continuous improvement across all aspects of care recipients' health and personal care. Residents and representatives are very satisfied with the quality of care provided to residents by staff. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- As a result of management observation, the registered nurse worked with residents, their families and general practitioners to complete all advanced care plans and directives. Family members have provided positive feedback about the benefits of having the support of the registered nurse in undertaking these sensitive discussions. Management and staff are positive the clarity of documentation of residents' and representatives' wishes will support enhanced quality of care for residents during this important phase of life.
- Following analysis, management recognised the increase in residents' fall rates during July 2014. As a result, a falls prevention committee was formed and includes the physiotherapist, the clinical care coordinator and facility manager. Enhanced initiatives to minimise the risk and outcome of a fall have included the implementation of hip protectors and the training of staff in falls prevention. Management stated they were satisfied the reduction in the rate of falls over the past two months has demonstrated the benefits of this new strategy.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Management has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

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

- A documented system guides staff in identifying residents at risk of leaving the home unsupervised and in the management of residents in the event of their unexplained absence.
- Registered nurses are available 24 hours per day to provide staff with clinical guidance and support.
- Registered nurses plan and deliver specialised nursing care.
- Staff demonstrate compliance with policy and legislative requirements relating to medication management and storage.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The organisation has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. For a description of the organisation’s education and staff development programs refer to expected outcome 1.3 Education and staff development.

Examples of education provided over the last 12 months relating to Standard 2 Health and personal care include:

- dementia and distressed behaviour
- falls prevention
- palliative care- mouth care (tool box)
- pressure injury (tool box).

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive appropriate clinical care. Residents new to the home have an interim care plan in place until staff complete full assessments and develop more detailed plans.

Staff, directed by registered nurses, develop care plans using the assessment information. A resident of the day review, conducted over three days and undertaken three monthly, monitors resident care. Staff contact residents’ next of kin at this time to ensure they are aware of care requirements. An incident reporting system analyses and tracks any trends in adverse events. Daily entries in progress notes and a handover at the change of shift ensure staff knowledge of resident care. Residents state staff are attentive and assist them in their care needs.

## **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

The assessment of residents’ specialised nursing care needs occurs under the supervision of registered nurses who document the needs assessed in care plans. Care plans reviewed addressed blood glucose monitoring regimes, specified by the resident’s general practitioner, and wound management. Staff consult residents and their representatives regarding residents’ specialised care needs. Staff review specialised nursing care needs along with other documented care plans according to a schedule. Residents’ state staff are appropriately trained and address their clinical needs and they are satisfied with the care provided.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents have access to a range of health specialists who visit the home and staff refer and support residents to attend specialists in the community. The podiatrist, physiotherapist and dietitian visit the home regularly and the dentist, dental technician and optometrist visit on an as needed basis. Staff document instructions or prescribed changes to care and implement these as required. Residents and their representatives confirmed these practitioners attend the home and state they are satisfied with the services provided.

## **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

Registered nurses undertake the management of residents’ medication safely and correctly. Medications are stored securely and counted where appropriate. Medication charts and medication care plans describe any allergies the resident may have as well as the administration requirements of the medication. An incident reporting system, audits conducted by the pharmacy supplier and a medication advisory committee monitor the safety of the system. Residents state they receive their medications on time and are satisfied with the management of their medications.

## **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

Staff assess residents for pain on entry to the home and regularly review them to ensure they remain as pain free as possible. The validated assessment tool is suitable for use when residents are unable to vocalise pain and informs the development of a care plan. A pain management program managed by the physiotherapist includes the use of non-chemical interventions. Regular and ‘as necessary’ pain relief medications are administered by registered nurses who document the outcome of ‘as necessary’ pain relief medications administered. Residents state they are pain free and staff offer them heat packs regularly.

## **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

Management and staff ensure the comfort and dignity of terminally ill care recipients is maintained. The organisation has developed an end of life pathway procedure and documents residents’ power of attorney and/or trustee information at the time of their entry to the home as well as any known funeral arrangements. Staff request residents and their representatives to document their advanced care directives and these guide staff practices. A palliative care box is available for use and staff also have access to a specialist palliative care service when required. Staff said they respect residents’ care needs and preferences and provide their representatives with support. Representatives confirm staff consult them regarding the care of their family member and provide support when needed.

## 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. Processes are in place to assess new residents and to record their nutritional and hydration needs in care plans. A regular review of residents’ nutritional and hydration needs occurs as part of the three monthly review process. Registered nurses inform the kitchen of residents’ dietary needs and they maintain information regarding residents’ changed needs. Staff weigh residents regularly and have a process to follow regarding the referral of residents with weight loss (or gain) to a dietitian. Staff were observed to assist residents with special needs. Residents said they enjoy the food and fluids provided.

## 2.11 Skin care

*This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff assess residents’ skin appearance and skin changes and record their skin care needs in care plans. The general practitioner also monitors rashes and other skin changes and prescribes medicated ointments and rubs when required. Staff document in the incident reporting system the development of any skin tears, bruises, lacerations and ulcers. Management analyse and trend this information and keep staff informed of analysis results at staff meetings. Residents with wounds have these documented in charts and registered nurses supervise and review their care. Skin and wound care products are available for residents. Residents’ said staff assist them with their 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

Care recipients’ continence is managed effectively. Staff commence continence assessments when a new resident enters the home. Staff develop care plans based on residents’ assessed needs and review care plans as part of the three monthly review system as well as annually. Strategies to assist residents include information about the type of continence aid used and when to assist residents. There is a constant supply of aids. Staff employ strategies, including offering fluids, to reduce the risk of problems with regularity and continence. Staff collect and analyse urinary tract infection statistics. Residents state staff assist them if they need help with their personal 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

The needs of care recipients with challenging behaviours are managed effectively. The assessment and care documentation system includes the identification of residents with challenging behaviour, any known trigger for this behaviour and strategies to manage the behaviour. Staff review the care plan regularly and update it as care needs change.

Specialised medical practitioner services and general practitioners are involved in the care of residents with challenging behaviour. Staff describe the incident reporting system and state they undertake training in the management of residents with challenging behaviour.

Environmental modification and monitoring is undertaken when there is an identified need. We observed care staff communicating with residents in a respectful manner. Residents state they are satisfied behavioural issues are managed effectively within the home.

## 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

Optimum levels of mobility and dexterity are achieved for all care recipients. The assessment and care planning of residents’ mobility levels occurs when they enter the home and staff review care plans on a regular basis. Staff and the physiotherapist assist residents to maintain their mobility and dexterity by being active within the home and community. The maintenance of mobility aids and lifting and standing machines, occurs regularly. Residents’ falls are documented as an incident and staff and the physiotherapist assess all residents who fall and review their care plans. Management analyse and trend incidents. When there is an increased incidence of falls management undertakes revision of staff manual handling and falls prevention training. A falls prevention group meets to review strategies in place.

Residents state they are satisfied with the approach of staff to maintaining their 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

Care recipients’ oral and dental health is maintained. Staff assess residents’ oral and dental health and their capacity to undertake their dental care independently when they enter the home and document strategies used to assist their dental hygiene in care plans. Staff review care plans regularly and update them when needed. Staff refer residents with an assessed need, including oral, swallowing and dental needs, to dental and allied health practitioners on

an as needed basis. Residents state staff assist them with their dental care and confirmed they are able to see their own dentist or one at the home.

## **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

The assessment of residents for sensory loss occurs when they enter the home and staff implement programs to address any identified loss. A sensory assessment kit assists staff when assessing residents. Specialist services such as optometry and audiology also assess residents and provide aids to assist them with any identified loss. Care plans record instructions from specialist services and are regularly reviewed and updated as needs change. Residents state staff assist them with cleaning and maintaining their hearing aids and glasses.

## **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 assisted to achieve natural sleep patterns. The assessment and care planning of residents’ sleep patterns commences when they enter the home. Staff review plans three monthly and note any changes. Plans record strategies used to assist residents’ sleep, including the number of pillows used and the settling and arising times of residents. Staff use both pharmacological and non-pharmacological strategies as well as environmental modification to assist residents to achieve sleep. Residents state they are able to sleep without disturbance.

## 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 pursue continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Residents and representatives expressed satisfaction with the support provided to residents to enhance control of their lives. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Care recipient lifestyle include the following:

- To enhance communication with residents’ family and friends a community newsletter was recently implemented. To be published two monthly, it actively involves input from staff and residents, The contents are reflective of life in the home and include an overview of recent and upcoming events, photos and introductions to staff. Recently distributed, the first edition has resulted in very positive feedback and staff and residents are proud of their contribution.
- To provide greater continuity of support and a more varied lifestyle program, management reviewed the composition of the lifestyle team. As a result, the four part-time staff were replaced with a full-time lifestyle coordinator and a part-time lifestyle staff member. The variety of activities has expanded as a result of the enhanced time allocated across all seven days of the week. Lifestyle staff now provide morning and afternoon programs and support an increased number of individual programs. Full day bus trips are now possible and residents stated they have enjoyed the move from a short drive in the vicinity, to visits to art galleries and theatres, country towns and other centres of interest. Evaluation is ongoing.

### 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

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Management offer a residential agreement to each resident or their representative on entry to the home.
- Residents receive information on their rights and responsibilities, privacy and consent issues in their handbook and residential agreement.
- Systems are in place to ensure compliance with mandatory reporting requirements and staff receive mandatory training in recognising and responding appropriately to situations that may require mandatory reporting.
- The Charter of residents’ rights and responsibilities is displayed within the home.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

The organisation has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. For a description of the organisation’s education and staff development programs refer to expected outcome 1.3 Education and staff development.

Examples of education provided over the last 12 months relating to Standard 3 Care recipient lifestyle include:

- compulsory reporting
- lifestyle staff training day
- privacy and dignity (toolbox).

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Management and staff support each care recipient in adjusting to life in their new environment and on an ongoing basis. As part of the entry process information outlining the home's environment and available services is provided to residents and their representatives. On entry to the home, staff orientate residents to the environment and introduce them to staff and other residents. In consultation with each resident and their representative staff identify strategies to provide emotional support and develop care plans to support identified needs. Residents' emotional support needs are evaluated during scheduled care plan reviews and at times of grief, loss or distress. Community visitors and additional support services are coordinated to enhance emotional support as required.

Ongoing contact with friends and family members is encouraged. Residents are supported to develop friendship within the home and to maintain established links with the broader community. We observed staff interacting with residents in a caring and helpful manner.

Residents and representatives reported satisfaction with the initial and ongoing emotional support residents receive from 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

Management and staff provide support to care recipients to achieve maximum independence, maintain friendships and participate in life at the home and outside the residential care service. Assessment and care planning processes identify strategies to optimise individual resident's physical, social, financial, civic, cognitive and emotional independence. This information is reviewed by staff during scheduled care plan evaluations and as individual needs change. Lifestyle staff encourage residents' physical independence through regular exercise to complement physiotherapy sessions. Referrals to allied health practitioners occur and staff provide recommended aids to enable residents to retain independence during meals and daily activities. Visitors are welcome and residents are supported to maintain their individual friendships and community involvement. Residents and representatives are satisfied with the way staff encourage and support residents to achieve maximum independence.

### **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. The organisation's privacy policy is included in staff and contractor education and orientation. Residents receive information during the entry process on how the organisation protects their privacy during the entry process. In consultation with the resident and their representative, staff identify residents' preferences relating to the maintenance of their privacy and develop strategies to support each resident's independence and dignity. This information is regularly reviewed to ensure changes in preferences are documented. Residents are encouraged to personalise their room and to enjoy private visits with guests. We observed staff addressing residents with courtesy and demonstrating respect for their personal space. Staff identified a variety of practices which support the privacy and dignity of residents. Residents and representatives expressed satisfaction with the custom of staff to respect each resident's privacy and dignity.

### **3.7 Leisure interests and activities**

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

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

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a wide range of interests and activities of interest to them. In consultation with the resident and their representative, staff identify each resident's leisure and lifestyle interests and incorporate these into their care plan. Staff review the care plans on a regular basis and in response to changes to identified needs and level of participation. The leisure and lifestyle calendar includes activities that provide for varied residents' interests and abilities. A variety of group and individual activities include bus outings, sensory and craft groups, shopping, entertainers and special events. Staff encourage family and friends to be involved and volunteers from local schools visit residents regularly. Management and staff evaluate the effectiveness of the program based on feedback and through monitoring of residents' attendance and participation levels. We observed residents participating in a variety of activities. Residents and representatives stated they are satisfied with the variety of activities offered and the support offered by staff to assist residents to participate.

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

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

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

The home meets this expected outcome

Management and staff value and foster the interests, customs, beliefs and cultural and ethnic backgrounds of care recipients. In consultation with the resident and their representative, staff

identify each resident's cultural and spiritual needs and wishes and incorporate these into their care plan. Staff review the care plans on a regular basis and in response to residents' changing preferences. Regular religious services occur in the home and residents are supported by visits from church representatives and to attend church service outside the home if they prefer. Birthdays, cultural events and days of significance for residents are celebrated throughout the year. Staff have access to cultural specific resources and monitor the effectiveness of the services through feedback and regular care evaluations. Residents and representatives said they are satisfied with the opportunities available to residents to be involved in activities associated with their cultural and spiritual beliefs.

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

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

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

The home meets this expected outcome

Management and staff encourage each care recipient and/or their representative to exercise choice and decision making in all aspects of the care recipient's care, lifestyle options and service delivery. Residents are free to change their mind on any aspect of care and lifestyle at any time, providing this does not infringe on the rights of others. In consultation with the resident and their representative staff identify individual care and lifestyle choices and incorporate these into a series of care plans. Staff review care plans on a regular basis and in response to changing residents' needs and preferences. Residents are encouraged to nominate powers of attorney where appropriate and information on complaints and advocacy services are available. A variety of communication processes support residents' feedback and timely follow-up. Staff have access to information and education regarding residents' rights and responsibilities. Quality activities and stakeholder feedback assist management and staff in monitoring satisfaction. Staff stated they support residents to make choices about all aspects of their life in the home. Residents and representatives said staff promote residents' choice and respect their decisions.

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

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

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

The home meets this expected outcome

The organisation has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. During the entry process, management provide relevant information through the residents' handbook and residential agreement. The information pack includes information on privacy, confidentiality, complaints mechanisms and specified care and services. Advocacy and independent complaints mechanisms brochures and the Charter of residents' rights and responsibilities are displayed within the home. A process of consultation with the resident and their representative occurs in the event a change in care requirements would benefit from a change of room. Management inform residents and representatives of any changes to fees and services and other arrangements through established communication processes. These include personal correspondence and

scheduled meetings and consultations. Staff said they are kept updated of any changes and are aware of residents' rights and responsibilities. Residents and representatives confirm their understanding of residents' rights and responsibilities and stated they feel residents have security of tenure within the home and ongoing access to information.

## 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 all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the comfort of the living environment and the quality of the catering, cleaning and laundry services provided. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement system.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- As a result of observation by management, the catering service now provides fruit each day. A fresh fruit bowl is located in the dining area and fresh fruit platters are provided with morning and afternoon tea. Residents appreciate the increased availability of fresh fruit and management reports each fruit platter returns to the kitchen empty and they are satisfied with the positive benefits to residents’ nutritional intake that has occurred as a result.
- As an organisational initiative, the home was recently upgraded with the installation of Residual Current Devices (RCD), commonly known as safety switches. Management stated the back up of these more sophisticated circuit breakers means the timely and complex requirement for electrical testing and tagging of all equipment has been eliminated. Only the RCD devices require regular checking for electrical safety.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information for details of the service’s regulatory compliance system.

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

- Chemicals are stored safely and current material safety data sheets are available.
- Management and staff support work health and safety practices at the home.
- Management ensure staff attend annual mandatory fire and emergency training.
- Regular fire and safety systems monitoring and maintenance occurs and the home maintains a current ‘annual essential safety measures report’.
- The catering service complies with a food safety program and has current third party and local council food safety certification.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The organisation has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. For a description of the organisation’s education and staff development programs refer to expected outcome 1.3 Education and staff development. The physiotherapist provides staff training in manual handling and staff are required to undertake an annual hand washing competency test. Staff state the organisation provides them with sufficient training and management monitors their practice.

Examples of education provided over the last 12 months relating to Standard 4 Physical environments and safe systems include:

- fire and evacuation training
- manual handling
- occupational health and safety: 5 day training program.

#### **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 are actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home accommodates residents in single and double rooms with ensuite facilities. Residents are encouraged to personalise their rooms and to entertain their visitors in communal internal and external areas. Systems are in place to ensure preventative and reactive maintenance and gardening supports the ongoing safety and welcoming nature of the internal and external living environment. Residents have access to secure courtyard areas. Management monitor stakeholder satisfaction through a variety of established processes which include the encouragement of feedback and scheduled audits and meetings. Residents and representatives expressed satisfaction with the comfort of the living environment and residents said they feel safe in their 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. Included in the orientation program and on an ongoing basis staff receive information and training to promote a safe environment and safe work practices. Procedure flowcharts, duty lists and position descriptions, appropriate supplies, equipment and information resources promote safe work practices. Established systems identifying risks to staff safety include monitoring by the work health and safety representative, the analysis of incident reports, quality improvement requests and scheduled environmental audits.

Environmental design supports safety for all stakeholders and work health and safety hazards are discussed at regular staff meetings. Staff expressed knowledge of safe work practices and said they are involved in promoting a safe work 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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management display emergency and evacuation plans throughout the home, emergency exits are clearly marked and egress routes are unobstructed. The home is equipped with smoke and thermal detection systems, sprinklers and other fire-fighting and emergency equipment. Mandatory fire and emergency response

training is held regularly and attended by staff as required. Management inform residents of emergency protocols and regular tests of the alarm system occur. Minimal flammable substances are stored securely on site and the servicing of fire and emergency equipment occurs as scheduled. Established processes guide door security after hours and established contingency plans support staff responses to a range of emergency situations. Staff expressed confidence in their knowledge of the actions required in the event of an emergency. Residents and representative stated they feel confident in the ability of staff to manage any emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management demonstrates it has an effective infection control program. Policy, education and a food safety program guide staff practices. Management provide adequate resources, including an outbreak kit, blood spills kit and hand washing facilities to assist staff in maintaining safe practices. Monitoring practices, including environmental audits, occur on a regular basis within the home. Management collates statistics of infection types and reviews and uses analysis results to assist in the maintenance of an effective infection control program. Infection waste bins are available and pest control takes place within the home.

Residents receive immunization by their general practitioner where applicable. Staff state they receive encouragement to have annual influenza immunizations and management monitor their adherence to infection control guidelines.

#### **4.8 Catering, cleaning and laundry services**

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

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

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff working environment. The catering service maintains current information identifying residents' preferences, needs and strategies to support independence. A food safety program guides the daily preparation of fresh food on site. The rotating menu and alternative choices are developed with dietitian input and residents' feedback and a range of beverages, snacks and fresh fruit are available. The cleaning program includes scheduled and reactive cleaning of residents' rooms and communal areas. We observed the home to be clean, tidy and fresh. The home launders residents' clothes on site with labelling required to minimise misplaced clothing. All flat linen is laundered off site by a professional laundry. Established processes monitor the quality of catering and environmental services. These include ongoing stakeholder observation, resident feedback, internal and external audits and feedback through the continuous improvement system. Residents and representatives expressed their satisfaction with the hospitality services provided at the home.