



**Australian Government**

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**Australian Aged Care Quality Agency**

## **BlueCross Karinya Grove**

RACS ID 3828  
3 Aberdeen Road  
SANDRINGHAM VIC 3191

**Approved provider: Blue Cross Community Care Services Group 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 14 October 2018.

We made our decision on 12 August 2015.

The audit was conducted on 07 July 2015 to 08 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.

<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:

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.

<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: 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**

**BlueCross Karinya Grove 3828**

**Approved provider: Blue Cross Community Care Services Group Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 07 July 2015 to 08 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

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 07 July 2015 to 08 July 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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>	Gayle Heckenberg
<b>Team members:</b>	Mary Jo Nash Nicholas Hill

## Approved provider details

<b>Approved provider:</b>	Blue Cross Community Care Services Group Pty Ltd
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## Details of home

<b>Name of home:</b>	BlueCross Karinya Grove
<b>RACS ID:</b>	3828

<b>Total number of allocated places:</b>	90
<b>Number of care recipients during audit:</b>	88
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	Dementia care

<b>Street:</b>	3 Aberdeen Road
<b>City:</b>	Sandringham
<b>State:</b>	Victoria
<b>Postcode:</b>	3191
<b>Phone number:</b>	03 9947 2000
<b>Facsimile:</b>	03 9947 2100
<b>E-mail address:</b>	<a href="mailto:karinyagrove@bluecross.com.au">karinyagrove@bluecross.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	7
Clinical/care/lifestyle staff	7
Administration staff	2
Care recipients/representatives	18
Hospitality and environment/safety staff	10

### Sampled documents

Category	Number
Care recipients' files	10
Care recipients' lifestyle files	8
Medication charts	10
Incident and infection report forms	14
Personnel files	11

### Other documents reviewed

The team also reviewed:

- Admission information package
- Advanced care directives and plans
- Annual essential safety measures report
- Asset register
- Audit documentation
- Call bell data
- Care recipients' information package and surveys
- Drugs of addiction registers
- Education calendars
- Essential services records and related documentation

- External complaints brochures, in English and other languages
- External contractor cleaning and laundry documentation
- External contractor agreements, records and outbreak procedures
- Food safety plan and related documentation
- General treatment charts
- Group activity plans
- Job descriptions and duty lists
- Learning and development records
- Leisure and lifestyle information and participation records
- Material safety data sheets and registers
- Medication management reviews
- Medication refrigerator temperature log
- Meeting schedules, minutes and memoranda
- Memory support unit visual menu
- Nursing registrations register
- Outbreak management case list and checklist
- Pest management records
- Police certificate register, report and statutory declarations
- Policies and procedures
- Prudential compliance statement
- Quality improvement register and related documentation
- Reactive and preventative electronic maintenance program
- Recruitment and induction documents
- Resident assessment schedule
- Resident menu and related documentation
- Resident menu choices and dietary requests
- Resident of the day checklist
- Residents' information guide



- Risk incident registers
- Rosters
- Safety, risk and decision making assessment and consent forms
- Specialist and allied health referrals and reports
- Staff and care recipients' vaccination database
- Staff and volunteer information packs
- Staff injury/illness/near miss reports and investigations
- Statement of choices
- Testing and tagging register and certificate of compliance.

## **Observations**

The team observed the following:

- Equipment and supply storage areas
- Evacuation kit
- Hairdressing services
- Interactions between staff and care recipients
- Internal and external living environment
- Lifestyle program events calendar displayed
- Locked suggestion box
- Meal and refreshment services
- Menu and menu boards
- Notice boards and notices
- Outbreak and spills kits
- Palliative care kit
- Pets
- Sensory gardens
- Short observation in dining room
- Storage of medications.

## 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

Management and staff, supported by a centralised management structure, actively pursue continuous improvement and monitor performance across the Accreditation Standards.

Policies and procedures, compliments, comments and concerns brochures, actions for improvement forms, surveys, audits and formal and informal feedback inform the continuous improvement system. Management monitor and evaluate the effectiveness of improvement processes with regular meetings and ongoing analysis of data collected. Management provides feedback to stakeholders through meetings, electronic mail, newsletters, correspondence and noticeboard information. Care recipients, representatives and staff stated they are satisfied with the home's continuous improvement system.

Examples of improvement initiatives implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- Following care recipient and representative feedback that there were staff unknown to them, management reviewed rosters and identified an increased use of agency staff. In response, a restructure of rosters occurred, resulting in recruitment to fill vacant permanent positions and to increase the casual bank staff. As a result, management stated there is now a significant reduction in agency use and care recipients and representatives stated they were satisfied current staff were familiar faces.
- A staff member suggested management implement a pre entry interview with care recipients and representatives to improve the transition process into the home. Management stated the pre interview now offers care recipients and representatives an opportunity to familiarise themselves with the home and enabled clinical staff to identify any equipment the new care recipient may require. In addition, management stated they are observing a smoother transition on admission and care recipients and representatives are feeling more relaxed on entry.
- To further improve the comments and complaints process and to centralise feedback from stakeholders, corporate office have added an option for stakeholders to send feedback directly to the corporate office, via electronic mail. Corporate management action the electronic mail immediately, and forward it for attention by the home's manager. Care recipients and representatives were advised of this additional option at a

recent meeting and through the newsletter. This has enabled compliments, comments and concerns to be lodged from anywhere and to be dealt with promptly by management.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

Management has systems to identify relevant legislation, regulations, professional standards and guidelines across the Accreditation Standards. Management identifies this information through subscription to a legislative online service and through membership of Government and industry organisations. Corporate management reviews this information for impact on policies and procedures, and they review and update documentation prior to sending advice of any changes to the home’s manager via electronic communication. Management disseminates relevant information to staff through electronic mail, memoranda, meetings and education and to care recipients and representatives through mail, newsletters, meetings and notices. Staff and management are aware of their responsibilities regarding regulatory compliance. Care recipients and representatives stated they are satisfied with the information provided to them.

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

- Policies and procedures reflecting current and relevant legislation.
- Processes to monitor the currency of staff, volunteer and external contractors’ police certificate records and professional registrations.
- Notification to all stakeholders of the reaccreditation audit within the required timeframe.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

The corporate organisation has developed an education program to assist management and staff in performing their roles effectively. All staff complete mandatory training that is tailored to account for specific roles and responsibilities. Management use information from staff suggestions, care recipient needs and staff engagement surveys to formulate the education calendar. There are systems to identify and address any deficits in staff knowledge by providing additional training and education as required. Senior staff are provided with opportunities to attend seminars, internal training events and management related courses to assist with their learning and development. Staff stated they are satisfied with the education program and confirmed they are supported to develop their knowledge and skills.

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

- bullying and harassment
- continuous improvement
- vision and values.

### 1.4 Comments and complaints

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

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

The home meets this expected outcome

All stakeholders have access to complaints mechanisms. Internal and external comments and complaints information is on display, included in care recipient and staff handbooks and in care recipient agreements and discussed during orientation. Care recipients, representatives and staff are encouraged to discuss any areas of concern with management through an open door policy or by completing compliments, comments and concerns brochures and action for improvement forms. Review and evaluation of comments and complaints feed directly into the continuous improvement system with outcomes communicated to stakeholders personally or through electronic mail, meetings and newsletters. Care recipients, representatives and staff stated they are satisfied with the comments and complaints system.

## 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 Blue Cross mission statement which underpins decision making and expected behaviour of all staff is displayed within the home. The vision, values, philosophy, objectives and commitment to quality care is an inherent component of the staff orientation program and is included in annual mandatory training for staff.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

Management demonstrates staff are appropriately skilled and suitably qualified to meet service objectives. Staff are selected according to organisational needs and all roles are supported by position descriptions and duty lists. New staff are orientated to the home which includes an overview of the organisation's vision and values. The home has a number of long term employees and fills vacant shifts with its own bank of casual staff. There are registered nurses on duty at all times who are supported by enrolled nurses and personal care assistants. Care recipients, representatives and staff stated they are generally satisfied with the care and services provided by 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 demonstrate there are sufficient stocks of goods and equipment that support service delivery. The home assesses current and future equipment needs through a capital expense review and request system. As required, management trial new equipment before purchasing and evaluate the outcome to determine suitability. A preventative maintenance program is available to maintain equipment that includes repairs and servicing as per the manufacturer's guidelines. We observed an appropriate range and adequate quantity of stocked items throughout the home. Care recipients and staff stated they are satisfied with the management of goods and equipment at the home.

## 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 is a range of strategies to provide an effective information system at the home. This includes an electronic clinical management system and various software programs for the organising and provision of information. The organisational intranet provides staff with relevant information on policies and links to other information. The home stores confidential information securely and there is a system to archive material as necessary. The home uses memoranda, clinical handovers, noticeboards, newsletters and scheduled meetings to communicate with all stakeholders. Care recipients and staff stated they are provided with relevant information to ensure they are kept informed.

## 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 are contracted service arrangements for the provision of external services to meet the organisation's needs. Documented agreements are available with key externally sourced suppliers and services that include a tendering process. There is a requirement for all external services to meet the organisation's set criteria with supply agreements such as insurance and indemnity requirements. The home works in collaboration with corporate office representatives to source and manage external services and there is a process for staff and other stakeholders to provide feedback on performance. Care recipients stated they are satisfied with the services provided by external contractors 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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Management actively pursues continuous improvement across all aspects of care recipients' health and personal care.

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

- Medication management audits identified a number of missed signatures in care recipients' medication charts, and that follow up letters regarding this matter were not being sent to staff in line with corporate policy. As a result, management held meetings with relevant staff, provided instructions for medication charts to be checked at the end of each shift and commenced issuing letters to staff regarding missed signatures. Management stated they have seen a significant reduction in the number of missing medication signatures.
- Incident report reviews identified an increase in the number of care recipient falls and identified incident report documentation and follow up required improvement. In response, senior nursing staff implemented a falls review meeting to identify contributing factors and to encourage staff to evaluate strategies for minimising any further risk of falling for care recipients. Management included falls prevention education in the learning and development program and stated they have noted a significant reduction in falls.
- A corporate initiative arranged for regularly administered drugs of addiction to be packed in dose administration aids rather than in individual packaging. Management discussed this change at the medical advisory committee meeting. Staff stated the new process has resulted in improved time management of the drug count and of medication administration.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Management has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of health and personal care.

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

- Registered nurses review specialised nursing care.
- There are systems for recording, reporting and managing care recipients’ unexplained absences.
- Medication is administered safely and correctly, by appropriately qualified staff.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

Management and staff have appropriate knowledge and skills to perform their roles in relation to health and personal care. Staff stated they are satisfied with the education and training opportunities provided.

Education relating to Standard 2 Health and personal care include:

- dysphagia and wound care
- falls prevention
- medication management.



## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients receive appropriate clinical care. An initial clinical assessment provides staff with information on care recipients’ immediate health care needs. Charts and comprehensive assessments are completed by nursing staff using an electronic documentation system. Care plans are generated based on the information gathered with details generally informing staff of their approach to providing care. Care evaluations occur every three months incorporating consultation with care recipients and representatives. Communication with medical practitioners, specialists and allied health professionals takes place routinely. Management ensure nursing staff have access to policies, procedures, resources and equipment to support their clinical practice.

Care recipients stated they are satisfied with the clinical care provided by the home.

## 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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Consultation occurs with medical practitioners regarding medical directives, referrals to specialists and for recommended treatments. Care plans generally reflect current information and health professionals’ referral information and advice. Visiting health professionals include a speech pathologist, wound specialist, dietician, aged persons mental health clinician and palliative care team. Nursing staff have access to specialised equipment and resources and attend relevant training. Care recipients stated they are satisfied with their access to specialist services when necessary.

## 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

Care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Management provides access to an onsite physiotherapist, podiatrist, social worker, optometrist and audiologist. Staff support care recipients to attend external appointments with specialist practitioners and to hospital related clinics. Communication occurs with representatives and medical practitioners regarding recommended treatments. Care plans contain relevant information. Care recipients stated they are satisfied with the support provided to attend health specialist services.

## 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 care recipients’ medication is managed safely and correctly. Nursing and care staff administer medications from individual multi dose packs according to medical practitioner instructions. Medications are securely stored in locked areas and care recipients self-administering medications have access to a locked drawer in their room. Medication charts reflect current photographs, allergies and special instructions for administration and care plans contain individual medication management information. Staff report medication incidents as they occur and senior nursing staff and management analyse and resolve incidents in a timely manner.

Regular audits and the medication advisory committee monitor medication management matters every six months. Care recipients stated staff provide their medications 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

Management ensure all care recipients are as free as possible from pain. Nursing staff complete pain flow management charts to record individual pain experiences and the strategies used to assist with pain relief. An onsite physiotherapist provides additional support with identifying pain relief measures. Care plans include information on treatments offered such as massage, heat therapy and exercise. A review of care recipients’ pain management occurs when medications are altered and as new pain is reported and during the care recipient of the day process three monthly. Consultation with medical practitioners takes place regularly regarding pain relief measures and nursing staff record the effectiveness of treatments. Care recipients stated they are satisfied their pain is managed and responded to in an efficient and timely manner.

## 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. Opportunities are provided to discuss and complete advanced care directives. A pastoral carer is available to support care recipients and family members during the palliative phase. Consultation with the medical practitioner and an external palliative care team occurs for recommendations and advice. Palliative care plans generally consider individual requests, pain relief and comfort measures. An onsite palliative care committee discuss the treatments

and support provided to care recipients. Nursing staff implement the use of relevant equipment and resources for minimising pain and lifestyle staff provide a comforting environment through the use of aromatherapy oils, music and special lighting.

## **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

There are systems to ensure care recipients receive adequate nourishment and hydration. An assessment is completed to identify menu choices, personal preferences, allergies and specific requirements. Care plans reflect details regarding preferred dining location, assistive devices and any assistance from staff necessary. Staff contact medical practitioners regarding care recipients’ unplanned weight loss or gain and any changes in eating patterns. A speech pathologist and dietician provide advice on care recipients swallowing difficulties, weight management, instructions for modified foods and fluids and supplements. Meals and refreshments are available and offered throughout the day. Nursing staff regularly forward any alterations to care recipients’ dietary needs to the kitchen. Care recipients stated they are satisfied with the meal and refreshment services provided on a daily basis.

## **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 complete an assessment incorporating a risk management tool to identify past history information and current factors affecting care recipients’ skin integrity. A care plan includes details on equipment, resources and the assistance required from staff when implementing comfort measures. Nursing staff complete wound charts and management plans to record the treatments and progress of wound healing and photographs assist with monitoring and tracking of wound progression. Consultation occurs with the medical practitioner and a wound specialist when necessary for advice and prescribed treatments. A podiatrist provides foot care on a regular basis and staff attend to hair and nail care. Staff report incidents as they occur for skin trauma, pressure areas bruising and wounds with senior nursing staff monitoring, analysing and evaluating data on a monthly basis. Care recipients stated they are satisfied with the assistance they receive regarding 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

Management demonstrates there are systems to ensure care recipients’ continence is managed effectively. Information is recorded on charts and assessments to identify past

history details, individual toileting programs and assistance by staff required. Care plans reflect equipment, devices and resources used for additional care needs. Staff record infection information on incident reports as they occur and senior nursing staff monitor and analyse data monthly to identify trends. A continence committee meets regularly to review toileting programs and the allocation of continence aids. A preventative approach to bowel management includes offering a high fibre diet, promoting fluid intake maintaining daily records. Care recipients stated they are satisfied their continence management needs are met in a respectful manner on a regular basis.

## **2.13 Behavioural management**

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

### ***Team’s findings***

The home meets this expected outcome

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Individuals diagnosed with cognitive impairment and responsive behaviours live within a secure memory support unit within the home. Prior history information, charts and a range of assessments identify behaviours of concern. Staff report behaviour related incidents as they occur with senior management monitoring and analysing outcomes monthly. Care plans contain details on the identified causes of care recipients’ behaviours and individualised strategies for staff to implement. Consultation occurs with the medical practitioner and aged persons’ mental health specialists to obtain further advice when necessary. Staff demonstrated knowledge regarding their approach to caring for individuals with challenging behaviours.

## **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.*

### ***Team’s findings***

The home meets this expected outcome

Management demonstrates optimum levels of mobility and dexterity are achieved for all care recipients. Nursing staff and a physiotherapist assess and identify mobility, transfer needs and functional ability as care recipients enter the home using a risk management approach. The physiotherapist conducts further reviews as required and nursing staff review care recipients’ mobility three monthly and as acute events occur. Care plans provide information on a range of strategies, equipment and aids used to maximise independence and ability.

Walking, exercise, heat application and massage enables a consistent approach to maintaining and promoting independent mobility. Staff report falls as they occur and all incidents are forwarded to senior management for further follow up and analysis. Care recipients stated they are satisfied with the support received in order to maintain 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

Management and staff demonstrate care recipients’ oral and dental health is maintained. Prior history information and an oral and dental assessment assists with identifying gum, teeth and mouth problems. Treatments are provided when necessary for mouth and gum concerns in consultation with the medical practitioner. Care plans contain details on the frequency of oral care and any staff assistance required. A visiting dentist and dental mechanic provide services at the home as required. Mouth care products are provided and replaced on a routine basis. Care recipients stated staff attend to their oral and dental care needs regularly.

## 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

Care recipients’ sensory losses are identified and managed effectively. A range of assessments and a sensory kit are used to identify concerns with communication, speech, vision, hearing, taste, touch and smell. Care plans inform staff on communication strategies and for the care, application, cleaning and storage of vision and hearing aids. An optometrist and audiologist provide services to the home and relevant information is forwarded to the medical practitioner regarding any sensory loss identified. A range of sensory items are available including large print lifestyle calendars, large print books and large television screens. Care recipients stated they are satisfied with the support they receive in meeting their 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

Management and staff assist care recipients to achieve natural sleep patterns. Staff gather prior history information and complete flow charts and an assessment to identify individual reasons that may contribute to care recipients not achieving restful sleep. Care plans contain details on rising and retiring preferences, room temperature, lighting and comfort measures. A review of care recipients’ sleep patterns, needs and preferences occurs regularly. In combination with sedation use, alternatives are offered to assist with sleep including warm drinks, snacks, music and massage. Care recipients stated they sleep well and feel safe and secure.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement systems and processes.

Management actively pursues continuous improvement activities in relation to all aspects of care recipients’ lifestyle.

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

- Care recipients attending a regular current affairs group activity identified that a group called the St Kilda Mum’s were running a charity supporting needy mothers and babies in their local community. The current affairs group wanted to help and began creating patchwork quilts and knitting beanies, blankets and scarves. Care recipients attended the facility producing the quilts and the warehouse distributing their goods. Management stated that care recipient feedback has been extremely positive and they feel valued and proud of their contribution.
- Lifestyle staff suggested the introduction of a roving kitchen to promote social interaction and to encourage care recipients to reminisce about food. Lifestyle staff sourced appropriate equipment to implement a portable kitchen and ideas for favourite recipes reflecting a number of cultural backgrounds. Lifestyle staff stated the activity stimulates the senses and positively enhances the social interactions between care recipients. Care recipients stated the portable kitchen enables their participation and an opportunity to try new foods and that it ‘brings back happy memories’.
- Management and staff identified the home’s living environment and activity program in the memory support unit could be more stimulating for care recipients. Lifestyle staff introduced Montessori style activities including memory boxes, enlarged jigsaw puzzles and fiddle boxes. The dining area was redecorated and outdoor area enhanced including a sensory garden. Staff sourced rescue birds and provided aviaries. Staff stated care recipients are more settled and now have activities and an environment to allow for purposeful engagement. Care recipients and representatives continue to provide positive feedback to management and staff through meetings and informally.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Management has systems to identify and comply with regulatory compliance obligations in relation to care recipient lifestyle.

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

- Management display the ‘Charter of care recipients’ rights and responsibilities – residential care’ throughout the home and include it in selected documentation.
- Care recipients’ agreements include information regarding privacy and confidentiality, specified care and services and security of tenure.
- There are systems to ensure the security and privacy of confidential information.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

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

Staff have the appropriate knowledge and skills to perform their roles in relation to care recipients’ lifestyle. Staff are able to demonstrate an appropriate understanding of their work areas.

Education undertaken relating to Standard 3 Care recipient lifestyle includes:

- elder abuse
- lifestyle framework
- dementia awareness.

### **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. Management consults with each new care recipient on entry to assess their emotional needs and past life experiences. A care plan is generated that details the level of support each care recipient needs. Care recipients are orientated to the living environment and the home encourages family and friends to join activities and maintain close contact. The home provides referrals to external counselling services or social workers if required and the activity program schedules individual time with care recipients as needed. Care recipients stated staff are supportive and they are satisfied with the level of emotional support received.

### **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 demonstrates there are effective processes to assist care recipients to achieve maximum independence. Care recipients' needs and preferences are identified when they enter the home and their level of independence is assessed. Once developed, care plans include information to promote independence in relation to care recipients' sensory, mobility and dexterity abilities. Staff assist care recipients with access to community groups and to maintain financial independence and to vote in elections. Care recipients stated they are satisfied their independence is supported.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management demonstrates care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care recipient and staff handbooks and documented procedures summarise the home's policies on privacy and confidentiality. Staff receive relevant training in respect to privacy and dignity and care recipients sign consent forms for the use of their photographs and names. We observed care recipient information securely stored and polite interactions between staff. Staff provide assistance at meal times with respect for care recipients' preferences and abilities. Care recipients stated they are satisfied with the assistance provided to maintain their privacy and dignity.



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

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

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

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in activities of interest to them. The individual interests of care recipients are identified in the initial period following entry to the home. Individual activities and the home's leisure program are planned, implemented and regularly reviewed including the consideration of any barriers to participation and input and feedback from care recipients. Care recipients have input to the leisure program at meetings and by completing surveys and participation records are maintained to assess individual levels of interest in the activities program. Care recipients and representatives stated they are satisfied with the lifestyle program.

### **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

Staff foster and value care recipients' interests, customs, beliefs and differing cultural backgrounds. Care recipients' cultural background, customs and religious and spiritual beliefs are identified during assessment and used as part of the lifestyle program. There are regular religious services conducted at the home using the onsite chapel to support care recipient participation and accessibility to spiritual beliefs. The home celebrates significant cultural days and events with activities, food and ceremonies. The home has established links with community groups and local clergy to assist with care recipients' beliefs and cultural preferences. Care recipients and representatives stated they are satisfied with the cultural and spiritual considerations provided by the home.

### **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 participate in decisions about the services provided at the home. Care recipients identify their preferences on entry to the home regarding their preferred name, food and beverages, personal care and rising and retiring times with the information reflected in care plans. Meeting minutes indicate care recipients are kept informed and encouraged to put forward ideas and express their preferences. Care recipients and representatives stated they are satisfied with the opportunities for choice and decision making available to them.

### **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

Prior to entry, care recipients and representatives are provided with an admissions enquiry package and a meeting is held with a corporate client services manager to discuss fees and charges. A further meeting is held with care recipients and representatives prior to entry to discuss care needs and services available. On entry, management provide care recipients and representatives with a disclosure statement, a care recipient information guide and a care recipient agreement which clearly states the care recipient's rights and responsibilities, security of tenure, privacy, complaints mechanisms and the available care and services provided. Management and staff consult with care recipients and representatives when room changes are considered. Care recipients stated satisfaction with their tenure within the home and they are aware of their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement systems and processes.

Management actively pursues improvements to ensure care recipients live in a safe and comfortable environment.

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

- At a care recipients and representatives meeting, care recipients said they were concerned with the acoustics and noise in the dining rooms. A review of each area was conducted and resulted in a number of initiatives to reduce the noise, including improving staff practices during meal times and modification to chairs, drawers and cupboards. Management stated there is a noticeable reduction in noise levels and care recipients have a more pleasurable dining experience.
- Corporate office management identified a need for the furniture and furnishings to be more homely and attractive. Management purchased lounge chairs, a large television screen, recovered comfort chairs, added new art work and placed umbrellas in courtyard areas. Care recipients, representatives and staff stated they enjoy the improved environment.
- Staff identified there were insufficient lights in the parking area. The corporate office property department implemented an automated lighting system that activates on movement. Staff stated the area is now well lit and safer for them arriving and leaving the area.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Management has systems to identify and ensure regulatory compliance obligations in relation to physical environment and safe systems.

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

- The kitchen has a current food safety plan and certification by external authorities.
- External contractors maintain essential services according to legislative requirements.
- Chemical storage is secure with current safety data sheets accessible.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

Management and staff have the appropriate knowledge and skills to provide a safe and comfortable environment for care recipients. All staff are required to complete mandatory training that includes health and safety systems, manual handling and fire and emergency education.

Education undertaken in relation to Standard 4 Physical environment and safe systems includes:

- manual handling
- infection control
- fire and other emergencies.

#### **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 actively works to ensure the living environment is safe and comfortable to meet care recipients' care needs. All areas of the home were observed to be clean, well lit and well maintained with suitable equipment, fittings and furnishings. External areas have a range of seating options with shade, paving for walking and maintained gardens. Corrective and preventative maintenance systems and a cleaning program ensures equipment, fittings and fixtures are safe and functional. Testing and tagging of equipment occurs and pest inspection is undertaken. Staff monitor the comfort and safety of the living environment through observation, audits and care recipient or representative feedback. Care recipients and representatives stated they are satisfied with the temperature, safety and comfort of the living environment.

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

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

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

The home meets this expected outcome

Management actively works to provide a safe working environment that meets regulatory requirements. Management inform staff of health and safety requirements through orientation, documented processes, meetings and a manual handling training program. A qualified work place health and safety representative is onsite and the representative is supported through regular regional work place health and safety meetings. Management and staff monitor occupational health and safety through meetings, maintenance programs, incident reports and environmental audits. Staff are encouraged to report any issues to ensure defective equipment is removed and repaired. Staff stated they have equipment that promotes safe work practice, prompt maintenance response and access to training.

#### **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

There are effective systems for preventing, detecting and acting upon fire, security and emergency risk. Staff have access to documented emergency management procedures and emergency exits are clearly marked. Fire safety systems are available including evacuation kits, fire plans, fire detection and firefighting equipment. Contracted fire professionals regularly monitor and maintain safety equipment. The home has processes to respond to other emergencies and security procedures are accessible. Orientation on fire and emergency awareness for staff is supported by mandatory education annually. Regular audits of fire and

emergency systems ensure compliance with regulations. Staff stated they are required to undertake regular fire and emergency training and are aware of their responsibilities in the case of fire or other emergencies.

#### **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 demonstrates there is an effective infection control program. There is allocated responsibility for the infection control monitoring processes. Policies, procedures, guidelines and flow charts provide information to support staff regarding infection surveillance and outbreak management. Staff complete incident report forms to record care recipients' infections as they occur. Senior nursing staff collect infection data monthly, analyse results and evaluate identified trends. Care plans provide details for staff to follow on the management of identified infections. There are appropriate stocks of personal protective equipment for staff to access. Staff participate in infection control training during orientation and through the annual mandatory education program. Care recipients stated staff wear protective equipment and attend to hand hygiene regularly.

#### **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

Management provides environmental and hospitality services in a way that enhances care recipients' quality of life and staff working environment. Catering services meet care recipients' individual dietary needs and preferences, offer variety with a seasonal menu and adhere to a food safety program. Contracted staff provide cleaning and laundry services and follow schedules to ensure completion of tasks. Furnishings, linen, slings and personal clothing are laundered onsite with replacement of linen as needed. Staff label care recipients' clothing to minimise any loss and there is a system for returning misplaced clothing items.

Chemicals are stored securely. Management and staff and contracted service management monitor environmental service performance through discussions with care recipients and representatives, surveys, audits and observation of practice. Care recipients, representatives and staff stated they are satisfied with the home's catering, cleaning and laundry services.