



Australian Government

Australian Aged Care Quality Agency

BlueCross Livingstone Gardens

RACS ID 3170
39 Livingstone Road
VERMONT SOUTH VIC 3133

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 07 April 2018.

We made our decision on 08 July 2015.

The audit was conducted on 09 June 2015 to 10 June 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Care recipient lifestyle

Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

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

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

BlueCross Livingstone Gardens 3170

Approved provider: Blue Cross Community Care Services Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 09 June 2015 to 10 June 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 09 June 2015 to 10 June 2015.

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

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

Assessment team

Team leader:	Jennifer Clarke
Team member:	Rosemary Pace

Approved provider details

Approved provider:	Blue Cross Community Care Services Group Pty Ltd
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Details of home

Name of home:	BlueCross Livingstone Gardens
RACS ID:	3170

Total number of allocated places:	150
Number of care recipients during audit:	23
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Memory support

Street:	39 Livingstone Road
City:	Vermont South
State:	Victoria
Postcode:	3133
Phone number:	03 9803 9111
Facsimile:	03 9802 9185
E-mail address:	livingstone@bluecross.com.au

Audit trail

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

Interviews

Category	Number
Executive team (central office)	6
Residential manager	1
Registered and enrolled nurse	4
Care and lifestyle staff	5
Care recipients/representatives	8
Hotel service	4

Sampled documents

Category	Number
Care recipients' files and associated documents	6
Care recipient agreements	6
Medication charts	6
Personnel files	7

Other documents reviewed

The team also reviewed:

- Audit schedule
- Care recipient emergency evacuation list
- Care recipient information packages and handbook
- Cleaning schedules
- Clinical incident reporting records
- Comments and complaints records
- Commissioning project plans
- Continuous improvement documents
- Council registration for kitchen, café and hairdresser
- Education records
- External complaints and advocacy records

- External contractors records
- Fire, security and emergency management documents
- Handover records
- Lifestyle program documents
- Material safety data sheets
- Meeting schedules, agenda and minutes
- Memorandum
- Newsletter
- Nurse registration records
- Policies, procedures and associated flow charts
- Position descriptions
- Preventive and reactive maintenance records
- Recruitment and induction documents
- Rosters
- Safety and risk assessments
- Staff and volunteer handbooks
- Vision and philosophy statement.

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Internal feedback forms
- Kitchen, laundry and cleaning practices
- Living environment
- Menus
- Short observation in dining room
- Spills and gastroenteritis kits

- 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 actively pursues continuous improvement across the Accreditation Standards through the application of the organisation's systems and processes. These systems include processes that capture information and suggestions for improvement activities including suggestions, comments, complaints and hazards. Management monitors quality activities and seeks involvement from care recipients, representatives and staff. Management communicates outcomes of continuous improvement activities through minutes of meetings. Care recipients and representatives confirmed their knowledge of current and projected quality activities at the home.

Improvement initiatives implemented by the home related to Standard 1 - Management Systems, staffing and organisational development includes:

- In preparation for the commissioning of the home, management included the organisation intranet (STAR Connect) within the orientation program. Management and staff confirmed the training provided information on access to current resources and updates to legislation.
- Management identified new staff required a comprehensive orientation program. Both the learning and development mandatory program and clinical essentials were included in the orientation program. An intensive program was delivered to the team leaders. Management said staff have embraced the Blue Cross systems and processes.

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 receives regular information and updates on legislative requirements and professional guidelines through subscription to a legal update service, membership of professional organisations, notifications from government departments and local council. Processes ensure the revision of relevant policies, procedures and flowcharts occur when required, and monitoring of compliance is through internal reviews and the auditing schedule. Dissemination of information to staff and others regarding changes to regulations and the home’s practices is through changes in policies procedures and flowcharts, meeting structure, memorandum and education.

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

- A system is in place to ensure compliance with police certificate and statutory declaration requirements for relevant staff.
- Management monitors professional registration of clinical staff as appropriate.
- Management provides access to information about advocacy services, internal and external complaint mechanisms to stakeholders.

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 knowledge and skills to perform their roles effectively. Management identifies education and staff development opportunities to promote person-centred care and meet legislative outcomes. The education calendar schedules mandatory and other relevant topics. The home records individual attendances on an education matrix and evaluates training. New staff receive an orientation program and staff are encouraged to attend external courses and conferences to increase their skills and qualifications. Care recipients and representatives said they were satisfied with the knowledge and skills management and staff present.

Recent examples of education related to Standard 1 Management systems, staffing and organisational development include:

- aged care funding
- phone, nurse call and voicemail training
- staff login system
- management of complaints
- leadership forum.

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

Care recipients and representatives have access to internal and external complaints mechanisms and advocacy services. Information relating to the complaints process is outlined in the home’s information handbook and displayed throughout the home. Comments and complaints are registered on paper based forms for review and action by management. Staff and care recipients said management are responsive to feedback and they are aware of how to make a comment or complaint.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision and mission statement is on display and included in key documents. The organisational structure provides overall leadership, strategic direction and resources to support the home in meeting their care objectives. Management demonstrates its commitment to the provision of quality through all components of the quality management system on site and at an organisational level.

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 recruits appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and to meet the care needs of care recipients. Management employ staff based on their qualifications, work experience, reference checks and police certification. Position descriptions and the orientation program support the recruitment process. Management monitor staff practices through the quality system, competencies and observations. Staffing levels are monitored and adjusted based on feedback, occupancy and current needs of care recipients. Staff reported they have adequate skills and sufficient time to complete their duties. Care recipients are satisfied with the staff skill levels and responsiveness to their needs.

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 has a system to ensure stocks of appropriate goods and equipment is available to provide quality service delivery. Maintenance staff and contractors maintain and service all equipment through a scheduled and preventative maintenance program and provide a twenty four hour service. Clinical, continence, housekeeping and catering supplies are ordered through preferred suppliers using effective stock assessment and rotation processes. Staff and care recipients said appropriate goods and equipment is provided.

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 organisation has effective information management systems in place. Management provide care recipients and representatives with information prior to and on entry to the home, including a handbook, information pack and agreement. Processes to keep staff informed include current policies, procedures and flowcharts, memorandum, handbooks, scheduled meetings, noticeboards and position descriptions. Care recipients and staff information is maintained in a secure location. Electronic systems have restricted access and password protection. There is regular back up of computerised information. Care recipients and representatives said management keep them informed and they have access to relevant information.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

There is a system to provide externally sourced services to meet the home's needs and service goals. Service agreements are overseen and monitored by senior management. The agreements specify the home's needs including regulatory requirements and specific services required. External providers are orientated to the home. Contractors are required to record entry and exit at the main reception area. Staff, care recipients and representatives are satisfied with the quality of externally sourced services.

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 at the home actively pursue continuous improvement in relation to care recipient health and personal care. Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system.

Improvement initiatives implemented by the home related to Standard 2 – Health and personal care includes:

- Management identified the demand of caring for care recipients with a diagnosis of dementia. At an organisation level the STARLife project has been developed to provide best practice in dementia care. The focus of the project includes enhancement of staff dementia care skills. As a result of this project all staff have completed dementia awareness education.
- Senior clinical management identified that two care recipients were admitted with cytotoxic medications. As a result, cytotoxic medication administration management guidelines were developed for clinical staff. This has resulted in an increase in staff knowledge and awareness of the management of care recipients on cytotoxic therapy treatment.

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.

Evidence of regulatory compliance related to Standard 2 includes:

- Medications are stored and administered in accordance with legislative requirements.
- A system to manage mandatory reporting requirements for unexplained absences of care recipients is included in policy, procedures and flowcharts and the information is readily available to staff.
- Management maintain a system to ensure currency of professional registrations of registered and enrolled nurses.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the knowledge and skills to provide appropriate health and personal care to Care recipients. Refer to expected outcome 1.3 Education and staff development for a description of the system.

Recent examples of education related to Standard 2 Health and personal care includes:

- clinical electronic documentation system
- dementia essentials
- continence management
- nutrition for the elderly
- dysphagia
- texture modified diet.

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 clinical care appropriate to their needs and preferences. Registered nurses complete initial and ongoing assessments according to documented schedules. Initial assessment data contributes to an interim care plan until the care planning process is complete. Registered nurses initiate re-assessment of care recipients in response to changes in their health status and refer care recipients to medical and health specialists as needed. Staff have access to policies, procedures and flow charts, care and handover information and attend relevant clinical education. Management have systems in place to monitor clinical care through clinical indicators, scheduled audits, care reviews and stakeholder feedback. Care recipients and representatives said they are satisfied with the level of consultation and care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Assessment for specialised nursing requirements occurs on entry to the home and when necessary. Registered nurses develop nursing care plans outlining specialised needs, preferences and care strategies to guide staff practice. Staff consult with other health specialists and include prescribed treatments into the care plan and review process. Staff have access to appropriate specialised nursing equipment and educational resources.

Management have systems in place to monitor specialised nursing through scheduled audits, care reviews and stakeholder feedback. Care recipients and representatives are satisfied specialised nursing care is provided in accordance with their needs and preferences.

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

Referral to health specialists occurs according to care recipients’ needs and preferences. Clinical reviews and assessments ensure staff identify care recipients’ referral needs on entry and as required. Health specialists visit the home and staff assist care recipients to attend external appointments. Care plans include diagnosis, treatment and updates to care occurring as a result of referrals. Care recipients and representatives expressed satisfaction with the assistance they receive in accessing other health professionals.

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 oversee the medication requirements for all care recipients. Appropriately trained and competent enrolled nurses and personal care staff assist care recipients to take their medication in accordance with legislative guidelines and the home’s medication policies, procedures and guidelines. Registered nurses complete initial and ongoing assessments identifying medication requirements, preferences, allergies and any special assistance needed. Medication profiles and charts are current, with clear medication orders, identification information and detail care recipients’ preferences and special needs when taking medication. Management have systems in place to monitor medication systems and practices through audits, competencies, incident reporting and regular staff and pharmacist reviews. Issues identified through these processes are reported through the meeting structure. Care recipients and representatives expressed satisfaction with medication management.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Pain management and care strategies ensure all care recipients are as free as possible from pain. Nursing staff complete initial pain assessments identifying care recipients’ past and current pain experiences and commence appropriate treatments. Staff complete assessments and charting for continuing pain using this information to formulate care plans. Pain relieving equipment is available and care recipients are encouraged to participate in regular physiotherapy, exercise and lifestyle programs. Staff have access to education and clinical resources relating to pain management. Management have systems in place to monitor outcomes through care reviews, audits and stakeholder feedback. Care recipients and representatives expressed satisfaction with the management of pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Care management systems and staff practices ensure dignity and comfort for care recipients nearing the end of their life. Palliative care preferences are included in assessment and care planning outlining care recipients’ wishes and preferences for end of life care. Systems are in place to guide registered nurse review and adjust care recipients’ care during the palliative stages of their life. Palliative specialists are available to provide advice and support as required. There are sufficient palliative care resources and relevant

staff education is scheduled. Care recipients and representatives expressed satisfaction with the cultural, spiritual and palliative care opportunities available to them.

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. During the initial entry period registered nurses assess care recipients’ nutrition and hydration needs and preferences in consultation with the care recipient and/or their representative. Assessments and care plans identify food allergies, clinical requirements, personal and cultural preferences and the level of assistance required. The home displays a daily menu, alternative meals and bowls of fresh fruit are available. Individual care strategies include structured meal times, texture modified meals, special fluids and a choice of modified cutlery and crockery. Registered nurses monitor care recipients for weight variations and nutritional status initiating dietary supplements and referrals to other health specialists as required. Care recipients and representatives expressed satisfaction with the meals and drinks 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. Initial and ongoing skin assessments identify care recipients’ skin risks and registered nurses use this information to develop care plans to minimise and manage identified risks. Care plans detail care recipients’ skin care needs and risk management strategies such as specific hygiene care, regular position changes and safe manual handling. Management has systems in place to monitor the effectiveness of care through the care plan review process, audits, incident analysis and stakeholder feedback. Care recipients and representatives expressed satisfaction with the care provided to manage their skin integrity.

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 receive continence care appropriate to their needs. Registered nurses assess each care recipient for their continence needs and preferences on entry to the home and on a regular basis. This includes referral to a continence adviser if indicated and the use of the appropriate management aids. Care plans detail care recipients’ preferences, established habits and strategies to maintain independence, comfort and dignity. Staff demonstrated knowledge of care recipients’ continence needs and preferences. Care plan review and program evaluation includes monitoring of infection

data, assessing the suitability of aids and obtaining feedback from care recipients and staff. Care recipients and representatives expressed satisfaction with the assistance they receive for continence 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 management of care recipients with challenging behaviours is effective. Registered nurses assess care recipients’ behaviour patterns on entry to the home identifying behavioural concerns and formulate plans to manage identified behaviours. Assessments include observations of verbal, physical and wandering and other behaviours over a designated period and these inform the development of the care recipients’ care plan.

Incident reports are completed when care recipients exhibit challenging behaviours. The team observed care recipients responding to specific life enhancement programs, positive staff and care recipient interaction and noted a calm environment. Management has systems in place to monitor the effectiveness through care through audits, incident analysis, care reviews and stakeholder feedback. Care recipients and representatives expressed satisfaction with the management of care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care plan strategies encourage care recipients to maintain their mobility and dexterity skills by participating in activities of daily life according to their capabilities. Physiotherapists identify care recipients’ individual needs relating to exercise activities, level of assistance and need for assistive devices such as walking aids and mobility aids. Care and lifestyle programs enhance mobility and dexterity with exercise activities and falls minimisation management. Appropriate transfer equipment is available and staff have received education in manual handling and transferring care recipients safely. Management has systems in place to monitor care using incident report data, care reviews and stakeholder feedback.

Care recipients and representatives expressed satisfaction with the care they receive to maintain their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients receive oral and dental care appropriate to their individual needs and preferences. Dental assessments and care plans include care recipients’ preferences, details of teeth or dentures, identification of any problems with mouth, gums and lips and the level of staff assistance required. Care recipients have access to dental professionals and appropriate dental supplies. Menu options include alternative food textures to manage dental or swallowing difficulties. Care recipients and representatives confirmed staff assist care recipients with oral hygiene care and to access dental services.

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 and assessment processes ensure the effective identification and management of care recipients’ sensory loss. Care plans detail specific individual strategies and include the level of assistance required, care of aids and strategies to optimise sensory function. Staff assist with specialists’ referrals to audiologists, optometrists or other services. The environment is light with clear signage, wide corridors and secure grounds. The lifestyle program includes group and individual sensory stimulating activities. Care plan reviews, audits and care recipient and representative consultation are in place to monitor effectiveness of care. Care recipients and representatives expressed satisfaction with the support and care provided to manage 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

Care recipients are able to achieve natural sleep patterns. Registered nurses identify care recipient sleep needs and preferences using entry and ongoing assessments, observation and care recipients’ feedback. Care plans detail individual preferences and needs including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Staff described care recipients’ sleep needs providing examples of individual night care and sleep preferences. Audits, handover and care plan reviews are in place to monitor the night time environment and care recipient satisfaction. Care recipients said they usually slept well and staff provided assistance as needed.

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 at the home actively pursue continuous improvement in relation to care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

Improvement initiatives implemented by the home related to Standard 3 – care recipient lifestyle includes:

- The lifestyle team leader identified a regular team meeting would provide an opportunity for staff to discuss care recipient participation and choices in the lifestyle program. In response, a weekly lifestyle team meeting has been initiated to discuss the individual needs of each care recipient. This information is shared with the care staff resulting in a greater understanding of the care recipient and the promotion of person-centred care.
- In response to provision of individualised care the lifestyle team leader purchased noise reducing headphones for the playing of individualised music for care recipients with limited verbal and social interaction. As a result of this initiative the music of choice for a care recipient was played through the head phones. A positive and calming response was observed by staff.

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.

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

- The ‘Charter of care recipients’ rights and responsibilities is displayed in the home.
- There is a privacy policy in place.
- Management offer agreements to all care recipients that specify care, services, rights and responsibilities and security of tenure.
- Procedures are in place concerning elder abuse and compulsory reporting with a consolidated register maintained by management.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Recent examples of education related to Standard 3 Care recipient lifestyle includes:

- privacy and dignity
- elder abuse
- lifestyle documentation.

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”.

The home meets this expected outcome

The home has systems to support care recipients’ adjustment to life in the home and to provide ongoing emotional support. Management meets with prospective care recipients

and their representatives and provides information and support prior to entry. Lifestyle and clinical staff assess care recipients' emotional support needs when they enter the home and provide orientation and support. Emotional support needs are noted on the care plan to guide staff and staff monitor and regularly review care recipients' needs. The home has systems in place to provide additional emotional support in times of crisis and at end of life. Care recipients and representatives expressed satisfaction with emotional support provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff assist care recipients to achieve maximum independence, continue their social relationships and participate in community life. Clinical and lifestyle staff assess care recipients' abilities and areas where they need support to maintain a social life on entry, and develop a care plan to support care recipients to do as much as they can. Links with community, volunteers and groups are currently being formed. Staff complete risk assessments to identify where care recipients may need support to maintain their independence and care recipients are supported to vote as required. Care recipients and representatives expressed satisfaction with the support care recipients receive to maintain independence and community connections.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home ensures care recipients' right to privacy, dignity and confidentiality is recognised and respected. The home provides care recipients with information about their right to privacy on entry to the home and the home seeks consent from care recipients to display their photographs and names. Care recipients' information is stored securely and discussed discretely. Staff displayed awareness of strategies to maintain care recipients' privacy, dignity and confidentiality and management monitors these aspects of care. Care recipients and representatives expressed satisfaction with the home's treatment of their privacy, dignity and confidentiality.

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. When care recipients enter the home leisure and lifestyle staff record interests and activities they enjoy and develop care plans. Leisure and lifestyle staff develop a program in response to care recipients' interests. Staff provide information about the program and encourage care recipients to participate to the extent they wish and conduct regular reviews of the program. Staff adjust the program to meet care recipients' changing needs and interests and review care recipients' individual plans regularly. 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

Management and staff value and foster the customs, beliefs and cultural backgrounds of care recipients in the home. Staff gather information about care recipients' culture, language and spiritual beliefs on entry to the home to develop care plans. The home provides religious services for care recipients who wish to participate. Staff stated they include many cultural elements in activities. Care recipients and representatives expressed satisfaction with the cultural and spiritual life 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 supports care recipients and representatives to participate in decisions about the range of services provided by the home. Staff seek information about care recipients' preferences across all care and lifestyle areas and management provides opportunities for care recipient feedback during meetings and on feedback forms. Care recipients have access to external complaints forms and advocacy information. Management maintains information on care recipients' powers of attorney and makes provision for care recipients to vote. Care recipients and representatives expressed satisfaction 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

Management has a system to ensure care recipients have secure tenure and understand their rights and responsibilities. Before entry management provides care recipients with information about security of tenure, care and service entitlements and rights and responsibilities and every new care recipient is offered an agreement which confirms these arrangements. External complaint and advocacy information and the Charter of care recipients' rights and responsibilities are available. Care recipients and representatives stated care recipients have secure tenure and 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

Management at the home actively pursues continuous improvement in relation to physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

Improvement initiatives implemented by the home related to Standard 4 – physical environment and safe systems includes:

- The chef identified an opportunity to enhance the textured modified meals. A texture concept menu was introduced where textured modified meals are presented to look like their original form. Management stated the initiative has added value to the dining experience and promoted dignity for care recipients served a textured modified menu.
- In recognition of care recipient menu choice a daily cooked breakfast and the serving of alcohol or soft drinks at lunch and dinner has been introduced. Management stated that the introduction has promoted additional choice for care recipients at meal times. Care recipients said they enjoyed the glass of wine at meal times.

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

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

- Management have policies, procedures and practices in place to actively promote a safe environment.
- Management has an occupational health and safety program to actively promote occupational health and safety and staff complete manual handling training.
- A food safety program is available.
- Maintenance of fire equipment is regularly undertaken. Staff attend mandatory training in fire and emergency procedures.
- Chemicals are stored safely in secure areas with material safety data sheets available.
- There are infection control guidelines in the event of an outbreak.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

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

- fire and emergency procedures
- hand hygiene
- manual handling
- infection control
- follow basic food safety practices
- chemical handling training.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

Management and staff actively work to ensure the Care recipients’ living environment is safe, secure, comfortable and clean. Care recipient’s rooms are personalised with mementos, photographs and furniture. Care recipients and visitors have access to lounge spaces, dining areas, a library, hairdresser, café and outdoor spaces. Call bells and mobility aids are easily accessible. Staff demonstrate safe practises to ensure care recipients safety and comfort.

Designated staff monitor the comfort and safety of the living environment through environmental audits and inspections. Care recipients and representatives stated the home is safe and comfortable environment and appropriate to care recipients’ needs.

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 demonstrates the home has processes to ensure the safety of care recipients, staff and visitors. Equipment is available to safely assist care recipients. Staff access information and training to promote a safe environment and work practices. There are current material safety data sheets where chemicals are used and appropriate supplies of personal protective, safety and transfer equipment. Staff said they received manual handling training on induction. Staff reported that management is active in providing a safe work environment and with the safety measures taken and the equipment provided by the home.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The organisation has developed systems to maintain a secure environment and minimise fire, security and other emergency risks. The home is equipped with emergency, firefighting and detection systems. External contractors check and maintain the firefighting and detection equipment and systems according to schedules. Emergency exits and egress routes were free from obstruction. An evacuation pack is available and includes essential equipment and information. The home includes a keypad security system which operates within the home.

Staff and management demonstrate understanding of emergency and evacuation procedures. Care recipients feel safe and secure within the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Processes include the monitoring of infections and the home's surveillance system includes collection and analysis of clinical data to identify trends. Staff have access to personal protective products such as gloves, aprons, sharps containers, waste receptacles and storage areas. Hand-washing facilities and hand sanitising equipment is located throughout the home. The home has current information to guide staff in managing infectious outbreaks. Safe food storage and handling practices are evident in the main kitchen. Cleaning and laundry processes support prevention and minimisation of cross contamination. Regular pest control

procedures are in place. Staff, care recipients and their representatives were satisfied with the actions taken by the home to manage and control the risk of infection.

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 to enhance care recipients' quality of life and staff's working environment. Meals are prepared seven days a week, and cooked fresh daily on site according to a food safety program. Assessment of Care recipients' dietary requirements and preferences occurs on entry to the home and is reviewed regularly; the information is readily available to the catering staff. A dietitian reviews the menu to ensure the nutritional content meets the needs of the care recipients. Cleaning staff follow schedules and infection control cleaning policies. The laundry collections and distribution processes ensure prompt return of linen and clothing that follows appropriate infection control procedures. Staff described correct procedures for use of chemicals and washing infectious laundry. Care recipients and representatives stated they are satisfied with hospitality services provided.