



Australian Government

Australian Aged Care Quality Agency

Arcare Keysborough

RACS ID 3980
85 Stanley Road
KEYSBOROUGH VIC 3173

Approved provider: Arcare Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 12 October 2019.

We made our decision on 12 August 2016.

The audit was conducted on 19 July 2016 to 20 July 2016. 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Arcare Keysborough 3980

Approved provider: Arcare Pty Ltd

Introduction

This is the report of a re-accreditation audit from 19 July 2016 to 20 July 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- All 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 19 July 2016 to 20 July 2016.

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

Team leader:	Jenny Salmond
Team members:	Catherine Evans Dawn de Lorenzo

Approved provider details

Approved provider:	Arcare Pty Ltd
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Details of home

Name of home:	Arcare Keysborough
RACS ID:	3980

Total number of allocated places:	90
Number of care recipients during audit:	80
Number of care recipients receiving high care during audit:	80
Special needs catered for:	15 bed sensitive care unit

Street:	85 Stanley Road
City:	KEYSBOROUGH
State:	VIC
Postcode:	3173
Phone number:	03 9213 1100
Facsimile:	03 9213 1250
E-mail address:	accreditation@arcare.com.au

Audit trail

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

Interviews

Category	Number
Residential manager	1
General services manager	1
State manager	1
National quality manager	1
Quality support	1
Nurse unit managers/registered nurses	2
Receptionist	1
Care recipients	5
Representatives	8
Lifestyle coordinator	1
Care staff	11
Catering personnel	3
Cleaning and laundry personnel	6
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	8
Summary/quick reference care plans	5
Personnel files	10
Medication charts	10
Care recipients' administration files	9

Other documents reviewed

The team also reviewed:

- Activities calendar and lifestyle documentation
- Archive register
- Audits and surveys

- Catering, cleaning and laundry schedules and related records
- Clinical documentation, assessments and evaluations
- Comments and complaints folder and register
- Communication diaries
- Compulsory reporting register
- Consent forms
- Continuous improvement plan
- Current drugs and poisons licence
- Education and orientation records and calendars
- Electronic care planning and information systems
- Employee information guide
- External service provider contract documentation
- Food safety plan and third party audits
- Handover sheets
- Incident and hazard report data and analysis documentation
- Infection control data and analysis documentation
- Information for care recipients including handbook and package
- Material safety data sheets
- Memoranda
- Menu and dietary records
- Minutes of meetings
- Organisational values statements
- Police certification and statutory declaration documentation for staff, volunteers and contractors
- Position descriptions
- Professional registration monitoring register
- Selected policies, procedures and flowcharts
- Self-assessment documentation.

Observations

The team observed the following:

- Activities in progress; including cultural activity in progress and activities calendars displayed
- Aquarium
- Archive area
- Cleaners' room and chemical storage
- Cleaning and laundry in progress
- Door security measures
- Emergency and firefighting equipment, maps, egress routes and pathways
- Equipment and supply storage areas
- External complaints pamphlets in English and languages other than English
- Feedback 'resident/relative/visitor comment' forms with suggestion box
- Hand hygiene facilities, personal protective equipment, outbreak box and spills kit
- Handover
- Interactions between staff, care recipients and representatives
- Living environment
- Lunch and refreshment services, monthly menu and daily menu in large print displayed and assistance to care recipients
- Medication administration and storage
- Mobility aids and transfer equipment in use
- Notice of the Quality Agency re-accreditation visit displayed
- Noticeboards and information displays
- Nurses' stations and resources
- Nursing stations and staff room
- Organisational values statements displayed
- Oxygen therapy
- Short group observation in morning in lounge in Jaffna
- Staff room and resources

- The 'Charter of care recipients' rights and responsibilities – residential care' displayed
- Waste management systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. Arcare Keysborough promotes an active approach to continuous improvement with an organisational clinical governance committee overseeing the quality system. Utilisation of a framework with mechanisms such as feedback from stakeholders, monitoring of infection control information, audits, the collection of quality data and incident report analysis ensures identification of areas for improvement. Management encourage stakeholders to contribute to the continuous improvement system through means such as attending meetings, completing 'resident/relative/visitor comment' forms, electronic mail and the home's open door policy. In addition, care recipients and representatives complete regular surveys. Management introduce changes in a structured manner and monitor their impact. There are processes such as internal and external audits to review performance. Management provide feedback to stakeholders as appropriate either through meetings or consultations or through documentation such as electronic mail.

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

- Management recognised senior staff could benefit from leadership training and organised for the education to occur. There has been early positive feedback from relevant staff who report the training has improved their skills and leadership in managing staff, thus improving care for care recipients. Education and evaluation is ongoing.
- Organisational management identified policies, procedures and audit tools required improvement to enhance the depth of information provided to both management and staff. Following education to staff, the organisation began the introduction of the new tools. There has been early positive feedback from staff who report the policies and procedures provide improved information. Management spoke positively of the revised audit tools, which have a survey component. Implementation and evaluation is ongoing.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The timely notification of updates occurs at the organisational level through membership of a professional advisory service, peak bodies and the receipt of government bulletins and publications. Established communication and documentation processes disseminate changes to all relevant staff through the home’s manager. Monitoring of regulatory compliance occurs through management observation of staff practice and their monitoring of scheduled internal and external audits and the regular analysis of key performance indicators. Staff are satisfied management ensures they understand their responsibilities in relation to their roles and provides timely updates of regulatory changes. Care recipients and representatives are satisfied management provide them with timely information updates.

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

- An established system monitors the currency of professional registrations.
- Established organisational processes ensure all current staff, volunteers and relevant contractors provide a statutory declaration and comply with the requirement to have a current police certificate.
- Management ensures information about internal and external complaints mechanisms and advocacy services are available.
- Management notified all stakeholders of the re-accreditation audit within the required time frame.
- The range of policies and procedures and flow charts reflect professional and regulatory guidelines.
- The secure storage of confidential documents is maintained.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively. All staff complete an orientation program and ongoing education and mandatory training programs reflecting the Accreditation Standards. Where indicated, staff complete competencies to identify their skill levels. Management ensures educational topics reflect the

changing needs of care recipients and the identification, through a variety of processes, of site specific staff training needs. Staff completion of a suite of compulsory education modules annually is monitored to ensure compliance. The variety of training is enhanced through staff access to an online learning system, tool box sessions and the involvement of internal and external trainers, relevant experts and health professionals. Management support staff to upskill and further their professional development and ensures they are advised of upcoming sessions, relevant conferences and external courses. Management monitor and evaluate the effectiveness of the program through the monitoring of feedback, incidents, quality activities and observation of staff practice. Management and staff are satisfied the variety of education and training opportunities assists them to practice more confidently.

Recent education provided in relation to Standard 1 Management systems, staffing and organisational development included the following:

- Arcare values roadshow
- incident reporting
- leadership and teamwork
- the end of month register analysis.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Each care recipient and/or their representative and other interested parties have access to internal and external complaints mechanisms. The system includes completing feedback 'resident/relative/visitor comment' forms and attending meetings as well as information obtained from handbooks and brochures. A locked box to lodge forms ensures anonymity if desired and there are interpreter services available for care recipients from non-English speaking backgrounds if needed. Care recipients, representatives and staff also verbalise any comments or complaints through management's open door policy. Management monitor care recipient and representative satisfaction through regular surveys and audits. There is a process to log any feedback, as required, to identify trends with relevant data used to assist in continuous improvement. Management investigate any suggestions in a timely manner and provide feedback to stakeholders, as appropriate, through means such as meetings, individual consultation or electronic mail. Care recipients, representatives and staff are aware of how to make a comment or complaint and are comfortable to do so as required.

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 commitment to quality underpins the work practices of all stakeholders. These statements are demonstrated through organisational commitment to a relationship centred approach and the values statements and the 'Charter of care residents' rights and responsibilities – residential' which are displayed within the home. This information is documented in a wide range of stakeholder information and is regularly reinforced through a range of established communication processes.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with these standards and the residential care service's values and commitment to a relation centred approach. The recruitment, selection and orientation of new staff is guided by an established organisational system. Position descriptions and an employee information guide define the role related responsibilities of new staff. During their first six months of employment staff performance is monitored and supported by management. Ongoing performance review occurs in response to individual's requests for interviews or as indicated to support practice improvements. Management continuously monitors staff rosters and regularly seeks feedback from stakeholders to ensure the maintenance of appropriate personnel levels and skills mix. Registered nurses are rostered on duty across each shift and are supported by on-call management. To support continuity of care established processes ensure internal staffing resources are used, where feasible, to fill vacant shifts. Staff are satisfied with the current staffing levels and management's support and commitment to staff allocation practises that support consistent care provision to care recipients. Care recipients and representatives expressed satisfaction with the quality of staff skills, their caring manner and timely assistance to care recipients.

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

A system ensures appropriate goods and equipment are available for quality service provision. Key organisational staff organise the purchase and replacement of equipment and inventory through established ordering and supply processes; using preferred suppliers and contractors.

The monitoring of care recipients' needs, stakeholder feedback and staff requests assists management in identifying goods and equipment requirements. New equipment is trialled and staff are provided with relevant training. Equipment, stationery, clinical and non-clinical supplies are stored securely, checked and rotated to ensure optimal condition. Preventative and reactive maintenance and cleaning processes ensure furniture and equipment remains safe, clean and available for use. Management monitor the stock levels of appropriate goods and equipment through quality activities and feedback mechanisms. Care recipients, representatives and staff are satisfied with quality of available goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are effective information management systems with confidentiality, privacy and security maintained throughout. All stakeholders have access to current information and are advised of activities and events of the home as appropriate through means such as noticeboard displays, meetings, calendars and handbooks. Care recipients and representatives receive adequate information to assist them to make decisions about each care recipient's care and lifestyle. Management and staff receive accurate information to assist in the performance of their roles through various means, which include education, handover sheets, the electronic care planning system, electronic mail, memoranda, policies and procedures. There is a process to regularly back up the computer system externally with logons and passwords for staff linked to their required level of access. Care recipients' information is securely and confidentially stored with processes for archiving and destruction of documents, as appropriate. Care recipients, representatives and staff are satisfied with the home's information systems.

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 ensure all externally sourced services meet the residential care service's needs and service quality goals. Management are supported through an organisational based selection system of national and locally sourced service providers. This process ensures legislative requirements, including those for police certification, license requirements, insurance and other conditions are met. This information is documented within an electronic contractor register and staff have access to contact details as necessary.

Monitoring and evaluation of the quality of performance of contractors and supplies occurs through observation, quality activities and informal and formal feedback. All external contractor service agreements are regularly reviewed. Care recipients, representatives and staff are satisfied with the quality of services provided by external service contractors and suppliers 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

The organisation actively pursues continuous improvement across all aspects of care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

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

- Management recognised medication management could be improved with additional 'face-to-face' education and organised for the training to occur. There has been positive feedback from relevant staff who report the education has enhanced their knowledge, thus improving medication management for care recipients.
- Due to staff feedback, management identified education regarding recognising early signs and interventions of challenging behaviours would be of benefit and organised for dementia care and distress training to occur. There has been positive feedback from staff who said the education has enhanced their behaviour management skills, thus improving care and quality of life for care recipients.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- A current drugs and poisons license is maintained in relation to the home’s medication imprest system.
- A documented medication management system guides staff compliance with policy and legislative requirements relating to medication management and storage.
- A documented process guides staff practices in the event of the unexplained absence of a care recipient.
- Appropriately qualified and trained staff plan, supervise and undertake the provision of specialised nursing care.

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 appropriate knowledge and skills to perform their roles effectively in relation to promoting and achieving quality outcomes relating health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development program.

Recent education provided in relation to Standard 2 Health and personal care include:

- dementia and distress
- dental care and oral health
- falls and medications
- pressure injuries (wound care)
- unintentional weight loss.

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 care appropriate to their needs and preferences. Assessment of care recipients’ clinical care needs occurs on entry and staff develop an interim care plan using this information. Registered nurses develop person centred care plans and review and evaluate care in consultation with care recipients and representatives. Staff communication regarding care recipients occurs through handover, progress notes, charting of clinical observations and documentation of clinical incidents. Care recipients have access to their choice of medical practitioner, there are contracted allied health professionals and access to local area health services supports a multidisciplinary approach to clinical care. Management and staff ensure correct management of clinical incidents through reviews and the collection and data analysis. Staff are aware of care recipients’ needs and preferences and said they attend regular clinical care education. Care recipients and representatives are satisfied with the clinical 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 staff identify and meet care recipients’ specialised nursing care needs. Registered nurses oversee the complex care needs of care recipients and develop a specialised nursing care plan in response to assessments and consultation with care recipients and representatives. Specialised nursing within the home currently includes wound management, diabetes management, oxygen therapy, palliative care and pain management. Clinical staff consult with medical practitioners and other health professionals regularly to provide care and ongoing review of interventions. There is access to specialists and external health care services if required. Staff said they have sufficient time and resources to provide specialised care. Care recipients and representatives are satisfied with the specialised care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Staff refer care recipients to appropriate health specialists in accordance with their clinical needs and preferences. Medical practitioners visit the home at regular intervals with care recipients able to choose to retain their own doctor. Staff provide support for care recipients to attend external specialist appointments as required. There is a physiotherapy program which ensures assessment and care direction for mobility, falls prevention and pain management. Care recipients can access speech therapy, wound management, palliative care, vision,

auditory, behaviour management and aged psychiatry services through a referral process as required. Allied health professionals share information with staff verbally, through communication books and electronic progress notes. Care recipients and representatives are satisfied with the way staff arrange referrals to relevant health specialists.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

There are systems to safely and effectively manage care recipients’ medication. Medical practitioners prescribe and regularly review medication regimes and trained and competent staff administer medication. Medication orders and charts include current photographic identification, specific information and alerts. Staff assess and monitor those care recipients who wish to self-manage and self-administer medications. Processes ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Policies and procedures and current medication resources are electronically accessible and guide staff practice. Management monitors the medication system using incident reports, pharmacy review, audits and the medication management advisory committee meetings.

Care recipients and representatives are satisfied staff manage medication safely and correctly.

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

All care recipients are as free as possible from pain. Staff use appropriate pain assessments, including observation of nonverbal and behavioural signs indicating pain. Registered nurses review treatment outcomes regularly in response to changing needs and refer care recipients for medical practitioner review as required. Strategies staff use to assist care recipients to maintain their comfort levels include medication, heat packs, exercises, massage and repositioning. Additional pain management occurs through the palliative phase in consultation with specialist services and the home’s registered nurses. Management monitor the effectiveness of pain management through verbal feedback, pain assessment tools, care plan reviews and audits. Care recipients and representatives are satisfied with the support care recipients receive to assist them treat and manage 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

Staff maintain the comfort and dignity of terminally ill care recipients. Consultation occurs between staff and care recipients, or their representatives, about the care recipients’ advanced

care planning wishes and this forms the basis for care provided during palliation. Staff can access palliative care resources from local area health services to support the care recipient during the end of life care process. Spiritual and emotional support is available for the care recipient and their family if desired. Staff have access to appropriate resources and support during this time. Care recipients and representatives are satisfied with the care and consultation provided regarding palliative care.

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. Staff assess care recipients needs and preferences regarding meals and drinks including likes and dislikes, cultural needs and allergies relating to food and fluids. Staff monitor care recipients for weight loss or gain and where appropriate provide dietary supplements and initiate referrals. A contracted dietitian reviews care recipients who are at risk of malnutrition and staff undertake appropriate measures in consultation with the care recipient and their representatives.

Referral to a speech pathologist for assessment and advice occurs for care recipients with swallowing difficulties. The catering service offers care recipients a choice in fresh cooked meals and portion sizes and alternative meals and extra drinks and snacks are available at all times. We observed staff assist care recipients with meals in an appropriate manner. Care recipients and representatives are satisfied staff support care recipients to maintain their nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. On entry to the home staff assess care recipients’ skin integrity and identify their skin care needs. Registered nurses undertake wound care and wound care specialists visit to provide expert advice as required. Staff monitor the condition of care recipients’ skin and maintain skin integrity through daily hygiene, repositioning routines and the application of moisturisers. Management provides appropriate equipment to support skin health such as transfer equipment, pressure relieving devices and the supply of contemporary wound management products. Where a skin tear or pressure injury occurs staff complete an incident report which registered nurses evaluate to minimise recurrence. Management monitor the effectiveness of skin integrity through verbal feedback, pain assessment tools, care plan reviews and audits. Care recipients and representatives are satisfied with the way care staff manage care recipients’ 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 has a system to ensure the effective management of care recipients’ continence. Staff complete continence assessments on entry to the home and again as changes in continence needs occur. Care plans include strategies to help maintain care recipients’ continence, independence and dignity. Staff also document strategies for care recipients with specialised continence needs such as urinary catheter and stoma care.

Continence aids are stored discretely and staff said they have sufficient supplies of equipment and aids to meet care recipients’ continence needs. Management monitor the effectiveness of continence management through audits, feedback and conducting infection control data analysis. Staff provide discrete support to those care recipients requiring assistance with continence management. Care recipients and representatives are satisfied with the home’s continence management program.

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

There are strategies and processes to ensure staff effectively managed care recipients with challenging behaviours. Staff assess care recipients’ behavioural needs on entry to the home and develop care plans in consultation with care recipients, representatives, medical officers and other health professionals as appropriate. Staff record behavioural incidents which management review to identify and minimise recurrence. Care recipients who display challenging behaviours undergo additional monitoring and review and staff access advisory services for care recipients as required. Staff receive education and training to manage challenging behaviours. Management monitor staff practices to determine their effectiveness in meeting the needs of care recipients with challenging behaviours. Care recipients and representatives are satisfied with the home’s approach to managing the causes of behaviours of concern.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes to encourage care recipients to achieve optimum levels of mobility, dexterity and rehabilitation. On entry to the home care staff and the physiotherapist assess the care recipients’ mobility and dexterity needs. Care plans document interventions required, including the need for assistive devices. Management provides care recipients with mobility and dexterity aids, if required, and appropriate mechanical lifting equipment is available in the

home. Staff complete incident reports for all mobility related incidents and a physiotherapist reviews care recipients regularly, following a fall and if there is a change in their health status. Falls prevention strategies employed include the review of footwear, the use of sensor mats, hip protectors and specialised beds and regular environmental review.

Management regularly review all incidents and monitor trends to assist in the reduction of falls. Care recipients and their representatives are satisfied with the home's approach to promoting care recipients' 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

Management has a system to maintain each care recipients' oral and dental health. Clinical care staff assess care recipients' oral and dental needs on entry to the home and establish a program of ongoing review. Staff assist and prompt care recipients with daily dental hygiene and observe and document any relevant dental issues. Oral and dental health specialists visit the home or care recipients can choose to visit their preferred outside specialists. Staff report issues to the care recipient's medical practitioner, dental provider and if necessary arrange speech pathology appointments. Management monitors the effectiveness of oral and dental care by observation, feedback and data analysis. Care recipients are satisfied with dental care and oral hygiene assistance provided by staff.

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

Staff identify and manage care recipients' sensory losses effectively. On entry to the home staff assess care recipients' speech, vision, hearing, skin integrity and sensation. Care plans document the level of assistance required and strategies to optimise function. Staff are aware of individual needs and assist care recipients who require help with care, maintenance, fitting and cleaning of aids and devices. Staff refer care recipients to optometrists, audiologists and other specialists as required. There are well lit and spacious living areas for care recipients with sensory loss to move around comfortably. Management monitor sensory loss by audits and stakeholder feedback. Care recipients and representatives are satisfied with the care and attention given to care recipients' sensory needs.

2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Staff identify care recipients’ sleep needs and preferences on entry to the home. Care plans include individual sleep and wake times, pain, continence needs and strategies to promote care recipient comfort and natural sleep. Staff use non-medication methods to promote care recipient sleep when needed, such as food and warm drinks, ready access to call bells and the provision of individual emotional support. Management monitor care recipients’ sleep requirements through audits and stakeholder feedback. Care recipients said it is quiet at night and they are able to achieve restful sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

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

- Care recipients suggested they would like to celebrate certain cultural events. Staff organised for care recipients to celebrate Turkish Eid Bayram in the coffee club. Following this event, staff also organised for care recipients to celebrate other events, such as Sri Lankan Sinhala New Year and Italian Republican Day, with singing and dancing. Volunteers assisted staff with decorations and catering staff provided appropriate cultural cuisine. There has been positive feedback from care recipients who enjoyed these and other cultural events.
- Care recipients commented they would like to have a Friendship Club for new and old friendships. Lifestyle staff set up a ‘friendship room’ complete with friendly sayings, a noticeboard and high tea table settings. There has been positive feedback from care recipients who enjoy making new and continuing old friendships with other care recipients. Staff said the Club assists recently entered care recipients to adjust to their new environment.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- Care recipients receive information on their rights and responsibilities, security of tenure and privacy and consent issues from management, in their information handbook and residential agreement.
- Established policies and procedures guide the maintenance of care recipients’ privacy and confidentiality.
- Management ensures all staff complete mandatory training in recognising and responding appropriately to situations that may require mandatory reporting. Management maintains a central register and follow-up documentation of related incidents.
- The ‘Charter of care recipients’ rights and responsibilities – residential care’ is on display in the home.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to promoting and achieving quality outcomes relating to care recipients’ lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development program.

Recent education provided in relation to Standard 3 Care recipient lifestyle includes the following:

- compulsory reporting
- cultural diversity
- privacy and dignity and confidentiality.

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

There is a system to ensure each care recipient receives emotional support adjusting to life in the new environment and on an ongoing basis. Prior to and on entry, management give care recipients and representatives information regarding the home, explain services and organise a tour with introductions to staff and other care recipients as possible. Lifestyle staff assist care staff in building rapport and offering support to care recipients adjusting to the new environment. Management and staff encourage representatives to participate in the home initially and on an ongoing basis. Staff complete an assessment and care plan to include the emotional support needs of care recipients with regular review to ensure their needs are identified and managed appropriately in a timely manner. The lifestyle program provides individual time with care recipients with an aim to maintain personal interests where possible. Care recipients personalise their rooms as they wish to create a homelike environment. Care recipients and representatives are satisfied with emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients receive assistance to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

Staff support care recipients to be as independent as possible and to participate in the community life of the home. Staff identify care recipients' mobility needs and care plans provide strategies to maintain and maximise independence through the use of various mobility aids and exercises. To assist independence, staff organise for visiting in-house shopping as well as shopping tours for care recipients to purchase any items they wish. An on-site café and theatre assist care recipients to maintain independence in their lifestyle.

Care recipients continue their interests and participate in outings with assistance from staff, families, friends and visitors. Furniture design and a clutter free environment encourage care recipients' independence. Care recipients and representatives are satisfied management and staff aid and encourage care recipients' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff recognise and respect each care recipient's privacy, dignity and confidentiality. Care recipient information is securely and appropriately stored. Quiet internal and external areas are available for care recipients to entertain their visitors. Staff help care recipients in a respectful manner when attending to activities of daily living, including assisting at meal times in a manner to retain each care recipient's dignity. There is signage available to place on care recipients' doors if they do not wish to be disturbed or if staff are attending their needs. Staff said they are aware of strategies for respecting each care recipient's privacy and dignity, such as knocking on doors prior to entering care recipient rooms and delivering private mail directly to each care recipient. Care recipients and representatives are satisfied management and staff treat care recipients with dignity and respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a wide range of interests and activities both in groups and on an individual basis. Lifestyle staff complete an assessment in consultation with each care recipient and representative to identify such information as each care recipient's preferences and leisure interests. This assessment forms the basis of the care plan which undergoes regular review. Staff plan activity programs in both group and individual settings with a range of activities on offer such as exercises, bus trips, board games, bingo, music, men's shed, carpet bowls, walking group and individual chats. Celebration of special occasions such as birthdays and cultural days occurs. Volunteers and care staff assist lifestyle staff with activity programs on a regular basis. Lifestyle staff evaluate and redesign programs as necessary based on care recipient feedback and participation. Information from care recipient meetings also assists staff in planning programs. Care recipients and representatives are satisfied with leisure interests and activities on offer.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients' individual customs, beliefs and cultural backgrounds are fostered and valued. Assessments and care plans document cultural and spiritual needs. Internal and external areas such as lounges and outdoor sitting areas are available for private reflection. There are regular religious services and care recipients attend their own church if preferred. Clergy from various churches in the community also visit as

needed. Management and staff ensure the celebration of cultural and significant days such as birthdays, Italian Republican Day, Anzac Day and Sri Lankan Sinhala New Year with the provision of culturally significant cuisine for care recipients as desired. Staff have access to services specific to cultural sensitivities and interpreter services if needed. Care recipients and representatives are satisfied with cultural and spiritual life.

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

Each care recipient or his or her representative participates in decisions about the services the care recipient receives, and exercises choice and control over his or her lifestyle while not infringing on the rights of others. Care recipients have input into the services they receive such as preferred sleep and wake times, their level of participation in activities and preferred name. Care recipients also have choices and preferences regarding timing of activities of daily living. Management encourage care recipients and representatives to provide feedback about care and services through meetings, the feedback system and consultation. Care recipients and/or their representatives sign various consent forms as required. Care recipients and representatives are satisfied with the opportunities provided to care recipients to make their own choices.

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 ensure care recipients have secure tenure within the home and are supported to understand their rights and responsibilities. During the pre and entry processes, management meets with each care recipient and/or their representative to provide relevant information on care recipients' rights and responsibilities. In addition, security of tenure, privacy, confidentiality and complaints mechanisms are discussed. This information is reinforced through residential agreements and the care recipient's handbook. Available within the home are the Charter of care recipients' rights and responsibilities, feedback forms and brochures informing stakeholders of advocacy and complaints processes. Care recipients and representatives are kept advised of any changes to specified care and services. Should a change in care requirements indicate the need to change rooms, management undertakes a process of consultation with a care recipient and their representative. Management informs all other stakeholders of care recipients' rights and responsibilities through employee information, the orientation and education programs, poster displays and policies and procedures. Care recipients and representatives are aware of care recipients' rights and responsibilities and are satisfied care recipients have security of tenure.

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

The organisation actively pursues continuous improvement activities related to all aspects of the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

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

- Care recipients suggested they would like gardening areas. Management organised for the installation of raised garden beds and care recipients assisted staff with choosing appropriate plants. There has been positive feedback from care recipients and staff who report the care recipients enjoy both the gardens and the gardening.
- In response to a recent care recipient survey, management recognised the need to review the menu, with attention to more alternate choices, and organised for the revision. There has been early positive feedback from care recipients who report they enjoy the new menu and improved choices. Evaluation is ongoing.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- Chemicals are stored securely and material safety data sheets are available at point of chemical use.
- Management ensures all staff attend annual mandatory training in fire and emergency procedures.
- Management supports an active occupational health and safety program.
- The catering service complies with a food safety program and maintains current food safety certification.
- The home has an established system to monitor infection control and guide staff in the management of an outbreak.
- The monitoring and maintenance of fire and essential safety systems occurs as scheduled.

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 appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development program.

Recent education provided in relation to Standard 4 Physical environment and safe systems included the following:

- fire and emergency training
- infection control - influenza and gastroenteritis
- infection control and outbreak management
- manual handling – train the trainers.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' needs. All accommodation at the home are single rooms with ensuite facilities. Care recipients are encouraged to personalise their space and their guests are welcome to enjoy the multi-purpose spaces, communal garden/courtyard, café, sitting and dining areas. Established maintenance processes and cleaning programs ensure the maintenance of the environment and all equipment and furniture. Informal and formal feedback from all stakeholders, regular audits, meetings and observations assist management to monitor the safety and comfort of the living environment. We observed care recipients and their visitors enjoying common areas. Care recipients and representatives are satisfied with the 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 is actively working to provide a safe working environment that meets regulatory requirements. The orientation, education and mandatory training programs support the development of safe work practices of staff and their involvement in the maintenance of a safe environment. Maintenance systems ensure equipment remains in good repair and relevant policies, procedures and risk assessments guide safe work practices. Staff compliance with safe practice is a scheduled item in regular meetings and staff vaccinations are encouraged. As the team of occupational health and safety representatives continues to evolve appropriate training is made available. Established systems identifying occupational health and safety risks include regular environmental inspections, stakeholder feedback, management observation and the monitoring and analysis of hazard and incident reports.

Staff are satisfied quality and communication systems, resources and equipment support the maintenance of a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. The orientation process, documented emergency procedures and the annual mandatory training program guide staff responses to a range of internal and external emergencies. Management, maintenance staff and external service contractors monitor and maintain essential fire detection and firefighting equipment according to an established schedule. Evacuation diagrams are displayed, emergency exits and egress routes are free from obstruction and staff maintain a current list of care recipients' mobility and transfer abilities. The home is a designated smoke free environment, door security strategies are established and staff practice after-hours security measures. Electrical safety is regularly assessed. Staff understand their role in relation to emergency and evacuation procedures. Care recipients and representatives feel safe in the home and are confident staff are trained to manage an emergency situation.

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

There is an effective infection control program. Delegated clinical management oversee the program including the collection of data on care recipient infections to identify any trends or issues. There are infection control procedures with contingency plans for various outbreaks.

The organisation offers influenza vaccinations to both care recipients and staff. There are facilities to implement hand hygiene and standard precautions with infection control education to staff on orientation and regularly thereafter. Processes such as a food safety program, infection control audits, a pest control program, appropriate waste management and monitored environmental services ensure effective infection control throughout. Staff said they regularly receive infection control training with their practices monitored.

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 by contracted staff in a manner to enhance care recipients' quality of life and the staff's working environment. Meals are prepared fresh on site with care recipient allergies, likes, dislikes, special dietary needs and cultural preferences taken into account. Care recipients have choices at meals to ensure a pleasant overall dining experience. Staff provide cleaning according to a schedule with processes for any extra cleaning tasks as required. Laundry staff process all items on site, with provisions for ironing and labelling of care recipients' clothes to assist in the prevention of lost items. Management monitor hospitality services through internal and external audits with the provision of regular staff education including chemical handling and infection control. Care recipients, representatives and staff are satisfied with the home's catering, cleaning and laundry services.