



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

BlueCross Broughtonlea RACS ID: 3611

Approved Provider: Blue Cross Community Care Services Group Pty Ltd

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

Reconsideration Decision made on 11 October 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 03 February 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 01 April 2015 to 01 January 2019.

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

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

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

This decision is effective from 11 October 2017

Accreditation expiry date 01 January 2019



Australian Government

Australian Aged Care Quality Agency

BlueCross Broughtonlea

RACS ID 3611
9-17 Broughton Road
SURREY HILLS VIC 3127

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 01 April 2018.

We made our decision on 03 February 2015.

The audit was conducted on 06 January 2015 to 07 January 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 residents, 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:

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

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: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



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Audit Report

BlueCross Broughtonlea 3611

Approved provider: Blue Cross Community Care Services Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 06 January 2015 to 07 January 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 06 January 2015 to 07 January 2015.

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

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

Assessment team

Team leader:	Gillian Walster
Team members:	Carolyn Ashton
	Stephen Koci

Approved provider details

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

Name of home:	BlueCross Broughtonlea
RACS ID:	3611

Total number of allocated places:	109
Number of care recipients during audit:	96
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	9-17 Broughton Road	State:	Victoria
City:	Surrey Hills	Postcode:	3127
Phone number:	03 9856 0999	Facsimile:	03 9856 0998
E-mail address:	broughtonlea@bluecross.com.au		

Audit trail

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

Interviews

	Number		Number
Management	4	Care recipients/representatives	20
Clinical care coordinators	2	External services management	3
Clinical/care/lifestyle staff	15	Ancillary staff	5
Maintenance management and staff	3	Allied health professionals	1

Sampled documents

	Number		Number
Care recipients' files and care plans	13	Medication charts	16
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Activities schedule, group activity guidelines and evaluation records
- Annual essential safety measures report
- Audit schedule, audits and assessments
- Call bell history reports
- Care recipients' information package, handbook and surveys
- Cleaning schedules, procedures and monitoring records
- Clinical charts and forms
- Compliments, comments and concerns forms
- Education attendance matrix and evaluation records, education calendars and session documentation
- Fire equipment servicing records
- Food safety plan, monitoring records and external certifications
- Incident registers and incident summary data
- Infection documentation and summaries
- Maintenance schedules and documentation including pest control records
- Mandatory reporting documentation
- Material safety data sheets
- Meeting minutes and schedule
- Memorandum
- Menus, meal selection and associated documentation
- Newsletters

- Policies, procedures and flowcharts
- Quality improvement register, action for improvement forms, continuous quality improvement schedule
- Residency agreements
- Resident of the day checklist
- Rosters and human resources documentation, checklists and interview guide and clinical competencies
- Staff handbooks.

Observations

The team observed the following:

- Activities in progress and schedule on display
- Archive storage
- Charter of care recipients' rights and responsibilities and vision statement on display
- Cleaners room, trolley and cleaning in progress
- Cultural care kit including language cue cards
- Educational resources
- Equipment, supply and chemical storage areas
- Evacuation pack and evacuation resident list
- Firefighting equipment and evacuation diagrams
- Hand washing areas and sharps containers
- Information displays
- Interactions between staff and care recipients
- Living environment
- Maintenance in progress
- Meal and refreshment services and assistance to residents
- Medication storage and administration
- Notification of Agency visit on display
- Personal protective equipment
- Pet in residence
- Short observation in butterfly (memory support) area
- Waste systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's management actively pursue continuous improvement across the Accreditation Standards. The organisation has established policies, procedures, audit schedules and monitoring systems and continuous improvement is an agenda item at all meetings. Continuous improvement initiatives are derived from improvement forms, audit results, hazard identification, suggestions, incident and infection evaluation and discussions in meetings. Residents, representatives, staff and other stakeholders are encouraged to use the comments, compliments and concerns forms to raise issues, initiate and recommend improvements and to provide an avenue to the continuous improvement system. Management record improvement opportunities, trend and monitor progress, evaluate results and communicate outcomes. Residents, representatives and staff said management respond to suggestions and feedback and they are satisfied with the improvements at the home.

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

- To assist staff and the management team, a team building project was undertaken. Led by the regional manager, senior staff meet and discuss team building and management strategies to assist them in their roles. This initiative assists staff to focus on a common goal and encourage lateral collaboration.
- In response to resident and staff feedback, management reviewed the staff skill mix. In line with the homes philosophy of person centred care and to ensure continuity of care in order to meet residents' needs, staff are now allocated to work on one floor and are not moved from area to area. Residents said they feel more confident with familiar staff and staff said the change has increased their job satisfaction.
- The organisation has implemented a new system to manage medical supplies. The system is flexible and ensures consistent stock levels and has reduced administration time that was required to manage reordering.

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 has a system for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. Corporate office

receive regulatory information via a legal update service and provide regular information to the home. Residents and representatives are informed of changes to regulatory compliance through meetings or via direct contact. Staff are informed through meetings where regulatory compliance is a standing agenda item, memoranda, updates to policy and procedures and via noticeboards. Regulatory compliance regarding management systems, staffing and organisational development is monitored through audits, competencies and observation. Staff said they are informed about regulatory compliance.

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

- The organisation has processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Personal information is managed and destroyed in accordance with regulatory requirements.
- Management ensured the notification to all stakeholders of the re-accreditation audit within the required time-frame.

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 demonstrates systems and processes to ensure staff have appropriate knowledge and skills to perform their roles effectively. Management offers education across the Accreditation Standards in a combination of face to face training sessions, tool box presentations, meeting and handover discussions, manager in training program and a staff conference. New BlueCross employees attend an induction program and all staff complete yearly refresher training in compulsory topics. In addition to organisation based programs, education and development is developed and conducted at the home in response to staff training needs analysis, audits, feedback, observation of staff practice and changes to resident care needs. Attendance at training is monitored and sessions are evaluated. Staff are satisfied the range of educational and development options available supports effective work practices.

Examples of recent education and training relating to Standard 1 Management systems, staffing and organisational development include:

- 7 pillars of management
- bullying and harassment
- comments and complaints management
- electronic care planning, trending and analysis
- privacy legislation update
- vips – person centred care.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The organisation ensures accessibility of the internal and external complaints mechanisms to all care recipients and stakeholders. Residents, representatives and visitors have access to internal and external complaints mechanisms and there are confidential processes available if residents or representatives wish to provide feedback anonymously. Information about these processes is set out in the resident information pack and staff said they assist residents to complete feedback forms if requested. Residents and representatives said they are aware of the feedback processes, feel comfortable to raise a concern or suggestion and are satisfied with the way staff respond to concerns, suggestions and requests.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision and philosophy. We observed the home's vision to be displayed throughout the home and documented in residents' information guides and staff handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The organisation has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to care recipients. A formal recruitment process is followed and management monitor qualifications and credential information. New staff complete a formal induction program that includes 'buddy shifts' to assist them in adjusting to their new roles. All roles have position descriptions to guide staff and staff sign employment contracts and position descriptions. Rosters confirm that adequate staffing levels occur over all shifts and a registered nurse is rostered on all shifts. Roster vacancies are filled through an availability list or casual bank or from agency staff. Residents, representatives and staff are satisfied with current staffing levels at the home.

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 ensure suitable goods and equipment for quality service delivery. Preferred suppliers are used for delivery of foodstuffs, cleaning materials and clinical supplies. We observed all supplies stored in clean, secure areas around the home. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place. Staff, residents and representatives said goods and equipment are readily available and that maintenance is completed in a timely manner.

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

Management has information management systems that include meetings, minutes, resident information guides, notice boards and activity calendars. The systems to inform staff include orientation, meetings and minutes, staff handbook, noticeboards, policy and procedures, memoranda and clinical files. Clinical notes, resident and staff files are securely stored. Old files are stored externally or on site in a secure archive room and staff have access to a secure destruction bin. Residents and staff confirm their satisfaction with access to information and with the communication mechanisms at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are processes to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include physiotherapy, dietetics, music therapy, fire system testing and pest control. Contracts are handled at the organisations head office and specify the required standards, timeframes and regulatory requirements. The organisation has preferred suppliers. Management obtain information on external services via observations, audits and feedback directly from stakeholders. Residents and representatives confirmed that they are satisfied with the home's external 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

The home pursues continuous improvement related to care recipient health and personal care with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 2 Health and personal care include:

- To enhance and further develop staff skills to clinically manage and support residents the organisation implemented mandatory clinical training for all clinical staff. Formal evaluation of the program is positive and results show changes to staff workplace practices.
- In response to resident feedback regarding the food service and their expectations a buffet breakfast was introduced to enhance the breakfast experience. Residents have the ability to choose from hot options daily. Management said residents weights have increased, mobility has improved due to walking to the dining room and resident feedback is positive.
- Due to the increased number of residents living with dementia, a management initiative has been to access a geriatrician on a regular basis to further support and meet resident care needs. The collaboration has resulted in positive resident outcomes and provided care staff with additional strategies in delivering person centred care.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff stated they are informed about regulatory requirements by management.

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

- Registered nurses plan and supervise residents' specialised nursing care needs.
- Medications are stored and administered according to legislated processes.
- There are systems and processes in the event of an unexplained resident absence.

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

For details regarding the home’s education and development system, refer to expected outcome 1.3 Education and staff development.

Examples of recent education and training relating to Standard 2 Health and personal care include:

- continence management
- epi-pen administration
- falls prevention
- ileostomy care
- resident of the day
- thickened fluids.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff demonstrate care recipients receive appropriate clinical care. When residents move into the home staff commence an assessment process and compile a care plan that outlines individual needs and preferences. Evaluation of care occurs third monthly or more frequently if care needs change. Appropriately qualified and experienced staff provide care and communication regarding residents occurs through handover, progress notes, charting of clinical observations and documentation of clinical incidents. Medical and allied health personnel review residents as required and increased monitoring occurs when needed. Staff said that they have sufficient rostered time to provide the planned care for residents. Residents were complimentary of the care provided and said that any episodes of ill-health or incident are responded to quickly and properly and representatives are informed appropriately.

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

Management demonstrate appropriately qualified staff identify and meet specialised nursing care needs of care recipients. Registered nurses assess, plan, manage, consult with residents and representatives and review the specialised nursing care needs of residents. Regular person centred care meetings are used as a forum to discuss and review residents specialised care needs. Referral and consultation with health professionals occur. Residents with specialised care needs include those with diabetes and needs associated with catheter care, dysphagia management, stoma therapy, wound management and oxygen therapy

management. Equipment for specialised nursing care is available and maintained. Policies, procedures, flowcharts and guidelines support staff, and management provide staff education in areas of specialised, complex care. Residents said they are satisfied with the specialised care received.

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 care specialists for review, advice and management of their health care needs. Residents have access to a range of health professionals including physiotherapy, podiatry, dietetics, aged persons mental health services, palliative care, speech therapy and wound, continence, optometry and dental services. Staff perform assessments of residents’ needs and preferences and refer and follow up with specialist providers in an appropriate and timely manner and carry out care according to specialists’ instructions. Residents and representatives said staff refer residents to specialists on request and in response to identified needs and assist them in visiting outside specialists as required.

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 is a system to ensure that care recipients’ medication is managed safely and correctly. Medications are stored according to legislation and manufacturers requirements, checking mechanisms are in place and processes ensure consistent supply and disposal of medication. Policies, procedures, medication charts, flowcharts and care plans guide staff in the administration of each resident’s medications. Management monitor the system with audits, competency assessments and education, documentation of incidents and independent annual medication reviews. A medication advisory committee discuss any medication issues at regular meetings. Residents who manage their own medications have an assessment process to monitor their ability to safely manage those medications. Residents and representatives said they are satisfied with the home’s approach to managing residents’ medication requirements.

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

There are processes to ensure care recipients are as free as possible from pain. When residents move into the home or when they report or indicate they are experiencing pain, staff assess their pain using verbal or non-verbal assessment tools. Staff with input from residents, family and medical practitioners implement, document and regularly review strategies to manage pain. The physiotherapist is involved in pain management and provides strategies, along with clinical/care staff, including the use of non-invasive nerve stimulation,

massage, medication, heat packs, comfortable bedding and position changes. Medications administered on an as needs basis are recorded in progress notes and include an evaluation of the medication intervention. Residents and representatives said they were satisfied with the way in which staff manage residents' 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 provide care recipients with end-of-life care that ensures their comfort and respects their dignity and cultural requirements. Residents and representatives have the opportunity to complete an advanced care plan/palliative approach form which details physical, emotional, cultural and spiritual preferences during the palliative stages. Staff access medical care for residents as necessary and make referrals to external services if required to provide additional support. Care includes nursing care and complementary care and care plans include symptom management, comfort measures and psychosocial needs for residents. Staff said their approach to care is to maintain comfort and respect for the choices of residents and representatives during 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

Management and staff demonstrate there is a process to provide adequate nourishment and hydration to care recipients. Nutrition and hydration needs are assessed when residents move into the home, with consideration of personal preferences, allergens, intolerances, medical requirements and levels of assistance. Nutritional care plans are reviewed on a regular basis and a process exists for resident dietary changes to be conveyed to catering staff for appropriate action. Residents' weight is monitored monthly or more often if required, and referral made to medical practitioners, dietitians and speech pathologists. Staff are aware of residents with specific dietary requirements including supplements, texture modified diets and thickened fluids. Aids assist residents' independence and where needed, staff provide assistance to residents during meals. Residents and representatives are satisfied they receive sufficient food and beverages and are assisted appropriately.

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

Staff practices maintain care recipients' skin integrity consistent with their general health. Skin integrity is assessed at the time a resident moves into the home and is monitored on an ongoing basis. Staff consider the impact of continence, mobility, nutrition and hydration and personal hygiene when developing strategies for promoting healthy skin. A visiting podiatrist and a hairdresser support staff in maintaining the health of residents' skin, hair and nails.

Clinical staff manage wound care and access specialists' input as required. The incidence of skin tears and wounds is monitored through the quality system and relevant education is provided. Staff said they monitor the condition of residents' skin and maintain skin integrity through the application of moisturisers, the provision of pressure area care and the use of pressure relieving devices. Residents said they are satisfied with the home's approach to maintaining 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

There are systems to ensure care recipients' continence needs are managed effectively. Staff assess each resident's continence needs when they move into the home and develop a care plan which documents the level of assistance necessary and any aids required. There is ongoing evaluation of strategies and appropriateness of continence aids and consideration of other factors that may impact continence. Management ensure sufficient continence supplies are maintained, monitor urinary tract infections and staff attend education sessions on continence management. While assisting residents with continence management staff support residents to maintain their dignity and independence. Residents said they are satisfied with the way in which staff manage their continence needs.

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 for assessing and reviewing care recipients with challenging behaviours. Regular care plan evaluations and staff observations assist in monitoring the effectiveness of the behaviour management strategies. Staff record behavioural incidents which management review to identify and minimise recurrence. Staff access medical practitioners and advisory services for care recipients who require additional review and management of challenging behaviours. A person centred approach is achieved with regular meetings helping to understand issues and discuss strategies. The memory support unit is staffed by lifestyle and care staff and is available during the day for a number of residents with challenging behaviours. Residents and representatives said they are satisfied with the home's approach to behavioural management and said the behaviour of other residents does not disturb their sleep or infringe on their privacy.

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

Staff provide care to promote and optimise care recipients' mobility and dexterity. Staff assess needs related to mobility and dexterity and identify aids residents may require to enhance independence. There are exercise programs, regular walks, outings and activities to aid mobility and dexterity. Staff apply falls prevention/risk management strategies according

to residents' identified needs and use mobility and transfer aids, fall sensor mats and hip protectors. When required staff provide dexterity aids such as adaptive cutlery and crockery and assist residents during meal times as needed. Staff follow organisational policies and procedures when incidents occur where residents have fallen. Appropriate transfer equipment is available and staff have manual handling training and are educated in safe transfer techniques. Residents said they are satisfied staff are skilled in assisting them to achieve optimal 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 demonstrates care recipients' oral and dental health is maintained. Oral and dental care needs are established when residents move into the home when assessments are conducted and a care plan developed in consultation with the resident and representatives. The care plan outlines residents' oral health status, dental prosthetics, preferred dental service provider, self-care practices and strategies for staff assistance. Plans are reviewed regularly and in response to resident needs. Dental hygiene products are supplied and replaced routinely and sufficient stocks maintained. Access to relevant health professionals is facilitated reflecting residents' needs and preferences. Staff observe, prompt and assist residents to undertake oral care. Residents and representatives are satisfied residents' oral and dental health is appropriately managed.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Management and staff demonstrate there are systems to identify and manage the impact of care recipients' sensory loss. Assessments are undertaken with residents when they move into the home, establishing ability and assistance needs in each sensory area. Individualised care plans document strategies to manage the effect of sensory loss and describe care of sensory aids. Plans are reviewed regularly and in response to changes in residents' needs. Referrals are made to specialised health services in consultation with residents and representatives, including to optometrists, audiologists, speech pathologists and physiotherapists. The lifestyle program incorporates activities which cater for sensory loss and the home environment is clean, well-lit and uncluttered. Staff are aware of residents' needs and encourage the use and cleaning of aids, providing assistance as needed. Residents and representatives are satisfied staff assist residents to manage the effect of sensory loss.

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 supported to achieve natural sleep patterns. Sleep pattern and preferences are established for each resident upon moving into the home and an individualised care plan developed which describes preferred rising and settling times and strategies to aid sleeping. Ongoing assessments are initiated in response to changes in resident needs. Non-pharmacological strategies include warm beverages, adherence to routine and a quiet environment. Pain management and continence comfort needs are also addressed by staff to support sleep. When indicated, medical practitioners prescribe medication to aid sleep. Effectiveness of interventions is evaluated. Residents are satisfied with the support provided to sustain their sleep patterns.

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 home pursues continuous improvement related to care recipient lifestyle with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 3 Care recipient lifestyle include:

- To better support residents in the home, management re-invigorated the “starlife” club and included recommendations provided by the dementia research project undertaken in 2014. The engagement model is based on Montessori principles and staffed with lifestyle and care staff members who are trained in dementia care. Anecdotal evidence suggests changes in resident behaviours due to the high level of engagement with staff.
- The women’s lunch group requested a movie session which is held regularly on Saturday nights. Families bring in movies or residents select a movie from the homes library. Management purchased new equipment to improve the quality of the movies viewed and resident feedback is positive.
- Lifestyle staff observed that the meal service could be further enhanced by music. A lifestyle staff member plays the piano on Sundays on alternating floors. A repertoire of songs that are familiar to residents are played throughout the meal. Feedback is positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Residents and representatives said they are informed of residents’ rights and responsibilities.

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

- The organisation has policies and procedures in regards to privacy of resident information.
- Policies, procedures and flowcharts are in place regarding reportable incidents such as elder abuse.

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

For details regarding the home's education and staff development systems, refer to expected outcome 1.3 Education and staff development.

Examples of recent education and training relating to Standard 3 Care recipient lifestyle include:

- elder abuse
- LGBTI – facts, myths and stereotypes
- life stories
- palliative care approach
- starfish principles.

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

Care recipients receive support from management and staff after moving into the home and on an ongoing basis. Residents and representatives meet with relevant staff and view the home, receiving a welcome pack which outlines services, requirements and commitments. Residents and representatives complete a personality profile, which together with formal assessments, establishes the resident's needs and preferences. Social and emotional support care plans describe personality characteristics, significant events, interests and motivations and are used by nursing, care and lifestyle staff to support residents during the period of transition and other critical times. Community volunteers and pastoral care visitors visit the home. Residents and representatives are satisfied with the emotional support provided by the home and its appropriateness for their needs and preferences.

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 independence, maintain friendships and participate in community life. A person-centred care approach is used to determine each individual resident's cognitive, mobility and dexterity levels, social interaction and independence preferences. These needs and preferences inform all of the resident's care plans and are reviewed on a regular basis. A physiotherapy program assists residents' mobility and is supported by exercise activities and mobility equipment. Community links are maintained through external outings and by home visits from religious personnel and volunteers. Staff encourage residents to participate in recreational and social activities and

assist where needed. Residents and representatives are satisfied with the manner in which they are supported in maintaining their independence and community life.

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 ensure each care recipients' right to privacy, dignity and confidentiality is recognised and respected. Staff practice is guided by policy and training in privacy principles. Resident right to privacy, dignity and confidentiality is conveyed in documentation such as resident and staff handbooks. Rooms are either single, or shared with ensuite. Communal areas are located throughout the home for residents to meet with guests. Password protected electronic systems maintain the privacy of residents' personal information. Staff identify strategies and work practices that support privacy, dignity and confidentiality in the provision of care to residents. Residents and representatives are satisfied staff respect their privacy, dignity and confidentiality needs.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a range of interests and activities. Each resident's social and activity preferences, abilities and support needs are established in consultation with residents and representatives when the resident moves into the home. Staff prepare and regularly review an individualised care plan which incorporates strategies to encourage participation and respect choice and independence. A monthly schedule of activities is displayed, and activities are evaluated by staff on a regular basis. Activities include exercises, games, quizzes, happy hour, visiting entertainers and community outings. Staff monitor resident participation to contribute to ongoing assessment of residents' health and care needs. Residents contribute to the development of the lifestyle program through suggestion forms, an annual lifestyle survey and consultation. Residents and representatives are generally satisfied with the activity program available.

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 each care recipient's cultural and spiritual needs. A cultural and spiritual assessment is conducted in consultation with residents and representatives when the resident moves into the home. An individualised care plan conveys the beliefs, ethnicity, language, interests and customs of residents. Community leaders of various religious denominations conduct weekly church services. Celebrations mark special events such as sporting occasions and culturally significant days. Multi-lingual staff are identified and assist where appropriate to enhance communication. Residents and

representatives are satisfied residents spiritual and cultural practices are maintained within 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 has systems to support and encourage care recipients and representatives to make decisions and exercise choice and control over their lifestyle without impinging on the rights of others. Staff consult with residents and representatives to establish needs, preferences and communication styles and to develop strategies to maintain independent choice and control. Residents and their representatives are involved in review of resident's care plans and family meetings held as required. Staff obtain consent for the use of photographs and publication of resident names in newsletters. Information on internal and external complaints mechanisms and external advocacy services is available. Staff demonstrate an understanding of strategies that uphold residents participation and decision making in a variety of settings. Residents and representatives are satisfied that residents are able to exercise choice and make decisions about their care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has a system to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. The resident's information guide has information about security of tenure and residents' rights and responsibilities. The client services manager discusses entry requirements and agreements with residents and representatives. Any change of rooms will only occur after consultation with the resident and their representatives. The client services manager can clarify on an ongoing basis any residents' rights and responsibilities, security of tenure information or any financial questions. Residents and representatives confirmed that residents have secure tenure within the home and are aware of their resident's 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

The home pursues continuous improvement related to the physical environment and safety systems with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 4 Physical environment and safe systems include:

- A management initiative involved a collaborative project to redevelop the level one courtyard. Residents were involved in choosing art work, selecting architectural features, making bird houses and developing garden beds. The courtyard has given residents a place to sit in contemplation and socialise with friends and family. Residents maintain the garden and take pride in their achievements.
- A management initiative was to install electronic doors to courtyards to improve access for residents and representatives. This has increased the capability of residents accessing the areas and use has increased.
- To further promote a safe and healthy workplace, management reviewed and identified areas to improve within staff rooms. All staff room kitchenettes have been renovated, instant hot/cold water systems installed and furniture replaced. Feedback from staff is positive.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory Compliance. Staff confirm compliance with safe working practices within the home.

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

- Chemicals are securely stored with current material safety data sheets.
- The home has an audited food safety plan and has appropriate auditing of kitchen systems
- Ongoing monitoring of the safety of fire safety systems.

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

For further details regarding the home's education and staff development systems, refer to expected outcome 1.3 Education and staff development.

Examples of recent education and training relating to Standard 4 Physical environment and safe systems include:

- fire and emergency
- hazard and incident management
- infection control
- occupational health and safety
- starmoves (manual handling).

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

The organisation has processes to assist in providing residents with a safe and comfortable environment consistent with care recipients' care needs. There are single and double rooms with private ensuites. Residents are encouraged to personalise their rooms. Internal and external areas are available for the use of residents and representatives. Maintenance of buildings, grounds and equipment is through regular servicing and maintenance programs by internal staff or external contractors. There are appropriate preventative and corrective maintenance programs. Residents and representatives confirmed management provides a safe, secure, clean and comfortable 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 demonstrate it is working to provide a safe working environment to meet regulatory requirements. On commencement of employment, all staff complete induction training that includes occupational health and safety. Policies, procedures and flowcharts guide staff to understand their rights and responsibilities relating to occupational health and safety. Notices on display identify relevant representatives. Management monitor the effectiveness of its occupational health and safety procedures through regular emergency and work health safety audits. Management and relevant stakeholders discuss and address any occupational health and safety issues at regular occupational health and safety meetings and staff meetings. The home ensures all equipment is subject to routine and preventative

maintenance. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management display evacuation diagrams, there is clear signage of emergency exits that are free from obstructions. Fire and emergency training occurs regularly at the home through compulsory learning and development training days. The home has an annual essential safety measures report relating to fire systems on display. Service of firefighting equipment is by external contractors and chemicals are stored safely and securely in locked rooms. Staff secure the home in the evenings and there is backup lighting in case of a blackout. There are fire, security and other emergency procedures that are accessible to all staff. Staff confirmed that emergency training regularly occurs at 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. Staff collect data on residents' infections via the electronic care system and management analyse this information to identify any trends and interventions required. There are policies and procedures to manage infection outbreaks in the home. There are facilities and equipment for staff to use for hand hygiene and standard precautions as needed. An external body regularly audits the kitchen's food safety plan and there is a pest control program in the home. Appropriate contaminated waste bins and sharps containers are available. Management monitor infection control in the home through scheduled audits. Staff complete hand washing assessments and education in relation to infection control practices.

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

There is a system to support the provision of catering, cleaning and laundry services for care recipients. A chef and catering contractors prepare meals on-site. A seasonal menu is prepared with input from a dietitian and food focus discussions with residents and representatives. Individual menu choices are available and referenced against residents' preferences, allergies and dietary requirement specifications. Cleaning contractors follow a daily schedule and a rotational cycle ensures communal and resident rooms receive more extensive cleaning on a weekly basis. Contractors launder all bed linen, towels and residents' personal clothing items on-site. Management monitor the services provided

through resident and representative meetings, audits, feedback forms and observations. Residents and representatives are generally satisfied with the hospitality services.