



Australian Government

Australian Aged Care Quality Agency

Craigcare Pascoe Vale

RACS ID 4175
1 Virginia Street
PASCOE VALE VIC 3044

Approved provider: Glenn-Craig Villages 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 13 November 2019.

We made our decision on 27 September 2016.

The audit was conducted on 23 August 2016 to 24 August 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

Craigcare Pascoe Vale 4175

Approved provider: Glenn-Craig Villages Pty Ltd

Introduction

This is the report of a re-accreditation audit from 23 August 2016 to 24 August 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:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 23 August 2016 to 24 August 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:	Gerard Barry
Team member/s:	Ann De Pellegrin Gillian Walster

Approved provider details

Approved provider:	Glenn-Craig Villages Pty Ltd
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Details of home

Name of home:	Craigcare Pascoe Vale
RACS ID:	4175

Total number of allocated places:	140
Number of care recipients during audit:	137
Number of care recipients receiving high care during audit:	125
Special needs catered for:	Dementia specific unit.

Street/PO Box:	1 Virginia Street
City/Town:	PASCOE VALE
State:	VIC
Postcode:	3044
Phone number:	03 8311 3700
Facsimile:	03 8311 3721
E-mail address:	johngillett@craigcare.com.au

Audit trail

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

Interviews

Category	Number
Management/administration	5
Nurses/carers/lifestyle staff	15
Hospitality/environmental staff	5
Allied health	1
Care recipients	13
Representatives	4
Volunteers	1

Sampled documents

Category	Number
Care recipients' clinical files	12
Care recipients' lifestyle files	7
Care recipient agreements	5
Medication charts	18
Personnel files	6

Other documents reviewed

The team also reviewed:

- Asset register
- Audits and audit schedule
- Care recipients' information package
- Catering records
- Cleaning schedules and related records
- Clinical forms and charts
- Clinical indicators
- Comments and complaints
- Continuous improvement records

- Cultural and spiritual information and notices
- Dietary summary information
- Education records
- Essential service records
- Feedback and improvement forms
- Hazard and incident reports with trend data analysis
- Information handbooks
- Lifestyle records
- Maintenance records
- Mandatory reporting register
- Meeting minutes, memoranda and newsletters
- Mission, vision and values statements
- Nurse initiated medication policy and lists
- Organisational chart
- Police certificate register and statutory declarations
- Position descriptions
- Purchasing and supplier records
- Professional registrations
- Safety data sheets
- Selected policies and procedures
- Self-assessment
- Service agreements and contract data base
- Staff rosters and daily tasks
- Staff, volunteer, contractor handbooks
- Summary and long term care plans
- Volunteer information.

Observations

The team observed the following:

- Activities in progress including animals and pet therapy
- Archive and document destruction bin
- Charter of care recipient's rights and responsibilities-residential (displayed)
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment service
- Medication administration, storage and related documentation
- Notice boards, photograph displays and information brochures in multiple languages
- Oxygen therapy and storage
- Personal protective clothing, sharps containers and outbreak kits
- Short observation in the secure dementia unit.

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

Craigcare Pascoe Vale (the home) and its parent organisation, Glenn-Craig Villages Pty Ltd, actively pursues continuous improvement in all aspects of care and service. Management identifies opportunities for improvement from sources including satisfaction surveys, comments and complaints, audits, risk assessments, visual observation and quality reports. Management registers improvement activities, monitors progress and evaluates actions to confirm completion. Key staff regularly analyse a range of data for trends that are reported and actioned. Stakeholders are aware of the operational issues and improvement activities within the home through postings on noticeboards and reports in meetings.

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

- Management identified the master roster was not operational; there was a large number of casual staff and inconsistent staffing across the units. Management created and displayed a master roster for staff agreement, offered casual staff permanent shifts and arranged for clinical managers to develop staffing plans across each unit. The project has had a positive outcome in that it met the needs of the home, the care recipients and the staff in improving care outcomes and overall efficiencies as well as delivering consistent staffing for care recipients.
- Management were aware that staff attendance at education sessions needed to be increased. Management introduced an on-line system of self-directed learning packages allowing staff to access the education packages anywhere at any time. The result has been improved staff access to and attendance at education, improved recording of education through the learning management system. It is now easier for management to track which staff have still to complete mandatory education.

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 systems for identifying, communicating and ensuring legislative compliance. Corporate personnel identify changes by receiving and reviewing information through a commercial updating service, peak body memberships and communications from government departments and agencies. Corporate personnel review policies and procedures in response to legislative changes and send out notifications to each home in the group. The home’s manager shares this information with staff on a ‘need to know basis’ through meetings, memoranda, email, education and revised policies and procedures. An established internal audit system monitors compliance with relevant legislation, regulations and guidelines. Management and staff are aware of their obligations in relation to regulatory compliance.

Relevant to Standard 1- Management systems, staffing and organisational development the home has systems so that:

- Care recipients, representatives and other stakeholders have access to the internal and external complaint systems.
- Management maintains records of current police certificates and statutory declarations according to published guidelines.
- Management notified care recipients and representatives of the reaccreditation visit according to legislation.

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 appropriate skills and knowledge to perform their roles effectively. Corporate personnel develop a yearly education plan based on a training needs analysis, regulatory and organisational requirements such as attendance at compulsory topics. Management schedules additional education and training topics as required in response to incidents, quality activities, training needs analysis, feedback and care recipients' needs. A range of delivery methods include in-house and external sessions, competency training, 'tool box' sessions and self-directed learning. External professionals and trained staff facilitate sessions. Management and staff complete education topics and competencies related to their role and across the Accreditation Standards. The organisation encourages professional development with various staff and managers completing certified courses, qualifications or undertaking multi skilled or portfolio roles. Corporate and site management monitor and evaluate the effectiveness of the program through incidents, outcomes of quality activities, feedback and staff practice. Management and staff are satisfied with the education and training opportunities offered.

Education and training scheduled and attended in relation to Standard 1- Management systems, staffing and organisational development include:

- continuous improvement
- complaints management
- customer service
- introduction of electronic roster system for administration
- policy awareness.

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, representative and other interested stakeholders have access to effective internal and external complaints systems. The home has an internal system for identifying and responding to care recipients' concerns. The home's system includes feedback and improvement forms, 'resident and relative' meetings, a newsletter and annual satisfaction survey. Care recipients can contact the provider's nominated person to make a complaint and multilingual brochures advertising the external complaints system are on display. The home's management responds to written and verbal complaints. Stakeholders are satisfied they have access to the complaints processes.

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 home has documented its vision, mission and values statements that reflect a commitment to provide quality care and service. Management displays this information in the home and includes them in information packs provided to all stakeholders.

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 sufficient, appropriately skilled and qualified staff to deliver care and services. Recruitment and selection processes ensure compliance with relevant legislation and organisational policies. Staffing is determined according to care recipient need and monitored through stakeholder feedback and data analysis. Commencing staff complete formal orientation that includes 'buddy shifts' with experienced staff members for mentoring and support. Resources to guide staff include position descriptions, policies, procedures, and handbooks. Management monitors staff performance during the probation period and thereafter through observations of practice, role specific competencies and an annual performance appraisal. There are processes to replace staff for planned and unplanned leave. Staff are satisfied with staffing levels while care recipients and representatives are satisfied there are sufficient, appropriately skilled staff to meet care recipients' needs.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The organisation has a system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Designated staff regularly monitor and order clinical and non-clinical supplies through preferred and approved suppliers. Staff rotate stock where required and goods are stored in clean, tidy and secure storage areas. Prior to purchase, new equipment is trialled to ensure it meets service requirements and implementation occurs with staff training. The goods and equipment provided reflect the identified needs of care recipients. A preventative and corrective maintenance program ensures equipment is in good working order with regular and scheduled cleaning of equipment. Management monitors the stock of appropriate goods and equipment through quality activities and feedback mechanisms to ensure quality service delivery. Care recipients, representatives and staff are satisfied there are sufficient supplies and equipment always available.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation has systems to ensure management and staff effectively manage documented and electronic information in accordance with the organisation's policies and procedures and regulatory and general requirements. Management disseminate information to stakeholders through various mechanisms including information handbooks, meetings, notices, letters, education, consultation and informal interactions. Key staff regularly update care recipients' information according to scheduled reviews and collect, analyse and report on data and other requirements. Generally, staff have access to current and relevant information to provide appropriate clinical care and support services to care recipients.

Electronic and paper based documentation is stored securely and accessed only by authorised staff, with electronic information backed-up daily. Archiving and document destruction processes ensure information privacy and confidentiality principles are applied. Management monitors the information management system through quality activities, observations and stakeholder feedback. Staff said they are satisfied they receive appropriate and sufficient information to support their roles and responsibilities. Care recipients and representatives are satisfied with the level of information provided.

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

The organisation demonstrates it sources external services to meet care recipients' requirements and service goals. Corporate personnel have procedures for establishing contracted services and requirements with regular reviews of their performance, services and compliance. External service contractors sign an organisational service agreement which includes quality and service goals, safety, insurance, qualifications, license and regulatory requirements. Scheduled reviews, evaluation and feedback from stakeholders provide input and assist with monitoring the performance of individual contractors. Corporate personnel manage resolution of disputes and/or poor performance. Relevant staff have access to external providers, emergency contact names and phone numbers lists. External service providers include allied health professionals, pharmacy, essential services and maintenance services. Care recipients, representatives and staff are satisfied with the external services currently provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home's overarching system.

The home maintains an audit and competency program to measure performance against the Accreditation Standards. Care recipient and incident reports assist in providing clinical and management indicators. Management encourages staff to complete feedback and improvement forms, attend meetings and to improve their skills by attending educational sessions or participating in on-line learning. Staff confirm they actively participate in the continuous improvement system.

Improvement initiatives implemented by the home related to Standard 2 - Health and personal care include:

- A primary health care network invited the home, through its management, to participate in an advanced care planning program. The program involved staff education, meeting with care recipients and representatives, reviewing policies and existing documentation. Staff said they have an improved awareness and understanding of the end of life process, 98% of care recipients have completed an advanced care plan.
- A suburban community health organisation has worked with the home's staff and management to deliver an improved dental outcome for care recipients. The health organisation arranged for a dental technician to visit the home and review approximately 80% of the care recipients. This action also saw staff receive education regarding dental and oral care. Staff said the education has improved their ability to assist care recipients who are resistive to oral and dental 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

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

Staff are satisfied management updates them about regulatory requirements. Management monitors regulatory compliance through a variety of methods including observations, audits, incident reporting, staff educational competencies and one on one feedback sessions.

Relevant to Standard 2 - Health and personal care the home has systems so that:

- Appropriately qualified persons perform specific care planning activities and care tasks.
- Registered nurses maintain registration currency and are aware of their responsibility of mandatory reporting for health professionals.
- Staff and management are aware of their responsibilities in the event of the unexplained absence of a care recipient.
- Staff store and administer medication in accordance with relevant guidelines and legislation.

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 system, refer to expected outcome 1.3 Education and staff development.

Management monitors the knowledge and skills of staff to ensure they effectively perform their roles in relation to care recipients’ health and personal care.

Education and training scheduled and attended by staff in relation to Standard 2 - Health and personal care recipients health and personal care include:

- dementia and behaviour management
- dysphagia and thickened fluids
- falls prevention
- medication for Parkinson disease
- palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients receive clinical care appropriate to their needs and preferences. Appropriately qualified and experienced staff provide care and use assessments, progress note entries and charting of clinical observations to determine individual needs and requirements. The handover process and care plans generally inform staff of care recipients’ requirements. There is a regular review process to assess care recipients and monitor the effectiveness of care provided. Staff document clinical incidents and increased monitoring occurs when needed. Medical and allied health personnel review care recipients as required and there is ongoing consultation with care recipients and representatives regarding care recipients’ conditions and care. Management conduct clinical care audits and incident analysis for quality improvement purposes. Care recipients are satisfied with care provided and said any episodes of ill-health or incident are responded to quickly and properly and representatives are informed as required.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. The home identifies care recipients’ specialised nursing care needs through the assessment and care planning process. Registered nurses carry out or oversee specialised nursing procedures and assess, review and evaluate care delivery. There is adequate supplies of equipment to provide care for a range of specialised needs. Referral to specialists and other health related services occurs when required. Staff have access to policies and procedures, education and other resources to inform their practice relevant to the complex care needs of the care recipients in the home. Care recipients and representatives are satisfied with the specialised nursing 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 care specialists for review, advice and management in accordance with their health care needs and preferences. Care recipients have access to health professionals who visit the home regularly as well as when requested by staff to manage individual care recipients’ needs. Staff assist care recipients to access outside providers when necessary and inform representatives of the referral process and any arrangements needing their input. Staff maintain records of specialist reviews and carry out care according to instructions. Care recipients are satisfied referrals to health and related services occur in line with their needs and wishes.

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 safely and effectively manage care recipients’ medication. Organisational policies and procedures, medication charts and care plans guide staff in the administration of each care recipient’s medications. Medications are stored according to regulatory and manufacturers’ requirements, checking mechanisms and processes ensure consistent supply and disposal of medication. There are audits to monitor the system, an external pharmacist reviews care recipients’ medications and the medication advisory committee meets regularly to discuss issues, policies and improvements. Care recipients are satisfied with medication management.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients are as free as possible from pain. Staff conduct pain assessments using verbal, non-verbal and behavioural indications of pain. Pain management and interventions provided include medication, medical and medication review, massage, heat packs, repositioning and exercise programs. Staff monitor care recipients’ pain, record the use and effects of interventions and strategies used to relieve pain. Staff refer to care recipients’ medical officers and other health professionals to investigate alternative pain management strategies as required. Management provide education to staff regarding pain management. Care recipients and representatives are satisfied with staff assistance to manage care recipients’ 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. Care recipients and representatives have the opportunity to discuss their end of life requests and complete documentation which detail preferences during the palliative stages. Staff access medical care for care recipients as necessary and make referrals to external services if required to provide additional support. Care includes nursing and complementary care which includes management of symptoms, pain management, pastoral and spiritual care, cultural considerations and social emotional support. Staff maintain the comfort and dignity of care recipients, consult with representatives regarding the care environment and their role during palliative care and offer support to families at this time.

2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients receive adequate nourishment and hydration. Staff consult with care recipients and representatives to identify and assess each care recipient’s nutritional needs and preferences and to establish the level and type of assistance required. Staff monitor care recipients’ weights and follow policies, procedures and process maps to manage any weight loss or gain. Staff provide nutritional supplements as required.

Staff provide meal choices and generally maintain current documentation of preferences, allergies, specialised diets, texture modified diets and fluid needs. Aids assist care recipients’ independence and where needed, staff provide assistance during meals. Care recipients are satisfied with the quality and variety of food and beverages provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

There are processes to promote care recipients’ skin integrity consistent with their overall health. Staff assess care recipients’ skin integrity to identify risks which may impair their skin integrity. Moisturisers, protective devices and pressure relieving equipment are available for the prevention of skin breakdown and alleviation of pressure related injuries. Staff assist care recipients with ambulation, position changes when needed and manage skin tears and wounds. There is education and resources to effectively manage wounds. Management monitors and evaluates the effectiveness of skin care and injury prevention and monitor and trend the incidence of skin integrity and pressure injury incidents. Care recipients are satisfied with the staff’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 processes to ensure care recipients’ continence needs are managed effectively. Staff assess each care recipient’s continence needs and document the level of assistance necessary and continence aids if required. Continence aids are stored discreetly and staff said they maintain sufficient supplies and they attend education in relation to continence management. While assisting care recipients with continence management staff support them to maintain their dignity and independence. Care recipients are satisfied their continence needs are met and aids are provided as necessary.

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 processes to ensure the needs of care recipients with challenging behaviours are managed effectively. Assessments and care plans identify medical, emotional and cognitive reasons for challenging behaviours. Documentation generally includes consideration of triggers and interventions to manage identified behaviours. Staff consult with external providers and advisory groups as required. There are policies, procedures and resources on care and activities to manage challenging behaviours and management ensure staff use risk assessments when there is potential for restraint. Management monitors the effectiveness of the care through audits, review of behavioural incidents and feedback mechanisms. Care recipients and representatives are satisfied with the home’s approach to managing the needs of care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Staff promote and optimise care recipients’ mobility and dexterity. Care plans include strategies according to care recipients’ needs of assistance, aids used, falls prevention and risk management strategies to enhance independence. Staff consult with specialists and allied health professionals, use mobility and transfer aids, sensor mats, hip protectors and dexterity aids such as adaptive cutlery and crockery when required. Staff follow organisational policies and procedures when incidents occur where care recipients have fallen. Appropriate transfer equipment is available and staff have manual handling training. Care recipients are satisfied with staff assistance provided 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

There are processes to assist and maintain care recipients’ optimal oral and dental health. Staff assess care recipients’ oral and dental needs and preferences and assist care recipients with brushing teeth, denture and oral care as needed. Staff report issues to the care recipient’s medical practitioner and facilitate dental and speech pathology appointments as required. Staff formulate specific strategies for care recipients with swallowing difficulties, which include texture modified diets, aids and assistance with meals. Care recipients are satisfied with the home’s approach to managing their oral and dental care.

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

There are processes to identify and manage the impact of care recipients’ sensory losses. Staff assess care recipients’ sensory needs to identify a decline or loss and determine any required interventions. Care plans include the level of assistance needed, care of aids and strategies to optimise sensory function. Staff consult with specialist service providers about the effective management of sensory losses. Management conducts audits to ensure the home is safe and uncluttered and provides safe accessibility for care recipients with sensory difficulties. Care recipients are satisfied with staff assistance with their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Staff support care recipients to achieve natural sleep patterns. Staff complete sleep assessments to determine care recipients’ natural sleeping patterns, settling and rest requirements. Staff accommodate individual preferences and needs including preferred settling times, routines, bedding and environmental preferences for sleep. To help care recipients’ sleep staff ensure they are comfortable, free from pain where possible, noise and light is at a minimum and provide supper and warm drinks when needed. Medication is used to promote sleep when needed. Care recipients said the home is quiet at night and that they sleep well.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home’s overarching system.

Management conduct continuous improvement activities in relation to care recipients’ lifestyle guided by internal audits, care plan reviews and care recipient satisfaction surveys. The home’s improvement plan also takes note of comments, complaints and feedback from ‘resident/representative’ meetings. Care recipients and representatives said the home’s management inform them of improvement activities through meetings, newsletters and informal discussions.

Improvement initiatives implemented by the home related to Standard 3 - Care recipient lifestyle include:

- The chef manager realised that most of the care recipients do not have the opportunity to visit restaurants and suggested holding a series of fine dining experiences. Each unit had a separate, themed event with a special dinner including fine china and restaurant style service. Staff held the fine dining experience at lunchtime in the dementia secure unit, a time more suitable to care recipients living with dementia. Care recipients appreciated the event and management along with the chef are reviewing the dining experience to improve the normal daily service.
- To engage care recipients in the spirit of the Olympics, lifestyle staff arranged an in-house Olympics spectacular. Care recipients participated in individual and team events, the javelin throw (paper planes) was a special highlight. Staff presented medals to the winners at an Olympic style dais. Care recipients and staff report increased socialisation in a fun competitive nature.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details of the home’s compliance system.

Staff said they are well informed and satisfied about regulatory requirements communicated by management. Documentation including current policies and procedures reflect regulatory compliance requirements and guide staff practice.

Relevant to Standard 3 - Care recipient lifestyle the home has systems so that:

- Management are aware of bond retention amounts and the correct application of fees and charges.
- Staff maintain privacy of care recipients’ personal information.
- There are systems and a register to manage reportable incidents.
- Upon entering the home care recipients are provided with an agreement detailing the services provided.

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 system, refer to expected outcome 1.3 Education and staff development.

Management monitor the knowledge and skills of staff to effectively perform their roles in relation to care recipients’ health and personal care.

Education and training scheduled and attended by staff in relation to Standard 3 - Care recipient lifestyle include:

- mandatory reporting and elder abuse
- ‘Montessori’ and dementia
- cultural awareness
- ‘LGBTI’ training for aged care
- specific lifestyle therapy session training.

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

Staff and management ensure each care recipient receives support in adjusting to life in their new environment and on an ongoing basis. During the entry phase, staff in consultation with care recipients and their representatives, identify care recipients' emotional support needs.

Staff provide individual support during this settling in phase and on an ongoing basis as required. Family members are welcome and where indicated, staff access other support services through the medical practitioners. Care recipients are encouraged to decorate their rooms with personal items to provide a greater sense of home and belonging. Management monitors the effectiveness of emotional support through stakeholder feedback, observation, regular care plan reviews and scheduled meetings. Care recipients and representatives are satisfied with the ongoing level of emotional support provided by staff and management.

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

Staff and management ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Leisure and lifestyle documentation focuses on care recipients' needs and preferences to enable staff to support their optimal social, physical, civic and cultural independence. Staff support care recipients' use of sensory and mobility aids to promote independence and their optimal involvement in activities of interest. Staff support care recipients who wish to continue to vote or attend community activities of interest. Visitors are welcomed and care recipients have access to an on-site hairdressing salon and various shopping options. Care recipients and representatives are satisfied with the level of support and encouragement care recipients' receive to optimise their 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

Staff and management work to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients have a single bedrooms and access to various small private areas. The assessment and care planning process ensures documentation of the individual care recipient's preferences relating to their privacy and dignity. Staff treat care recipients with respect and sensitivity, use their preferred name, knock

on care recipients' bedroom doors and await an invitation before entering. The provision of care and any discussion relating to care recipients' needs occur in private and confidential information is stored securely. Care recipients and representatives are satisfied with the respect demonstrated by staff for care recipients' privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected

Management and staff encourage and support care recipients to participate in a range of interests and activities of interest to them. Staff complete assessments when a care recipient moves into the home that capture information about previous and current social and lifestyle choices and preferences. This information forms the basis of a care plan which staff regularly review in consultation with the care recipient or representative. Lifestyle staff with the support of volunteers conduct a full and varied program of group and individual recreational activities. Staff consider the specific needs of care recipients when providing or arranging activities.

Activities include outings, visits by entertainers and school children, crafts, puzzles, social occasions and celebrations of cultural and personal significant days. Lifestyle staff redesign leisure activities and programs in response to level of participation, care recipient feedback, surveys, discussion at meetings and changing needs. Care recipients and representatives are satisfied the home provides a full and varied program of activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff value and foster the individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients. In consultation with care recipients and their representatives, staff identify care recipients' cultural backgrounds and spiritual beliefs and preferences. Culturally specific information, a variety of communication strategies and volunteers assist staff to meet the individual needs of care recipients from diverse cultural and spiritual backgrounds. Documentation is available in multiple languages applicable to the current care recipient population. The home celebrates a broad range of cultural and spiritually significant days and care recipients from all faiths are welcome to attend various religious services held at the home. Staff access internal resources and external services to support the diverse cultural needs of care recipients. Care recipients and their representatives are satisfied the cultural and spiritual interests and beliefs of care recipients are met.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff promote and support care recipients to exercise choice and decision making in the care, lifestyle and hospitality services they receive while not infringing on the rights of others. Care delivery and lifestyle programs reflect individual preferences and wishes. Authorised representatives provide support to those care recipients unable to actively make decisions. Files contain authorised power of attorney and guardianship information if applicable. Meetings, consultation and informal discussions provide care recipients with opportunities to voice their opinions and exercise control over their life.

Information packages include information on the complaint processes and advocacy services and relevant directories are on notice boards. Staff consult care recipients in all aspects of care, lifestyle and hospitality services regarding their choice and decision making. Care recipients and representatives are satisfied staff respect and follow care recipients' choices or preferences.

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

There is a system ensuring care recipients understand their rights and responsibilities and have secure tenure. Upon entering the home, care recipients and representatives receive an information pack. Management offers an agreement to each care recipient or representative and ensure any room change occurs only after consultation. Management displays the Charter of care recipients' rights and responsibilities-residential prominently throughout the home and other information is on display. Care recipients and representatives are aware of their 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

Refer to expected outcome 1.1 Continuous improvement for more details of the home’s overarching system.

Management monitors the physical environment through environmental inspections, analysis of incident and infection reports, care recipient and staff surveys, comments and complaints. Care recipients can make suggestions or express concerns through the regular ‘resident and relative’ meetings or feedback and improvement forms. Actions identified for attention are included on the continuous improvement plan for further development.

Improvement initiatives implemented by the home related to Standard 4 - Physical environment and safe systems include:

- Management identified the home’s carpet did not meet appropriate comfort, safety or hygiene requirements. Management organised the laying of a carpet of more suitable design and colour throughout the home. The new carpet is more suitable for the movement of mobility aids and is appreciated by care recipients and staff accordingly.
- The occupational health and safety committee initiated a program to improve staff awareness and understanding of their responsibilities. The committee introduced a monthly safety topic, toolbox talks and guest speakers. An annual occupational health and safety week is now scheduled, the first such awareness program consisted of converting a room into a care recipient’s bedroom with hazards; staff then had to identify the hazards. Staff awareness of safety and internal communications has improved with a resultant reduction in staff incidents.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details of the home’s compliance processes.

Staff said they are well informed and satisfied about regulatory requirements provided by management.

Relevant to Standard 4 - Physical environment and safe systems the home has systems so that:

- Management actively promote and manage occupational health and safety
- Qualified contractors regularly check and maintain fire systems and equipment
- There are emergency plans and protocols
- There is independent third party auditing of the catering processes.

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 details regarding the system, refer to expected outcome 1.3 Education and staff development.

Management monitors the knowledge and skills of staff to effectively perform their roles in relation to physical environment and safe systems.

Education and training scheduled and attended in relation to Standard 4 - Physical environment and safe systems include:

- emergency management and evacuation
- food safety refresher
- infection control
- manual handling / safe use of chemicals
- occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management and the organisation are actively working to provide care recipients with a safe and comfortable environment, consistent with care recipients' needs. Care recipients have single rooms with an ensuite bathroom and are encouraged to personalise their rooms with their own belongings and memorabilia. A range of lounge areas, accessible and secure courtyards with shade areas for care recipients add to the home's ambience. Scheduled audits, maintenance requests, incident and hazard reporting assist to ensure a safe and comfortable living environment. Requested and preventive maintenance systems and a cleaning program ensure equipment, fittings and fixtures are safe and functional. Care recipients and representatives are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment to meet regulatory requirements. On commencement staff complete an orientation program that includes work health and safety education. Policies and processes guide staff to understand their rights and each work area has a safety representative. The work health and safety committee meets regularly and works diligently to maintain proactive safety initiatives. Management monitors the effectiveness of the work, health and safety system through audits. The home ensures all equipment is subject to routine and preventive 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 to minimise fire, security and emergency risks. Management displays evacuation diagrams and there is clear signage of emergency exits that are free from obstructions. Fire and safety training occurs regularly at the home. Service of fire fighting equipment is by external contractors and chemicals are securely stored. The home is secured in the evenings. There is an emergency procedure manual and an evacuation pack 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

There is an effective infection control program with preventative and response processes and contingency plans for outbreaks. Infection control measures include the availability of personal protective equipment, spill kits, hand hygiene facilities, policies and procedures, audits, orientation and education. Staff collect data on care recipients' infections which management use to identify any trends. The kitchen has a current food safety plan and there are infection control processes related to laundry, cleaning systems and pest control.

Management ensure appropriate waste disposal including contaminated waste and processes and equipment related to outbreak management. Staff complete hand washing competencies 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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance care recipients' quality of life and the staff working environment. All food is freshly prepared daily in line with the food safety program. A dietitian reviews the cyclic menu with care recipient input, with meals selected according to care recipient's needs and preferences. Alternative meals and cultural food choices are available, with a variety of drinks, snacks and fresh fruit provided daily. The cleaning program includes scheduled and reactive cleaning of care recipients' rooms, living environment and staff work areas. Cleaning staff use safety signs, colour coded cleaning and personal protective equipment to ensure a safe and quality service. Staff launder care recipients' clothes and flat linen on site with a labelling and ironing service provided. Staff successfully minimise lost clothing with unlabelled clothing available for review. Management monitors hospitality service performance through inspections, feedback mechanisms and quality activities. Care recipients and representatives expressed satisfaction in relation to the hospitality services at the home.