Decision to accredit
Justin Villa Aged Care Facility

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Justin Villa Aged Care Facility in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Justin Villa Aged Care Facility is three years until 4 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Justin Villa Aged Care Facility				
RACS ID:	3226				
Number of beds:	17	Number of high care residents:	4		
Special needs group catered for:	Nil				

Street/PO Box:	2 Caravan Street				
City:	BALWYN	State:	VIC	Postcode:	3103
Phone:	9861 0111			Facsimile:	9857 5356
Email address:					

Approved provider

Approved provider:	Catholic Homes For The Elderly Inc

Assessment team

Team leader:	Bridgit Lane
Team member/s:	Judy Brookes
Date/s of audit:	15 June 2009 to 16 June 2009

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations	Agency findings
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision
Standard 3: Resident lifestyle		
Expected outcome	**Assessment team recommendations**	**Agency findings**
3.1 Continuous improvement	Does comply	Does comply
3.2 Regulatory compliance	Does comply	Does comply
3.3 Education and staff development	Does comply	Does comply
3.4 Emotional support	Does comply	Does comply
3.5 Independence	Does comply	Does comply
3.6 Privacy and dignity	Does comply	Does comply
3.7 Leisure interests and activities	Does comply	Does comply
3.8 Cultural and spiritual life	Does comply	Does comply
3.9 Choice and decision-making	Does comply	Does comply
3.10 Resident security of tenure and responsibilities	Does comply	Does comply
Standard 4: Physical environment and safe systems		
Expected outcome	**Assessment team recommendations**	**Agency findings**
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Justin Villa Aged Care Facility
RACS ID	3226

Executive summary

This is the report of a site audit of Justin Villa Aged Care Facility 3226 2 Caravan Street BALWYN VIC from 15 June 2009 to 16 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Justin Villa Aged Care Facility.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit
An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 June 2009 to 16 June 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Bridgit Lane
Team member/s:	Judy Brookes

Approved provider details

Approved provider:	Catholic Homes For The Elderly Inc

Details of home

Name of home:	Justin Villa Aged Care Facility
RACS ID:	3226

Total number of allocated places:	17
Number of residents during site audit:	15
Number of high care residents during site audit:	4
Special needs catered for:	N/A

Street/PO Box:	2 Caravan Street	State:	Victoria
City/Town:	BALWYN	Postcode:	3103
Phone number:	9861 0111	Facsimile:	9857 5356
E-mail address:	Kate.hollins@catholic-homes.org.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Justin Villa Aged Care Facility.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations
The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

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

Interviews

	Number		Number
Facility Manager/ Registered nurse	1	Residents/representatives	5
General Manager Residential Services	1	Quality Manager	1
Care staff/Sisters	4	Ministry to Priests representative	1
Chef	1	Administration staff	1
Laundry	1	Maintenance staff	1
Facilities Manager	1	-	-

Sampled documents

	Number		Number
Residents' files	5	Medication charts	9
Summary/quick reference care plans	5	Personnel files	7

Other documents reviewed
The team also reviewed:
- 2009 Organisational learning and development program
- 2009 QC2 Audits and competency assessment program
- 2009 site specific learning and development program
- Activity program
- Aged Care Standards & Accreditation Agency updates on the notice board
- Building certification
- Charter of residents rights
- Completed competencies in human resource files
- Continuous Improvement forms
- Continuous Improvement Plan
- Contractor performance report form
- Contractors handbook and on-line handbook
- Contracts and service agreements
- Deceased resident file
- Doctors communication folder

- Drug register
- Education folder
- Emergency procedure manual
- Fire safety declaration
- Floor plans
- Food safety program
- Food services survey
- Form 10 – Annual Essential Safety Measures Report in foyer
- Handover book
- Human resource files
- Incident reports
- Infection data
- Instruction manual for use of risk and compliance tool kit
- Interview questions for potential employees
- Kitchen cleaning schedule
- Kitchen temperature checks
- Laundry procedure manual
- Lifestyle survey
- Maintenance meeting agenda
- Maintenance request forms
- Maintenance schedule
- Mandatory competency schedule
- Medication checklist
- Memorandum folder
- Minutes of meetings including MAC, Mangers
- Mission statement
- Monthly medication incidents across all Catholic Homes
- New employee induction manual
- Notice boards
- Pandemic management and infection control program launch
- Performance appraisals
- Pest control service register
- Podiatrist visits listed on the notice board
- Police check register
- Position descriptions
- Preventative maintenance schedule
- Quality circle folders 2,3 4
- Resident dietary information
- Resident evacuation list
- Resident handbook
- Resident meeting schedule
- Resident monthly KPI reports ad trend analysis
- Resident newsletter
- Resident of the day schedule
- Residential agreements
- Residents' information handbook & package
- Roster for all staff
- Roto service report
- Self medication reviews
- Service agreements
- Staff handbook
- Training schedule for Catholic Homes
- Training schedule for Justin Villa
- Visitor sign-in register
- Weight and observation charts

Observations

The team observed the following:

- Activities in progress
- Chapel
- Chemical storage areas
- Communal morning tea in progress
- Community members attending mass with residents
- Equipment and supply storage areas
- External environment
- Fire panel at entrance to the building
- Fire warden's emergency bag
- Interactions between staff and residents
- Key pad security on external doors
- Kitchen
- Laundry
- Living environment
- Mass
- Meals being served
- MSDS sheets and posters
- Out break kits
- Resident bedrooms
- Resident's lockable medication storage.
- Spill kits
- Staff and resident noticeboards
- Storage of human resource files
- Storage of medications
- Suggestion box

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.

1.1 Continuous improvement

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

Team's recommendation

Does comply

Justin Villa has an effective over arching quality improvement system that is integrated with the Catholic Homes system. Quality circles exist for each of the standards and a representative from each circle attends meetings at head office in Hawthorn to feedback and benchmark information across all homes. Continuous improvement is detailed in position descriptions, and is a part of the new staff induction process. Continuous improvement is identified through continuous improvement forms, risk assessment tools, resident meetings, staff meetings, incident reports, staff and resident surveys, maintenance request forms, as well as verbal feedback. Improvements are entered onto the quality improvement action plan, which has recently been reviewed, and progress is monitored through quality circle meetings and fed through to head office. It was also noted that any continuous improvement requests that have not yet been completed have been acted upon with, for example, quotes attached pending approval.

Examples of continuous improvement activities in relation to management systems, staffing and organisational development, include:

- Development and introduction of internet and intranet access to staff members
- Development of an on-line contractor's handbook
- Introduction of electronic risk and compliance program
- Upcoming major strategic planning review.

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 recommendation

Does comply

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Head office receives information through subscription to legislative update services, and this is filtered through to the relevant departments where changes may be required. Staff are informed of changes through the intranet, the legislative amendments folder, memorandum, meetings, minutes, education and training. Policies and procedures are updated in line with legislative changes. A current police check register exists indicating that all staff are compliant, and head office sends updated information to Justin Villa indicating when police checks are due for renewal. Staff police checks are managed on-line, and external contractors are managed by another computer program. A risk management tool kit has been introduced and alerts relevant staff members when legislative updates or risk assessments are due for review.

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 recommendation

Does comply

Staff are required to complete a training needs analysis form which is the basis for head office to plan the training schedule across all homes. Other information is gained during staff appraisals, audit results and staff meetings to identify training requirements pertinent to Justin Villa. All staff interviewed indicated they received internal and external training opportunities and are supported to maintain and improve their skills. All staff are required to complete mandatory competencies, copies of which are stored in their human resource files. The home subscribes to the external organisations for best practice information and education opportunities, and utilises publications, which are forward to the home regularly.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Comments and complaints are captured through the quality improvement program and continuous improvement forms, staff and resident meetings and verbal feedback. All staff and residents are encouraged to participate and have access to the suggestion box in the foyer if they wish to remain anonymous. Information regarding external complaints mechanisms is contained in the residents' information handbook, which is provided to residents on entry to the home. Issues are dealt with in a timely manner and reported back through quality circles, staff and resident meetings. Staff and residents indicated they had no need to make a formal complaint as they feel comfortable speaking with management, and their issues are always discussed and resolved in a timely manner.

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 recommendation

Does comply

The vision, mission and values statement is displayed in the foyer of the home, and included in the residents' handbook, the staff handbook and staff position descriptions. A copy of the Catholic Homes organisation chart was sighted. The facility head office is the central office for management of human resources, property services, community services, residential services and finances. All Catholic Homes managers are involved in strategic planning which operates under the umbrella of the home's vision, mission and values. A major two-day review is planned for September 2009. A recent review of branding resulted in a change to the Catholic Homes logo.

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 recommendation

Does comply

Human resources are supported through head office and include an effective staff induction program that informs new staff members of their responsibilities. Registered nurses division one and medication endorsed registered nurses division two support care staff with 24 hour care. Staff skills are monitored and maintained through the education and training schedule, and staff are encouraged to expand their knowledge and skills as appropriate. A roster system exists, which is very flexible to resident needs and staff availability. Staff interviewed

indicated that they are well supported by Catholic Homes and offered internal and external training opportunities.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Equipment and asset inventory is managed at Catholic Homes head office. Purchasing of new equipment is researched by various departments and presented to management for authorisation. The cook is responsible for ordering food stores; the cleaner is responsible for chemical purchase and security of storage. Stocks are kept on a minimal basis, which ensures timely rotation. The maintenance department presented a comprehensive preventative maintenance schedule for equipment, which includes internal audits and external service contractor's commitments. Items requiring attention can be communicated to the maintenance department verbally, written on a maintenance request form, or sent via email. All actions are document onto maintenance request forms or in the maintenance diary to ensure completion of each task in a timely manner.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes in place, which provides information systems to keep staff, and key stakeholders informed of relevant information. Catholic Homes head office sets up systems for data collection and collation, and the home has input into this process through the quality circle meetings. Information is communicated through staff and resident meetings, meeting minutes, memorandum and staff and resident handbooks. Staff human resource files are securely stored in the manager's office, resident histories are securely stored in the carers' office. Policies and procedures are located in quality circle folders, and are also accessible to all staff via the intranet. Policies and procedures are reviewed according to a schedule. Computers are password protected, staff having individual log-ons; computer files are backed up to head office. Archive documents are stored securely in the manager's office; documents that need to be destroyed are shredded on site.

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 recommendation

Does comply

Most contractors are utilised by all Catholic Homes facilities and are managed by head office, however some contractors are specific to Justin Villa. Service agreements are in place with all suppliers of services and are monitored and evaluated against the agreements, by head office in conjunction with the maintenance department, and are renewed on an annual basis or as needed. Systems to monitor compliance with specific services in the home include auditing processes and monitoring through the quality circle forums. A computer program has been developed to automatically alert contractors when services are due or to order works as required, as well as notifying the maintenance department of audits and reviews, it also manages the police checks for external contractors.

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.

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has been involved in creating an influenza pandemic plan with a kit to provide personal protective equipment for all staff members and residents for a period of two days. The plan has been uploaded onto the website and is available for other nursing homes to utilise. The introduction of the intranet system has enabled all staff to have access to Catholic Homes documents on line including a complete set of policies and procedures. Other recent improvements include a new system introduced for monthly weight and vital observations.

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 recommendation

Does comply

A registered nurse division one or two is on site five days a week, a copy of the Nurses Board of Victoria registration is stored in human resource files in the manager's office. Appropriately qualified personal care staff are available 24 hours a day on a flexible roster system. It was observed that residents who self medicate are assessed for competency, and regularly reassessed. All medications are stored in locked drawers in residents' rooms. The home subscribes to an external service provider to receive updates regarding crushing of medications.

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 recommendation

Does comply

Care staff have recently completed mandatory competency training as per the schedule, along with extra training as identified through appraisals an observations. Following the implementation of the influenza pandemic kit, staff were trained in use of same. Care staff have also received training in diabetes and wound management, medication management and nutrition & hydration. Selected staff are attending further education in aged care. Staff are able to attend education sessions in any of the organisations other homes if the topic is relevant or of interest.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does comply

Residents are assessed on entry to the home and an interim care plan is developed. Residents are then assessed over a wide range of issues once they have settled into the home and preferences with care and care issues are identified. Care plans guide staff with

care preferences and are reviewed regularly and updated, the registered nurses review high care residents. Allied health and medical practitioners assist with resident care and residents are assisted to external appointments as required. A registered nurse division one attends the home during the week and is available at all times on call. Personal care staff assist with care and undergo mandatory competency tests over a range of topics. Hand over books note changes and resident issues. Residents confirm that they receive appropriate clinical care.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

Specialised nursing care is managed by the registered nurses and completed by competency tested personal carers. Residents specialised nursing requirements are assessed on entry to the home and complex care, care plans are developed and updated as required. Staff are assisted with specialised care issues by medical practitioners and allied health personnel as required. Currently complex issues managed at the home include wound and skin management, diabetic management and pain management. Residents with diabetes have a diabetic management care plan developed and individual reportable levels. Complex care issues and appointments to allied health specialists are noted in the progress notes and care plans updated as required. Residents confirm that their complex care issues are well managed.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's recommendation

Does comply

Residents are referred to appropriate allied health personnel according to their requirements and doctors recommendations. Allied health personnel note in progress notes or inform the home of updates and changes. Residents are able to make their own appointments or are assisted to these appointments by the staff at the home. Allied health personnel currently involved in resident care include a physiotherapist, podiatry, eye care, hearing specialists, dietitian, wound specialists are consulted if required, psychologists and psychiatrists and dentists. Residents state that they are referred to appropriate allied health personnel as required.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

The home has systems and processes in place to ensure that medications are managed safely and correctly. A registered nurse division one manages the medication program and competency tested personal carers deliver medications. Medications are delivered to the home and checked off against a checklist developed by the external pharmacist. Medication discrepancies are noted on an incident report and packs returned to the pharmacy. Medications are returned to the pharmacy if out of date or no longer required, the pharmacy is available to deliver medications after hours or at weekends. Medications are stored, checked and delivered in a safe and correct way. Staff undergo competency tests annually and residents that self medicate are monitored and reviewed regularly. Audits are completed on chart signatures monthly and a medication advisory committee meets and discusses issues every three months.

2.8 Pain management

This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation

Does comply

The home has processes in place to ensure that residents are as free as possible from pain. Residents pain issues are assessed on entry to the home and startegies to manage this pain are noted. There are verbal and non verbal pain assessments and care plans are developed to guide staff with pain management. Alternatives to medications are used to manage pain if appropriate such as hot and cold packs, position changes, massage, exercise, music and distraction. Doctors' are consulted if a residents pain is increasing or is not well managed, 'as required' analgesia is noted in the resident progress notes. Residents state that their pain is managed appropriately and residents appeared calm and comfortable during the visit.

2.9 Palliative care

This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's recommendation

Does comply

Residents complete a final wishes form on entry to the home, which guides staff in care preferences. Residents who require short term palliative care are cared for at the home by the staff with respect for their wishes. External specialists are available if advice or referral is required and the resident's doctor is consulted continually. Staff explained that the focus of care is to ensure the resident is kept pain free and assisted with nutrition and hydration, skin and pressure area care, comforted and assisted with pastoral and spiritual care. Staff are able to explain strategies to assist residents in the palliative phase, files demonstrate ongoing monitoring, referrals and appropriate care.

2.10 Nutrition and hydration

This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's recommendation

Does comply

Residents are assessed on entry to the home as to their dietary requirements and preferences. Care plans detail the type of diet required, meal size, allergies, and utensils required to assist with eating and likes and dislikes. Information is relayed to the kitchen and processes ensure that the residents receive the correct meal according to identified needs. Changes to requirements are noted and the kitchen is informed. The menu is a four-week rotating menu that has been reviewed by the dietitian, the menu changes seasonally and each day's meal is displayed in the dining room. The chef discusses requirements with the residents individually and food is available for the residents' as they require it. Supplements are given to residents if there is an identified need, the dietitian is called to review residents if required and residents are weighed monthly.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

The condition of residents' skin and the potential for skin breakdown is assessed on entry to the home and a care plan is developed. The registered nurses monitor the residents' skin and review the care plan regularly. Strategies to reduce the risk of skin tears and maintain skin

integrity are noted on the plan; the home uses position changes, sheepskins, creams and gel cushions to maintain residents skin integrity. Wounds are documented on individual charts and overseen by the registered nurses. Care staff have been competency tested to complete dressings, the registered nurses review wounds and referrals to medical practitioners and allied health specialists are made as required. There are few wounds currently at the home.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

Residents are assessed on entry to the home as to their past preferences and habits regarding continence management. Identified requirements are noted on the care plans, which are regularly reviewed and updated, issues or changes prompt reassessments. Assistance required with maintaining continence with dignity, and appropriate aids are noted on the plan, and issues are noted in the residents file. Stocks indicate adequate supplies. The home has recently changed their aid supplier and education from the new company regarding their products is due shortly. Residents are encouraged to consume an adequate diet and maintain their fluid intake. Residents confirm that they are assisted as required with continence issues.

2.13 Behavioural management

This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's recommendation

Does comply

Resident's behavioural issues are noted on initial assessments and care plans are developed to reflect these assessments. The care plans are reviewed regularly and updated as required. Strategies to identify, manage and prevent difficult behaviours are noted on the care plans and staff are able to describe individual residents issues and management. The resident's medical practitioner reviews the plans regularly. Updates, changes and medication alterations are noted in the progress notes. External specialists are available for review and advice. Strategies and recommendations are noted in the files and care plans are updated as required. Residents, staff and visitors were observed to be interacting quietly together.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's recommendation

Does comply

Residents are encouraged to achieve and maintain an optimum level of mobility and dexterity. Residents are reviewed by the physiotherapist and a care plan is developed, each resident has their own set of exercises which they complete daily. Aids to assist ambulation and prevent injury are ordered as required. Nursing care plans note transfer capability, balance and gait and note the type of aid required. Items to assist with dexterity are noted on the care plans and the kitchen notes items to assist with eating. All residents have a falls risk assessment completed and the status of this risk is noted on the care plans. The physiotherapist and residents' doctors review residents if a fall has occurred. Sensor mats, hip protectors and personal alarms are used to reduce falls. Residents were observed to be ambulating with appropriate aids and were assisted in a calm and quiet way by the staff.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation
Does comply

The condition of residents' teeth and requirements with oral hygiene is noted on admission. Assessments note the condition of the residents' teeth, gums, lips and dentures. Care plans note individual requirements and established routines, updates are made as required. Assistance required with oral care is noted on the care plans and referrals to external specialists are noted in the progress notes. Dietary issues associated with dental care are relayed to the kitchen. Residents express satisfaction with oral care.

2.16 Sensory loss

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

Team's recommendation
Does comply

Residents sensory loss issues are noted on entry to the home and difficulties with communication due to these losses are noted. Care plans note strategies to assist residents with these issues, how much assistance is required and what aids the resident requires to cope with this loss. Allied health personnel attend the home as required to assist with assessments, maintenance and repair and fitting of aids and devices. Progress notes document referals and visits to external specialists and recommendations are noted on the care plans. Residents were observed to be wearing aids and conversing with staff and other residents.

2.17 Sleep

This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's recommendation
Does comply

Residents sleep preferences and habits are noted on the initial assessments and transferred to the care plans. Care plans are reviewed regularly and updated as required. Issues associated with sleep and assistance required to achieve an adequate night sleep is noted on the plan. Strategies to assist the resident with sleep include appropriate diet and nutrition, lighting, temperature and music is noted, as is preferences with rising and settling times. Residents state that the home is quite at night and they are assisted to achieve and adequate nights sleep.

Standard 3 – Resident lifestyle

Principle: Residents 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 recommendation

Does comply

Ideas for continuous improvement are sought from residents through meetings as well as verbal feedback. Management and staff work closely with the residents and opportunities for improvement are captured through daily conversations. Staff are currently undertaking further studies in Lifestyle and Leisure, which has broadened the opportunities for residents. It was noted that continuous improvement suggestions submitted by residents had been acted upon in a timely manner.

Other improvements in relation to Standard 3 include:

- Installation of a fish tank
- Installation of a large flat screen TV for the lounge room
- Signs for residents' rooms to indicate if they are in or out.

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 resident lifestyle".

Team's recommendation

Does comply

The Catholic Homes system at head office ensures that staff are aware of legislative and regulatory updates in relation to Standard Three. In response to the updates on elder abuse staff received training and it has now been included in the staff induction package. Residents' rights and responsibilities are displayed in the facility and are included in the resident information handbook.

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 recommendation

Does comply

Educational resources are available on the Catholic Homes website as well as a resource library for staff on site at Justin Villa. Education opportunities are available for staff in Lifestyle and Leisure, which has enhanced the current lifestyle program. Alzheimer's training has also been completed by a number of staff members. Education is discussed with staff and flyers for education and training are displayed as appropriate. Staff are encouraged to increase their knowledge and skills as appropriate.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's recommendation

Does comply

Residents are assisted and supported by the staff to adjust to life in the home. Staff from the Ministry For Priests offer initial and ongoing support for new and respite residents. Routines and timetables are discussed and explained to the resident and support is offered spiritually. Residents are encouraged to participate in religious activities as they desire and all routines are explained initially and on an ongoing basis. A resident handbook outlines the homes services and gives the resident further information regarding what is offered. Religious Sisters and other staff offer one on one support and ongoing care. Residents are encouraged to maintain links with the community, as they desire. Residents state that they are well supported by the staff at the home.

3.5 Independence

This expected outcome requires that "residents 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 recommendation

Does comply

Residents are encouraged to maintain their independence when admitted to the home. Residents are supported as required to complete activities of daily living according to their identified preferences and are encouraged to attend the doctor of their choice. Residents are assisted to appointments with external specialists as required and all have locked drawers to keep personal items in. Residents are encouraged to maintain links with the community as they desire and information in the resident handbook explains voting and other activities. Some residents have their car at the facility and are able to go out, as they require. Residents report they are supported to be independent and enjoy the support and independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents are informed of their rights on entry to the home and these are noted in the resident handbook. Permission is sought to display names and use photographs and to acknowledge personal days of significance. Care issues are completed behind closed doors and staff were observed to knock on bedroom doors before entering, preferences with care is noted as is using the residents preferred name. Residents have keys to their rooms and have lockable drawers for personal items. Files and personal information are securely stored and available for authorised personnel only. Contractors are required to observe resident's privacy and dignity when entering the home. Residents state that their privacy and dignity is respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The homes activity program is very flexible and individualised**.** Residents are consulted as to their preferences with outings and activities and each resident is able to express their wishes. Residents are able to express their spirituality and are well supported by the activity program and staff to attend religious services and celebrations. Each day has a structured routine, which the residents like and activities are allocated to fit in with the day's routine. The residents are encouraged to maintain their religious practises and visiting Bishops, clergy and advocates assist with services and information sessions. Residents past and present interests are noted and residents are encouraged to maintain these interests, as is practical. Residents

state that they are assisted to maintain and practise their religious activities and feel well supported by the staff.

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 recommendation

Does comply

Justin Villa is a home specifically accommodating retired priests and so residents at the home are encouraged and assisted to maintain their cultural and spiritual customs and beliefs. Prayers and mass are held every day in the home's chapel and residents are encouraged to participate, as they desire. Special occasions, cultural events and practices that are important to residents are documented, planned and celebrated. Visiting religious personnel are encouraged and resident's participation specific to their abilities are valued. Religious Sisters spend one on one time with the residents as they require and residents are able to attend to religious work outside the home. Residents and staff confirm that cultural and spiritual life is fostered in the home.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 recommendation

Does comply

Residents are able to participate in decisions about the home by using the homes comments and complaints system and by identifying opportunities for improvements. Residents are able to participate in resident meetings and state that issues are discussed and actioned. Care plans note preferences with care and choice of medical practitioner. Residents are able to choose to participate in activities and make decisions regarding outings. The resident handbook notes choice and decision making issues such as the residents right to vote and participate in decisions regarding their care. Residents confirm that they are able to make decisions and choice in a variety of areas within the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Information is provided to the residents in the form of the residents handbook and agreements that includes security of tenure, rights and responsibilities, the complaint processes, privacy, rules of occupancy and specified care and services. This information is explained to the resident prior to admission. The homes capacity to look after the resident if care needs become high is noted in the agreements and residents confirmed that they are aware of the need to move to a high care facility if they require more complex care. Residents state that they feel safe and secure at the home and understand their rights and responsibilities.

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.

4.1 Continuous improvement

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

Team's recommendation

Does comply

Suggestions for continuous improvements in Standard Four have been collected from staff and residents either verbally, at meetings or on continuous improvement forms. Issues and suggestions are discussed at the quality meetings, and action plans are implemented to ensure improvements are completed in a timely manner.

Recent improvements in Physical environment and safe systems include:

- A number of air conditioners have been installed in resident rooms. All rooms now have air conditioners.
- The air conditioner in the chapel was noisy and has been replaced.
- Refurbishment of lounge chairs in dining room
- Installation of filtered drinking water in dining room
- Purchase of a new freezer for the kitchen.

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 recommendation

Does comply

Catholic Homes ensure that Justin Villa remains compliant with all building and regulatory requirements. The home displays information for safety in the foyer along with other safety reports. Staff interviewed indicated that they are kept informed when legislative changes occur, and was able to show the assessor where to find such updates. Material Safety Data Sheets are located with the storage of chemicals, and a summary poster is located where smaller amounts of chemical are used.

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 recommendation

Does comply

Many training opportunities have been undertaken regarding Standard Four, including two staff members completing the five-day Occupational Health and Safety training. Mandatory annual competencies have been completed in line with the training schedule including food safety, manual handling, hand washing, infection control and influenza pandemic. Staff state that they are given opportunities for education and are able to request training if there is an identified requirement. Staff are encouraged to multi skill and are given the appropriate education to do so.

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 residents' care needs".

Team's recommendation
Does comply

The home provides a safe living environment for all residents with a very calm atmosphere. Each resident has a private room with separate bedroom, lounge room and en suite, and residents are encouraged to personalise their own space. Each room has external access to the garden and on-site carport for residents' cars. An appropriately furnished communal lounge room is available and is well stocked with books, movies and music and a large screen TV for residents to enjoy. The dining room is pleasant and inviting. Corridors are wide, have handrails and are clear of clutter. Reflecting the residents' spiritual background, a chapel is situated on site and members of the community join in daily Mass. No set visiting times exist, the home is secure and visitors must ring the doorbell for access out of hours. Environmental audits are conducted regularly and issues fed into the continuous improvement system. Potential hazards are reported to the occupational health and safety representatives, and discussed at quality circle meetings. Residents indicated that they appreciate the flower arrangements that brighten their environment, and confirm that they are satisfied with their 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 recommendation
Does comply

Two staff members have completed the five day occupational health and safety training course. Staff members interviewed are able to identify the occupational health and safety representatives. Minutes of occupational health and safety meetings are displayed on the notice board. Hazards are reported to maintenance staff and included in the quality circle meetings for action. Manual handling is a mandatory competency on the training schedule. A routine maintenance schedule exists to ensure equipment remains in a safe working condition.

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 recommendation
Does comply

The fire panel is located at the front entrance to the building, which along with the fire sprinkler system, is serviced by an external contractor on a regular basis. An independent fire inspection report was recently undertaken. All external doors have a security keypad; visitors are asked to enter via the front entrance so they can sign the visitor register. The home is secure at night with additional security provided by a security company. A fire warden bag is located in the foyer, not far from the fire panel and includes items such as a warden's vest, torch, drag sheet and a current resident list indicating resident mobility status, which is regularly updated. A floor plan is displayed at various points including the foyer and exit doors. Fire drills have been undertaken along with fire and emergency procedure mandatory training. All electrical equipment is tested and tagged by an external company annually, or on an as needs basis when new appliances enter the building. Emergency exists are clearly marked and free from obstruction. Fire hydrants were noted throughout the building. Call bells are available in all resident rooms and some residents at risk of falls have a pendant necklace to alert for assistance.

4.7 Infection control

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

Team's recommendation
Does comply

The home has effective processes in place to monitor, track and treat infections; they also have an effective preventative program. Residents' infections are noted as they occur and correlated monthly, information is trended and graphed and discussed at a variety of meetings. Residents and staff are offered vaccinations and these are recorded. Processes for the kitchen, cleaning and laundry are effective to prevent infections and staff report adequate amounts of personal protective equipment. The home has developed and released to other homes a detailed and comprehensive pandemic action plan, which encompasses outbreak management and continuous improvement activities with in the framework. Out break kits and spill kits assist staff with infection control. Staff complete annual competency tests in infection control and antimicrobial hand gel was observed to be placed around the home.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation
Does comply

Catering
Freshly cooked meals are prepared on site each day and may include fresh herbs from the garden, and seasonal vegetables. A four-week rotational menu has been created in consultation with a dietitian, and is reviewed in line with the seasons. Fridge temperatures are recorded, food that is decanted into smaller containers is adequately labelled, and food in the fridge is labelled. All food stock is rotated; prepared food brought into the premises is logged. Residents interviewed indicated they are extremely happy with the meals including the quality, choice and presentation and feel comfortable to make requests according to their needs. Due to the small nature of the facility, staff are very familiar with the needs of residents.

Cleaning
Cleaning is undertaken by a domestic staff member who is also responsible for changing linen, cleaning rooms and communal areas, stock ordering, all in line with a weekly schedule. An external company is hired on a weekend to vacuum the floors, and another company may be engaged to cover sick leave. Staff indicated that there is adequate equipment to complete tasks including personal protective equipment, which was evident in the laundry.

Laundry
Bed linen and towels are laundered externally, residents' clothing is washed internally. Residents interviewed indicated they are very pleased with the laundry service provided.