



**Australian Government**  

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**Australian Aged Care Quality Agency**

## **Uniting AgeWell Box Hill**

RACS ID 3088  
75 Thames Street  
BOX HILL VIC 3128

**Approved provider: The Uniting Church in Australia Property Trust (Victoria)**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 December 2019.

We made our decision on 13 October 2016.

The audit was conducted on 06 September 2016 to 07 September 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.

| <b>Expected outcome</b>             | <b>Quality Agency decision</b> |
|-------------------------------------|--------------------------------|
| 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.

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

## Standard 3: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Uniting AgeWell Box Hill 3088**

**Approved provider: The Uniting Church in Australia Property Trust (Victoria)**

## **Introduction**

This is the report of a re-accreditation audit from 06 September 2016 to 07 September 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 06 September 2016 to 07 September 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

|                      |                                 |
|----------------------|---------------------------------|
| <b>Team leader:</b>  | Deanne Maskiell                 |
| <b>Team members:</b> | Adrian Clementz<br>Marg Foulsum |

## Approved provider details

|                           |   |
|---------------------------|---|
| <b>Approved provider:</b> | The Uniting Church in Australia Property Trust (Victoria) |
|---------------------------|---|

## Details of home

|                      |                          |
|----------------------|--------------------------|
| <b>Name of home:</b> | Uniting AgeWell Box Hill |
| <b>RACS ID:</b>      | 3088                     |

|  |               |
|--|---------------|
| <b>Total number of allocated places:</b>                           | 120           |
| <b>Number of care recipients during audit:</b>                     | 118           |
| <b>Number of care recipients receiving high care during audit:</b> | 60            |
| <b>Special needs catered for:</b>                                  | Dementia care |

|                        |  |
|------------------------|--|
| <b>Street/PO Box:</b>  | 75 Thames Street   |
| <b>City/Town:</b>      | BOX HILL   |
| <b>State:</b>          | VIC  |
| <b>Postcode:</b>       | 3128   |
| <b>Phone number:</b>   | 03 9843 2200   |
| <b>Facsimile:</b>      | 03 9843 2211   |
| <b>E-mail address:</b> | <a href="mailto:Executive@unitingagewell.org">Executive@unitingagewell.org</a> |

## Audit trail

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

### Interviews

| Category                          | Number |
|-----------------------------------|--------|
| Manager - site                    | 1      |
| Facility services manager         | 1      |
| General manager south east region | 1      |
| General manger people services    | 1      |
| Senior hotel services manager     | 1      |
| Safety manager                    | 1      |
| Administration staff              | 2      |
| Registered nurses/care managers   | 4      |
| Enrolled nurses                   | 5      |
| Personal care/activity staff      | 12     |
| Allied health services            | 4      |
| Care recipients                   | 15     |
| Representatives                   | 15     |
| Chaplain                          | 1      |
| Client services coordinator       | 1      |
| Hotel services coordinator        | 1      |
| Maintenance staff                 | 1      |
| Cleaning staff                    | 1      |
| Chef                              | 1      |
| Food service assistants           | 3      |
| Hairdresser                       | 1      |

### Sampled documents

| Category                               | Number |
|--|--------|
| Care recipients' files                 | 18     |
| Residential agreements                 | 6      |
| External contractor service agreements | 4      |
| Medication charts                      | 10     |

| Category        | Number |
|-----------------|--------|
| Personnel files | 11     |

## Other documents reviewed

The team also reviewed:

- Admission check lists
- Allied health and specialist referrals and reports
- Annual essential safety measures report
- Audits and surveys
- Bed pole assessments and reviews
- Care notes, assessments, plans and reviews
- Care recipients' information handbook (updated 2016)
- Cleaning procedures and schedules
- Clinical observations and reportable parameters
- Communication books
- Compulsory reporting register and related documentation
- Consent forms
- Consultation records
- Contractor induction book
- Dietary records
- Education calendar, attendance records and monitoring spreadsheets
- Educational resources
- Electronic memoranda
- Emergency procedures manual and residential disaster recovery and emergency planning guidelines
- End of life preferences/care directives
- Evacuation list
- Feedback form folder
- Fire inspection, testing and maintenance documentation

- Food safety monitoring records
- Food safety plan and third party audits
- Handbooks
- Handover sheets
- Hazard/near miss form
- Incident reports
- Infection control forms and monthly summary data
- Injury and incident report form
- Laundry procedures and schedules
- Lifestyle calendar and associated documentation
- Mail out records
- Medical and allied health directives/recommendations
- Medication ordering and checking records
- Meeting minutes
- Menu
- Newsletters
- Occupational health and safety inspections
- Pathology reports
- Pest control records
- Physiotherapy 'pain clinic' assessments
- Plan for continuous improvement
- Police certificate registers
- Policies and procedures
- Position descriptions
- Practicing certificate register
- Preferred provider/contractor lists
- Preventative and reactive maintenance documentation

- Product evaluation form
- Recruitment policies and procedures
- Referrals and medical appointment communication sheets
- Reports of notifiable incident flowchart
- Roster and availability sheets
- Sling register
- Staff incidents
- Volunteer police certificates and statutory declarations
- Wound charts
- Written feedback from two care recipients/representatives.

## **Observations**

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Archive storage
- Assessment information
- Care manager's offices
- Care recipients eating lunch in courtyards and entertaining guests
- Charter of care recipients' rights and responsibilities – residential care (The Charter)
- Cleaning in process
- Designated care recipient smoking area (courtyard)
- Equipment and supply storage areas
- Evacuation packs
- First aid kits
- Hand hygiene facilities
- Infection control equipment and waste disposal system
- Interactions between staff and care recipients

- Internal and external compliant and advocacy information
- Internal and external living environment
- Kitchen and kitchenettes
- Laundry holding areas
- Maintenance area
- Meal and refreshment service and assistance to care recipients
- Meeting rooms
- Mobility and sensory aids and equipment
- Movement sensors/crash mats in use
- Noticeboards and information displays
- Notification to stakeholders of re-accreditation audit
- Outbreak notices and related personal protective equipment
- Pest baits
- Religious service in progress
- Safety signage and electrical test tags
- Short observation in Abrahams dining room
- Staff responding to call bells
- Staff room/nurses stations
- Visiting health professionals.

## 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

Systems within the larger organisation and at the home are in place to enable management to actively pursue continuous improvement across the Accreditation Standards. A variety of mechanisms are used to identify opportunities for improvement and include stakeholder feedback and monitoring systems such as audits and clinical data analysis. Management at the home use the occupational health and safety and quality forum to table and consider potential improvements. Action items are monitored through the plan for continuous improvement and culminate with an evaluation to determine the success of the initiative.

There are processes for management to report on improvement activities at corporate forums. Stakeholders at the home are kept updated of improvement activities through meetings, noticeboards and electronic communication systems. Staff and care recipients are made aware of ways to contribute to the continuous improvement system.

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

- Following an extensive selection process, the organisation implemented an electronic care documentation management system to replace the existing paper-based system. Management said a range of benefits have been evident since its introduction eight months ago. From a corporate perspective, these include greater transparency and a greater ability for off-site oversight and monitoring. At the residential service level, management said that along with easier access for staff to information, the quality of writing in care planning and progress note entries has improved significantly.
- A corporate review of education led to the engagement of an external aged care specific online education portal. The portal offers a wide range of education topics including a suite of five topics management have deemed mandatory for all staff each year. Management said the online arrangement enables greater flexibility for staff regarding when and where to access learning material. Management said built in reporting tools result in tighter monitoring of staff attendance.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The organisation has a system to identify, respond to and meet relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. Corporate management interpret information received from sources that include peak bodies, legislative update services, industry newsletters and government departments. As part of this process corporate management develop and review policies and procedures as required. Information about changes in policy and practice is disseminated to the residential services through regional manager meetings, fortnightly care manager teleconferences, electronic mail and the organisation’s intranet. Staff at the home are made aware of regulatory matters through the induction process, handbooks, education and electronic policy and procedure updates. Management use registers, incident reporting and audits to monitor regulatory compliance.

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

- Management notified stakeholders of the re-accreditation audit as required and within regulated timeframes.
- Management has a system to undertake self-assessment.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Management maintain processes to ensure the currency of police certificates for staff, volunteers and contractors.
- There is an effective process to manage relevant statutory declarations.

## 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

There is a system to enable management and staff have the appropriate knowledge and skills to perform their roles effectively. Recruitment and selection processes are guided by role specific skill and qualification requirements. New staff are introduced to their position through supported shifts and an orientation program which includes mandatory education topics. Management develop an education program based on an annual needs survey, organisational initiatives, staff requests, changing care recipient needs and contemporary practice. The education program incorporates both internal and external education sessions. Staff also access an online portal offering a diverse range of range of education

topics. There are processes to advise staff of upcoming training sessions and to track staff attendance particularly in relation to annual mandatory education. Staff are satisfied with the range of education and professional development opportunities available to them. Care recipients and their representatives are satisfied with staff knowledge and skills.

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

- certificate four in training and assessment
- customer service, communication and teamwork
- five-day leadership course for manager of integrated services through an accredited institute.

#### **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, their representative and other interested parties have access to internal and external complaints mechanisms. Care recipients and their representative receive information at the time of entry which includes the care recipient information pack and residential agreement. Posters encouraging stakeholder feedback, the 'Feedback form' and external complaint and advocacy brochures are displayed within the home. Additional channels to obtain feedback include electronic communication, surveys, audits, meeting forums and one to one discussions with management or staff. Formal feedback forms include options to provide anonymous feedback and to bypass local management. Lodgement boxes within the home help provide security and confidentiality. Staff receive information and education in how to manage stakeholder complaints. Care recipients and their representatives are comfortable raising concerns. However, some care recipients and representatives are not satisfied management address concerns in timely manner when raised or that the actions taken are effectively implemented.

#### **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 the ethos of the Uniting Church in Australia and its vision, values and commitment to quality. The home aims to be a creative leader enabling communities to age well and individuals to live to their potential. The values of respect, partnership, wisdom, fairness and stewardship are included in key documents and on display in the home. There is an organisational commitment to continuous quality improvement that is evident in the home and communicated to 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

Management ensure there are appropriately skilled and qualified staff sufficient to meet the needs of those living in the home and the philosophy of care. There are processes to review staffing numbers and skill mix in response to changing needs of care recipients and feedback from staff. Resources provided to staff to enable them to perform their roles include position descriptions, policies and procedures, handbooks and information boards. Processes for monitoring staff performance against required duties and role responsibilities include an individual performance appraisal, stakeholder feedback and observation of staff practice.

There are processes to replace staff during planned leave and any unplanned absences. Staff are satisfied they have access to information regarding their duties and are usually able to complete them during the allocated shifts. Care recipients and their representatives are generally satisfied with staff practices, their responsiveness and the manner in which care is provided.

## 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

Systems ensure there are adequate stocks of appropriate goods and equipment to provide quality service delivery. Approved suppliers monitor and rotate clinical stock and restock according to an impress system. Staff monitor supplies and order additional and emergency stock as required. Equipment and supplies are safely stored. Staff follow cleaning programs and maintenance schedules to monitor the condition and maintenance of equipment. Staff label and remove from service any faulty equipment and log a maintenance request. There is a process for the purchase of additional or replacement equipment. Staff evaluate, trial and risk assess new equipment prior to purchase and suppliers train staff in the use of unfamiliar equipment. Staff, care recipients and their representatives are satisfied with the quantity and quality of goods and equipment provided.

## **1.8 Information systems**

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

### ***Team's findings***

The home meets this expected outcome

Effective information management systems are in place. The organisation and home now primarily uses electronic systems to manage and disseminate information relating to care, services, staffing, policies and protocols. This includes an electronic care documentation system, intranet portal and electronic mail systems. Care recipients and representatives have access to handbooks, newsletters, meetings and displayed information. Staff are informed by handbooks, position descriptions, policy and procedures, meetings, memoranda and electronic mail. Key data is routinely collected, analysed and made available to the relevant staff. Meeting structures specify reporting to corporate management. Confidential information is stored securely and access to computerised information is password protected.

Computerised information is backed up regularly and archived material stored securely pending destruction. Care recipients, their representatives and staff are generally satisfied with information systems and communication processes.

## **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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Corporate services support local management with the procurement of external services, maintaining service agreements and ensuring contractors are appropriately qualified, insured, registered and licenced and hold current police certificates. All contractors must complete induction prior to commencing on site. Staff refer to preferred provider lists when engaging external services and management evaluates performance through stakeholder feedback, audits, surveys and observation of performance. Care recipients and their representatives are satisfied with the external services 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

There are systems and processes that demonstrate ongoing improvements in care recipient health and personal care. Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system.

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

- In response to increasing trends of falls and greater numbers of care recipients at risk of falls, management reviewed the falls prevention program at the home. This led to a focus on the limitations of sensor mats and resulted in a program to replace sensor mats with sensor beams. Staff provided very positive feedback about the unobtrusive nature of sensor beams and said the new equipment had also removed the risk of care recipients falling over sensor mats.
- An audit that identified the care evaluation process was not functioning effectively and was too heavily focussed on the input of 'am' shift staff. The resulting review led to adjustments to the process, which now commences on the evening shift and ends on the morning shift ensuring greater input of staff. The introduction of a new care evaluation schedule and greater structure around process ensures staff are aware of their responsibilities. Staff and management spoke positively of the enhanced evaluation process.

## 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

There is an effective system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Registered nurses undertake care planning and specialised nursing care.
- Management monitor the professional registrations of staff.
- There are policies and procedures for the safe management and administration of medications.
- There are protocols to manage and report the unexplained absence of a care recipient.

## 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

There is a system to enable management and staff to have the appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

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

- continence aid management
- fatigue management and acquired brain injuries
- medication in aged care
- pain management
- wound management.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients generally receive appropriate clinical care. Staff complete a range of clinical assessments on each care recipient on entry to the home. Nursing staff review care plans regularly and in response to changing health needs of the care recipient. Nursing staff offer care consultations to each care recipient and/or their medical power of attorney. Nursing staff refer care recipients to visiting medical practitioners or other health professionals as appropriate. Management monitor the effectiveness of clinical care systems through audits, clinical data, and incident report analysis and stakeholder feedback. Care recipients and their representatives are generally satisfied with the clinical care provided to those living in the home.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Registered nurses assess care recipients for any specialised nursing care needs and develop care plans. Nursing staff update care plans in response to recommendations from visiting specialists and as the health needs of the care recipient changes. Management conduct audits, analyse clinical data and review stakeholder feedback to ensure specialised nursing care systems are effective. Staff have appropriate knowledge and skills to provide specialised nursing care with ongoing education and training provided. Care recipients and their representatives are satisfied with the availability of nurses and the 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

Care recipients are referred to a wide range of health specialists in accordance with their individual needs and preferences. Nursing staff in consultation with the individual’s medical practitioner assess care recipients’ needs for allied health services and medical specialists and arrange referrals as appropriate. In accordance with each care recipient’s abilities and wishes, staff assist with access to visiting health specialists or health specialists of their choice. Staff update care recipients’ care plans to include recommendations. Management monitor the system’s effectiveness through care plan review processes, audits and stakeholder feedback. Care recipients and their representatives are satisfied with care recipients’ access to and the range of health specialists available.

## **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

Management ensures care recipients’ medication is managed safely and correctly. Registered nurses and medical practitioners review each care recipient for their medication support needs. Nursing staff and the individual’s general practitioner assess care recipients who wish to self-medicate and provide support to ensure safe medication practices. Staff undergo medication competency assessments to ensure currency of skills and knowledge. Care plans and medication charts provide guidance to staff in medication management.

Medications are stored safely and according to legislative requirements and staff ensure appropriate and consistent medication supply. Management monitor the system through audits, competency assessments and incident analysis. Care recipients and their representatives are satisfied with the processes used to supply and administer medications.

## **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

Care recipients are as free as possible from pain. Nursing staff, the home’s physiotherapist and medical practitioners assess care recipients’ current and previous experiences of pain and identify pain management strategies. Nursing staff refer care recipients to medical practitioners and the home’s physiotherapist for review in response to new or ongoing pain or discomfort. Staff use a range of interventions including medication, active and passive exercise, use of heat packs and gentle massage to treat and minimise episodes of discomfort. Management monitor the effectiveness of pain management through care plan review, audits and stakeholder feedback. Staff are aware of the key signs of pain and discomfort care recipients may demonstrate and different pain management interventions recommended for individual care recipients. Care recipients and their representatives are satisfied with pain management strategies offered to ensure care recipients are as free as possible from 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

The home maintains the comfort and dignity of terminally ill care recipients. Care recipients and their representatives are encouraged to discuss and document end of life

and advanced care directives. Staff also document actions on the individual care recipients 'palliative performance scale' to ensure care is implemented in a timely manner. Care plans reflect palliative care needs and preferences when required and registered nurses review these needs frequently. Staff access medical practitioners and the advice of visiting palliative care specialists when needed. The home has sufficient and appropriate stocks and equipment to provide palliative care and staff attend relevant education. Management monitor palliative care provision through audits, observation and stakeholder feedback. The home has received letters of thanks for care and support provided to care recipients and their families during palliation. We also received positive feedback from representatives regarding the care and support their family member received during palliation.

## **2.10 Nutrition and hydration**

*This expected outcome requires that "care recipients receive adequate nourishment and hydration".*

### **Team's findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. On entry to the home, staff identify care recipients' likes, dislikes, special dietary needs and religious dietary needs. Staff monitor care recipients' weights and refer care recipients to allied health professionals and medical practitioners as appropriate to address issues related to weight variances. Assistive devices are available as required and modifications to food texture and alternative dietary items are available for care recipients with special needs and preferences. Management monitor the effectiveness of the nutrition and hydration system through weight audits, care plan review and stakeholder feedback. Care recipients and their representatives are satisfied with how referrals to allied health staff occur and that staff provide special diets and supplements as needed.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Staff assess care recipients' skin integrity and potential for skin breakdown and develop care plans documenting needs and preferences including the levels of assistance and equipment required. Care staff monitor care recipients' skin condition during hygiene care and report any issues to the nursing staff and document observations in progress notes. Nursing staff develop wound care charts, document status of wounds, take photographs (if appropriate) and provide wound care. Where appropriate nursing staff refer care recipients to their medical practitioner and/or wound consultant for review. Staff use emollient creams, protective devices and pressure relieving equipment including air mattresses according to care recipients' assessed needs. Management monitor the effectiveness of care recipients' skin care through audits, incident analysis and stakeholder feedback. Care recipients and their representatives are satisfied with the care provided.

## 2.12 Continence management

*This expected outcome requires that “care recipients’ continence is managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ continence needs is managed effectively. Staff identify and assess the individual needs of care recipients on entry to the home and in response to changes in health status. Staff consider care recipients’ independence, maintenance of comfort and dignity needs in the development of an individualised continence management program. The home provides raised toilet chairs, handrails and aids based on assessed needs of the care recipient. Management monitor the effectiveness of care recipients’ continence programs through audits, care reviews and stakeholder feedback. Care recipients and their representatives are satisfied with the assistance, equipment and supplies provided.

## 2.13 Behavioural management

*This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Staff assess care recipients’ behaviours on entry to the home. Reassessments occur if care recipients’ behavioural patterns change. Care plans identify behaviours, potential triggers and reflect individualised management strategies, which include cultural, social and emotional support and diversional interventions. Nursing staff refer care recipients to their medical practitioners and behavioural management specialists as required. Management monitor the effectiveness of behaviour management strategies through care plan review, incident data analysis, audits and stakeholder feedback. Care recipients and their representatives are satisfied with behavioural management at the home.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s findings**

The home meets this expected outcome

Care recipients achieve their optimum levels of mobility and dexterity. Nursing staff and the home’s physiotherapist assesses care recipients’ mobility, dexterity and rehabilitation support needs on entry to the home. Staff refer care recipients to the home’s allied health staff when changes in mobility or dexterity occur. Documented strategies include active and passive exercises, supply of mobility aids, hip protectors and assistance required for individuals to maintain their dexterity, mobility and independence. The home’s physiotherapist and staff provide individual and group exercise sessions. Management monitor the effectiveness of programs through analysing falls data, care plan review, observations and audits. Care recipients and their representatives are satisfied with the support care recipients receive to achieve optimal mobility and dexterity levels.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Staff conduct oral and dental assessments and formulate care plans to identify aids, equipment and the level of oral and dental care assistance required. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Staff arrange for dental care practitioners to visit care recipients in the home or assist care recipients to attend dental clinics in the community as needed.

Management monitor oral and dental care through care plan reviews, audits and stakeholder feedback. Care recipients and their representatives are satisfied with the assistance care recipients receive to maintain 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

Care recipients’ sensory losses are identified and managed effectively. Staff assess and identify care recipients’ sensory deficits and develop care plans to ensure these are managed successfully. Staff refer care recipients to visiting or external services according to the individual’s needs and preferences. Management and staff monitor the living environment to ensure a clutter free environment. The lifestyle coordinator facilitates access to additional equipment to assist care recipients to continue to engage with life inside and outside of the home. Staff are aware of the needs of the individual care recipients and assist those who require help with the care, maintenance and fitting of aids and devices. Management monitor provision of care related to sensory loss through care plan review processes and stakeholder feedback. Care recipients and their representatives are satisfied with the support provided by staff in managing sensory loss.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Staff assist care recipients to maintain natural sleep patterns. On entry to the home, staff assess sleep history and identify individual preferences of care recipients. Care plans reflect preferences and any individualised strategies used to promote optimal sleep patterns. These include settling routines, the use of general comfort measures, evening drinks, snacks and medication as prescribed. Management monitor sleep management requirements through the care plan review process, audits and stakeholder feedback.

Care recipients said they sleep well at night and that staff assist them to settle, respect their individual sleeping and resting routines, and provide assistance as necessary.

## 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

There are systems and processes that demonstrate ongoing improvements in care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

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

- With the support of a specialist dementia management organisation, the home implemented a holistic and person centred approach to care recipient care using an established and trusted care model. Management said although not yet evaluated, the new approach removes the task orientation of staff and promotes choice and decision making. Management said initial results are positive including reduced staff sick leave and complaints.
- In response to requests from care recipients, a walking group was established. The walking group meets five days a week weather permitting and draws care recipients from all four houses of the residential service. The favoured walking destination is the collocated Box Hill Gardens where care recipients access a distance measured paved track. Staff and care recipients spoke positively about the benefits of the walking group.

### 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

There is a generally effective system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. Staff generally demonstrate knowledge of regulatory requirements relevant to their role. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Care recipients, representatives and staff are made aware of care recipients’ rights to privacy and confidentiality.
- Care recipients are made aware of rights and responsibilities and the Charter is displayed within the home.
- At entry a residential agreement is offered to the care recipient or their nominated representative.

### 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

There is a system to enable management and staff to have the appropriate knowledge and skills to perform their roles relative to care recipients’ lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 3 Care recipients’ lifestyle include:

- an introduction to consumer directed care
- dementia specific workshop
- diversity and inclusivity
- lifestyle networking workshops
- mentoring of staff by a specialist Alzheimer’s organisation.

### **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

The home supports each care recipient in adjusting to their new environment and on an ongoing basis. Management encourages prospective care recipients and their family members to tour the home and to view their allocated room prior to moving in. On entry, staff welcome new care recipients, introduce them to staff and provide an orientation to the cottage. Comprehensive clinical and psychosocial assessments include consideration of individual emotional support needs and preferences. The lifestyle coordinator meets with new care recipients as soon as possible after entry to establish rapport and encourage them to join in activities with other care recipients in the home. The chaplain visits new care recipients to provide emotional support and facilitates links with pastoral and other support workers as preferred. Staff monitor all care recipients' emotional status on a daily basis, provide one on one support as required and seek the support of the chaplain or make appropriate referrals to specialists when necessary. Staff evaluate the provision of emotional support through routine care plan review, observations and feedback. Care recipients and their representatives are satisfied with the emotional support provided.

### **3.5 Independence**

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

#### **Team's findings**

The home meets this expected outcome

Management and staff assist care recipients to maintain their independence, friendships and participate in life within the home and in the wider community. Staff assess care recipients' levels of independence on entry in relation to activities of daily living, physical, cognitive and social function. Staff implement strategies to assist care recipients to maintain optimal independence such as aids and equipment, supervision, encouragement and practical support. Care recipients have opportunity to maintain their civic responsibilities if they wish and to nominate powers of attorney. Staff monitor care recipients and refer appropriately to allied health professionals when necessary. Staff facilitate care recipients to participate in the home's community life and assist those who wish to attend community based activities as required. Care recipients stated they are satisfied staff support them to maintain their independence. Representatives provided examples of how staff encourage and assist care recipients to participate in activities both within the home and the wider community.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff identify care recipients' specific requirements around privacy and dignity, knock when entering care recipients' rooms, call care recipients by their preferred name and manage personal tasks discreetly. Management informs care recipients or their representatives about the home's privacy policy and they complete consent forms for the use and display of personal information. Care recipients have private rooms and there are small lounge areas available for meeting with others. Care recipients' confidential information is securely stored and confidential discussions occur in private. Management monitors feedback and reviews staff practices through surveys, audits and observation. We observed staff knocking on doors and demonstrating discretion when managing care needs. Care recipients and their representatives stated staff respect care recipients' privacy and provide care in a way that supports their 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 outcome

Care recipients are encouraged and supported to participate in a range of interests and activities. When care recipients move into the home, staff discuss lifestyle preferences with them and their representatives and complete a psychosocial assessment that documents past and present interests. A care plan is developed and reviewed every three months, or more frequently as required. The home adopts the Montessori principles of person-centred care and all staff have completed training in this approach. The lifestyle program operates seven days per week and is staffed by a lifestyle coordinator and personal care staff who have expressed an interest in working in this area. The activities calendar includes a range of activities that are adapted to meet the needs of the individual and aim to support physical, cognitive and social function. Sessions include exercise and walking groups, gardening, craft, word games, newspaper groups and outings. Community groups and entertainers visit the home and a strong volunteer group supports the program. Care recipients receive a copy of the activity program each month and flyers are circulated for special events. The home maintains attendance records and evaluates activities. Care recipients have input into the program through discussions, feedback forms and meetings. Care recipients said they are encouraged and supported to participate in a range of interests and activities of interest to them and care recipients and their representatives said they are generally satisfied with the activity program.

### **3.8 Cultural and spiritual life**

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

#### **Team's findings**

The home meets this expected outcome

Management and staff value and foster each care recipient's interests, customs, beliefs and backgrounds. Staff, in consultation with care recipients and representatives, identify care recipients' cultural and spiritual needs on entry. The home has a chaplain on staff who regularly attends the home to conduct services and meet with care recipients and their family members as preferred and is available on call. The home also holds a Catholic service on a weekly basis. The chaplain supports care recipients from all religious denominations and assists those who wish to connect with other church representatives and spiritual advisors as required. Staff assist care recipients who wish to attend community based church services as preferred. Many staff are bilingual and staff have access to interpreters; important information is available in other languages. The activity program includes religious celebrations, social customs and cultural recognition; this includes liaison with catering staff who provide culturally specific food to complement the program. Care recipients and their representatives said they are satisfied with the strategies implemented to meet care recipients' cultural and spiritual needs and preferences.

### **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 ensure care recipients have opportunity to participate in decisions and exercise choice and control over their lifestyle whilst not infringing on the rights of others.

Care recipients may nominate a representative to make decision on their behalf or establish a power of attorney on entry to the home. Staff consult with care recipients and representatives to establish individual needs and preferences in relation to care and lifestyle and these are documented in relevant care plans. Care recipients are offered opportunity to express their preferences across a range of areas including choice of general practitioner and other external health professionals, food and beverage likes and dislikes, recreational activities of interest and rising and retiring times. Staff consult with care recipients on a daily basis regarding such things as menu selections and preferred clothing. Surveys, care recipient meetings and care consultations provide additional opportunities to participate in decision making. Care recipients and their representatives are satisfied they are able to exercise choice and make decisions about the care recipients' care, lifestyle and services.

### **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

Care recipients have secure tenure within the home, and understand their rights and responsibilities. Management provides prospective care recipients with information about security of tenure, care and service entitlements and rights and responsibilities. New care recipients are offered an agreement that includes this information and information is included in the care recipients' handbook. There is a process of consultation and agreement prior to any change of room and management supports care recipients and representatives if they choose to move to alternative accommodation. Care recipients and their representatives are satisfied the care recipient has secure tenure and are aware of their rights and responsibilities.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

There are systems and processes that demonstrate ongoing improvements in physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

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

- To enable more control over and greater flexibility in the cleaning program, management implemented a decision to replace the contracted cleaning services with in-house cleaning staff. As part of the process, a contemporary cleaning methodology was introduced along with the purchase of equipment to support this change. Following a challenging period settling the new program, a recent cleaning audit demonstrates a high score of compliance. Care recipients and representatives interviewed expressed satisfaction with the cleaning program.
- In response to observations of care recipients having difficulty reading the menu, a flip chart of photographed standard meals is now available in each dining room. Food services staff are required to ensure the displayed photograph reflects the meal of the day. Management said the process enables care recipients easier access to meal information.

## 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

There is a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- There are processes for the safe storage of chemicals.
- There is a system to ensure compliance with fire safety regulations and all staff participate in fire and emergency training.
- There are infection control policies and a system for managing and reporting outbreaks.
- Management has a food safety program that is regularly reviewed.

## 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

There is a system to enable management and staff to have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 4 Physical environment and safe systems include:

- chemical handling
- fire extinguisher training
- food handler training
- masterclass with a celebrated chef
- new cleaning equipment
- preparing thickened fluids.

#### **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 actively works to provide a safe and comfortable environment consistent with the needs of care recipients. The home comprises eight cottages housing fifteen care recipients in each; some cottages are linked via internal walkways. There are comfortable dining and lounge areas with sufficient and appropriate furniture throughout. Care recipients and their visitors have access to well-maintained, secure gardens and outdoor sitting areas. The home is secure with a comfortable noise level, temperature and ventilation. Maintenance staff ensure that preventative maintenance occurs as per the schedule and respond to maintenance requests that are logged on the electronic maintenance system or raised verbally. Management routinely monitors the living environment through audits, inspections, observations and stakeholder feedback. Care recipients and their representatives are satisfied with the comfort and safety 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 are generally working to provide a safe working environment that meets regulatory requirements. There is a suite of occupational health and safety policies and procedures in place and information is included in the staff handbook. Staff are educated in occupational health and safety at orientation and as part of the annual training program.

Training includes manual handling, infection control and bullying and harassment. There are trained workplace safety representatives on staff. Staff log incidents and hazards through the electronic system and these are followed up by local and corporate management; relevant incidents are reported to external authorities as required. Dangerous equipment and hazardous areas are signed and/or barricaded as required. Staff and management monitor the safety of the work environment through audits, inspections and incident analysis. Staff are aware of incident, hazard and maintenance reporting processes and are generally satisfied their workplace is safe.

#### **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 are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Policies, procedures and emergency manuals provide information to guide staff in the event of fire or other emergencies and all staff complete fire and emergency management training annually. Training includes specific warden training and extinguisher use. Evacuation packs are located in each cottage and there is a central evacuation list that is updated with permanent and temporary changes as required. Emergency exits are clearly marked, egress routes are kept clear and there is a lock-down procedure in place. There are designated smoking areas and care recipients who smoke undergo risk assessment to ensure safety. Chemicals and hazardous items are safely stored and safety data sheets are accessible. Management ensures the environment and relevant equipment is inspected, tested, calibrated and maintained by appropriate specialist contractors as part of the preventative maintenance program. Staff confirmed they attend annual fire and emergency management training. Care recipients and their representatives said they feel safe and secure in 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 that includes education in infection control, hand hygiene and outbreak management. Key management and clinical staff oversee the program which includes collection of infection surveillance data and overseeing infection control practice. Infection control education is included in staff orientation and annual education programs. Policies and procedures include guidelines for managing gastroenteritis and influenza outbreaks. Staff have access to personal protective equipment, hand washing facilities and hand sanitizers. The home has a food safety program, compliant third party audits and there are regular pest control inspections. There are processes to enable staff to dispose of infectious waste and sharps safely and manage infectious laundry appropriately. Infection data is analysed and reported at relevant meeting forums and authorities as required. The home encourages staff and care recipients to participate in influenza vaccination programs. Staff confirmed they receive education on infection control and demonstrated an understanding of appropriate 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

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Food is prepared on site in line with the organisation's food safety program and distributed through four kitchenettes and care recipient dining areas.

Care recipients are consulted in designing the menu and catering staff enable alternative meals and culturally specific requests. There are processes to ensure the currency of care recipient dietary information to guide safe staff practice in each house. Staff provide cleaning services following a set schedule and there are provisions for extra cleaning as required.

Personal clothing by each house is cleaned at a central laundry. There are processes help minimise lost clothing and an ironing service is available. Monitoring processes for hospitality services include care recipient feedback, surveys, scheduled meetings and internal and external audits. Care recipients and their representatives are satisfied with the quality of home's catering, cleaning and laundry services.