Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Villa Maria Catholic Homes Justin Villa Aged Care Residence RACS ID: 3226

Approved Provider: Villa Maria Catholic Homes Limited

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

Reconsideration Decision made on	27 December 2017
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 22 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 4 September 2015 to 4 June 2019.
Reason for decision	Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'. The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program. The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.
This decision is effective from	27 December 2017
Accreditation expiry date	4 June 2019

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Australian Aged Care Quality Agency

Catholic Homes - Justin Villa Aged Care Facility

RACS ID 3226
2 Caravan Street
BALWYN VIC 3103

Approved provider: Catholic Homes for the Elderly Inc

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 04 September 2018.

We made our decision on 22 July 2015.

The audit was conducted on 16 June 2015 to 17 June 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome		Quality Agency decision
1.1	Continuous improvement	Met
1.2	Regulatory compliance	Met
1.3	Education and staff development	Met
1.4	Comments and complaints	Met
1.5	Planning and leadership	Met
1.6	Human resource management	Met
1.7	Inventory and equipment	Met
1.8	Information systems	Met
1.9	External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

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Australian Aged Care Quality Agency

Audit Report

Catholic Homes - Justin Villa Aged Care Facility 3226

Approved provider: Catholic Homes for the Elderly Inc

Introduction

This is the report of a re-accreditation audit from 16 June 2015 to 17 June 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 June 2015 to 17 June 2015.

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

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

Assessment team

Team leader:	Rebecca Phillips
Team member:	Dawn de Lorenzo

Approved provider details

Approved provider:	Catholic Homes for the Elderly Inc

Details of home

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

Total number of allocated places:	17
Number of care recipients during audit:	9
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Yes – centre for retired priests

Street:	2 Caravan Street	State:	Victoria
City:	Balwyn	Postcode:	3103
Phone number:	9816 0111	Facsimile:	9857 5356
E-mail address:	Accreditation@catholic-homes.org.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Care recipients	7
Organisational management	3	Nursing/care/lifestyle staff	3
Director of Ministry to Priests	1	Physiotherapist	1
Coordinator of clergy care team	1	Hospitality services	3
Visiting clergy	1	Maintenance personnel	2

Sampled documents

	Number		Number
Care recipients' lifestyle files	4	Medication charts	4
Care recipients' clinical files	4	Personnel files	4
External contracts	3		

Other documents reviewed

The team also reviewed:

- Activities program, lifestyle documentation and consent forms
- Audits and surveys
- Catering, cleaning and laundry schedules and related documentation
- Clinical records and charts
- Compulsory reporting registers
- Continuous improvement plan
- Controlled substances register
- Education matrix, calendars, competency assessments and documentation
- Emergency procedures manual
- Essential services documentation
- External contractor induction documentation
- Food safety program and third party audits
- Incident data and analysis
- Incident reports via the electronic incident management reporting system
- Infection control documentation and influenza vaccination records
- Information for care recipients including handbook and agreement
- Material safety data sheets
- Memoranda
- Minutes of meetings

- Nursing qualifications
- Police certificate registers and statutory declarations
- Policies, procedures and flowcharts
- Position descriptions, orientation information and performance appraisals
- Preventative and reactive maintenance documentation
- Quality improvement project and continuous improvement reports
- Refrigerator temperature records
- Risk assessments and register
- Staff handbook and rosters.

Observations

The team observed the following:

- Activities in progress
- Archiving area
- Brochures on display regarding external complaints mechanisms and advocacy service
- Chapel
- Cleaning and laundry in progress
- Equipment and supply storage areas
- Feedback forms on display
- Fire fighting equipment, alarms, fire panel, evacuation pack, care recipient list and evacuation map
- Hand hygiene facilities, personal protective equipment, spills kit and outbreak supplies
- Interactions between staff and care recipients
- Living environment
- Lunch and refreshment service with menu displayed
- Medication storage
- Noticeboards on display
- Nursing station
- Short group observation in dining room
- Staff room
- Suggestion box
- The ‘Charter of care recipients’ rights and responsibilities’ displayed
- Vision, mission and values statement displayed
- Waste management systems
- Wound trolley.

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

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's findings
The home meets this expected outcome

The organisation actively pursues continuous improvement across all four Accreditation Standards. Management identify opportunity for improvements in a range of different ways including via feedback forms, audit results, incident reports, satisfaction surveys and informal and formal feedback. A plan for continuous improvement records the improvement activities and documents progress towards objectives as well as the effectiveness of actions undertaken. Management keep stakeholders apprised of continuous improvement activities through meetings and memoranda and organisational review of the processes ensures ongoing efficacy of the system. Care recipients and staff are satisfied the organisation pursues continuous improvement across all areas of the home.

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

- To encourage staff to utilise the intranet and access policies and procedures more easily, management purchased an additional computer. In conjunction with the provision of ongoing education and training regarding the home's protocols, management state this initiative offers staff timely access to information relating to all areas of the home.
- To ensure easy access to archived information, management and staff cleared an existing store room and put in shelving to increase storage capacity. We observed this area to be neat and tidy with boxes stored in an orderly fashion. Management state the now streamlined approach to archiving ensures all files are located in the one area with easier access available for file retrieval.

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

Team's findings
The home meets this expected outcome

The organisation's management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. Corporate and local management as well as different organisational departments oversee regulatory compliance. Management subscribe to various legislative services, government agencies and industry bodies to ensure they receive notification of changes in legislation. Reports of any changes undergo review and the organisation's management then develop or modify policies, procedures and education processes to

ensure alignment with any changes. Staff receive information of any regulatory changes through avenues such as meetings, memoranda or education.

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

- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- There is a system to ensure compliance with police certificate requirements and overseas statutory declarations for all relevant staff.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Prior to staff commencing employment, management confirm their relevant training and staff participate in an orientation program once employed. The organisation holds regular certification training days for mandatory education required for all staff. The organisation's education department as well as local management implement additional education as required based on training needs identified through means such as staff feedback. Management maintain attendance records with evaluations to monitor the effectiveness of the training. Staff are encouraged to attend additional education for their professional development. There are designated areas on site for staff education and training. Management encourage staff to access the intranet for information such as policies and procedures, relevant to their role. Staff are satisfied with education in the organisation. Care recipients are satisfied management and staff have appropriate knowledge and skills to perform their roles effectively.

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

- bullying and harassment
- electronic care planning system
- incident reporting
- policies and how to manage.

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

Management has systems to ensure each care recipient, their representative and other interested parties have access to internal and external complaints mechanisms. Information provided to care recipients, including handbooks and agreements provide details on internal

and external complaint mechanisms. Management receives stakeholder feedback primarily via surveys and in person. There is also the opportunity for care recipients and their representatives to submit their concerns in writing on the feedback forms displayed at the home. Management log all feedback received as part of the continuous improvement process and record effectiveness of all actions undertaken. Communication of complaint outcomes to stakeholders occurs via one to one communication and meetings. External advocacy service information is displayed. Care recipients and staff are aware of the comments and complaints process and are satisfied any concerns are addressed 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 findings

The home meets this expected outcome

The organisation has documented and displayed the residential care services vision, mission and values statement. The statement is also documented in handbooks for care recipients and staff as well as in contractor induction documentation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with these standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of registration once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The staff orientation process includes training and supernumerary shifts and position descriptions document their roles. Management monitor staff performance through competency assessments, performance appraisals and observation of practice. There is a process to ensure roster coverage through the use of the organisation's staff to fill any vacancies and there is access to a registered nurse on all shifts. Staff are satisfied with the number of staff and adequacy of skills. Care recipients are satisfied with the adequacy and timeliness of care.

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

There are adequate supplies of appropriate goods and equipment to provide quality service delivery. The provision of clinical and non-clinical supplies occurs through appropriate stock monitoring and ordering systems. Emergency supplies are available at the organisation's

adjacent sister site, if required. Review of equipment for its maintenance and safety is ongoing and staff undertake trials of new equipment to ensure its suitability. Staff stated they have sufficient supplies to undertake their roles and meet care recipients' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are a variety of information management systems at the home. Primarily, electronic systems store and provide staff and management with information relating to the care and services of the home. Information is provided to care recipients and their representatives upon entry and on an ongoing basis through meetings, noticeboard displays, distribution of a newsletter and care plan reviews and consultations. Staff receive information relevant to their role during orientation, through access to policy and procedures and via distribution of handbooks, meeting minutes and memoranda. Financial records and personnel files are stored securely and electronic systems are protected with user initiated passwords. There are mechanisms to ensure personal information is disposed of confidentially and a systematic archiving process provides easy access to older files, if required. Staff and care recipients are satisfied the communication mechanisms management use keep them adequately informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is a system to provide externally sourced services to meet the residential care service's needs and service quality goals. Management have a register of contracted providers and review the service agreements regularly with input from care recipients and staff, as appropriate, to ensure the provision of optimum service. External providers complete an online induction prior to coming on site to familiarise themselves with the home's requirements to ensure safety. There is a system to ensure contractors have a current police certificate with associated documentation as necessary. Care recipients and staff are satisfied with the services provided by externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of continuous improvement activities in relation to Standard 2 Health and personal care include:

- To provide a care recipient with current and ongoing information regarding their medical diagnosis, management provided this individual with a resource pack which included details of their condition. Management also provided this information to staff to increase their understanding of this particular condition and the anticipated changes associated with this care recipient's diagnosis and the care needed to accommodate these. Management stated this information was well received by both the care recipient and the staff, increasing awareness and knowledge of this condition and its process.
- To increase the support provided to the care recipients, a current lifestyle staff member recently completed a certificate in aged care. This qualification has provided this staff member the opportunity to be involved in the provision of clinical and personal care, within the requisite scope of practice, thereby diversifying skills and knowledge and ensuring continuity of staff in different areas of care delivery.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's regulatory compliance system and processes.

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

- There are procedures to ensure compliance with legislation in the event of a care recipient's unexplained absence.
- Registered nurses oversee specific care planning activities and care tasks.
- There are policies and procedures regarding medication management.

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

Please refer to expected outcome 1.3 Education and staff development for information regarding the education system and processes.

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

- diabetic management
- first aid
- Parkinson's disease
- 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

Management and staff demonstrate there are systems to ensure care recipients receive appropriate clinical care through regular assessments, care planning and ongoing evaluation. This process occurs in consultation with the care recipient, their representative and medical practitioner. Allied health professionals are available to review the care recipient and provide further advice and support as needed. There is 24 hour access to registered nurses with a large proportion of care and nursing staff represented by Catholic Sisters. Education and policies and procedures guide staff in providing clinical care to care recipients. There are adequate supplies and equipment to accommodate care recipients' clinical needs with emergency supplies available at the organisation's adjacent sister site, if required. Care recipients are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. A suite of assessments and charting, conducted, ensures the development of appropriate strategies and interventions to adequately meet the care recipients' specialised nursing care needs. Staff record these on the care recipients' care plan which is subject to review by nursing staff on a monthly basis. Medical and specialist support enhance the provision of specialised nursing care with records of care reflected on appropriate charts. Specialised nursing care currently occurs in diabetes management. Staff stated education and training occurs in response to care recipients' specific needs to ensure appropriate care delivery occurs. Care recipients are satisfied with the specialised nursing care they receive.

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

Management and staff ensure the referral of care recipients to specialists and other health services as required and preferred. Regular allied health services to the home include dietetics, physiotherapy and podiatry with the care recipient's medical practitioner visiting according to schedule and as required. Care recipients are provided the opportunity to retain their own specialists and medical practitioner if practical, with assistance available for care recipients to attend external appointments as required. Care recipients are satisfied they can access specialist appointments as needed.

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 and staff ensure there is a system to safely and effectively manage care recipients' medication. Primarily, endorsed enrolled nurses and medication competency tested carers administer medication from a dose administration aid, according to medical directive. All medications are stored securely and in line with legislative requirements. There are policies and processes for assessing and managing care recipients who wish to self-administer any medication. Staff record medication related incidents which are subject to review by management to determine if further staff training is required. Additional monitoring systems include regular pharmacy review and meetings involving the medication advisory committee. Care recipients are satisfied staff administer medication safely and in a timely manner.

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

Management and staff ensure all care recipients are as free as possible from pain. Assessment for pain occurs on entry to the home, as part of the regular care plan review process and as required. Corresponding care plans record strategies to relieve pain, which may include massage, regular exercise, the application of heat packs and administration of pain relief medication. Access to the medical practitioner and physiotherapist enhance pain management as required. A change in a care recipient's clinical status, medication regime or where there is a new episode of reported pain prompts further review and recording of identified patterns and triggers to ensure pain management is optimal. Care recipients are satisfied they receive pain relief as required and in a timely fashion.

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

Management and staff ensure the comfort and dignity of terminally ill care recipients is maintained. Clergy and organisational personnel liaise with care recipients to ensure the delivery of quality palliative care. This includes the provision of spiritual care in accordance with the teachings and practices of the Catholic faith and the care recipient's wishes. Staff have access to ongoing training opportunities to ensure contemporary practice and policies and procedures guide staff to embrace a multidisciplinary approach. At the appropriate time, care recipients are relocated to a palliative care specialist service with care recipients being made aware of this arrangement well in advance. Management and staff state the organisation ensures the provision of care recipients' comfort, privacy and dignity at all times.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients receive adequate nourishment and hydration. The assessment of care recipients' nutritional needs occurs on entry to the home taking into consideration personal preferences, allergies and medical requirements. Staff inform the kitchen of care recipients' specific dietary needs on entry to the home and in response to specialist directive or care recipient request. Staff weigh care recipients regularly with consultation occurring with the medical practitioner, dietitian or speech pathologist as required. Nutritional supplements are available to enhance care recipients' nutritional status as needed. Morning and afternoon tea is provided daily and there is access to fruit and hot and cold beverages to which care recipients can help themselves. Care recipients spoke positively of the food provided and said there is enough to eat and drink.

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

Management and staff demonstrate there is a system to ensure care recipients' skin integrity is consistent with their general health. The assessment of care recipients' skin integrity occurs on entry to the home and on an ongoing basis. Staff develop corresponding care plans and record identified strategies to promote skin care. Where required, appropriately qualified staff review wounds and monitoring of skin tears occurs via the home's incident management system. There is access to a range of resources to promote care recipients' skin integrity as required. Care recipients are satisfied with the way in which staff care for their skin.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Management and staff ensure there is a system to effectively manage care recipients' continence needs. Initial and ongoing review and evaluation systems identify care recipients' continence care requirements. Processes include initial assessments and charting which records care recipients' toileting needs and schedules. Regular review ensures documented strategies are still effective with additional charting and assessment occurring if staff identify a change in care recipients' continence requirements. Staff respect care recipients' privacy and dignity and encourage independence. There is access to aids and equipment to further promote effective continence management if required. Provision of a high fibre diet and exercise programs promote optimum bowel health. Care recipients are satisfied staff manage their continence needs effectively.

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

Management and staff ensure there is a system to effectively manage the needs of care recipients with challenging behaviours. Staff develop care plans which record identified triggers and strategies to support care recipients with challenging behaviours. Regular care plan evaluation and staff observations monitor changes in care recipients' needs and the effectiveness of current behaviour management strategies. Access to clergy personnel for support assists in addressing any underlying emotional concerns which may contribute to unsettled behaviour. Referral occurs to the care recipient's medical practitioner and mental health professionals as required. There are processes whereby staff document behavioural incidents which are subject to management review and trends analysis to minimise recurrence. Care recipients and are satisfied with the home's approach to behavioural management and did not report any incidence of where other care recipients infringe on their rights.

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

Management and staff demonstrate there is a system to promote care recipients' mobility and dexterity. Staff review care recipients' mobility and dexterity needs, on entry, in consultation with the physiotherapist. The corresponding care plan documents identified strategies to enhance care recipients' mobility and dexterity and include interventions to minimise falls risk. Attendance to the home by the physiotherapist provides the opportunity for ongoing review and assessment according to schedule and in response to a fall or significant deterioration in the care recipient's condition. Physiotherapy review occurs according to schedule, following a fall or in response to a significant change in the care recipient's health status. Care recipients follow recommended exercise regimes and assessment of care recipients' pain with relief provided as directed ensures optimum

movement. There is equipment available to aid mobility and staff undergo manual handling training annually to minimise risk of injury to both staff and care recipients. Care recipients are satisfied staff support their mobility and dexterity as needed.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate there is a system to ensure care recipients' oral and dental health is maintained. On entry to the home staff assess care recipients' oral and dental health care needs. The corresponding care plan documents strategies to enhance oral and dental health, and if any aids or assistance is needed. Staff assist care recipients to access dental appointments if required. A stock ordering system ensures there are adequate supplies of oral and dental equipment to meet care recipients' needs. The changing of toothbrushes occurs on a regular basis to enhance oral health and maintain infection control standards. Care recipients are satisfied their oral and dental health is maintained.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate the home ensures care recipients' sensory losses are identified and managed effectively. Assessment for sensory loss occurs upon entry to the home. Regular care plan review provides the opportunity for staff to identify new or continued loss and to ensure existing strategies remain effective. Staff conduct an additional assessment regarding the care recipient's ability to touch and feel to prevent discomfort and/or damage to the skin, in the context of heat pack application. Staff assist care recipients to access audiologists and optometrists if required. The home is uncluttered, has good lighting and accessible signage. Care recipients are satisfied with the home's approach to managing any identified 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

Management and staff demonstrate there is a system to assist care recipients in achieving natural sleep patterns. On entry to the home, staff assess the care recipient's sleeping and rest patterns, with re-assessment occurring if sleep patterns are disturbed. Staff develop care plans which nominate individual waking and settling times and other specific requirements. Care recipients are satisfied with the home's approach to promoting natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of continuous improvement activities in relation to Standard 3 Care recipient lifestyle include:

In response to care recipient feedback, management undertook the following actions:

- lowered the bulletin boards for care recipients to more easily see posted items, to increase awareness of activities in the home;
- now write on a whiteboard the anticipated visitors for the day, to provide individuals with the opportunity to meet with them, should they wish;
- provided individual copies of the leisure and lifestyle calendar to ensure care recipients were well apprised of activities and upcoming events at the home.

We observed the outcomes of the above initiatives and care recipient feedback regarding these actions was positive.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's regulatory compliance system and processes.

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

- There is a privacy policy.
- Care recipients and/or their representatives receive information on care recipient rights and responsibilities, services provided and the complaints scheme.
- There are policies, procedures and a flow chart concerning elder abuse and compulsory reporting with the maintenance of a register.

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

Please refer to expected outcome 1.3 Education and staff development for information regarding the education system and processes.

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

- caring for care recipients with dementia
- compulsory reporting
- elder abuse
- person-centred care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

There is a system to ensure each care recipient receives emotional support adjusting to life in the new environment and on an ongoing basis. Prior to or on entry to the home, management provide care recipients and/or their representatives information regarding the entry process, explain services and provide a tour with introductions to staff and other care recipients. Management, representatives from the Catholic Church and lifestyle and care staff offer support to care recipients adjusting to the new environment as well as throughout their stay. Staff complete an assessment and care plan which includes emotional needs of care recipients and review these regularly. The lifestyle program provides individual time with care recipients with an aim to maintain any personal interests. Care recipients personalise their rooms as they wish. As well as a chapel for communal services, each residential room has a sitting room to ensure care recipients a private area for emotional support obtained through prayer and reflection. Care recipients are satisfied with the emotional support they receive.

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 encourage care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Lifestyle care plans identify care recipients' needs to participate in specific spiritual interests, maintain their independence and retain ongoing church and social associations. Items such as mobility aids assist care recipients to maintain their independence. Management and staff encourage and support care recipients to maintain contact with any friends and family as well as to continue to perform their roles as priests

within the Catholic Church. Care recipients personalise their rooms as they wish. Care recipients are satisfied they are able to be as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff recognise and respect each care recipient's privacy, dignity and confidentiality. There is a privacy policy and care recipient information is securely and appropriately stored. Care recipients have lockable rooms and areas in their rooms to store private items as they wish. Each residential room has a private sitting room for care recipients to meet privately with visitors. Staff aid care recipients in a respectful manner when attending to activities of daily living and when addressing each care recipient. Staff respectfully launder and iron albs, robes and stoles for care recipients to use when giving mass. Staff are aware of respecting each care recipient's privacy and dignity such as knocking on doors prior to entering care recipient rooms and respecting times of prayer and reflection. Care recipients are satisfied they are treated with dignity and respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a range of interests and activities both in groups and on an individual basis. Lifestyle staff complete an assessment in consultation with each care recipient to identify such information as each care recipient's spiritual needs and leisure interests. This assessment forms the basis of the care plan which undergoes regular review. Lifestyle staff plan activity programs in both group and individual settings. There are activities such as daily mass, evening prayer, anointing of the sick, rosary, benediction and adoration. Care recipients also participate in activities which include the use of an electronic tablet, crossword puzzles, walks and going out for lunch. Celebration of special occasions such as birthdays, Christmas, Easter and priest anniversaries occur. Lifestyle staff evaluate and redesign programs as necessary based on care recipient feedback and participation. Information from care recipient meetings and surveys also assist lifestyle staff in planning programs. Care recipients are satisfied with spiritual activities and leisure interests.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients' individual interests, beliefs and cultural backgrounds are fostered and valued. The home was established to accommodate the retired priests and to cater to their spiritual needs. Lifestyle assessments and care plans document cultural and spiritual requirements. There is a chapel on site and each residential

room has a sitting room for private prayer and reflection. There is a daily mass as well as evening prayers. A range of Catholic services including confessions and benediction occur regularly and representatives from the Catholic Church visit often. Management and staff ensure the celebration of cultural and spiritually significant days such as birthdays, Christmas, Easter and priest anniversaries. Staff are aware of the care recipients' spiritual needs. Care recipients are satisfied with cultural and spiritual life in the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient or his representative participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his lifestyle while not infringing on the rights of others. Care recipients have input into the services they receive such as preferred settling and waking times, menu selection, level of participation in activities and preferred title and name. Management encourage care recipients to provide feedback about care and services through meetings, surveys and private consultations. Care recipients sign consent forms as required. Staff encourage care recipients to make their own decisions such as attending religious services in the chapel or having private prayers in their rooms instead. Care recipients are satisfied with the opportunities provided to them to make their own choices.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Before or on entry, care recipients receive an information handbook regarding the home. Management offer all care recipients an agreement which includes information on care and services. Management consult with care recipients and/or their representatives if there is a change to specified care and services. Aided by the clergy team of registered nurses, the Ministry to Priests manage tenure for care recipients within the organisation. This ensures suitable residential care for each care recipient depending on the level of care required. The 'Charter of care recipients' rights and responsibilities', along with external complaint information, is on display. Care recipients are satisfied they feel secure and understand 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

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

Examples of continuous improvement activities in relation to Standard 4 Physical environment and safe systems include:

- In response to a care recipient's request, management have displayed instructions at the exit door to provide additional information regarding how to freely enter and exit the building. We observed this information on display which eliminates confusion and difficulty in exiting or entering the building. As a result there is increased independence for care recipients who can come and go as they please without requiring assistance from staff, to open the doors.
- To increase space and enhance infection control practices in the kitchen, management relocated the waste bin which was situated in front of the bench. Following minor renovations, the waste bin is now out of the way, yet still accessible, located in a nook under the bench. Management and kitchen staff report this change has provided an increase in access to the bench and reduced a potential occupational health and safety hazard.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's regulatory compliance system and processes.

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

- There are processes to provide a safe working environment to meet regulatory requirements.
- The organisation has a system to ensure compliance with fire safety regulations.
- There is a food safety program and regular completion of third party audits.
- The home has infection control guidelines, including plans to follow in the event of an outbreak.

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

Please refer to expected outcome 1.3 Education and staff development for information regarding the education system and processes.

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

- chemical training and material safety data sheets
- infection control, hand hygiene and outbreak management
- manual handling
- mock evacuation.

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 of the residential care service is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. All rooms are single occupancy with a private sitting room, bedroom and ensuite. The sitting room provides an area for care recipients for private reflection and prayer as well as visitors. There is safe access to clean, comfortable and well-maintained communal areas such as a lounge, dining room, chapel and gardens. All areas are appropriately furnished to ensure a peaceful atmosphere and the internal living environment is maintained at a comfortable temperature throughout. Relevant staff monitor the comfort and safety of the home through preventative and reactive maintenance processes. Staff assist care recipients to remain safe and comfortable by ensuring access to items such as call bells and mobility aids. Care recipients are satisfied they feel safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management demonstrate there are systems to ensure a safe working and living environment. An on site occupational health and safety representative is available to identify and minimise risk of injury to all stakeholders and there is additional support from designated personnel, at a corporate level. Maintenance requests, audit processes and hazard and incident reporting systems identify any safety issues. There are current material safety data sheets and appropriate supplies of personal protective equipment, safety and transfer equipment. Mandatory training includes manual handling and occupational health and safety

training. This occurs on commencement of employment and annually thereafter. Staff are satisfied management is actively providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment with safe systems of work to minimise fire, security and emergency risks. Externally approved professionals carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures with regular education for staff in fire, security, evacuation and other emergencies. The care recipient list and site maps are current. Exit doors are free from obstruction and egress areas are clear. There is an electrical safety testing system for all applicable goods. Staff have received fire and other emergency training and know what to do in such an event. Care recipients are satisfied they feel safe and secure.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The organisation has an effective infection control program with the central point of responsibility shared between corporate and local management. There are contingency plans and equipment for various outbreaks. Management collect data on infections and use this to identify any infection control issues. There are hand hygiene facilities, personal protective equipment, spill kits and waste management systems to ensure the maintenance of infection control practices. The organisation offers influenza vaccinations to both care recipients and staff. Management arrange for regular audits of the food safety program, laundry and cleanliness of the environment. All staff regularly receive infection control training with practices monitored. Care recipients and staff are satisfied with hygienic practices in the home.

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 manner to enhance care recipients' quality of life and the staff's working environment. Meals are prepared fresh on site with care recipient likes, dislikes and special dietary needs taken into account. Care recipients have meals in a central dining room with round glass topped tables and well-pressed linen to enhance the dining experience. Contracted staff provide cleaning according to a schedule with processes for any extra cleaning tasks as required. Laundry staff process all care recipient clothing and sundry items on site with provisions in place for the prevention of lost items. Staff also iron care recipient clothing and sundry items such as table cloths. An external commercial service launders all other linen. Management monitor hospitality services through internal and

external audits with the provision of regular staff education including chemical handling and infection control. Care recipients and staff are satisfied with the home's catering, cleaning and laundry services.