



Australian Government
Australian Aged Care Quality Agency

Villa Terenzio

RACS ID: 7088

Approved provider: Italian Aged Care Incorporated

Home address: 33 Kent Road MARANGAROO WA 6064

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 28 August 2021.

We made our decision on 09 July 2018.

The audit was conducted on 11 June 2018 to 13 June 2018. 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.

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.

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 services and in the community.

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

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



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Audit Report

Name of home: Villa Terenzio

RACS ID: 7088

Approved provider: Italian Aged Care Incorporated

Introduction

This is the report of a Re-accreditation Audit from 11 June 2018 to 13 June 2018 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.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 11 June 2018 to 13 June 2018.

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.

Details of home

Total number of allocated places: 128

Number of care recipients during audit: 124

Number of care recipients receiving high care during audit: 122

Special needs catered for: People from non-English speaking (cultural and diverse) backgrounds.

Audit trail

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

Interviews

Position title	Number
Catering staff	3
Therapy staff	5
Clinical nurse managers	2
Chef	1
Cleaning contract manager and supervisor	2
Client support officer	1
Registered and enrolled nurses	5
Care staff	12
Laundry staff	3
Care services manager	1
Administration officers	2
Care recipients and representatives	23
Chief executive officer	1
Maintenance supervisor	1
Business services manager	1

Sampled documents

Document type	Number
Medication charts	8
Authorities to self-medicate	17
Wound care plans	11
Care recipient files	17
Personnel files	8
Care recipient care plans	9

Document type	Number
Care recipient agreements	2

Other documents reviewed

The team also reviewed:

- Accidents/incidents and hazard reports
- Activity programs, attendance statistics and evaluations
- Audits and surveys file
- Cleaning schedules
- Comments and complaints documentation
- Continuous improvement plan
- Culture, social and religious profiles, and community visitor and volunteer file
- External provider contracts
- Medication management documentation
- Minutes of meetings, memoranda and newsletters
- Observation charts (neurological, bowels, weights, blood pressure and blood glucose)
- Occupational health and safety documentation and fire and emergency plan
- Poison permit, register for drugs of addiction and medication refrigerator temperatures
- Police certificate and professional registration records
- Policies and procedures and regulatory compliance documentation
- Position descriptions, duty statements and staff handbook
- Preventative and reactive maintenance documentation including pest control records
- Restraint and restraint authorisations
- Safety data sheets
- Training information, attendance records and evaluations
- Vaccination records
- Welcome pack including handbook.

Observations

The team observed the following:

- Access to internal and external comments/complaints brochures and locked posting boxes
- Activities in process
- Charter of care recipients' rights and responsibilities, and mission, vision and values statement displayed
- Cleaning in progress
- Emergency evacuation pack

- Handwashing areas
- Living environment and care recipients' appearance
- Meal and refreshment services with staff assisting care recipients
- Medication storage and administration
- Noticeboards displaying care recipient and staff information
- Outbreak and spill kits
- Short group observation in special care area
- Staff interactions with care recipients
- Storage and access to equipment and supplies (clinical supplies, oxygen, chemicals, continence aids, mobility equipment and sharps waste management)
- Wound care trolleys.

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 services, 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 continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented in the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides.

Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

- Management reviewed the admission process for care recipients and the capture of timely information to support care planning. A process has been developed that identifies role responsibility in allocating tasks and collating required information which contributes to a smooth admission. Management stated the process has ensured all information and tasks are completed in the expected timeframes set by the home. Staff interviewed stated they have access to the new process at care stations and understand what tasks they need to be completed.
- A new mission and values statement has been developed within the organisation to provide a contemporary approach to the services provided within the home and in the community. Management stated the new mission and values statement is more inclusive in what the organisation offers and supports the overall holistic direction in providing care at the organisation's home and in the community. We viewed the mission statement displayed throughout the home and in staff and care recipient documentation in English and Italian language.

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 home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

Relevant to Standard 1 Management systems, staffing and organisational development, management is aware of the regulatory responsibilities in relation to police certificates and the requirement to advise care recipients and their representatives about re-accreditation site audits. There are processes to ensure these responsibilities are met.

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

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training, attendance is monitored and a process is available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles, and staff are satisfied with the education and training provided.

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

- Customer service
- Electronic management of care records
- Orientation and buddy shifts
- Understanding accreditation.

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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaints mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and, where appropriate, complaints trigger reviews of and changes to the home's procedures and

practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results showed complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients and representatives interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal.

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 the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents.

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 systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives interviewed are generally satisfied with the availability of skilled and qualified staff and the quality of care and services provided to the care recipient. However, two respondents to the consumer experience interview stated staff only follow up some of the time. When asked for further information one respondent stated they were told by night staff they were too busy, while the other respondent did not provide any further information.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and

representatives interviewed are satisfied with the supply and quality of goods and equipment available at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed stated they are satisfied they have access to current and accurate information. Care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs and supports them in their decision-making.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality are specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of 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

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 2 Health and personal care are:

- Management has commenced implementation of the Montessori approach to assist with behaviour management. Clinical and care staff have completed training and developed strategies to lessen agitation and aggressive behaviour for identified care recipients. Management stated the new approach will support a reduction in behaviours that impact other care recipients. We viewed a range of documentation recording meetings, training and application strategies of the training when delivering care. Staff interviewed stated they have the knowledge and skills to support care recipients whose behaviour may impact on others. Management stated they plan to implement further Montessori approaches to the delivery of care and will monitor and evaluate regularly.
- Following feedback last year from a dentist visiting the home, the clinical team discussed how to improve oral and dental hygiene. Staff were recruited to play a lead role in supporting all clinical and care staff to understand the benefit of providing regular oral health when completing personal care. The teams were tasked with orientating new staff with oral and dental health processes at the home. Staff interviewed stated they are more aware of the importance of regular oral and dental hygiene. We viewed documents recording minutes from dental meetings and feedback from the dentist recording improved oral and dental management when seeing care recipients.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 2 Health and personal care, management is aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information.

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

- Clinical development days
- Continence management
- Dementia modules
- Dysphagia
- Oral and dental
- Palliative care
- Skin and wound care.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on moving into the home and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews and feedback. The home regularly reviews and evaluates the effectiveness of the clinical care system and tools used. Changes in care needs are identified and documented and, where appropriate, referrals are made to the general practitioner or other health professionals. Staff provide care consistent with individual care plans. Care recipients and representatives are generally satisfied with care provided by staff. However, one respondent to the consumer experience interview stated they are not happy with the time staff shower them as it is more a time that suits the staff. A second respondent reported they are independent with most things and do not require staff assistance.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on moving into the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from the general practitioner and health professionals, is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care

systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients and representatives interviewed are satisfied with how specialised nursing care needs are managed.

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

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed are satisfied referrals for the care recipient are made to appropriate health specialists of their choice and staff carry out their instructions.

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

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives interviewed are satisfied the care recipient's medications are provided as prescribed 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

Care recipients' pain is identified through assessment processes on moving into the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. The general practitioner and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are satisfied the care recipient is 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 has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify terminal care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to the general practitioner, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the terminal care wishes. Staff follow terminal care wishes and respect any changes which may be requested. Care recipients and representatives interviewed are satisfied each care recipient's comfort, dignity and palliative care needs are maintained.

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' nutrition and hydration requirements, preferences, allergies and special dietary needs are identified and assessed on moving into the home. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are satisfied each care recipient's nutrition and hydration requirements are met.

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 care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care, and this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe

manual handling techniques. Care recipients and representatives interviewed are satisfied with the assistance provided to maintain the care recipient's skin integrity.

2.12 Contenance 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 and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipient's continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management, and this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients and representatives interviewed are satisfied with the support provided to the care recipient in relation to continence management.

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 identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home practises a minimal restraint policy, and where restraint is used it has been assessed, authorised and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis. The home's monitoring processes identify opportunities for improvement relating to behaviour management, this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipient's challenging behaviours, including those care recipients who are at risk of wandering. Care recipients and representatives interviewed are satisfied staff are responsive and support care recipients with behaviours which may impact on others.

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' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to the general practitioner and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for

improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided to the care recipient for achieving optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and, where necessary, referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain the care recipient's teeth, dentures and overall oral hygiene.

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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's activity program includes activities to stimulate the senses such as massage, gardening, cooking and music. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipient's needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on moving into the home. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep and, where appropriate, the general practitioner is informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to the care recipient and they are assisted in achieving 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

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 3 Care recipient lifestyle are:

- The home has introduced welcome packs for care recipients moving into the home. The pack contains items to assist care recipients to settle into the home including a handbook, toiletries, religious items and a wallet card informing the care recipient of meal and other services, days and times. Management stated the pack helps care recipients to settle in and gives them pertinent information. We viewed feedback documentation which recorded positive evaluation of the welcome pack from care recipients.
- A regular food event has been introduced within the home to meet the cultural needs of many of the Italian care recipients. A pizza oven has been built in a courtyard and an invitation is extended to all care recipients, families and community to come together and socialise while enjoying a cultural meal. Management stated the event is enjoyed by many care recipients and enables them to remain engaged in their community. We viewed a published newspaper article which recently reported the event and enjoyment of those participating.

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 about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 3 Care recipient lifestyle, management is aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

- Allied health development days
- Elder abuse and compulsory reporting
- Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) training
- Montessori approach to dementia.

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 provides support to care recipients while they are adjusting to life in their new home. The home's policies and procedures guide staff, and a thorough assessment process identifies care recipients' needs and preferences. Information gathered is collated into an individualised care plan and is evaluated six monthly or earlier if required. The home fosters the emotional needs of care recipients by engaging community visitors, volunteers and therapy staff. The wellbeing of care recipients is monitored on a daily basis and through formal feedback mechanisms such as meetings and suggestion forms so that delivery of care is reflective of individual needs. Care recipients and representatives were complimentary of the ongoing emotional support provided by the home.

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

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside of the home. Care plans and ongoing assessments inform staff of the level of assistance required and the appropriate individual strategies to promote and encourage independence. Documentation is in place to guide staff on who can make decisions if the care recipient is unable to do so themselves. The home welcomes families and other visitors and has appropriate spaces to cater for different requirements. Community links are encouraged and care recipients supported to attend outings and other cultural and spiritual services. Care recipients reported ways their independence is facilitated, including through specialised equipment and remaining on the electoral role.

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

The home recognises and respects each care recipient's right to privacy, dignity and confidentiality. Established systems ensure secure storage of confidential records and personal information, and the care recipients' right to privacy is acknowledged in the home's policies and handbooks. Private and communal areas are available for care recipients and their visitors and all bedroom spaces and bathrooms are curtained to ensure privacy and dignity in shared areas. A palliative care room is available for care recipients requiring end of life care, allowing privacy for relatives. Privacy and dignity practices are monitored via audits, and staff reported they receive training on how to provide personal care services discreetly. Staff identified strategies to maintain care recipients' privacy and dignity ensuring doors are closed when attending to personal care and being mindful of privacy when discussing care recipients' needs. Care recipients and representatives reported privacy, dignity and confidentiality are maintained.

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

The home encourages and supports care recipients to participate in a wide range of activities that interest them. The occupational therapist and occupational therapy assistants complete assessments of the care recipient's lifestyle history and preferences on moving into the home and on an ongoing basis. Assessment information is used to develop individual therapy care plans and contribute to the development of the lifestyle and activity program of the home. Activities are evaluated through recording attendance, activity satisfaction surveys and via verbal feedback and requests. The activity program includes physical, cognitive, cultural, sensory and spiritual activities of both group and individual formats. Staff invite care recipients and their visitors to attend activities, and ensure care recipients are supported to access activities that reflect their needs, preferences and capabilities. Care recipients' right to participate in activities involving risk is recognised and risk assessments completed to mitigate this. Care recipients and their representatives reported staff support care recipients to participate in activities that interested them.

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

Individual care recipient's interests, customs, beliefs, and cultural and ethnic backgrounds are valued and fostered. On moving into the home, assessments are undertaken to identify any spiritual or cultural needs and preferences, which are then documented in care plans. The home employs staff from culturally diverse backgrounds to support care recipients who are non-English speaking. The home also has access to interpreters and important documents are available in Italian and other languages as required. Regular church services and readings of the rosary are held at the home, and care recipients supported to attend outside services if they wish or have their own spiritual representative visit them. Culturally significant days such as Italian day are recognised and celebrated along with other multicultural events on the activity program. Care recipients and representatives reported satisfaction with the cultural and spiritual care provided.

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

Care recipients and their representatives participate in decisions about the services received and care recipients are able to exercise choice and control over their lifestyle. There are systems and processes to ensure management and staff encourage and support care recipients to make individual choices and decisions. Next-of-kin and enduring power of attorney is documented to guide staff on who can make decisions if the care recipient is unable to do so themselves. Care recipients and representatives have the opportunity to discuss and provide feedback on services through surveys, formal and informal meetings and feedback forms. Feedback forms and information on rights and responsibilities and advocacy are available in various languages and the home facilitates access to these avenues. Staff described strategies for supporting care recipients' individual choices in relation to lifestyle and care interventions. Care recipients and representatives stated they feel comfortable participating in discussions about care and services, and care recipients have sufficient opportunity to make choices and decisions on a daily basis.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On moving to the home, care recipients or their authorised representatives receive a copy of their agreement. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, care recipients' rights and responsibilities and associated schedules. Management consults with care recipients and representatives and ensures approval is documented in the care recipient's record prior to room transfers. Care recipients and representatives reported they are satisfied care recipients have security of tenure at the home.

Standard 4 - Physical environment and safe systems

Principle:

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 4 Physical environment and safe systems are:

- A review of the environment identified access to the cluster areas of the home did not provide safe access to the area. Automatic doors have replaced the existing heavy doors, which have allowed safer and independent access and egress to the area. Management stated the change has ensured all stakeholders can move around the area easily. We viewed feedback that recorded positive feedback to the new doors.
- Evaluation of a gastroenteritis event identified the need to have ready access to personal protective equipment (PPE) when entering an affected area. Management has sourced over the door dispensers which allow staff and others easy access to PPE and preclude the need to have a trolley outside the area which may become a hazard. Staff interviewed stated the dispensers are a positive contribution to infection control and can be easily moved to other areas when required. We observed the dispensers as part of the home's outbreak kit.

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 about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 4 Physical environment and safe systems, management is aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

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

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information.

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

- Bullying and harassment
- Chemical awareness
- Fire and emergency
- Infection control
- Manual handling
- Occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment are assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are generally satisfied the living environment is safe and comfortable. However, one respondent to the consumer experience interview stated they only feel safe some of the time. When asked for further information they responded staff sometimes enter their room without alerting them, even when the door is locked.

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

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide 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

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff, this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and 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

The home has an effective infection control program. Staff are informed of current practices at orientation and mandatory education sessions. The home provides information to guide staff in managing infectious outbreaks and appropriate personal protective equipment is readily available. Information on individual care recipient infections is collated monthly and shared with staff. Cleaning and laundry procedures, handwashing facilities, sharps disposal, care recipient and staff vaccination programs, food safety and pest control management are some of the measures used to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak.

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. A rotational menu is developed in consultation with a dietician and includes input from care recipients. Meals are cooked onsite and cater for a variety of dietary and personal preferences, whilst facilitating care recipient choice. Catering staff receive up to date information on care recipients' dietary requirements and can adjust the menu accordingly. An external company is contracted for cleaning, and they work according to duty statements and cleaning schedules determined by the needs of the home. An onsite laundry manages all linen, towels and personal items with systems in place to minimise loss items. The home monitors hospitality services via feedback, audits and surveys and invites care recipients and representatives to have input into performance. Staff reported they have access to information and are provided with appropriate equipment and training to complete their duties effectively. Care recipients and representatives interviewed are generally satisfied the hospitality services meet their needs and help them to feel at home. However, in response to the consumer experience interview eight respondents reported they only like the food some of the time or never. Comments included too salty, too oily, not enough food provided, no flavour, too spicy, would prefer pasta just once a week not twice a day and would like more vegetables.