



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Braemar House

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

The Agency has decided that the period of accreditation of Braemar House is three years until 6 November 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Braemar House				
RACS ID:	7758				
Number of beds:	58	Number of high care residents:	58		
Special needs group catered for:	Residents with dementia				
Street:	10 Windsor Road				
City:	EAST FREMANTLE	State:	WA	Postcode:	6158
Phone:	08 9339 9408		Facsimile:	08 9339 7666	
Email address:	house@braemarhomes.com.au				

Approved provider

Approved provider:	Commissioners of the Presbyterian Church in WA
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Assessment team

Team leader:	Cristian Moraru
Team member/s:	Karen Malloch
Date/s of audit:	18 August 2009 to 19 August 2009

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Standard 2: Health and personal care

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

Agency findings
Does comply
Does comply
Does comply
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Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Braemar House
RACS ID	7758

Executive summary

This is the report of a site audit of Braemar House 7758 10 Windsor Road EAST FREMANTLE WA from 18 August 2009 to 19 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Braemar House.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 18 August 2009 to 19 August 2009.

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

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

Assessment team

Team leader:	Cristian Moraru
Team member:	Karen Malloch

Approved provider details

Approved provider:	Commissioners of the Presbyterian Church in WA
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Details of home

Name of home:	Braemar House
RACS ID:	7758

Total number of allocated places:	58
Number of residents during site audit:	58
Number of high care residents during site audit:	58
Special needs catered for:	Residents with dementia

Street:	10 Windsor Road	State:	WA
City:	EAST FREMANTLE	Postcode:	6158
Phone number:	08 9339 9408	Facsimile:	08 9339 7666
E-mail address:	house@braemarhomes.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Manager residential care	1	Residents	4
Quality coordinator	1	Representatives	3
Care staff	7	Support services	1
Administration assistant	1	House keeping staff	1
Catering staff	2	Occupational safety and health representative	2
Executive manager organisational development	1	Executive manger of care	1
Property service manager	1	Other facility manager	1
Therapy staff	1	Clinical nurse	1
Chaplain	1	Physiotherapist	1
Occupational therapist	1		

Sampled documents

	Number		Number
Residents' files	9	Medication charts	10
Summary/quick reference care plans	8	Personnel files	7
Resident agreements	6		

Other documents reviewed

- Immunisation record sheet
- "Infoline" newsletters
- "The Braemar bulletin" newsletter
- Accident/incident records
- Allied health meeting minutes
- Alternative duties for employees on workers compensation
- Appliance testing file
- Audits 2009
- Blood glucose monitoring records
- Braemar booklet
- Chemical and poison advice – hairdresser
- Cleaning file
- Cleaning manual
- Cleaning schedule
- Clinical indicator data
- Common areas cleaning checklist
- Complaints procedure
- Continuous improvement chart
- Continuous improvement log
- Continuous improvement plan
- Continuous improvement policy
- Contractors contact file
- Data sheets
- Diary
- Dietary meals and drinks change assessment
- Dietary preferences file
- Doctors' books
- Duty statements
- Emergency and exit lighting maintenance logbook
- Emergency response file
- Employee handbook
- Equipment emergency system procedures file
- Evacuation plans
- Family conferences
- Fire evacuation plan
- Fire procedures
- Fire records
- Fire testing file
- Handover file
- Hazard report and resolution form
- Hazard reports file
- High care residential agreement
- Housekeeping products
- Human resource management manual
- Induction and orientation program
- Information booklet for residents and families
- Interim care plan
- Job descriptions
- Kitchen temperature monitoring records
- Language cue cards
- Maintenance and services schedule
- Maintenance book

- Maintenance records
- Managers workshop file
- Material safety data sheets – aromatherapy
- Material safety data sheets – chemicals
- Meal lists
- Meals temperature probing
- Medication incidents
- Medication refrigerator temperature checklist
- Memo file
- Menus
- Minutes of meetings
- National police check renewal letter
- New start traineeship program
- Newsletter
- Occupational safety and health risk and emergency management
- Occupational therapy statistics
- Organisational chart
- Outbreak kit
- Palliative care information leaflet
- Percutaneous endoscopic gastronomy feed signing sheet
- Pharmacy faxed orders file
- Physiotherapy statistics
- Pledge of confidentiality
- Police checks record sheet
- Policies and procedures
- Policy and procedure flow charts
- Preventative maintenance schedule
- Professional registration records
- Quality meetings 2009
- Recruitment policies and procedures
- Referral form
- Repositioning charts
- Resident activity survey
- Resident and families information booklet
- Resident infection surveillance monthly analysis
- Resident infection surveillance report
- Resident weight records
- Resident/relative meetings 2009
- Residents dietary preferences
- Residents room cleaning checklist
- Residents' information handbook
- Residents' information package and surveys
- Restraints authorisation file
- Schedule 8 records
- Schedule of regular inspection and testing
- Service agreement register
- Staff appraisal
- Staff communication diary
- Staff competencies
- Staff Handbook
- Staff meetings 2009
- Staff perception survey 2008
- Staff training records

- Standard fire process
- Suggestion and improvement register
- Suggestion, compliments and complaints - information package
- Suggestions, comments and compliments form
- Terminal and end of life wishes form
- Training and professional development calendar 2009
- Training needs analysis forms

Observations

- Activities in progress
- Charter of residents rights on display
- Emergency exits with signage
- Equipment and supply storage areas
- Fire detection alarm system
- Hair dressing salon
- Interactions between staff and residents
- Internal and external living environment
- Kitchenette
- Laundry
- Living environment
- Medication trolleys
- Notice boards and displayed information
- Outdoor seating areas
- Palliative care resource trolley
- Personal safety equipment
- Staff room
- Storage of medications

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems and processes in place to assist in actively pursuing continuous improvement across all four Accreditation standards. There are multiple tools and feedback mechanisms available to identify and implement improvements, inclusive of feedback forms, meetings and surveys, quality and clinical indicators, and incident reporting. The home’s systems are monitored via audits and surveys to identify gaps and opportunities to improve. Information is collected, analysed, actioned and reviewed for effectiveness at various meetings by the manager for residential care and quality coordinator, and transferred to a plan for continuous improvement. Staff, residents and representatives confirmed that they are involved in the continuous improvement process and make suggestions for improvement.

Examples of recent improvements undertaken or in progress in relation to Standard One are described below.

- The annual review of the rosters identified that there was a large number of agency staff used in the last three years. A comprehensive recruitment drive was undertaken, as well as a partnership trainee program with an approved training provider to employ permanent staff. Management reported that the roster is now staffed with permanent employees. Documentation reviewed by the team indicated that the organisation successfully recruited and retained the new staff. Staff and residents/representatives expressed satisfaction with the continuity of care provided to the residents.
- The organisation implemented an integrated software system to manage the functions of resident information on admission. Management reported that all relevant staff were involved in the implementation process, and were provided with training prior to commencement. Designated staff reported that they have electronic access to track and manage residents' admission and discharge, which increases accuracy and time efficiency with retrieving data.
- It was identified by the manager for residential care that the residents required additional physiotherapy hours. The home recruited a physiotherapist in February 2009. Management reported that the residents' mobility assessments and care plans are now completed and reviewed as per the home's schedule. The team observed residents using mobility aids and participating in physical activities as per their care planning.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home accesses a commercial package that provides updates on legislative changes, and has memberships with industry bodies that provide guidance and interpretation on changes. Policies and procedures are referenced to applicable legislation and Accreditation Standards. The home has a system in place for ongoing police checks on new and existing staff, meets the requirements of the privacy act, and has implemented a process for the mandatory reporting of elder abuse. Staff reported that they are informed of regulatory requirements specific to their roles and responsibilities in their job descriptions, and during their orientation. Information is updated as required through the education program, at staff meetings, in memos, newsletters, notice boards, or at handover. The review of documentation by the team indicated that staff practices are monitored via an auditing program.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has a system in place to ensure that management and staff have the appropriate knowledge and skills to perform their roles effectively. All staff are required to undergo a formal orientation and induction process. Mandatory training and formal and informal education sessions are provided in response to identified needs. The effectiveness of training is evaluated from surveys, attendance records, feedback and observation of staff practices. Staff interviewed reported that they are supported by the home to attend internal and external education sessions. Residents and representatives advised that management and staff are knowledgeable, and perform their roles effectively.

Examples of education and staff development relevant to Standard One are described below.

- Computer training
- Certificate III and IV in aged care
- Continuous improvement for residential aged care
- Using resident feedback
- Mentoring
- Change management
- Aged care assessor course

1.4 Comments and complaints

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

Team's recommendation

Does comply

There are processes in place to ensure that residents and their representatives receive information regarding the internal and external comments and complaints process via discussions on admission, residents meetings and family conferences. Current brochures and booklets advertising advocacy services and external complaints agencies, as well as a suggestion box and self-explanatory feedback forms are displayed in the home. The feedback system is managed via a monthly register and continuous improvement log, and monitored via surveys, internal audits and feedback from relevant meetings. Staff demonstrated awareness of the home's internal and external complaint mechanisms, and how to use the logs. Residents and representatives interviewed reported using formal and informal processes with staff and management as ways of resolving issues, and were satisfied with the outcomes achieved.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

The home's mission, vision and philosophy statements that guide the quality of service provided are displayed in the home, and documented in residents' information brochures and staff booklets. Management and staff are informed of the home's mission, vision and philosophy statements via orientation/induction kit, meetings and participation in the organisation's strategic planning. Staff interviewed indicated that they are supportive of the home's mission, vision and philosophy statements, and are aware of the organisational structure.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has a system in place to manage human resources that is underpinned by policy and procedures, regulatory requirements, and includes performance management, selection and recruitment, and training and development. The home monitors sufficiency of staffing mix and levels through roster review, staff workload and experience, review of resident care

needs, feedback from residents/representatives and staff members, and observations. Staff performance appraisals are conducted annually, and their training needs reviewed. Staff are employed in a permanent or casual capacity, and are available as replacements during times of leave or absenteeism. Staff reported that the home offers internal and external education opportunities, and uses a formal mentoring program to maximise staff retention and continuity in delivery of care. Residents and representatives expressed satisfaction with the responsiveness of staff and adequacy 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 recommendation

Does comply

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. Procedures to monitor the quality and stock levels of goods and equipment are established. An asset register and a preferred supplier's list are developed and available, and the ordering system is centralised and computerised across the organisation. A corrective and preventative maintenance program is established for essential equipment, and regular audits and hazard reporting are undertaken to ensure that all equipment remains operational. Staff advised they have an input on the equipment they require to perform their roles. Resident and representatives reported satisfaction with the availability and suitability of goods and equipment provided.

1.8 Information systems

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

Team's recommendation

Does comply

There are established processes to facilitate the collection, analysis, and dissemination of information related to resident care, business and operational issues, and to ensure that adequate and appropriate information is communicated to staff and residents. Policies and procedures guide staff how information is managed inclusive of privacy, archiving, storage and destruction. The effectiveness of information management systems is monitored by way of audits, and reporting and feedback mechanism. Staff and volunteers are required to sign pledges of confidentiality agreements. Staff reported that information is retrievable and readily available to their roles, and described how confidential material is securely stored. Residents and representatives reported satisfaction with the range of information available to them, and that their private and personal information is managed appropriately.

1.9 External services

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

Team's recommendation

Does comply

There are processes established to ensure that externally sourced services are provided in a way that meets the residents' needs, and the home's quality and service requirements. Documented service agreements cover service and legislative requirements, responsibilities of providers, staff training and quality measures. Agreements are reviewed prior to renewal, or upon feedback received from staff and residents/representatives on the quality of service. Issues or concerns regarding external suppliers are raised at relevant meetings, and

appropriate action is taken. Staff reported they routinely liaise with residents and families regarding specific services including pharmacy and health specialists. Residents, representatives and staff reported satisfaction with the quality of service they receive from external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

See Continuous improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Two are described below.

- An internal audit identified that the home did not have a palliative care resource box to assist in a resident's comfort during their terminal stage of life. Management reported that the therapy department have put together a palliative care resource trolley containing music, poetry books, water feature, bible, oil burner, aroma therapy oils, and tea pot/cups.
- It was identified at the family meeting that the residents would benefit from aroma therapy services. The home engaged aromatherapy services to assist with residents' behaviours and/or depression. The team noted the residents' aroma therapy care plans and material safety data sheets are in place to guide staff in delivery of care. Management reported that the improvement is yet to be evaluated.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Registered staff are required to produce their current registration to management on a regular basis. The home monitors any changes in legislation such as medication management, and alerts the staff through meetings and/or memoranda. Drugs of dependence and other medications are properly stored and administered. Resident incident document and tracking system are in place and regularly monitored. Residents assessed as requiring high level care are provided with goods and equipment to which they are entitled. The review of documentation by the team indicates that residents are assessed, and their care needs documented in accordance with applicable legislation.

2.3 Education and staff development

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

Team’s recommendation

Does comply

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development relevant to Standard Two are described below.

- Dementia essentials
- Assessing the Standards
- Basic wound management
- Continence management training
- Palliative care
- Oral and dental management
- Pain management
- Essential care

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure that residents receive appropriate clinical care. All residents have their clinical needs assessed on admission, over a period of five weeks, including validated clinical assessments, liaison with general practitioners and through consultation with residents and representatives. An interim care plan is developed on the day of admission, and is used to guide care provision during the assessment process, until a full care plan is developed. Registered staff implement and coordinate residents’ clinical care needs, and review care plans regularly. Referrals to medical officers and allied health professionals are made as required. Daily handover processes ensure staff are kept informed of residents’ needs. Clinical indicator data is collected and used by management to evaluate care. Residents and relatives interviewed are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

A detailed medical history collected prior to, and on entry to the home, ensures that residents’ specialised nursing care needs are identified. Registered nurses conduct assessments and monitor, implement, and evaluate the effectiveness of specialised nursing care strategies. Referrals are made to external and visiting allied health professionals for additional specialised nursing care and resources as required. Registered staff confirmed that they have access to a range of specialised nursing training opportunities and best practice guidance. Residents and representatives reported they are satisfied with the care provided to residents with specialised nursing care needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has processes for referring residents to health specialists in accordance with assessed needs and preferences. The review of documentation confirmed that residents have regular access to a range of services, including, podiatry, dentist, mental health services, and speech pathology. An occupational therapist and a physiotherapist are employed by the organisation. Outcomes of specialist health referrals and interventions are recorded in the resident’s notes, and specialist care plans are implemented when required. Staff interviewed were familiar with the referral process. Residents and representatives confirmed that they are satisfied that they are able to access appropriate health specialists when required.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

Residents’ medication needs and preferences are identified on admission, and in consultation with the residents’ general practitioner. Medication is administered by a registered nurse using a multi dose sachet system. A medication care plan, including photographic identification, information on allergies and method of administration, is developed and reviewed regularly. All “as required medication” is monitored for frequency of use and effectiveness. The pharmacy undertakes a regular audit of medication and stocks, storage, and expiry dates are monitored by the registered nurses. Medication incidents are recorded and trended monthly, and used to monitor practice. Residents reported that they are satisfied that their medication is managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

There are systems in place to ensure all residents are as free from pain as possible. Initial and ongoing pain assessment includes verbal and non verbal indicators, and interventions are monitored and evaluated. There is a holistic approach to managing pain with consultation between staff, residents, representatives, allied health staff, and medical practitioners. Staff described the processes in place for responding to residents who have pain including prescribed analgesia, heat packs, repositioning, massage, passive exercises, and the provision and use of comfort and pressure devices such as mattresses and cushions. The review of documentation indicated that residents’ pain needs are acted upon by implementation of a pain assessment, and referral to a general practitioner when required. Residents and relatives confirmed that pain is managed in an appropriate and timely manner.

2.9 Palliative care

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

Team’s recommendation

Does comply

There are systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. On admission, or when the need arises, residents and representatives complete a terminal wishes form. Residents are supported to remain in the home during the palliative phase of care wherever possible, and families and friends are encouraged to stay with residents for as long as they desire. The chaplain provides additional comfort if desired, there are supplies of equipment such as specialised mattresses and cushions to ensure residents' comfort. Consultation with allied health and medical practitioners is ongoing throughout the palliation process. Staff interviewed displayed knowledge and sensitivity about palliative care processes. Residents commented that staff are very caring and attentive, and indicated that their comfort and dignity is respected.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Each resident's nutritional and hydration needs, cultural preferences and information relating to allergies or dietary needs and preferences are identified by the registered nurse on admission, and as residents' needs change. Varied food textures, supplements, and special aids for residents nutritional and hydration status are communicated to care and kitchen staff. Care staff monitor residents' nutritional and hydration status and skin integrity daily, by observation during the provision of care. Residents are weighed regularly, and any variances in weight loss or gain, or swallowing difficulties, are identified and reported to the registered staff. Interventions include commencement of high protein drinks, referral to the dietician, speech pathologist, and/or medical officer. Residents reported that they are satisfied with the quantity and quality of the meals and fluids they receive.

2.11 Skin care

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

Team's recommendation

Does comply

The home has systems in place to ensure that resident's skin is cared for effectively. Residents' skin integrity is assessed on admission and reviewed when a need is identified. Risks and interventions are reflected in the residents' care plan. Registered nurses carry out wound care, and all interventions are recorded on the wound care plan. The home employs a number of preventative strategies including pressure relieving mattresses, re-positioning, moisturising lotions, and specialist advice is available when required. Skin tears and related injuries are recorded on incident forms, and collated to identify trends. A hairdresser and podiatrist visit on a regular basis. Residents and representatives interviewed stated that they are satisfied with the skin care that is provided.

2.12 Continence management

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

Team's recommendation

Does comply

There is a system in place to identify residents' continence needs and individual preferences on entry to the home. The initial assessment period is used to establish resident needs and patterns, allowing for individualised toileting regimes to be developed. Registered nurses

monitor the use of aperients, and dietary strategies are implemented to support healthy digestion and hydration. Infection data is collected for analysis and strategies implemented include increasing fluids, and referral to the general practitioner. The staff interviewed were aware of the supports required for meeting individual resident's continence needs. Residents reported that they are satisfied with the management of their continence needs.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has systems to effectively manage residents with challenging behaviours. Residents' behavioural management needs are identified through an initial assessment, and an individual care plan is formulated. The care plan is reviewed regularly to ensure strategies implemented are effective. The team observed staff interacting calmly and respectfully with residents, and a review of progress notes and incident reports confirmed that staff document challenging behaviours and responses. The home has access to allied health professionals including the mental health team. Staff confirmed there is ongoing education in managing challenging behaviours, and could demonstrate how to identify and manage residents' behaviour. Residents' representatives stated that they are satisfied with the care given by the staff in respect to managing behaviour.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home has processes in place to support residents in achieving and maintaining their optimum levels of mobility and dexterity. All residents receive an assessment of their mobility and dexterity by the physiotherapist and occupational therapist on admission to the home. The assessment indicates support required, and appropriate assistive equipment, and individual exercise programs are implemented by the therapy assistants who monitor progress. The program includes passive and active exercise programs, group exercises, and massage. The team observed residents using mobility aids, and handrails are suitably placed throughout the home. An accident and incident reporting system is in place that includes analysis of incidents to identify trends, and implementation of strategies to reduce falls. All staff complete training on manual handling yearly. Residents and representatives interviewed by the team expressed their satisfaction with the support provided to maintain their mobility and dexterity.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents' oral and dental health is assessed on entry to the home. An individualised care plan for mouth care is developed, and identification of poor oral and dental health results in referrals to the resident's doctor and/or dentist. The home encourages and supports annual dental appointments for all residents. The assessment identifies residents' capability to care for their own oral and dental hygiene, observations of the mouth area, and the level of assistance required by the resident to maintain oral and dental health. Residents' oral and

dental status is monitored by care staff, and the care plan updated six monthly, or as needs are identified. Residents reported they are satisfied with the assistance provided to maintain their oral and dental health.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

A functional assessment of resident’s sensory losses is undertaken on admission, and in response to changes in the resident’s health status. A care plan is developed which details residents’ sensory deficits, and the assistance residents require including maintenance, positioning and cleaning of sensory aids. Residents can choose to see the optometrists and hearing services that visit the home or access specialists in the community if they prefer. The home has assistive aids such as large print books, ear phones, large colourful activity sets with textures and shapes, and a selection of music is available for residents to listen to. Aromatherapy has been introduced to stimulate residents’ sense of smell, and the therapy assistants provide hand massage. Residents and representatives stated that they are satisfied with the home’s approach to managing sensory losses.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are assessed following admission and are reviewed regularly to identify any disturbances to their normal sleep patterns. Factors such as pain, hunger and anxiety are considered, and support strategies are documented on the care plan. Resident’s usual nightly rituals and settling times are documented and accommodated. The home encourages non-pharmacological strategies to promote natural sleep patterns such as warm drinks, night lights, heat packs, and has implemented a specific evening activity program for residents with dementia. Staff were able to describe techniques implemented to relax and settle residents. Residents confirmed that the night staff support them to get a good night sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

See Continuous improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Three are described below.

- An internal audit identified that the residents were not receiving appropriate group and individual sessions for therapy, and the activity program lacked diversity. The home revised the therapy staff hours, recruited an occupational therapist and assistants, and reviewed residents' documentation. Management reported that the activity program was restructured to reflect residents' needs, and to include more variety including multi cultural days and events. The team noted that weekly programs are posted on notice boards around the home. Residents/representatives reported they feel supported and encouraged to participate in activities or interest they enjoy.
- The home identified the need to formalise discussions with the chaplain on fostering residents' spiritual lifestyle. The manager of residential care commenced monthly meetings with the chaplain to plan and review individual resident's spiritual lifestyle needs and emotional support.

3.2 Regulatory compliance

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

Team's recommendation

Does comply

Changes relevant to resident lifestyle are communicated to staff through education, memoranda and meetings. The charter of residents' rights and responsibilities is displayed in the home and is included in the resident's information booklet on admission. Certification of allied health personnel is reviewed periodically. Staff were observed to be mindful of residents' privacy and dignity at all times. The review of documentation by the team indicated that the policy for residents who wander has been updated to incorporate the changes to the regulatory legislation, and notify the department when residents are reported as absconded.

3.3 Education and staff development

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

Team's recommendation

Does comply

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development relevant to Standard Three are described below.

- Prevention of elder abuse
- Advocacy services
- Cultural awareness

3.4 Emotional support

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

Team's recommendation

Does comply

Residents receive assistance in adjusting to life in their new home environment, including orientation to the home, introduction to other residents, visits from therapy staff, and information about the day to day routine and events within the home. Residents are

encouraged to bring in personal items for their room to promote a sense of belonging. Information about social and family history, personal routines, preferences, and, specific emotional needs is collected throughout the assessment process, and in consultation with the residents and representatives. Families are encouraged to visit on a regular basis. Staff described emotional support provided to residents initially and on an ongoing basis, including the chaplaincy service, and referrals to appropriate specialists when required. Residents interviewed stated that their emotional needs are being met.

3.5 Independence

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

Team's recommendation

Does comply

The home has systems to facilitate and maintain residents' independence, friendships and participation in community life wherever possible. Residents' abilities to attend to activities of daily living are assessed, and their choices and preferences are documented throughout the care planning process. Care plans are developed, and evaluated in consultation with residents and representatives. Residents are provided with appropriate mobility aids and assistive equipment, as recommended by the physiotherapist and occupational therapist. Staff were able to describe ways in which they promote the independence of the residents. Residents and representatives are satisfied with the home's assistance to maintain independence, friendships, and participation in the community.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Systems and facilities at the home are conducive to maintaining residents' privacy, dignity and confidentiality. Residents are accommodated in single rooms, and staff respect the privacy and dignity of residents by using their preferred names, and knocking on residents doors prior to entering. Residents' doors are closed while receiving private care, and quiet indoor areas are available for residents to meet with visitors. Resident personal information is securely stored, archived, and destroyed appropriately. Residents' rights to privacy are reflected in their agreement, and in the resident handbook. Staff interviewed demonstrated understanding of their responsibilities with regards to the confidentiality of resident information. Representatives reported that their family members are treated with respect by staff.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are encouraged and supported to participate in a wide range of interests and activities. Information is gathered on admission from resident and representatives on their social history, preferences, past and present interests. This information informs the weekly activity program which is developed by the occupational therapist, and implemented by therapy staff. The program includes a range of activities which take into account sensory and

cultural needs of residents, and includes activities to stimulate cognitive function, physical wellbeing, and social interaction. Residents' attendance and participation is monitored, and this information is used to evaluate the program. Residents and representatives reported being satisfied with the leisure and activities program.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place which values and supports residents' cultural and spiritual needs. Resident's spiritual and cultural needs are identified and reflected in the care planning process. Residents' spiritual needs are met through regular religious services arranged in the home. A chaplain visits the home on a regular basis, and provides pastoral care to residents and relatives. Days of cultural significance are celebrated throughout the year, and relatives are encouraged to participate. Cultural awareness is promoted through the activities program. Residents and representatives interviewed are satisfied with the support of residents' cultural and spiritual lives.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

A system is in place to ensure that residents participate in decisions, and are enabled to exercise choice and control over their lifestyle. Residents are encouraged and assisted to make decisions, and exercise choice in relation to many aspects of their daily routine, including medical and nursing care interventions, involvement in activities, rising and retiring times, and choice of meals. Residents decisions and choices are documented in care plans to inform staff. Residents have access to the comments and complaints system, and participate in regular surveys, resident and representatives meetings, and care conferences. Staff interviewed described ways they supported residents to exercise choice on a daily basis. Residents reported that they are able to make decisions, and exercise choice about the services they receive and their lifestyles.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home has systems in place to ensure residents have security of tenure, and understand their rights and responsibilities within the home. Management advised the team they meet with all residents prior to entry of the home, residents and representatives have the opportunity to undertake a tour of the building, and discuss their individual requirements from the home. Information provided to all new residents and representatives includes the resident agreement and handbook, that details services provided, information on the home's values, vision and philosophy, resident's rights and responsibilities, and financial arrangements. Residents and representatives interviewed expressed awareness of their rights and

responsibilities, and are satisfied with the manner in which the home manages security of tenure.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

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

Team’s recommendation

Does comply

See Continuous improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Four are described below.

- Following staff suggestions to improve the dining area in one area of the home, new curtains and dining chairs have been purchased to improve the ambience and brighten up the dining area for the residents. Staff and residents/representatives interviewed confirmed the improvement, and reported that the dining area is more appealing with the new furnishings.
- Following the gas crisis, the home installed an emergency power supply switch that enables a generator to be plugged into the circuit board to facilitate continuous power supply. Management reported that the home is currently investigating options to purchase, or hire, a power generator. The review of documentation by the team indicates that a business continuity plan was rolled out, and incorporated into the home’s existing emergency response manual.
- Following an environmental review, it was identified that the colour coding of cleaning equipment was not consistent with the industry standard. Management reported that the objective was to implement the appropriate colour coding of cleaning equipment for the purpose of infection control. The review of documentation by the team indicates that the support staff have been trained, and that the cleaning manual has been updated to reflect the changes, and new equipment and supplies have been purchased.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Hospitality services, occupational health and safety, emergency preparedness, living environment, and chemical storage are audited regularly by internal and external auditors and statutory bodies. The home is aware of, and has access to the government gastroenteritis outbreak guidelines. Staff interviewed described reporting and management strategies undertaken, and this was viewed in practice by the team during the visit. Changes to regulations relevant to Standard Four are tabled at the appropriate meetings, and policies and procedures are

amended accordingly. Staff, residents, relatives and stakeholders are formally notified of regulatory changes.

4.3 Education and staff development

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

Team's recommendation

Does comply

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development relevant to Standard Four are described below.

- Fire and evacuation
- Chemical awareness
- Infection control
- Manual handling

4.4 Living environment

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

Team's recommendation

Does comply

There are established processes to ensure that resident' environmental needs and preferences are identified, and acted upon. Staff and residents utilise the feedback and reporting system to inform of any environmental identified issues, and audits and surveys are used to monitor the living environment. Residents are provided with temperature controlled and lockable single rooms with en-suite or shared bathrooms, and equipped with call bell systems. Walkways and corridors are maintained clutter free, fitted with handrails, and easy to move around to maintain resident safety and independence. Residents have access to communal and private areas, as well as covered outdoor areas, for group engagement and enjoyment. Residents are encouraged to personalise their rooms with furniture and mementos to provide a familiar environment. Residents and representatives reported satisfaction with their accommodation and safety within the home.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Processes are established to ensure that staff are educated during their orientation, and thereafter, about their occupational health and safety (OSH) responsibilities. The home has policies and procedures in place that support and guide staff in relation to their responsibilities under OHS regulations. The home undertakes regular environmental and OSH monitoring to identify and manage actual or potential hazards, and ensures that equipment is routinely maintained through a preventative and corrective maintenance program. OSH matters are reported to, and discussed at the relevant meetings. Safety representatives have undertaken specific training to their roles, and participate in the OSH

committee that meets regularly. Staff demonstrated an awareness of safety management processes, and understanding of their responsibilities regarding identification and reporting of hazards and incidents.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems and processes in place for detecting and acting on fire, security and other emergency risks and incidents. The home is fitted with a fire board, and there are appropriate fire detection, safety and fighting equipment in place that is maintained and regularly inspected by approved professionals. Large format floor plans, emergency evacuation lists and response manuals are documented and displayed in the home for access by staff, residents and visitors. Emergency exits are clearly marked, well lit and free from obstruction. A duress and call bell system are in place for residents and staff to signal for help, and the noted team that home is equipped with a closed circuit television. Staff reported they attend mandatory annual training in relation to fire and emergency, and residents reported that the home provides a safe environment. The review of documentation by the team indicates that residents/representatives are provided with an information booklet on admission, outlining what to do if an alarm rings, and this is also included in the family conference questionnaire.

4.7 Infection control

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

Team's recommendation

Does comply

Processes are established to direct staff practice in minimising or managing infections. These include orientating staff to the home's infection control policy and procedures, and providing regular education about infection minimisation practices, monitoring the incidence of infection through surveillance reporting, and audits. The home has a food safety program in place, and engages an infection control consultant for specialised advice when required. Soiled linen is segregated at source into colour-coded linen bags, and sent to an externally contracted laundry service. Staff reported they have access to adequate personal protective equipment, and hand-washing and drying facilities. Staff demonstrated awareness of, and competence in infection control procedures and practices.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Systems and processes for catering, cleaning and laundry are provided to meet the individual needs of residents. The home monitors the quality of hospitality services through internal and external audits, resident satisfaction surveys and feedback mechanism. Residents' dietary and nutritional needs are documented on admission, and reviewed regularly or as required, and the information is conveyed to the kitchen staff by a registered staff. Catering services are provided by an off-site kitchen in accordance with a dietician approved rotational menu, and that is reviewed regularly and allows for choices and alternatives of meals. Housekeeping services are undertaken according to a schedule that is

audited regularly, laundering of residents' personal clothing and linen is undertaken off-site, and there is a system of sorting and tracking lost or damaged clothing. All hospitality services are provided in a manner that meets current infection control guidelines and requirements. Resident and representatives reported satisfaction with the home's hospitality services.