



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredite Brentwood Nursing Home

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

The Agency has differed from the assessment team's recommendation and has decided that the period of accreditation of Brentwood Nursing Home is three years until 27 June 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.

In determining the period of accreditation, the Agency has considered the home's consistent history of compliance since first being accredited as a commencing home in June 2008.

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:	Brentwood Nursing Home				
RACS ID:	4026				
Number of beds:	103	Number of high care residents:	57		
Special needs group catered for:	Dementia specific unit				
Street/PO Box:	299 LaTrobe Terrace				
City:	Geelong	State:	Victoria	Postcode:	3220
Phone:	03 5221 5733		Facsimile:	03 5221 4566	
Email address:	n.thompson@glenvoir.com.au				

Approved provider

Approved provider:	Opeka Lodge Pty Ltd
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Assessment team

Team leader:	David Barnett
Team member/s:	Carolyn Rogers
Date/s of audit:	31 March 2009 to 1 April 2009

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
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
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	Brentwood Nursing Home
RACS ID	4026

Executive summary

This is the report of a site audit of Brentwood Nursing Home 4026, 299 LaTrobe Terrace Geelong VIC 3220 from 31 March 2009 to 1 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 4 April 2009.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through the audit of the home indicates 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 Brentwood Nursing Home.

The assessment team recommends the period of accreditation be 2 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 4 support contacts during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 31 March 2009 to 1 April 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 2 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:	David Barnett
Team Member:	Carolyn Rogers

Approved provider details

Approved provider:	Opeka Lodge Pty Ltd
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Details of home

Name of home:	Brentwood Nursing Home
RACS ID:	4026

Total number of allocated places:	103
Number of residents during site audit:	71
Number of high care residents during site audit:	57
Special needs catered for:	Dementia specific unit

Street:	299 LaTrobe Terrace	State:	Victoria
City:	Geelong	Postcode:	3220

Phone number:	03 5221 5733	Facsimile:	03 5221 4566
E-mail address:	n.thompson@glenvoir.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Brentwood Nursing Home.

The assessment team recommends the period of accreditation be 2 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 4 support contacts during the period of accreditation and the first should be within 3 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

List types of people eg.	Number		Number
Clinical services manager	1	Residents/relatives	11
Registered nurses division one	4	Administration assistant	1
Registered nurses division two	4	Catering operations manager	1
Care staff	4	Chef/ manager	1
Managing director	1	Physiotherapist	1
Quality/education manager	1	Maintenance staff	1
Diversional therapist	1	Cleaning supervisors	2
Activity staff	1	Cleaning staff	1

Sampled documents

List documents eg.	Number		Number
Residents' care files	7	Medication charts	10
Residents' care plans	7	Personnel files	10
Residency agreements	8	Palliation files	3

Other documents reviewed

The team also reviewed:

- Activity calendar
- Activity participation records
- Audit results and analysis
- Audit schedule
- Blood glucose monitoring chart
- Bowel charts
- Catering contractor police check declaration
- Catering suppliers list
- Cleaning duties and schedule
- Comments/complaints log
- Continuous improvement log
- Continuous improvement reports
- Contractor agreements
- Diabetes management plans
- Education and training calendar
- Education attendance records
- End of life plans
- Fire equipment and alarm service/testing logs
- Food recall procedure
- Food safety plan
- Food temperature logs
- Four-week rotating seasonal menu
- Handover form
- Incident analysis and report
- Incident reports and register
- Individual staff education records
- Infection log and infection statistics
- Kitchen certification
- Kitchen cleaning schedules
- Kitchen equipment maintenance records
- Kitchen goods received log
- Kitchen staff training records
- Kitchen temperature logs
- Lifestlye assessments
- Maintenance request log
- Manual handling competencies
- Material safety data sheets
- Meeting schedule
- Meetings terms of reference
- Memorandums
- Minutes of meetings
- Newsletter
- Nursing registrations for staff
- Observation charts
- Orientation checklist
- Outbreak management policies
- Pest control records
- Physiotherapy assessments and care plans
- Physiotherapy referrals
- Police check spreadsheet
- Policy and procedure manual
- Pre admission data

- Preferred supplier list
- Preventative maintenance schedule
- Recruitment policies and procedures
- Resident agreements
- Resident dietary changes form
- Resident handbook
- Residents' information package
- Risk assessments
- Self administering medication assessments
- Staff handbook
- Staff orientation records
- Staff position descriptions
- Terminal care wishes
- Training evaluation records, summary and analysis
- Weight charts
- Wound management charts

Observations

The team observed the following:

- 'You are here' floor plans
- Activities calendar
- Activities in progress
- Activity information displayed
- Catering staff requesting resident's meal preferences
- Charter of residents rights displayed
- Chef attending dining room at lunchtime
- Cleaners room
- Cleaning in progress
- Clear corridors
- Colour coded equipment
- Comments/complaints/suggestion box
- Courtyard, garden and walkways
- Cultural diversity kit
- Dining areas
- Display of information brochures and services available
- Electronic document control system
- Equipment and supply storage areas
- Fire alarm testing in progress
- Fire and emergency equipment
- Food preference list in the kitchen
- Food storage practices
- Hairdressing in progress
- Hand washing facilities
- High low beds
- Hip protector use signs in residents room
- Interactions between staff and residents
- Kitchen
- Kitchen resident information displays
- Kitchenettes
- Laundry
- Lift and stairwells
- Lifting equipment
- Lounge and dining rooms
- Lunch in progress

- Meal service
- Medication administration
- Medication storage
- Menu display
- Newsletter
- Nurses' workstations
- Pan rooms
- Personal protective equipment
- Resident bath room
- Resident bedrooms and ensuites
- Resident information displays
- Resident noticeboards
- Resident rights and responsibilities display
- Resident sitting, lounge and activity areas
- Resident's laundry being delivered and hung up
- Residents receiving assistance
- Residents' notice boards
- Residents' rooms and ensuites
- Secure resident file storage
- Secure staff file storage
- Security cameras
- Sharps disposal
- Sign in/out register
- Specialised nursing care plans
- Staff notice boards
- Staff practices
- Staff room
- Storage of documents
- Training room
- Wound trolley and wound management supplies

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 a system for continuous improvement managed by the organisational quality manager and the home’s clinical services manager. Input to improvements is through audit and clinical data, and incident reports and analysis, as well as being identified and actioned directly through comments/complaints processes, continuous improvement reports and through the home’s meetings and reports processes. Continuous improvement is a mandatory education item for staff. Staff and resident input is encouraged, and improvement opportunities and feedback are discussed at meetings. Management stated the home’s continuous improvement system is still developing since the opening of the home in July 2008, as resident and staff numbers increase.

Improvements in this standard include:

- Introduction of a resident newsletter and improved resident information accessibility and processes
- Changes and improvements to staff education processes, including new resource material and self-learning packages
- A recognition that the previous model of care was inadequate due to increasing resident numbers, and implementation a new model of care with floor managers for improved resident care
- Introduction of staff uniforms for improved professional appearance and easier identification of staff by residents.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements and professional guidelines in relation to this standard. Peak body groups, government and regulatory services provide regulatory compliance update information to management. Regulatory compliance is an agenda item at monthly management meetings, with a management process for policy and procedure changes where required, as well as bi-annual review. Audits assist to monitor and ensure regulatory compliance. Information is disseminated to staff through training sessions, meetings, handover, and memo’s. The home has effective policies to assist with police check regulatory compliance, and demonstrated effective systems to ensure staff, volunteers and allied health professionals have, and maintain current police checks.

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 is able to demonstrate staff generally have the required knowledge and skills to perform their roles effectively. The organisation's quality manager is responsible for staff education, and uses the education and training calendar as a working document to reflect audit results, staff needs, and regulatory changes, based on the standards and outcomes. Overall attendance and individual staff training records are maintained, and education evaluation is completed for each session, with summary and analysis. Individual staff training undertaken is monitored on a regular basis for staff compliance with the home's policy. Position descriptions are supplied for all staff, and staff appraisals are completed by management after three months employment, then annually. In-house education offered in this standard includes continuous improvement and accreditation, comments and complaints, documentation and information systems

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

An effective comments and complaints system accessible to all stakeholders is in place, managed by the home's clinical services manager. The home's generic comments/complaints brochure is readily available. Completed forms are registered daily on the comments/complaints log, numbered, and a well documented process through to finalisation of the issue in a timely manner. Comments/complaints data is regularly graphed and trended. Comments and complaints are discussed at meetings where appropriate, and feedback is provided. Internal and external complaints systems are well documented in the residents handbook. Residents and staff stated awareness and satisfaction with the homes comments/complaints system, and stated management listen and are responsive.

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, values, philosophy, objectives and commitment to quality statements are displayed, and consistently documented in resident and staff handbooks. Information for stakeholders is displayed and available in the home. Stakeholders are encouraged to contribute to the home's decision-making, quality and continuous improvement systems.

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 appropriate and sufficient skilled and qualified staff. As staffing numbers have increased, the home is generally able to fill staff leave vacancies from

within, with less reliance on agency staff. Management has a process to ensure adequate staffing numbers are in place prior to continually increasing resident numbers. New staff are provided with an orientation and buddy process, position descriptions, and appraisals after three months and then annually. Management and senior staff monitor skill mixes for each floor to reflect resident needs. Resident/representatives and staff confirmed adequate staffing numbers, and residents/representatives generally stated 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

The home has appropriate stocks of goods and equipment for the delivery of quality service. Contract service providers and staff effectively identify stock and equipment needs and levels. The approved provider attends management meetings and is responsive to equipment purchase requests. The team observed appropriate storage, stock monitoring, ordering processes and stock rotation practices in place. The catering contractor has a procedure for food recall. Reactive and preventative maintenance processes are in place. Residents/representatives stated satisfaction with the availability of appropriate goods and equipment to meet residents' needs

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information systems in place. Documentation processes are paper-based with electronic templates, document control with review and issue dates, and numbering systems for all forms and documents based on standard and outcome numbers. The team observed and staff confirmed general ability with, and access to appropriate information systems to help them perform their roles. Staff and residents/representatives have access to appropriate information on the processes and activities of the home through meetings and minutes, reports, memo's, noticeboards, handbooks and information displays. Staff are also able to access information stored electronically. Information is stored appropriately and securely by the home in accordance with requirements, and retrievable in a timely manner.

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

The home demonstrated external services are at a standard that meets the home's needs and quality goals. Externally sourced services are managed by the general manager, with all contracts reviewed annually on a range of criteria. Written contracts stating the home's requirements and level of service are provided for the major service providers. The team noted external service providers are responsive to the home's needs. The home or the home's service providers maintain police checks where required. Residents/representatives and staff stated satisfaction with the home's externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has a system for continuous improvement managed by the organisational quality manager and the home's clinical services manager. Input to improvements is through audit and clinical data, and incident reports and analysis, as well as being identified and actioned directly through comments/complaints processes, continuous improvement reports and through the home's meetings and reports processes.

Improvements in health and personal care include:

- A process established for resident's representatives inviting them to care consultation meetings
- Review of pharmacy processes, and introduction of pharmacy based medication audit process
- A marking process established for residents' dentures, for improved identification and care management
- Provision of snacks and drinks for residents at night to assist in behaviour management and natural sleep
- Establishment of quality report system of clinical data to benefit resident care and enable ownership of improvements by staff
- Accessing the services of a wound consultant, to assist with staff wound management

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

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements and professional guidelines in relation to this standard. Regulatory compliance is an agenda item at monthly management meetings, with a management process for policy and procedure changes where required, as well as bi-annual review. Audits assist to monitor and ensure regulatory compliance. Information is disseminated to staff through training sessions, meetings, handover, and memo's. Care planning and care tasks are carried out by appropriately qualified staff, and the home ensures nursing registrations are maintained. The home demonstrated compliance with required medication management practices and protocols.

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

The home is able to demonstrate there are appropriately skilled and qualified staff to generally perform their roles effectively. The organisation's quality manager is responsible for staff education, and uses the education and training calendar as a working document to reflect audit results, staff needs, and regulatory changes, based on the standards and outcomes. Overall attendance and individual staff training records are maintained, and education evaluation is completed for each session, with summary and analysis. Individual staff training undertaken is monitored on a regular basis for staff compliance with the home's policy. Education topics completed in this standard included care planning, documentation, palliative care, hearing, continence, medication management, and mobility/falls. In-house education planned on the current education calendar includes medication management, documentation (care planning), nutrition and hydration, skin and wound care, mobility, and falls prevention.

2.4 Clinical care

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

Team's recommendation

Does comply

The home provides residents with appropriate clinical care. Assessments of residents' care needs are generally undertaken by appropriately qualified staff. Care plans are developed and reviews are recorded in the progress notes each month. Regular reviews by medical officers and allied health professional are conducted. Residents and representatives have opportunities for input into resident care through assessment processes. An incident reporting system is in place for the reporting of residents' falls, skin tears, and behaviour and monthly analysis of incidents occurs. Residents and representatives express their satisfaction with the care provided by the home and the medical treatments given. Residents and their representatives spoke highly of the care received and said they are notified if there are changes in condition.

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

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officers or allied health services input when required. Residents have access to medical officers and are reviewed on a regular basis. Care plans are developed to manage a range of specialised nursing care. The dietitian develops enteral feeding plans, and catheter and oxygen care plans are in place. The home has supplies and equipment available for residents' specialised nursing care needs. Residents and relatives state they are satisfied that staff attend to their specialised nursing 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

Appropriate health professionals are consulted and residents are referred to health professionals to meet their individualised needs and preferences. Health professionals such as the, podiatrist, physiotherapist, dietician, and speech pathologist assess residents and develop care plans that reflect individual needs. Resident and representative interviews indicate they are satisfied with the other health and related

services the home provides, and relatives told the team they are informed of the outcome of these visits.

2.7 Medication management

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

Team's recommendation

Does comply

The home has processes to ensure residents' medication is managed safely and correctly. Registered nurses division one and registered nurses division two medication endorsed administer residents' medications using a sachet pack administration system. Medications are stored securely, and residents' medication charts have noted allergies, and photo identification. Residents who wish to self-administer are assessed and regularly reviewed. Staff note the effectiveness of as-required medication and report if there is any regularity to administration. Medication management is monitored via regular audits, and an incident reporting system. Residents and representatives told the team that staff assist them with their medications.

2.8 Pain management

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

Team's recommendation

Does comply

The home ensures residents' pain is identified and managed and accesses advice on pain management from medical officers and other health professionals when required. Pain charting is conducted to identify episodes of pain and interventions are generally recorded. Pain assessments are undertaken to allow for staff observation of non-verbal pain cues, and physical signs and symptoms of pain. Review of progress notes confirm doctors are notified if an increase in pain is noted. Pain management strategies are documented on care plans and include the administration of schedule eight medications; provision of pressure relieving equipment; repositioning; heat packs; and massage. Resident and representative interviews confirm residents are comfortable and treatment for residents' pain is provided.

2.9 Palliative care

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

Team's recommendation

Does comply

The comfort and dignity of terminally ill residents is maintained. Palliation needs and end of life directives are identified in consultation with residents and representatives and medical officers. Staff interviewed gave examples of strategies to meet residents' needs and preferences. Progress notes reviewed reflect residents' changing needs are met including pain relief, nursing care, nutrition and hydration and skin care. Care plans are developed as appropriate. Activity staff provide support to families, contact clergy if requested, and memorial quilts provide an opportunity for remembrance by residents and staff.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home has systems in place to assess residents' nutrition and hydration needs and communicate these needs to catering staff. Assessments identify the types of diet, cultural needs, assistance required, and likes and dislikes and care plans are developed. The home provides special diets, pureed meals, dietary supplements, assistance with meals, and alternative meal choices. Changes in dietary needs are recorded and catering staff are notified. The speech pathologist is accessed for residents with swallowing difficulties and care plans are developed. Progress notes confirm referrals to the dietitian occur when weight loss is identified. Residents state they enjoy the food and meals provided.

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 to ensure residents' skin integrity is consistent with their general health. Assessment of residents' skin is undertaken including determining the level of risk. The care plan provides details of devices and aids to protect frail skin and relieve pressure. Care staff interviewed said they maintain residents' skin integrity through the application of moisturising creams, and the provision of pressure area care. The home has resources to minimise the risk of skin trauma, such as pressure relieving mattresses and sheepskin protectors. Residents' skin integrity incidents are recorded and investigated. Residents with skin integrity breakdown have wound dressing charts implemented by registered nurses, recording the location of the wounds, instructions for treatments, and evaluation of the healing progress. Wound care experts are consulted where there are complex issues. Residents and representatives are satisfied with the skin care provided including the personal hygiene care.

2.12 Continence management

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

Team's recommendation

Does comply

Continence assessments are undertaken and care plans are developed that outline individual needs and preferences. The home's continence care includes provision for residents' toileting needs and management and assistance with continence aids. Urinary tract infections are monitored and preventative measures are documented on care plans. Interviews with care staff confirm they have access to adequate supplies of continence aids and provide residents with regular toileting programs as required. The home has strategies for residents' bowel management including the completion of bowel lists each shift; provision of high fibre diets, the provision of fluids; and the administration of medications when the need is identified. Residents and representatives express satisfaction with the continence care provided.

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 in place to manage the needs of residents with challenging behaviours. Behaviour charting is conducted for staff to identify effective interventions. Monitoring of behaviours, triggers, and interventions is recorded in the progress notes. Care plans reviewed show interventions to reduce or manage behaviours. Staff interviewed show knowledge of residents needs, and gave examples of successful behaviour interventions. Resident said they observe staff interacting with other residents in a calm and quiet manner.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents are supported to achieve optimum levels of mobility and dexterity through mobility and physiotherapist assessments and regular reviews. A physiotherapist develops care plans and exercise programs for residents and the physiotherapist said they review each resident after a fall and recommend preventative strategies. Falls are reported, investigated, collated, and analysed each month. Strategies for falls management include hip protectors, daily exercises, and supervision. Staff interviewed are aware of the importance in reducing resident falls and explained individual management strategies. Residents said they receive assistance from staff with their exercises and to mobilise if required.

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 maintained through the home’s assessment of residents’ oral and dental care needs. Residents’ ongoing oral and dental care needs are monitored through staff observations and resident and representative feedback. Care plans contain care needs for oral hygiene. Progress notes reviewed confirm staff monitor residents’ oral health and report any concerns. Staff interviews indicate residents are provided with oral care including regular teeth cleaning, and mouth care when indicated. Residents and representatives are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory losses are identified upon entry to the home. Care plans record strategies and techniques to manage sensory loss including correct fitting and cleaning of aids. Referrals are made to health specialists via consultation with the resident and/or representative when required. Staff interviewed described strategies to assist residents with vision impairment and/or hearing loss including guiding residents, assistance with meals, and hearing aid and glasses care. An in-service has been provided to assist staff with knowledge on Auslan sign language to facilitate communication with one resident . Activities staff said they provide sensory stimulation with pampering sessions, aromatherapy, and tactile boards. Residents and representatives expressed satisfaction with sensory loss care provided.

2.17 Sleep

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

Team’s recommendation

Does comply

The home assists residents to achieve natural sleep patterns. Assessment of residents’ needs includes recording of sleep patterns, and staff record preferred settling routines. Care plans reviewed contain strategies to promote sleep, including preferred settling routines, hygiene care, and environmental preferences to promote sleep. Staff interviewed reported strategies used to support residents to sleep at night include ensuring residents are comfortable, warm drinks, snacks, reassurance, and pain relief. Residents interviewed report they sleep well and receive staff assistance when required.

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

The home has a system for continuous improvement managed by the organisational quality manager and the home’s clinical services manager. Input to improvements is through audit and clinical data, and incident reports and analysis, as well as being identified and actioned directly through comments/complaints processes, continuous improvement reports and through the home’s meetings and reports processes.

Improvements to resident lifestyle include;

- Establishment of college students contributing to the resident lifestyle program at the home, and at the school where residents will attend a concert and afternoon tea
- Establishment of a program for weekly attendance by a vision-impaired resident to a specific vision-impaired facility, to enable and assist the resident with independence, socialisation and community involvement
- Introduction of multi-denominational church services to meet residents’ spiritual needs
- Establishment of a range of excursions for residents with the services of the community bus
- Establishment of a resident gardening program
- Establishment of a craft group, with prize winning entries in a local agricultural show.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements and professional guidelines in relation to this standard. Regulatory compliance is an agenda item at monthly management meetings, with a management process for policy and procedure changes where required, as well as bi-annual review. Audits assist to monitor and ensure regulatory compliance. The home demonstrated regulatory compliance with the team noting awareness of, and changes to, recent mandatory reporting requirements. Management demonstrated the home meets the requirements of privacy and security of tenure legislation for residents.

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

The home is able to demonstrate staff have the required knowledge and skills to perform their roles effectively. Lifestyle staff have completed relevant training. The organisation's quality manager is responsible for staff education, and uses the education and training calendar as a working document to reflect audit results, staff needs, and regulatory changes, based on the standards and outcomes. Overall attendance and individual staff training records are maintained, and education evaluation is completed for each session, with summary and analysis. Education topics completed in this standard included care planning, documentation, privacy and dignity, and elder abuse/mandatory reporting. Additional In-house education planned on the current education calendar includes resident lifestyle, choice and decision making, and independence and emotional support.

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 and representatives receive a tour and information on services provided by the home prior to entry. Staff assess residents' emotional needs and collect information about family history, past and present interests, and particular needs for ongoing care and support for residents and family. Activities staff interviewed gave examples of providing emotional support and extra time to residents when family members were overseas. Staff interviewed said gaining knowledge of residents' life history on arrival helps with communication and establishing a rapport with residents to be able to provide support. Residents and representatives confirm that staff are caring, responsive to their emotional needs, and respectful of their choices.

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

Each resident's preference for maintaining independence including daily routines, social involvement, and community participation are identified on entry to the home. Care staff attend to residents and provide support as required whilst being mindful to encourage residents' independence. Residents are able to choose the activities they wish to attend, or enjoy time in their rooms, living rooms, or courtyard garden areas. Staff interviewed understood the routine and preferences for residents. The activities coordinator facilitates residents' attendance at community groups where long standing relationships exist. Residents and representatives expressed their satisfaction with the opportunities to maintain independence within a safe environment.

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

Policies, procedures and staff practices demonstrate respect for residents' privacy, dignity and confidentiality. Staff were observed interacting with residents in a quiet and respectful manner, and care procedures are carried out in private. Staff state they have sufficient time to attend to residents needs, and said they have received

education regarding the resident's right to privacy, dignity and confidentiality. Residents' information was observed to be stored securely. Residents and representatives describe how staff respect their individual needs and preferences and respect the privacy of their rooms.

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

Details of residents' leisure and lifestyle interests are identified and documented on individualised care plans following entry to the home. Residents are involved in choosing activities of interest to them and a varied program is offered. Separate programs are offered over the three levels of the home and facilitated by qualified staff. A calendar of activities is posted in each resident's room, and residents' are reminded and escorted to daily activities. Ongoing review and evaluation of the program is occurring as new residents are admitted, and feedback from residents is obtained individually and at meetings. Residents confirm they are encouraged and supported to participate in their activities of choice, and said they enjoy exercise groups, craft, bingo, listening to music, and walks.

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

Residents' spiritual and cultural needs are identified on entry to the home during the initial assessment process. The home celebrates significant days and events and residents interviewed said these are enjoyable. Residents' cultural preferences are identified and incorporated into daily activities. Local radio and television stations including cultural specific programmes are accessed, and cultural resources are available for staff if required. Religious services are offered at the home and residents are also assisted to attend preferred external services. Residents said they are happy with the spiritual support offered by the home and said they enjoy attending the church services.

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

The home has a number of mechanisms in place for residents and representatives to participate in decisions about the services they receive. Consultation and feedback from residents and representatives is via residents/relatives meetings, surveys and discussions with activities staff regarding preferred lifestyle activities. Examples of enabling residents to participate in decision making include terminal care wishes, doctors, attending religious and cultural groups, and preferred meals. Residents were observed to have personal items in their rooms, such as a television, furniture, photographs and ornaments. Interviews with residents and representatives identify that residents are satisfied with the choices available to them.

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

Prospective residents and their families are provided with information about the home, the services offered and their rights and responsibilities. There is consultation with prospective residents and families about security of tenure, fees and charges and residents are provided with a residency agreement. The charter of residents' rights and responsibilities is displayed in the home along with information about advocacy groups and complaints mechanisms. Residents and relatives confirm that they are provided with adequate information related to their security of tenure at the home and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a system for continuous improvement managed by the organisational quality manager and the home’s clinical services manager. Input to improvements is through audit and clinical data, and incident reports and analysis, as well as being identified and actioned directly through comments/complaints processes, continuous improvement reports and through the home’s meetings and reports processes.

Improvements to the physical environment and safe systems include:

- Process established for care staff to check resident’s individual refrigerators, to assist with appropriate food storage practices and improved infection control
- Increase to cleaning hours and improvements to cleaning audit processes to meet resident needs and increasing resident numbers
- Installation of blinds in residents living environments, to assist with a comfortable temperature being maintained for residents
- A change to staff processes to encourage residents to attend the dining room for meals to assist with safe meal service and resident interaction, and improvements to weekend meals for residents, following residents’ complaints

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

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements and professional guidelines in relation to this standard. Regulatory compliance is an agenda item at monthly management meetings, with a management process for policy and procedure changes where required, as well as bi-annual review. Information is disseminated to staff through training sessions, meetings, handover, and memo’s. Audits, service providers and checking processes assist to monitor and ensure regulatory compliance in this standard. The home complies with its regulatory requirements with fire/emergency building certification, occupational health and safety requirements, a food safety program, and appropriate infection control guidelines and practices.

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

The home is able to demonstrate staff have the required knowledge and skills to perform their roles effectively. Contracted service providers maintain appropriate

required training records. The organisation's quality manager is responsible for staff education, and uses the education and training calendar as a working document to reflect audit results, staff needs, and regulatory changes, based on the standards and outcomes. Education topics completed by staff in this standard included fire/emergency, manual handling/occupational health and safety, and infection control. Additional In-house education planned on the current education calendar includes chemical safety and mealtime issues.

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

Residents are accommodated in a three level building in single rooms with ensuite bathrooms. Each level is attractively furnished and decorated, with lounge, sitting and dining areas for residents. Residents have access to a central courtyard and a secure walkway and garden area around the home. The home has a high standard of cleaning, and is tidy, clutter-free and well maintained. All residents are provided with electric high-low beds and appropriate and comfortable furniture. A comfortable temperature is maintained and double-glazed windows provide noise protection from a busy intersection and railway line. Maintenance processes are in place. Residents/representatives confirmed satisfaction with a safe, calm, secure and comfortable environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home was able to demonstrate a safe working environment that meets regulatory requirements. The home has an occupational health and safety representative, and the occupational health and safety committee meets monthly with set terms of reference including audits and incidents. Environmental audits are completed, personal protective equipment is available, and safe chemical storage was observed with appropriate material safety data sheets in place. New staff receive orientation on occupational health and safety, and the physical environment and safe systems. Occupational health and safety information is displayed and available for staff. Staff confirmed a safe working environment, and awareness of, and input into the home's occupational health and safety system.

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 procedures for detecting and acting on fire, security and other emergencies. A current resident list is maintained, emergency procedures are available and in place, and fire and emergency equipment is regularly checked and tested by an approved contractor. Staff stated fire and emergency training and information is provided. This was confirmed with documentation viewed by the team.

The home has a smoke free policy for the building, courtyard and garden areas. Emergency exits and escape routes are clearly marked, with safe and clear egress. Closed circuit television and key padded doors provide effective security.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program. Staff orientation includes an infection control component, and ongoing staff training and monitoring of staff practices occurs. Review of the surveillance program confirms infection data is collected each month and residents' infections are managed appropriately. There are policies and guidelines available for outbreak management. The team observed facilities for hand washing, appropriate placement of antimicrobial hand wash, and containment of sharps. A vaccination program is in place for residents. Care and environmental staff interviewed are aware of infection control principles and gave examples of daily infection control 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

Hospitality services are provided in a friendly and generous manner for residents. The catering service provider is responsive to residents needs, and the chef manager and neatly uniformed staff meet directly with residents on a daily basis. Staggered meal times are in place for each floor to benefit residents and catering staff. A four week seasonal rotating menu is reviewed by a nutritionist and independent dietician. Catering systems enable individual residents' nutritional requirements and preferences to be met. The team noted current kitchen certification and staff training records with thorough and effective catering systems, policies and procedures, and documentation. The team found well documented temperature recording logs and cleaning schedules, and appropriate food storage practices. A food safety program is in place.

The cleaning contractor provides effective cleaning with detailed schedules, regular audits and supervisory checking processes. Cleaning schedules and staff hours are adjusted to meet increasing resident numbers. Appropriate cleaning supplies, safe storage, material safety data sheets and stocks of personal protective equipment are in place. All laundry is completed in the home with effective processes, and clear clean/dirty separation. Residents and staff confirmed the effectiveness of the home's hospitality services in meeting residents' needs and enhancing the working