



Aged Care
Standards and Accreditation Agency Ltd

Brightwater - South Lake Care Facility

Approved provider: Brightwater Care Group (Inc)

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 21 December 2014. We made the decision on 1 November 2011.

The audit was conducted on 4 October 2011 to 5 October 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Brightwater - South Lake Care Facility				
RACS ID:	7194				
Number of beds:	30	Number of high care residents:	27		
Special needs group catered for:	Nil specified				
Street:	62 Bloodwood Circle				
City:	SOUTH LAKE	State:	WA	Postcode:	6164
Phone:	08 9417 6200		Facsimile:	08 9417 6299	
Email address:	elaine.robinson@brightwatergroup.com				

Approved provider

Approved provider:	Brightwater Care Group (Inc)
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Assessment team

Team leader:	Karen Malloch
Team member:	Susan Clarke
Dates of audit:	4 October 2011 to 5 October 2011

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.

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

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.

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

Principle:

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

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

Principle:

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Brightwater - South Lake Care Facility 7194

62 Bloodwood Circle

SOUTH LAKE WA

Approved provider: Brightwater Care Group (Inc)

Executive summary

This is the report of a site audit of Brightwater - South Lake Care Facility 7194 from 4 October 2011 to 5 October 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44/44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 4 October 2011 to 5 October 2011.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Karen Malloch
Team member:	Susan Clarke

Approved provider details

Approved provider:	Brightwater Care Group (Inc)
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Details of home

Name of home:	Brightwater - South Lake Care Facility
RACS ID:	7194

Total number of allocated places:	30
Number of residents during site audit:	29
Number of high care residents during site audit:	27
Special needs catered for:	Nil specified

Street:	62 Bloodwood Circle	State:	WA
City:	SOUTH LAKE	Postcode:	6164
Phone number:	08 9417 6200	Facsimile:	08 9417 6299

Audit trail

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

Interviews

	Number		Number
Care manager	1	Residents/representatives	12
Quality coordinator	1	Multi skilled care staff	6
Supervisor	1	Occupational safety and health representative	1
Manager health care delivery	1	Occupational therapist	1
Registered nurse	1	Physiotherapist	1
Lifestyle coordinator	1	Therapy staff	1
Allied health consultant	1	Enrolled nurse	1

Sampled documents

	Number		Number
Residents' files	6	Medication charts	18
Summary/quick reference care plans	8	Personnel files	4
Resident agreements	3	External contracts	3

Other documents reviewed

- Activity program
- Audit file
- Blood glucose records
- Buddy book
- Clinical indicators file
- Comments and complaints
- Dietician records
- Duty lists
- Family meeting records
- Fire and emergency file
- Food safety records
- Hazard reports
- Imprest records and register for drugs
- Incident reporting and analysis
- Maintenance records
- Material safety data sheets
- Meals and drinks lists
- Medication competencies
- Meeting minutes
- Memoranda
- Menus
- Occupational therapy file
- Physiotherapy file
- Podiatry records

- Poison's licence
- Police check matrix
- Policies and procedures
- Professional registrations
- Purpose and values information card
- Quality management manual
- Resident information handbook
- Restraint authorisations
- Rosters
- Speech pathology records
- Staff communication book
- Staff handbook
- Staff training file
- Stock imprest
- Supplementary drinks lists
- Therapy program
- Vaccination list
- Weight records
- Wound treatment file.

Observations

- Activities in progress
- Chemical storage
- Equipment and supply storage areas
- Fire fighting equipment/signage
- Interactions between staff and residents
- Living environment
- Notice boards and posted information
- Palliative care resource box
- Resident lunch service
- 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 findings

The home meets this expected outcome

The home has systems and process in place to plan, identify, implement, evaluate, and review continuous improvement activities. Opportunities for improvement are captured through multiple mechanisms, such as suggestions, comments and complaints via the ‘opportunity for improvement’ form, hazards and maintenance reports, audits, surveys, and meetings. Information from these sources is logged, and improvements requiring ongoing action are added to the plan for continuous improvement. Information regarding continuous improvement is provided to residents and staff via handbooks, notices and meetings. Staff, residents and representatives reported that they are encouraged to contribute to the home’s pursuit of continuous improvement, and they are satisfied with management’s responsiveness to feedback.

Examples of recent or current improvement activities related to Standard 1 are described below.

- To improve communication between clinical and care staff a structured handover has been implemented. The registered nurse and enrolled nurse hold a daily handover meeting with staff. Staff reported that communication and information exchange about residents has improved.
- Following feedback regarding staff being able to locate and contact clinical and allied health care staff, the home has purchased digitally enhanced cordless telephones to be carried by key staff. Management and staff reported that they can easily access clinical and allied care staff when required.
- It was identified that as the care manager was working between two homes there was a need to provide more site leadership and coordination to support the care manager. A full time supervisor has been employed in a deputy role. Feedback from management, staff and residents is positive.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are processes in place to ensure the organisation complies with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various industry groups, and policies are updated accordingly. The manager is notified of any changes, and staff are informed as required via memoranda, notices, and meetings. The home has processes for monitoring professional registrations and police checks on new and existing staff, volunteers and contracted professionals. Residents, representatives, and staff have access to brochures regarding the external complaints scheme. Residents and representatives were informed of the accreditation audit.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. These include recruitment processes, induction, education opportunities, and regular performance appraisal. Staff education needs are identified from information gathered from performance appraisals, resident care needs, incident reports, legislative changes, staff and resident meetings, and complaints activity. Staff interviewed reported that they are satisfied with the training provided. Residents and representatives reported confidence in the skills of management and staff.

Examples of education and training related to Standard 1 are listed below.

- Orientation
- Electronic care management system training.

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 findings

The home meets this expected outcome

The home has a system in place to ensure each resident has access to internal and external complaints mechanisms. Improvement forms are available in multiple locations, along with leaflets regarding the external complaints scheme. Residents and representatives receive information regarding comments and complaints mechanisms via the resident handbook, meetings, and family conferences. Staff interviewed reported they assist residents to complete forms, and that management is approachable and responsive to feedback. Residents and representatives confirmed that residents have access to complaints mechanisms without fear of retribution.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a documented purpose, philosophy and values system that reflects a commitment to quality throughout the organisation. Information is provided to residents and representatives on moving in via a resident information brochure, and is displayed throughout the home. Staff are introduced to the organisation's values, vision and philosophy at the time of recruitment, and this is reinforced at the corporate induction program and through the policies and procedures.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with residents' needs, and there are processes in place to review staffing levels or skill mix in relation to changes in residents' needs. New staff attend an induction and a site orientation, and are 'buddied' for their first few shifts. Staff are provided with position descriptions and duty statements, and provide police checks, and professional registrations where applicable, and renewal dates are monitored. Absenteeism is covered by casual and agency staff. Staff performance is monitored via annual appraisals and via feedback mechanisms such as complaints, surveys, audits, and incidents. Residents and representatives generally reported satisfaction with the responsiveness of staff and adequacy of care provided to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. Procedures are established to monitor the quality and stock levels of goods and equipment used within the home. A designated staff member monitors the stocks and supplies, ordering is done electronically and systematically, and the goods and equipment are stored appropriately. A corrective and preventative maintenance program ensures that the equipment, the building, and the grounds remain operational. Staff reported they have enough equipment and supplies to undertake their tasks. Residents 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 findings

The home meets this expected outcome

Organisational systems and processes are in place to guide the effective collection, use, storage, and destruction of information in accordance with regulatory requirements. Staff are provided with information via policies and procedures, care plans, memoranda, communication books, on noticeboards, and at handover and meetings. Computer access is password protected. Security of confidential information is maintained, and all staff sign confidentiality agreements as part of recruitment. Archive information is securely stored off site. Residents and representatives are provided with information in newsletters, at meetings, on noticeboards, and through verbal reminders from staff. Residents and representatives interviewed reported they are satisfied that sufficient information is provided by the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure all externally sourced services are provided to meet the home's needs and quality of service. A list of preferred suppliers and contractors is in place to guide the purchasing of goods and services. Service agreements are established for suppliers and describe the responsibilities of the relevant parties, and key performance measures to identify the requirements of the home. Police checks are monitored to ensure currency is maintained. Residents 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 findings

The home meets this expected outcome

See Continuous improvement in Standard 1 – 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 2 are described below.

- The home identified that the general practitioner's weekly round could be improved by having clinical staff input. A full time enrolled nurse has been employed whose role it is to coordinate rounds, ensure clinical care directives are implemented and changes in treatment communicated to staff. Feedback from the general practitioner has been positive.
- To improve the home's ability to monitor residents who have been identified as a high falls risk the home has purchased a laser beam alarm system. This is currently being trialled with one resident who has frequent falls. Management reported that the incidence of falls has reduced for this resident since the alarm was installed.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify and ensure that the home has ongoing regulatory compliance in relation to residents' health and personal care. Initial and ongoing assessments of high care residents are carried out by a registered nurse. Currency of nursing staff registrations and certification of allied health personnel are reviewed and monitored. Drugs of dependence and other medications are appropriately stored and

administered. Residents interviewed reported they receive care and services appropriate to their specified care requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard 2 are listed below.

- Clinical symposium
- Enrolled nurse training
- Dysphagia management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Processes are in place for assessment and care planning to be undertaken when a resident moves into the home. An interim plan guides staff, while a full assessment of residents’ needs is undertaken. A comprehensive care plan is developed and is reflective of the resident’s needs and preferences. Staff are informed of any changes in residents’ care needs through handover, face to face discussions, communication books, electronic notations, and changes to care plans. Regular evaluations of each resident’s care is reported in the progress notes and care plans. Residents are able to retain their own general practitioner or access the general practitioner who visits the home each week. Residents and representatives reported satisfaction with the care provided to residents.

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 findings

The home meets this expected outcome

Residents’ specialised nursing care needs are assessed and care plans developed in consultation with the resident and their representatives, the general practitioner and external services as required. Registered and enrolled nurses deliver specialised care such as complex wound care, diabetic management, oxygen therapy and complex pain management. Care staff reported that they access external agencies to provide specialist assistance and advice as required, when clinical staff are not available. Residents and representatives advised of satisfaction with the nursing care provided to residents and access to clinical staff when a need arises.

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 findings

The home meets this expected outcome

Processes are in place to identify residents’ health needs and preferences when they move into the home and on an ongoing basis. Appropriate referrals are made, as required, to specialist services, such as podiatry, speech pathology, dentition, optometry, audiology, mental health services, occupational therapist, social worker, physiotherapist and dietician. Outcomes of specialist health referrals and interventions are recorded in the resident’s notes, and specialist care plans are implemented when required. Residents and representatives reported that assistance is provided to assist the resident to attend external specialist appointments.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Policies and procedures are in place to guide the correct and safe ordering, storage, administration, documentation and disposal of medications. Registered and enrolled nurses, and care staff who have been assessed as medication competent, administer medications according to the home’s policy and the general practitioner’s directions as recorded on medication profiles. Residents who are able are supported to manage their own medications and are provided with a lockable area to store medications. An accredited pharmacy conducts annual reviews of residents’ medications, providing a report with recommendations to the general practitioner. Monitoring of the medication management system occurs through audits, observations, reporting, investigation and follow up of medication variances. Residents and representatives reported satisfaction with how residents’ medications are administered and managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Processes are established to ensure that information about a residents’ pain history is collected when a resident moves into the home. A multidisciplinary team approach drives the ongoing assessment, care planning and evaluation of pain management strategies and treatments for residents. Strategies used to minimise pain include heat packs, massage, exercise, pressure relieving devices, and regular and pain relieving medications. Evaluations of pain management strategies are recorded and reviewed by the registered nurse. Residents and representatives advised that pain is managed effectively and in accordance with the resident’s needs and preferences.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Systems and processes are available to ensure the comfort and dignity of terminally ill residents will be maintained should the need arise. Information about the resident’s wishes for their end-of-life care and funeral directors are recorded following the resident’s moving in to the home, or at a later time according to the resident and their representative’s wishes. Comfort boxes that contain aromatherapy oils burner, prayer books, and a music player are available. A social worker is also available to support residents and their representatives during the palliative phase of their life should they wish to access this service.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The nutrition and hydration requirements, allergies, likes, dislikes, and preferences of all residents is identified when they move into the home, and relevant information is recorded for catering purposes. A nutritional assessment is completed where required and residents with identified dietary needs or swallowing deficits are referred to a speech pathologist, dietician, or other health professional as appropriate. Residents’ weights are monitored monthly. Dietary supplements, texture modified food, thickened fluids, and special crockery are provided where required, in consultation with the resident, their representatives and relevant health professionals. Care plans provide guidance in assisting residents with their meal and drinks. Resident reported satisfaction with the quality and quantity of the food and drinks provided.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

The skin integrity and pressure risks of all residents are assessed when they move into the home, any specific needs are identified, and care interventions are recorded on the care plan. Preventative measures used to maintain residents’ skin integrity include pressure relieving mattresses, application of emollient creams, use of leg protectors, and wheel chair protectors. Registered and enrolled nurses manage any wound care treatments when at work and external agencies are accessed by care staff should wound treatments be required after hours or on the weekend. Residents and representatives stated they are satisfied with the way the home manages residents’ skin care services.

2.12 Contenance management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Systems are in place to identify, assess, monitor and evaluate residents’ continence care needs. This occurs in consultation with the resident, their representative, general practitioners, registered and enrolled nurses, and care staff. Urinary and bowel management care plans are developed for residents with specific needs and may include dietary considerations, a toileting program, transfer and mobility assistance, use of continence aids, supportive equipment, and medications. Staff report that residents’ continence needs are monitored daily, and where required interventions are implemented to ensure the resident’s dignity and comfort is maintained. Residents reported that they are satisfied with the manner in which their continence needs are managed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Processes are in place to identify and monitor residents who exhibit challenging behaviours. Information from reported incidents of adverse behaviours are analysed to identify types of behaviours. Care plans include triggers and strategies to guide staff in managing challenging behaviours. Ongoing consultation occurs with residents and their representatives, the general practitioner, and nursing and allied health staff to ensure residents’ needs are managed effectively. Therapy programs are developed for residents with challenging behaviours and include diversional activities, one to one therapy, and group work. External mental health services are accessed when a need is identified. Residents and representatives reported infrequent disturbances by residents coming into residents’ rooms, and are satisfied with the way staff manage residents who demonstrate challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Processes are in place for residents to be comprehensively assessed on moving into the home and at regular stages thereafter. A multidisciplinary team approach drives the assessment, care planning and evaluation of all residents with a mobility and/or dexterity need to ensure optimum levels are maintained. Falls risk assessments are completed and appropriate mobility aids, and safety equipment is provided. Mobility and transfer care plans are developed to provide staff with guidance when assisting residents to mobilise and transfer. Individual therapy programs include daily and extended walks, exercise groups, one-to-one exercises, and organised games. Residents reported they are satisfied with the therapy programs, and with the assistance provided by staff to help mobilise safely and remain as independent as possible.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental health is screened by the registered and/or enrolled nurse when the resident moves into the home. Care plans are developed in consultation with the resident and their representative, and provide strategies to maintain residents’ oral health such, as offering fluids after meals, prompting/assisting teeth/denture cleaning, and reflecting the resident’s personal preferences for dental care. Residents have access to the government dental health program and where required representatives are assisted to take residents to an external dentist. Referrals to the speech pathologist are made when swallowing deficits are identified and food is modified to assist residents with chewing difficulties. Residents interviewed expressed satisfaction with the assistance provided to maintain oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Information about each resident’s sensory loss across all five senses is recorded when a resident moves into the home. Where sensory deficits are identified appropriate interventions and equipment are determined in consultation with the physiotherapist and occupational therapist, included on the care plan, and implemented to support the resident manage the deficit and live as independently as possible. Residents are referred to external specialists such as the speech pathologist, dietician, audiologist and optician as required. Sensory stimulation is incorporated into the activity/therapy program in activities such as cooking, external bus trips, gardening, and hand massage. Residents and representatives reported satisfaction with the services provided to residents.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents’ normal sleep patterns and retiring routines are recorded when they move into the home. Sleep disturbances are recorded as separate entries in the progress notes, and monitored over time by the registered nurse. Care plans are developed in consultation with the resident and include information about the residents’ preferences and interventions that guide staff in assisting residents to achieve natural sleep patterns, such as warm drinks, dimming lights, minimising noise, emotional support, and pain management. Night sedation is prescribed by the resident’s general practitioner according to the resident’s needs and preferences. Residents reported that they are not disturbed during the night, and are assisted to sleep well.

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 findings

The home meets this expected outcome

See Continuous improvement in Standard 1 – 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 3 are described below.

- The organisation has purchased a bus for residents’ outings. The bus has disabled access and flexible seating to accommodate residents’ mobility needs. Excursions have been planned around resident’s preferences. Staff and residents reported that this is a real bonus for the home.
- Following a change in therapy staff and in the profile of residents, a review of the activity program was undertaken. Residents were consulted about their preferences and an activity program was developed using this information. Activities implemented include woodwork, sensory stimulation, and pool games. Additional equipment has been purchased and a male volunteer has been recruited. Feedback from residents is positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to identify and ensure ongoing regulatory compliance relating to residents’ lifestyle. The home offers each resident an agreement that outlines the fees and tenure arrangements and care services provided. The charter of residents’ rights and responsibilities is included in the resident information pack, and is displayed in the home. Policies and procedures for the compulsory reporting of residents’ unexplained absence and reportable assaults are in place.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard 3 are listed below.

- Elder abuse
- Multicultural awareness
- Personhood approach.

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 findings

The home meets this expected outcome

Processes are in place to provide each resident with emotional support in adjusting to their new life after entering the home. Residents are provided with an information pack prior to moving into the home that includes information about the organisation and the services offered. Soon after their arrival residents and representatives are introduced to other residents and provided with an orientation to the layout of the house, the daily routine and organised activities program. A social worker is available to provide support and counselling to residents and their representatives where required. Staff are knowledgeable about strategies to provide emotional support including individual chats, involving residents in the daily activities in the house and celebrating special events such as birthdays. Residents stated that they are invited to personalise their room and are encouraged to have family and friends visit and/or take them on outings.

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 findings

The home meets this expected outcome

Systems and processes are established to identify and record residents' current and previous social interests and community involvement. Assessments of the residents' cognitive, physical and emotional status are completed as required, and strategies are identified to encourage and assist residents to maximise their independence, maintain friendships, and participate in the life of the community both within and outside the home. Bus outings are available to residents on a rostered basis. Residents are encouraged to attend the visiting general practitioner and hairdresser and manage their own finances should they choose to do so. Residents interviewed expressed a high level of satisfactions with the support they receive to maintain their independence.

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 findings

The home meets this expected outcome

Processes are in place to ensure that the privacy and dignity of residents is recognised and respected. Single rooms with en-suite facilities are provided in a self contained house that accommodates six residents, allowing residents adequate privacy and personal and shared spaces for family and friend visits. Residents' information is stored within locked offices, cupboards, and within closed areas of the resident's room, and access to electronic information is password protected. Staff are aware of respecting residents' privacy and

dignity and were observed communicating with and about residents in a respectful and confidential manner. Residents reported that staff respect their privacy and that personal information is managed confidentially.

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 findings

The home meets this expected outcome

Information about a residents' past and present leisure interests, activity needs and preferences is gathered when the resident moves into the home and on a regular basis thereafter. Therapy and lifestyle programs are developed in consultation with the occupational therapist and in collaboration with therapy staff using information from residents' assessments and feedback sources. The monthly activity planner provides a wide range of activities and events focused on various levels of cognitive and physical functioning both in groups and one-to-one sessions. The program includes cooking, craft, bingo, visiting entertainers, bus trips, library services, happy hours and birthday celebrations. The daily program is displayed on the notice board in each house and staff reported they remind and assist residents to attend their preferred options. Residents and representatives reported a high level of satisfaction with the programs offered to residents.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Processes are established to collect information about a resident's individual interests, customs, beliefs, cultural and ethnic background when the resident moves into the home. This information is used to inform the provision of care and therapy programs developed for the resident. Religious and communion services are conducted regularly, and significant events and anniversaries are celebrated including Australia Day, Mothers/Father's day, St Patricks Day, Easter, and an ANZAC Day memorial service is held each year. Staff reported that bi-lingual staff are available to assist residents from a similar ethnic background, and staff cook culturally appropriate meals for residents. Residents reported satisfaction with the cultural and spiritual life of the home.

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 findings

The home meets this expected outcome

Processes are in place to facilitate residents' and representatives' participation in the decisions about the services offered and provided at the home. Processes include gathering information about a resident's preferences and choices in their daily routine, meals selection, care services, end of life care, and participation in the therapy and lifestyle programs. Avenues for residents and representatives to provide feedback about, and have input into, care and services include the resident/relative meetings, informal meeting with the manager and clinical staff, and through feedback forms. Residents reported that they are able to exercise choice and control in their daily routines and that their decisions are respected.

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 findings

The home meets this expected outcome

The admissions coordinator explains security of tenure to all new residents and their representatives prior to and on moving to the home, and this information is included in the residents' handbook. The resident agreement documents residents' rights and responsibilities, complaints mechanisms, privacy considerations and the care and services provided at the home. Residents remain informed via the residents' meetings and by direct communication with management. Residents and their representatives are consulted before any room changes.

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 findings

The home meets this expected outcome

See Continuous improvement in Standard 1 – 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 4 are described below.

- To improve the living environment for residents and encourage residents to use the outside seating areas the home has purchased and installed two large solid frame umbrellas these cover the outdoor patio area. Staff and residents reported that they will be able to sit comfortably outside in the warmer weather.
- In response to a complaint from a resident about catering supplies the home has implemented a pantry imprest system. A staff member now manages stock and is responsible for ensuring that appropriate levels of catering supplies are available for residents. Management reported that there have been no further 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 findings

The home meets this expected outcome

Systems and processes are in place to identify and ensure the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Catering, occupational health and safety, chemical storage, fire safety and the living environment are audited internally and externally by statutory bodies. Changes to relevant regulations are communicated to staff through meetings and memorandum. Policies and procedures are amended as appropriate. Residents and representatives are informed 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 findings

The home meets this expected outcome

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard 4 are listed below.

- Fire training
- Food safety
- 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 findings

The home meets this expected outcome

There are systems in place which demonstrate that management is actively working to provide a safe and comfortable environment to meet the needs of the residents. Accommodation for residents comprises spacious single accommodation with access to an external covered patio area. A range of communal areas are available for residents and visitors. The home's environment is regularly monitored through planned environmental inspections and hazard reporting mechanisms. A preventative and corrective maintenance program monitors and services the internal and external environment, equipment, temperature, and ventilation. Residents are encouraged to personalise their rooms. Residents and representatives are satisfied that home provides a safe and comfortable homelike environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe working and living environment that meets regulatory requirements. The home has processes in place to monitor the physical environment, a health and safety representative, regular environmental audits, identification of potential and actual hazards, and review of all accidents and incidents. Occupational safety and health (OSH) is a standing agenda item at all staff meetings where issues, results, and plans are communicated to staff. Chemicals are securely stored and material safety data sheets are available for all chemicals on site. OSH policies and procedures are available to guide and direct staff. Staff interviewed confirmed they have completed relevant training and are satisfied the home provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place for detecting and acting on fire, security and other emergency risks and incidents. Fire equipment and detection systems are regularly tested and maintained by an external service provider and exits are labelled and accessible. Evacuation maps, resident lists including transfer requirements, and documentation relating to procedures for fire safety and other emergencies such as bomb threats and armed intruders, are readily accessible. Access to the building is via pin code or telecommunications. Night staff carry duress alarms that are linked to police services. Staff reported that they have attended training in fire safety, and were able to describe appropriate actions in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has a system in place for identifying, managing and minimising infections. There are infection control policies and procedures to guide staff, and internal audits are conducted to identify gaps and opportunities to improve. Staff are provided with infection control education and staff practices are monitored. Resident infections are collated and resolution strategies are implemented when trends are identified. There is a staff and resident vaccination program in place. The home has appropriate waste disposal and pest control systems in place. Resident and representatives reported satisfaction with the actions taken by staff to minimise infections.

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 findings

The home meets this expected outcome

There are documented procedures and guidelines for catering, cleaning and laundry services to ensure services are provided in a way that enhances residents' quality of life. All meals are freshly prepared on-site, and systems are in place to ensure residents' individual dietary, including culturally specific needs are met. Cleaning schedules are established and residents' rooms and living areas are clean and odour free. Resident and representative meetings, food surveys, and resident satisfaction surveys are used to monitor satisfaction with the menu and food served at the home. Personal clothing is laundered in each house and flat linen is sent to an off site laundry. Residents and representatives interviewed stated they are satisfied with the hospitality services provided by the home.