



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Brightwater - The Village Care Facility

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Brightwater - The Village Care Facility in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Brightwater - The Village Care Facility is three years until 11 September 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Brightwater The Village Care Facility				
RACS ID:	7415				
Number of beds:	65	Number of high care residents:	65		
Special needs group catered for:	Residents with cognitive deficit				
Street:	150 Dundas Road				
City:	INGLEWOOD	State:	WA	Postcode:	6052
Phone:	08 9370 0900		Facsimile:	08 9370 0999	
Email address:	tonia.zeeman@brightwatergroup.com				

Approved provider

Approved provider:	Brightwater Care Group Inc
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Assessment team

Team leader:	Christopher Roberts
Team member:	Helen Grzyb
Dates of audit:	24 June 2009 to 25 June 2009

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

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

Standard 2: Health and personal care

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

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

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

Accreditation decision

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

Agency findings
Does comply
Does comply
Does comply
Does comply
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	Brightwater The Village Care Facility
RACS ID	7415

Executive summary

This is the report of a site audit of Brightwater - The Village Care Facility 7415 150 Dundas Road INGLEWOOD WA from 24 June 2009 to 25 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Brightwater The Village Care Facility.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 24 June 2009 to 25 June 2009.

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

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

Assessment team

Team leader:	Christopher Roberts
Team member:	Helen Grzyb

Approved provider details

Approved provider:	Brightwater Care Group Inc
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Details of home

Name of home:	Brightwater The Village Care Facility
RACS ID:	7415

Total number of allocated places:	65
Number of residents during site audit:	65
Number of high care residents during site audit:	65
Special needs catered for:	Residents with cognitive deficit

Street:	150 Dundas Road	State:	WA
City:	INGLEWOOD	Postcode:	6052
Phone number:	08 9370 0900	Facsimile:	08 9370 0999

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Brightwater The Village Care Facility.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Clinical governance manager	1
Registered nurses division one	2	Relatives	13
Registered nurses division two	2	Speech pathologist	1
Care staff	10	Therapy assistants	4
Administration assistant	2	Laundry staff	1
Catering staff	2	Maintenance staff	1
Physiotherapist	1	Occupational therapist	1
Dementia consultant	1	Social worker	1

Sampled documents

	Number		Number
Residents' files	16	Medication charts	14
Summary/quick reference care plans	14	Personnel files	10

Other documents reviewed

- Activity program
- Activity timetable
- Allied health statistics
- Annual meeting planner
- Approved supplier list
- Assessment review checklist file
- Audit and surveys schedule and results
- Bereavement file
- Catering file
- Certification records
- Cleaning schedules
- Clinical indicators file
- Comments and complaints file
- Comments/compliments file
- Communication book – dietician
- Communication book – occupational therapy
- Communication book – physiotherapy
- Communication book – podiatry
- Communication book – speech pathology
- Communication books

- Competency checklist
- Competency records
- Continuous improvement action plan – activities
- Corrective and planned maintenance records
- Diary
- Education planner
- Education records including evaluation sheets
- Emergency medication checklist
- Emergency procedures manual
- Equipment maintenance records (including fire and safety equipment)
- Hazard, accident/incident results
- Hip protector tracking records
- Imprest system records
- Improvement logs
- Job descriptions/task lists/duty lists
- List of residents requiring dental treatment
- Mandatory reporting file
- Manuals and flowcharts
- Menus
- Minutes of management, staff and residents/representatives meetings
- Multicultural association handbook
- Newsletters
- Notices/memos
- Organisational chart
- Orientation program and checklist
- Pain file
- Performance review schedule
- Pest control records
- Photographs illustrating activities
- Plan for continuous improvement
- Podiatry file
- Poisons licence
- Police clearance and clinical registration lists
- Policies and procedures
- Quality manual
- Register of drugs
- Resident agreement
- Resident, relative and staff surveys
- Residents' information package including handbook and pamphlets
- Roster request book
- Rosters
- Service agreements
- Site plan
- Staff handbook
- Staff orientation package
- Temperature records
- Training file
- Trend analyses and results

Observations

- Activities in progress
- Archive storage
- Chemical storage
- Electronic records (clinical information, corporate systems)
- Electronic swipe card system
- Equipment and supply storage areas

- Evacuation maps located around the facility
- Fire, security and emergency equipment
- Imprest medication system
- Interactions between staff and residents
- Internal and external living environment
- Medication storage
- Noticeboards
- Oxygen storage
- Staff and resident interaction
- Suggestion box

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 site manager is responsible for coordinating continuous improvement at the home and is supported by the assistant manager, staff at the home and by corporate quality improvement processes. These include meetings and policies. The home’s continuous improvement system includes policies and procedures, staff education, plan for continuous improvement, formal and informal feedback mechanisms (including feedback forms), meetings, audits and surveys, and collection and analysis of statistics regarding accidents, incidents, hazards and clinical indicator data. Staff and representatives indicated that they are aware of how to provide suggestions, and indicated that management is quick to respond to these.

Continuous improvement activities undertaken in relation to Accreditation Standard One include the examples outlined below.

- The organisation has introduced an electronic care management system at the home. Care staff have been trained and are using the new system, and reported that the system provides improved information on resident care.
- The home has partially introduced an imprest system for ordering supplies. Storage cupboards are adequate and staff and representatives reported that there are enough supplies of goods and equipment.
- The home has invited staff to identify their training needs as part of the development of a training matrix for the next year.
- Following a review of the performance management system, a new process has been adopted to complete all reviews over a two month period ending in November in each year. Management advised the team that this would ensure a focus on completion of the reviews prior to the end of the year.

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

There is a corporate system for managing regulatory compliance throughout the organisation. The site manager receives information from the corporate office about changes to regulations and legislation from peak bodies, professional organisations, relevant internet sites, conferences and seminars, and government departments and is responsible for communicating changes that will impact on aged care, to the relevant staff at the home. Feedback to the team indicated that staff are informed about their regulatory responsibilities and provided with education/instructions where work practice changes were required.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard One include the items below.

- The home ensures that working hours for overseas students are consistent with migration visa requirements.
- The home ensures all staff have national police certificates.

- The home's prudential requirements are in place.
- The home's record keeping and staff discussion is undertaken in accordance with statutory privacy requirements.

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 site manager ensures that staff have appropriate skills and knowledge to perform their roles by ensuring they are orientated to the organisation and the site, and have job descriptions, duty statements, and access to educational programs. Regular assessments as part of staff appraisals, resident and staff feedback, and audits and surveys and analysis of hazard trends provide additional feedback information regarding staff skills. A mandatory education program is in place and this ensures that management are able to review due dates for education and competency assessment for each staff member. Staff reported they are well provided with training and that management is responsive to training requests. Feedback from resident's/ representatives indicated that staff are professional, caring and competent.

Mandatory and elective education sessions that have been held or are scheduled for this year related to Accreditation Standard One include but are not limited to topics listed below.

- Orientation – site and corporate
- Electronic record systems
- Accreditation
- Rostering
- Spreadsheet software.

1.4 Comments and complaints

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

Team's recommendation

Does comply

There is a system in place for making comments and complaints. Residents use the system to raise issues of concern, and give suggestions, and compliments. The system includes feedback forms, meetings, and individual discussions with staff. There are guidelines for providing avenues for residents/representatives to make comments and complaints, and for the management of issues as they arise. Feedback from representatives indicated that, while they are aware of how to make comments and complaints, both internally and externally, they generally prefer to do this at meetings or directly to staff, and that management and the staff 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 organisation has documented its mission and philosophy of care, which includes the organisation's commitment to quality. These statements are clearly displayed in the home, and are also documented in resident information books and the staff handbook. There is an organisational clinical governance team who operate to ensure a quality of service delivery.

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

Policies and procedures are established that facilitate the selection, recruitment, induction, development, and management of staff. The staffing establishment and skill mix is continually reviewed by the site manager to ensure that staffing levels reflect the needs of residents, and that staff have appropriate skills and competencies. Staff complete a formal induction program followed by several buddy shifts, and use policies, procedures, flow charts, job descriptions, task lists and duty statements to guide their work. Ongoing performance is reviewed at three months, and annually thereafter. The home has a low turnover of staff, and a high number of long term qualified staff members. Results of resident and staff surveys, and data gathered through monitoring activities across the four Accreditation standards shows that there are sufficient skilled staff available to deliver the care and services residents require. Feedback from representatives indicated that there are adequate staff and skill at the home. Staff interviewed stated that there are sufficient staff to complete the required tasks.

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 a system in place to facilitate the purchase, management, use and storage of goods and equipment. Goods are routinely checked on arrival for their condition and suitability, and equipment is maintained through preventative and corrective maintenance programs. Management monitors that there are appropriate goods and equipment through mechanisms including requests, maintenance reports, audits and resident care needs. There is a stock ordering and rotation system in operation. Recently purchased equipment, outdoor tables and chairs, display cupboards, spa room decoration, new hoist slings, hand splints, booties and heel protectors, and sensory stimulation equipment. The team observed and representatives and staff confirmed, there are sufficient stocks of goods and equipment available for use throughout the home that ensures the delivery of appropriate care to residents.

1.8 Information systems

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

Team's recommendation

Does comply

Information is collected, collated and reported to inform management about decision-making regarding the services provided. Staff are informed via meetings, memo, diary, communication book, noticeboards as well as notices with their payroll information. Current and archived resident and staff information is stored securely. Information technology systems are used and corporate systems, care management and computer access is restricted to authorised personnel through passwords. Regular newsletters are provided to residents/representatives about activities in the home and other items of interest. Feedback from staff and representatives indicated that they are well informed about what is happening at 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 recommendation

Does comply

Service contracts/agreements are in place, with feedback provided by staff/residents/families into contract reviews undertaken by the corporate office. The home uses a corporate list of preferred suppliers, and the site manager negotiates contracts for local service providers, such as hairdressing, and this is with support from the corporate office. The home requires that contractors provide details of police certificates, confidentiality agreements and workers compensation insurance. Feedback from representatives and staff was positive about the services provided under contract.

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

Refer to Expected Outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Continuous improvement activities undertaken in relation to Accreditation Standard Two include the examples outlined below.

- With increasing care needs at the home, a new hoist has been purchased and introductory education planned for staff.
- Following a review of continence management, a continence day was held to promote the appropriate use of continence products. Staff reported that with updated knowledge of products, residents are now able to sleep through the night without a need to replace pads.
- With the increasing numbers of younger people with dementia, the home has introduced a new program of clinical staff education in dementia and about the needs of representatives of these residents.

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

Refer to Expected Outcome 1.2 Regulatory compliance in for an overview of systems in place for identifying and ensuring compliance with regulatory requirements.

Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Two include the items below.

- Annual registration for registered nurses at the home is monitored.
- The mandatory reporting system for elder abuse/wandering residents is in place.
- Storage of schedule 8 drugs is in accordance with legislation.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to Expected Outcome 1.3 Education and staff development for an overview of education and staff development system.

Mandatory and elective education sessions that are scheduled for this year related to Accreditation Standard Two include but are not limited to topics listed below.

- Buddy training
- Clinical symposia
- Competencies for medication administration
- Pressure area care
- Continence management
- Adverse behaviour management
- Care planning with software system
- Dysphagia
- Advance skill enrolled nurse package.

2.4 Clinical care

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

Team’s recommendation

Does comply

There is a system in place that allows multi-disciplinary approach gathering information regarding care needs. Some of this information is collected prior to admission through social work liaison and where applicable, from the care environment that the resident lived in before admission. An interim care plan is developed prior to admission and is able to guide staff in the delivery of care during the assessment phase after admission. The interim care plan is flexible and is amended as needs arise, and care planned is consistent with resident’s choice. There is a family conference held at the completion of the assessment phase after around six weeks. The care plans are reviewed at least every six months, although this is may be more frequent if the care plan requires evaluation sooner. Care plan evaluation was observed to be carried out in accordance with the policies and procedures, as well as the legislative requirements for residents receiving a high level of care. Clinical data is collected for falls, wounds, infections, choking incidents, adverse behaviours, and restraints that enable the home to review changes in clinical need and implemented appropriate interventions. Changes in clinical care are identified and staff demonstrated the different ways of how clinical changes are communicated. Representatives interviewed stated that they are consulted about residents’ clinical needs, and are satisfied with the care provided.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

There is a system in place that ensures that residents who have specialised nursing needs are assessed by appropriately qualified staff and receive ongoing care. Examples of specialised nursing care demonstrated in practice at included diabetes management and wound management. Technical nursing care plans are developed with input from other health professionals such as the general practitioner (GP) or external wound specialist nurses. Staff confirmed that they have received appropriate education to carry out specialised nursing care,

and that they are able to access external specialists for complex needs. Representatives confirmed that they are satisfied with the specialised nursing care delivered at the home.

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

There is a system in place to identify and monitor resident’s care needs that require referral to external health services. When a need to for referral to an external service is identified, the home is able to facilitate visits in conjunction with family support. There are two GPs who visit the home, and are responsible for the residents. However, residents are able to retain their own GP if it is appropriate and a full service can be provided. There are domiciliary visits available for podiatry, dietetics, dentistry and external services such as audiology and optometry are able to be accessed as required. Other services that are accessed include community mental health services, neuropsychology, and nurse specialists. Any changes in care that result from a consultation with other health services are communicated effectively and implemented. Representatives stated that residents are able to access external services if the need is identified or referral is requested.

2.7 Medication management

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

Team’s recommendation

Does comply

There is a system in place to ensure that all medications are ordered, administered, documented and disposed of safely and consistently within the scope of the policies and procedures. Key personnel advised that there has been a review of pharmacy services across the organisation and has led to a new pharmacy provider being engaged. Regular tablet medication is dispensed in a sachet system, administered by registered or enrolled nurses. Medication profiles are in place for all residents that allow for effective administration and include a current photograph, allergies, and details if medication can be crushed. Controlled medication such as schedule 8 tablets and analgesic patches are stored and monitored appropriately. There is an imprest system in place for antibiotics and schedule 8 analgesia to ensure that these medications can be commenced without delay. It was noted from document review that medication incidents are monitored and actioned where appropriate, and that regular medication review by the GP occurs. Representatives interviewed by the team advised that they are satisfied that their medications are managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

There are systems in place to ensure that all residents are assessed at admission and are as free as possible from pain. The assessment tool used allows for determination of pain through non-verbal means for residents with cognitive deficit. This leads to a care plan that is created in line with individual preferences and needs. Residents are assessed for a period of two weeks to ensure that they are as free from pain as possible, and this is evaluated at least every six months. In addition to analgesia other strategies include aromatherapy, the use of heat packs, diversional strategies, massage therapy, relaxation, passive exercises, and repositioning. As required medication used is evaluated to ensure that pain is minimised and treated effectively. The GP monitors secondary effects of the use of analgesia through blood tests and drug use evaluation is used in line with pharmacy auditing. Representatives confirmed that staff are able to effectively manage residents’ pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

Residents and their representatives are able to provide information relating to their terminal wishes at any time and this is often during admission, family conferences, or at a time of acute illness. This leads to the development of an end of life care plan. An advance directive has been developed that allows each resident to have noted the level and location of any intervention they would like in the event of them becoming unwell. Residents are able to be cared for in a single room and equipment such as soft lighting, music, and massage oils are available for palliative residents. External palliative care services can be accessed if required, and the home has equipment for the infusion of medication to provide symptom control for the palliative resident. There is spiritual care available for residents from an acolyte, and bereavement follow up is carried out by the social worker. Memorial services are held the day following a resident’s death, and this is an opportunity for staff, residents, and representatives to commemorate their life and time at The Village. A number of thank-you cards and letters were seen from representatives of former residents stating how grateful they were for the quality of palliative care and support provided.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

There is a system that identifies all dietary preferences, special requirements and allergies of residents at admission. This information is communicated to the external catering provider to ensure that the diet that is given is consistent with their needs. All residents are weighed at admission and then every month, and there are actions for residents who experience an unplanned weight variation. A dietician regularly visits the home and monitors weights, and is consulted when any resident requires review. In addition to meals and refreshments provided there are regular drinks offered to residents to maintain hydration, including the use of jelly to increase fluid intake. Nutritious drinks and food are given to residents at risk of weight loss and are monitored further by the dietician. Meals with modified texture and thickened fluids are used following assessment by the speech pathologist, and modified crockery, cutlery and drinking vessels were noted to enable residents to be as independent as possible. Representatives expressed at interview that they are satisfied with the provision of food and refreshments and that residents receive adequate nourishment and hydration.

2.11 Skin care

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

Team’s recommendation

Does comply

All residents receive a risk assessment of skin integrity at admission and further assessment is made for residents during attention to their personal hygiene by staff. The risk assessment is used to implement preventative measures such as alternating air cell mattresses, protective booties, and regular pressure area care. If a resident requires an emollient for skin conditions, these are prescribed by the GP. A wound management file is used to treat wounds, and trend analysis are compiled for clinical care management. All wound care is carried out by registered and enrolled nurses, although assessment and treatment of complex wounds can be carried out by external wound care specialists. A podiatrist attends every regularly for foot care for each resident every six weeks, and staff are responsible for finger

and thumb nail care. A hairdresser visits frequently, and there is a spa available on site. Representatives interviewed stated that they are satisfied with the provision of skin care.

2.12 Continence management

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

Team’s recommendation

Does comply

All residents receive a three day assessment of continence and toileting patterns at admission, and this is evaluated every six months. There are toileting routines in place including night time toileting for residents who experience excess nocturnal diuresis. Continence aids are provided to residents on a daily basis, as well as additional stock being stored for instances of increased usage. Education has been provided by a continence advisor from a manufacturer who is able to advise in the management of specific residents. There is a clinical pathway used for treatment of constipation in addition to regular aperients, high fibre diet, and increased fluids. There are a small number of residents who are identified as at risk of developing urinary tract infections, and drinks that are rich in vitamin C and cranberry capsules are used as a prophylactic treatment. Representatives reported that they are satisfied with the continence management 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

There is a system in place that allows for effective behavioural management. Residents are assessed following admission and this confirms previous behaviours noted, and may identify other behaviours. The assessment leads to the development of a specific care plan that states interventions that may be effective in the management of the resident, when they display certain behaviours. All residents receive a multi-disciplinary approach to assist in minimising behaviours, and this includes an activities program that is designed for residents with cognitive deficit. There is an overarching philosophy of person centred planning known as “Personhood” and all staff have received training in this. Representatives reported that staff act appropriately in situations of challenging behaviour, and that behaviour management is appropriate for the residents.

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

There is a system in place that allows all residents to optimise their mobility and dexterity through a multidisciplinary approach. All residents are assessed by the physiotherapist following admission to ensure safety in mobility and handling. The assessments lead to care plans that are tailored to individual needs, and are integrated into the schedule that the therapy assistants are able to carry out. All therapy interventions are evaluated at least every six months. Falls are reported, and these are analysed by the physiotherapist to implement appropriate measures. A falls risk indicator is used to identify residents who are at high risk of falls and this information is highlighted on the care plan. Staff confirmed that they have received mandatory manual handling training and that there is sufficient equipment available. Representatives indicated that they are satisfied with the management of residents’ mobility needs.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Oral and dental needs are identified at admission as part of the general assessment and this is used to create a care plan. Residents are offered the opportunity to be assessed by the visiting government dentist each year, or access a domiciliary dentist that can be arranged by the home. There is mouth care education arranged for staff later this year. All dentures are marked on admission, and there are systems in place for arranging denture repair. Toothbrushes are provided for residents when they need to be replaced, and the condition of toothbrushes are routinely checked every week. Equipment for mouth care is available for residents who are receiving palliative care and staff confirmed that there are always sufficient supplies to maintain oral health. Representatives indicated that they are satisfied with the level of oral and dental care provided.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Sensory loss is identified at admission through the initial assessment and from this strategies are created that enable staff to manage sensory deficits effectively. The care plan alerts staff to any sensory aids that are used, such as hearing aids, glasses and communication devices. In addition to this, the clinical manual details for staff how the sensory aids are managed and maintained. Hearing aids are looked after by staff who remove these at night to avoid loss, and this is supplemented by marking to identify which aid belongs to which resident. External services such as optometry and audiology are able to be accessed, and this is arranged in consultation with representatives. Residents may be referred to the speech pathologist who visits the home, and the staff were able to discuss the use of alternative aids to communication, such as communication boards. Representatives interviewed reported they are satisfied with how sensory loss needs are met.

2.17 Sleep

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

Team’s recommendation

Does comply

All residents undergo a sleep assessment at admission and this leads to interventions forming the sleep care plan. Sleep patterns and ritualistic behaviour before sleep are noted that allows care to be planned in line with individual needs and preferences. Staff are aware of the importance of maintaining a peaceful environment to promote sleep and the different needs of individuals. Interventions to promote sleep include the use of medication, milky drinks, reassurance, repositioning and soft lighting. Medication used to assist with sleep is evaluated by the general practitioner during regular medication review. Representatives indicated that they are satisfied with staff interventions to assist residents to sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's recommendation

Does comply

Refer to Expected Outcome 1.1 Continuous improvement for an overview of the continuous improvement system.

Continuous improvement activities undertaken in relation to Accreditation Standard Three include the examples outlined below.

- Following representative feedback, the home has increased volunteer hours to include weekend activities for residents at the home. Representatives reported positively about this change.
- A review of the home's therapy program was undertaken in June 2009, and changes include the addition of education on dementia and related activities for staff at the home.
- After receiving staff feedback, the home updated its outside recreation area to include a barbeque for summer activities. Representatives reported positively about this improvement.

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

Refer to Expected Outcome 1.2 Regulatory compliance for an overview of systems in place for identifying and ensuring regulatory compliance.

An example of responsiveness to regulatory compliance and best practice related to Accreditation Standard Three include the items below.

- The home complies with security of tenure and resident rights and privacy.
- The home complies with privacy requirements in the sharing of confidential residential information with volunteers.
- The home has the required insurance and confidentiality agreements in place for hairdressing staff.

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

Refer to Expected Outcome 1.3 Education and staff development for an overview of the home's education and staff development system.

Mandatory and elective education sessions that have been held or are scheduled for this year related to Accreditation Standard Three include but are not limited to topics listed below.

- Activities for dementia
- Restraint use in dementia.

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

There is a system in place to provide emotional support to residents and representatives during the admission process which includes pre-admission orientation, staff introductions, and a resident handbook. Resident emotional needs are monitored as part of the admission process and residents who have needs identified are then provided with appropriate emotional support. Residents and representatives are able to consult a social worker at The Village, which enables additional emotional support or management of complex needs, including financial hardship. Staff were able to demonstrate techniques and strategies that they use to support residents when they are first admitted and on an ongoing basis. Representatives are able to visit at all times, and they are actively encouraged to visit residents and made felt welcome by the staff at the home. Representatives interviewed reported that emotional support was available when the residents first entered the home, and that staff are able to provide support if a need arises.

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

There are systems available to ensure that residents are assisted to achieve their maximum level of independence, and participate in the life of the community. The environmental design and program of activities promote social interaction within the home, as well as residents being able to maintain friendships through open visiting. Residents are able to access the community through bus outings and also by using taxi services. Although there are no residents who self-medicate currently, there is this provision through the policies and procedures at the home. Residents are able to access a small amount of money through a petty cash system, although there are no residents with capacity to manage their financial affairs currently. Residents are able to access the portable telephone with staff assistance, and calls may be placed on a resident's behalf that enables them to communicate with friends and family. Staff were able to demonstrate examples of activities outside the home and representatives stated that residents are encouraged and supported 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 recommendation

Does comply

There are systems in place to ensure that resident's rights to privacy and dignity are maintained. Resident information is filed in each resident's clinical notes that are secured in a locked filing cabinet which may only be accessed by authorised staff. The transition to electronic care records has enabled staff to have their own password secured access to further ensure resident confidentiality. Most of the bedrooms are single bedrooms, although there are a number of large double bedrooms that have drapes to maintain privacy and dignity between residents. All bedrooms have en-suite facilities that allow residents to receive personal hygiene assistance within their private area. There are a number of private areas, both inside and outside the building that are secure and allow residents and representatives to have privacy. Staff demonstrated an understanding of their responsibilities with regards to the confidentiality of resident information, and maintaining the privacy and dignity of residents. Representatives confirmed that they believe residents are afforded privacy and dignity at The Village.

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

As part of the admission process, all residents received assessment from the allied health team that identified their social history, interests, and preferences for activities. This information is used to create individualised care plans, and activities are planned to maximise inclusion. Activities are facilitated by the therapy assistants and volunteers, and this includes a range of activities for groups and individuals, as well as external outings. Activities are available that address specific needs, such as to maintain cognitive function, assist fine and gross motor ability, and promote community inclusion. Activity attendance statistics are maintained and the use of resident feedback surveys allow for evaluation of the activity program. Representatives interviewed expressed satisfaction with the activities offered at the home.

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

As part of the assessment at admission, all residents have their cultural and spiritual backgrounds and needs documented. There are regular non-denominational services held at The Village, and ministers from particular faiths are able to be accessed. There are a number of staff who speak languages that reflects the needs of residents who English is not their first language, although an interpreter service has been accessed to assist with assessments. There are specific Italian and European groups at the home which include use of the Multicultural Association. Throughout the year days of significance are celebrated and incorporated into activities such as Australia Day, ANZAC Day, Melbourne Cup Day, and resident's birthdays. There are also themed months that are used as a focus of activities. Representatives stated that they are satisfied with how the cultural and spiritual needs of residents are addressed.

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

Residents and representatives are able to participate in decision making about the services they receive including choice of general practitioner, choice of menu, whether they attend activities, and how their care is delivered. Residents and representatives are informed of meetings and are encouraged to attend, as well as to complete feedback surveys. Staff were able to demonstrate strategies they use to ensure residents are able to make choices in the care and services that they receive. Residents were seen to have information regarding their power of attorney in their clinical notes, as well as any outcomes from the State Administrative Tribunal or public trustees. There is information regarding external complaints processes and advocacy services displayed at the home, as well as information in the resident handbook. Representatives reported that they are satisfied residents are able to participate in choices and decision-making at a level appropriate to their capacity.

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

Residents and representatives are provided with appropriate information on admission to the home through the resident handbook, resident agreement and conditions of occupancy that outline security of tenure and resident rights and responsibilities. Appropriate liaison with residents and representatives is undertaken regarding room transfers within the home, and changes to the provision of services. Representatives interviewed reported that they understand the residents' rights and responsibilities and are satisfied that the residents have security of tenure within the scope of care provided at the home.

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

Refer to Expected Outcome 1.1 Continuous Improvement for an overview of the continuous improvement system.

Continuous improvement activities undertaken in relation to Accreditation Standard Four include the examples outlined below.

- Following the results of a representative survey, the home has changed its personal laundry service and has installed a laundry in the home. Representatives reported that the current service where residents' personal laundry is washed and dried at the facility has resulted in far fewer lost clothes.
- Management is currently completing an audit of furniture and has identified the need to replace stained cups as part of a list of replacements required.

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

Refer to Expected Outcome 1.2 Regulatory compliance for an overview of systems in place for identifying and ensuring compliance with regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard Four include the items below.

- The home complies with occupational health and safety, building certification, fire and safety inspections.
- The home displays material safety data sheets near stored chemicals.

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

Refer to Expected Outcome 1.3 Education and staff development for an overview of the home's education and staff development system.

Mandatory and elective education sessions that have been held or are scheduled for this year related to Accreditation Standard Four include but are not limited to topics listed below.

- Infection control
- Manual handling
- Occupational health and safety
- Chemical safety and handling
- Fire and safety awareness
- Safe food handling program.

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

The home consists of a single storied series of five interconnected homes, with mainly single rooms with ensuite bathrooms. There are communal dining areas as well as an informal sitting area in each home and access to a central courtyard area. Residents can access any part of the home and gardens, apart from the service area. Systems and processes are in place to ensure that preventative and routine maintenance is undertaken, that issues of comfort or safety are identified and managed promptly, and that staff are aware of the importance of their reporting responsibilities for any restraints being used and that restraint authorisations have up to date approvals. Processes are in place to ensure that residents' needs and preferences are identified and acted upon, that the buildings and grounds are maintained, that furniture and equipment is appropriate to the needs of residents, and that action is taken to identify and manage safety issues. All areas inside the home are clean and generally free from clutter. The gardens are well maintained and all external paths (other than clearly identified building areas) are free of debris. The team noted that residents can personalise their rooms with furniture and other personal items. Feedback from representatives indicated that they are satisfied with the quality and standard of accommodation, and that residents feel safe and comfortable.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Systems and processes are established at the home to ensure that sufficient numbers of on-site staff have occupational health and safety training (there are two occupational health and safety representatives at the home), that hazards are routinely identified, reported, and managed, that staff follow safe work practices according to the organisation's policies and procedures, and equipment is routinely maintained. Staff undertake regular monitoring to maintain a safe living and working environment, and ensure that equipment is routinely maintained through a preventative and corrective maintenance program. An environmental audit program is in place. All staff interviewed by the team demonstrated awareness of safety management processes, and understood their responsibilities regarding hazard identification and management. Feedback from representatives and staff indicated that their living/working environment is safe and free of hazards. Staff interviewed reported that there are adequate supplies of personal protective equipment, and that the home is a safe place to work.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems, procedures and equipment in place to minimise fire, security and emergency risks. There is ongoing compulsory education of staff in fire safety procedures. The home is fitted with fire warning and fire fighting equipment, smoke detectors, fire and smoke doors and the equipment is regularly tested. Exit routes are clearly marked with emergency lighting. Independent reports indicate the home meets fire safety standards. Documentation relating to fire safety and other emergencies such as emergency flip charts, evacuation plans and resident evacuation data is easily accessible for management, staff, residents and visitors. There is a security system in operation including lock down procedures at night, locked gates and keypad secured exits. Staff interviewed were aware of their roles and responsibilities in ensuring the safety of residents in the event of a fire, security or other emergency.

4.7 Infection control

This expected outcome requires "an effective infection control program".

Team's recommendation

Does comply

Infection control at the home is managed via an infection control committee, which includes a corporate representative, and meets regularly to identify, manage, and minimise actual or potential infection control risks. Procedures are established to consult with staff, to monitor their practices, and to ensure that appropriate hygiene and cleaning standards are maintained. The home ensures that a mandatory competency of hand-washing is regularly monitored and updated as needed. The team noted from interviews that staff are knowledgeable about infection control procedures, and could confirmed knowledge of the equipment available for use in infection control.

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

The home has a system in place to provide and monitor hospitality services. Dietary information including special requirements and preferences is held in the kitchen and updated as required. All staff who assist residents with meals have training in managing dysphagia. Residents have a choice of meals approved by a dietician, and there are mechanisms for feedback on catering and other hospitality services which include meetings, surveys and verbally to staff. Monitoring of food and fridge temperatures are recorded in accordance with food safety standards. Infection control procedures are in place and monitored to ensure hospitality services are provided in accordance with health and hygiene standards. Cleaning of residents' and communal areas is conducted in accordance with the cleaning program and a cleaning schedule is in place to ensure all areas are included. Resident and communal areas appeared clean, neat and tidy. Residents' personal laundry is labelled and is laundered on site. Staff interviewed commented positively about their working environment. Representatives interviewed expressed satisfaction with the catering, cleaning and laundry services.