



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Brimlea Aged Care**

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

The Agency has decided that the period of accreditation of Brimlea Aged Care is three years until 15 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:	Brimlea Aged Care				
RACS ID:	4503				
Number of beds:	50	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street/PO Box:	21 Railway Parade				
City:	MURRUMBEENA	State:	VIC	Postcode:	3163
Phone:	03 9568 0829		Facsimile:	03 9568 5850	
Email address:	john@brimleaagedcare.com.au				

### Approved provider

Approved provider:	Five Star Care Pty Ltd
--------------------	------------------------

### Assessment team

Team leader:	Matt Doyle
Team member/s:	Beverley Ballantyne
Date/s of audit:	1 July 2009 to 2 July 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

### **Accreditation decision**

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
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
Does comply
Does comply
Does comply
Does comply

<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

## Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Brimlea Aged Care
RACS ID	4503

### **Executive summary**

This is the report of a site audit of Brimlea Aged Care 4503 21 Railway Parade MURRUMBEENA VIC from 1 July 2009 to 2 July 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 Brimlea Aged Care.

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 1 July 2009 to 2 July 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:	Matt Doyle
Team member/s:	Beverley Ballantyne

## Approved provider details

Approved provider:	Five Star Care Pty Ltd
--------------------	------------------------

## Details of home

Name of home:	Brimlea Aged Care
RACS ID:	4503

Total number of allocated places:	50
Number of residents during site audit:	49
Number of high care residents during site audit:	29
Special needs catered for:	N/A

Street/PO Box:	21 Railway Parade	State:	Victoria
City/Town:	MURRUMBEENA	Postcode:	3163
Phone number:	03 9568 0829	Facsimile:	03 9568 5850
E-mail address:	john@brimleaagedcare.com.au		

### Assessment team's recommendation regarding accreditation

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

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 two days on-site and gathered information from the following:

#### Interviews

	Number		Number
Approved provider/manager	1	Residents/representatives	10
Director of nursing	1	Catering staff	2
Nurse unit manager	1	Laundry staff	1
Registered nurses	5	Cleaning staff	2
Care staff	2	Quality Consultant	1
Physiotherapist	1	Lifestyle and leisure staff	2

#### Sampled documents

	Number		Number
Residents' files	11	Medication charts	15
care plans	6	Personnel files	2
Blood glucose level records	10	Weight monitoring records	15
Wound charts	4	Resident frequent check record	7
Pressure area care records	4	Police checks	4
Resident agreements	4	-	-

#### Other documents reviewed

The team also reviewed:

- Action plans
- Allied health referral feedback form
- Analgesic patch location check form
- Audit folders
- Audit schedules
- Blood glucose monitoring record
- Blood pressure monitoring chart
- Blood spill procedure flowchart
- Building certification documentation ( Safety score = 22.23)
- Chemical spill procedure flowchart
- Cleaning folder

- Cleaning maintenance program
- Cleaning roster
- Cleaners' memo folder
- Continuous quality improvement folders
- Daily catering summary sheet
- Dangerous drugs register
- Doctors communication book
- Essential services manual
- External contracts
- Education (individual) attendance record folder
- Education record folder (08/09)
- Falls risk program folder
- Flu outbreak folder and kit
- Food handling training course record
- Food hygiene Australia – certificate of audit (10/08)
- Food premises certificate of registration (council) (01/09)
- Food safety program award (council)
- Food safety program folder
- Food safety audit
- Gastric outbreak kit (folder)
- Hazard reports and repair records
- Hazard forms
- Lifestyle and leisure documentation
- Improvement forms
- Incidents reports
- Infection control (monthly) report
- Infection control folder
- Infection control records folder (2009)
- Infection notification form
- Infection (monthly) record form
- Interim care plan
- Job descriptions
- Kitchen cleaning schedules
- Kitchen duties list
- Kitchen memo folder
- Laundry memo folder
- Laundry system folder
- Maintenance schedules and documentation
- Material safety data sheets folder
- Medication administration flowcharts
- Medication folder
- Medication fridge temperature monitoring chart
- Medication ordering system
- Meeting records
- Memo folder
- Newsletters
- Nursing communication diary
- Nursing directive medication administration record
- Nursing handover sheet
- Organisational chart
- Orientation/induction checklist
- Pest control folder
- Physiotherapist assessments and care plans
- Police check register
- Policies and procedures
- Progress notes



- Progress notes PRN medication stickers
- Recruitment policies and procedures
- Registered nurses registrations (2009)
- Residents' information handbook
- Resident of the day checklist
- Residents personal menu selection folder
  - Admission dietary advice forms
  - Personal menu selection forms
  - Change of diet notification form
- Resident meals selections (one week in advance)
- Resident meal tray cards
- Rotating menu (three weekly)
- Security & equipment checklists, maintenance & hazard forms folder
  - Maintenance log (08/09)
  - Security checklist
  - Weekly wheelchair condition audit
  - Oxygen checklist
  - Evacuation kit audits (weekly)
  - Out of order tags
- Staff education schedule (2009)
- Staff registrations
- Staff training matrix
- Surveys
- Wound assessment tool
- Wound management record
- Wound management procedure document

## **Observations**

The team observed the following:

- Activities in progress
- Cleaning in progress
- Double story home
- Equipment and supply storage areas
- Evacuation kit
- Fire exits
- High care residents have twin share rooms with ensuites
- Interactions between staff and residents
- Lift (spacious)
- Living environment
- Low care residents have single rooms with individual ensuites
- Mealtimes
- Noticeboards
- Secured storage of medications
- Staff practices
- Storage of staff and resident files
- Suggestion box
- Stairwells (internal & external)
- Stair evac-chair
- Tagged electrical and fire equipment
- Therapeutic interactions between staff and residents
- Vision, mission and objectives on display
- Visitor's book

## **Standard 1 – Management systems, staffing and organisational development**

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has a newly established continuous improvement system in place to actively pursue continuous improvement. The system has been created through support from external consultants and the purchase of an external audit package, which was modified to meet the needs of the home. Inputs to the continuous improvement processes include improvement forms, incidents, hazards, planned and reactive audits, resident/representatives and staff meetings and surveys. There is an audit schedule in place that is conducted across the four standards and the forty-four outcomes. The results of improvement activities are recorded on an evaluation of improvement as schedule so that evaluation of the effectiveness of improvements occurs in a planned manner. Continuous improvement is a standing agenda item for all staff and resident/representatives meetings. Data is captured and analysed with some trending beginning to commence. Staff confirmed that they understand and participate in continuous improvement activities.

Within standard one, improvements achieved include the following:

- The employment of a new director of nursing in December 2007 who has steered the review of all systems, processes and practices
- creation, implementation and review of the new continuous improvement system
- plans for a new rebuilding program and increase in the number of allocated beds
- all position descriptions revised in 2008 and the development of a new performance appraisal tool
- review of the incident reporting system and documentation
- improvements to the information systems including the review of meetings and associated documentation; creation of a new document control system, a new memoranda system and new computers with additional email addresses

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. It subscribes to a legislative update service and is a member of a number of peak bodies. Policies and procedures are developed, reviewed and updated according to legislation, regulations, standards and codes of practices. Regulatory compliance is a standing agenda item at staff and resident and representative meetings and is audited as part of the auditing system. Information regarding regulatory compliance is generally distributed through memoranda, newsletters and education. There is a police check register for staff and external contractors and they are notified when a new police check is due. Information regarding the new reporting requirements relating to residents who abscond was sent to staff via memoranda, discussed at meetings and revised policies and procedures were put into place. Education relating to regulatory compliance includes manual handling, occupational health and safety, fire safety and infection control. Staff interviewed confirmed that they are kept informed of all regulatory changes

### 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 homes director of nursing is responsible for the overall coordination of the training and education for all staff. Updates from government and regulatory bodies determine the homes annual mandatory education training requirements. Training and development opportunities are identified through staff annual performance appraisals, education surveys and continuous quality improvement audits. Staff are made aware of training and development opportunities via a twelve month staff education schedule. Staff records are kept by the home's management including a training matrix of courses offered and records of staff attendance. Staff are also expected to maintain their own training records. Staff interviewed stated the education provided supports them in meeting residents' needs. Residents and representatives feedback indicates management and staff have appropriate knowledge and skills to perform their roles effectively.

### 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

Each resident, staff member and other interested parties have access to the complaint mechanisms. The internal and external complaints mechanisms are outlined in the resident handbook which is given to residents and their families on admission. Posters and leaflets about the external complaint mechanisms are displayed throughout the home. Internal complaints, comments, compliments and improvement suggestions are identified using an improvement form. Improvement forms are forwarded to the director of nursing and the forms are numbered, cross-referenced, placed on a register and issues are identified and acted upon and the register is analysed monthly and discussed at relevant meetings. Opinions from residents and families are also sought via a resident satisfaction survey and meal satisfaction surveys. Residents, representatives and staff are aware of the processes for making a complaint but state that the majority of issues are satisfactorily addressed through direct communication with management and staff at the time of the issue.

### 1.5 Planning and leadership

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

#### **Team's recommendation**

Does comply

The home has a vision, mission statement, objectives and philosophy of care and objectives. These are on display in the foyer of the home and documented in the resident handbook. The continuous improvement system has recently been overhauled and consultants were employed to assist the process. Plans are underway to extend the home by thirty beds. The residents' charter of rights and responsibilities are also displayed prominently within the home and a copy is provided to residents during admission in the resident handbook.

### 1.6 Human resource management

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

#### **Team's recommendation**

Does comply

The home has appropriately skilled and qualified staff to ensure care and services are delivered in accordance with the Standards and the home's philosophy and objectives. Staff recruitment is based on position descriptions, key selection criteria and minimum qualifications. Successful applicants are notified via a phone call which is followed up in writing, of offer of contract. All staff employment is subject to receipt of a satisfactory police check and evidence of appropriate registrations. Staff are provided with an orientation/induction program for the duration of which they are appointed a mentor. Staff are given a three month probation period at the end of which staff undergo a performance appraisal. A review of staff files showed evidence of interview records, training records and qualifications, registrations and appraisal of staff performance. Residents and representatives confirm they are satisfied with the responsiveness of staff in meeting resident care needs and the quality of care provided.

### **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

A documented preventative maintenance program is in place as well as a system for reporting and identifying required repairs. The managing director does all general maintenance repairs and contractors are accessed as necessary. There is a system for tagging all electrical equipment. An asset register is maintained and there are processes for ordering and maintaining stock levels. There is an approved supplier list for purchasing all items and equipment. Staff, residents and representatives are satisfied with type and quantity of equipment and supplies.

### **1.8 Information systems**

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

#### **Team's recommendation**

Does comply

Effective communication processes for disseminating information include, information technology, policies and procedures, minutes of meetings, memorandum system, notices, newsletters, handover, communication books and handbooks. There is a new system for routinely collecting and recording information that identifies residents' care needs to ensure appropriate delivery of care. A document control register is maintained by the director of nursing. Resident and staff records are stored and archived in a manner that maintains privacy, dignity, confidentiality and security needs. Staff, residents and representatives stated that communication systems are good and they feel they are well informed in all aspects of the workings of 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

There is an established list of approved suppliers and providers. External service agreements have been established with contractors of goods and services such as essential services, cleaning, physiotherapy, pharmacy, dietetics, hairdressing and podiatry. Review of the external service provider agreements occurs annually. External contractors have had police checks. Staff, residents and representatives are satisfied with the service provision from external contractors.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's recommendation**

Does comply

The home conducts continuous improvement activities for all aspects of residents' health and personal care. Residents and representatives are very satisfied with the care provided by the staff. Refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in standard two include the following:

- the implementation of new clinical assessments across all outcomes, care planning formats and the evaluation of all care outcomes were introduced in 2008
- the introduction of a new pressure care scale
- the implementation of a falls prevention program
- the review of the wound assessment form and the current development of strategies for promoting wound healing. A registered nurse division one is booked to go to external training in July and will take on the role of wound management.
- A new continence aids supplier was contracted and staff are undergoing online training in continence management

### **2.2 Regulatory compliance**

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

#### **Team's recommendation**

Does comply

The home has effective regulatory compliance systems in place to support resident health and personal care. Staff have relevant qualifications and current registrations. Personal care and practice guidelines, including medication management have been developed in accordance with legislative requirements. Residents and representatives confirmed their high satisfaction with the care provided by the home. Refer to Expected outcome 1.2 regulatory compliance.

### **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

Training and development opportunities are identified through staff annual performance appraisals, education surveys and continuous quality improvement audits. Staff interviewed stated the education provided supports them in meeting residents' care needs. A twelve month staff education schedule includes topics relating to residents health and personal care. Residents interviewed were of the view staff have the skills and knowledge to perform their health and personal care roles effectively. Education relating to Accreditation Standard Two during 2008-2009 includes falls prevention, incontinence, sleep assessment and care planning.

## 2.4 Clinical care

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

### **Team’s recommendation**

Does comply

Management has demonstrated residents receive the clinical care which is appropriate to their needs and preferences. On entry to the home a resident is orientated and their admission information is collected in consultation with the resident/representative and their medical officer. Initial assessments identifying the resident’s personal preferences and immediate care needs are documented in an interim care plan. Care plans reflecting the assessments are completed by a division one registered nurse and are evaluated two monthly. Resident care needs are communicated to care staff via an entry in the progress notes, a communication diary and discussed at the care staff handover. Residents/representatives who spoke with the team confirmed the appropriateness of the care received in accordance with their needs and preferences.

## 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

The home ensures residents’ specialised nursing care needs are identified and met by appropriate qualified staff. Residents’ weights, vital signs and blood glucose levels are monitored and documented as per care plan requirement. Residents’ specialised nursing care needs including diabetic, wound and stoma care procedures are performed by registered nurses division one and two. For more complex care requirements the home is able to refer to specialist service providers. Review of residents’ files confirmed their specialist nursing care needs are being met by appropriately qualified nursing staff.

## 2.6 Other health and related services

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

### **Team’s recommendation**

Does comply

The home has a system to ensure residents are referred to appropriate health specialists in accordance with the residents’ needs and preferences. The initial assessment and the two monthly review process or a change in a residents care needs, may identify triggers for referral to an appropriate health specialist. The registered nurse division one will consult with the resident/representative and medical officer and refer to an appropriate health specialist. Residents’ referrals are communicated to the care staff via a progress note entry, the communication diary and discussed at the care staff handover. A referral feedback form is completed by the health specialist and provides the home with initial feedback on the resident while waiting for the official report and recommendations. A review of resident files confirms residents have access and are referred to other health and related services such as medical officers, speech therapist, dietician, physiotherapist, and podiatrist.

## 2.7 Medication management

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

### **Team’s recommendation**

Does comply

Residents’ medication is being managed safely and correctly. In the home medications are administered from its original packaging by a registered nurse division one. Medication charts

have the resident's photo and name, instructions for administration and known allergies allowing for correct identification of residents. The medical officer prescribes the medication name, dose, frequency and route of administration, dates and signs authority to administer and when to cease a medication. In the hostel medication is pre-packaged in a dose administration aid and administered by a medication endorsed division two registered nurse. The team observed medication charts to have correct entries following medication administration and the medication trolley to be well organised and clean. Residents who spoke with the team referenced their medication needs as being met.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The home has a pain management system for ensuring all residents are as free as possible from pain. On entry to the home all residents undergo a pain assessment with a non verbal assessment tool used for residents with a cognitive deficit. The pain management care plan is reflective of assessment's and is reviewed two monthly. Care staff attending to the daily needs of a resident report any change in a resident's pain status to the division one registered nurse. Changes to a pain management care plan are appropriately communicated to the care staff. A seven day pain monitoring chart is commenced to assess the effectiveness of changes made to a resident's pain management strategies. Review of residents' files confirms residents' pain is management effectively with analgesic medication, pressure area care and alternative strategies such as music or a hot drink.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

The home has a system for ensuring the comfort and dignity of terminally ill residents is maintained. On entry to the home, residents are offered to complete an end of life care wishes form. This enables a resident's choices to be respected and actioned when appropriate. Residents' are assessed and palliative care plans completed in consultation with the resident/representative and their medical officer. Palliative care is provided in accordance with the resident's needs and preferences and is reviewed two monthly as part of the resident of the day process. Lifestyle staff provide support to the family and one on one time with the resident. The home is able to consult with an external palliative care service provider to ensure appropriate care and services are being provided. Review of a resident's file confirms resident's palliative care needs are being met effectively.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

On a residents entry to the home an admission dietary advice form is completed of which a copy is given to the kitchen. Residents' nutrition and hydration requirements and preferences are identified. Changes to a resident's dietary requirements are communicated to the kitchen whereby the changes are noted and actioned as appropriate. Residents are offered a three weekly varied menu with their food choices being collected one week in advance. Residents are weighed monthly with a referral to a dietician being triggered by a significant change in a residents weight. The team observed a lunch period and noted residents being encouraged and or assisted to eat a well presented meal within a social environment. Residents who spoke with the team confirmed the meals were very good, tasty and plentiful.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

The home has a system for ensuring residents skin integrity is consistent with their general health. Skin assessments are completed on a resident’s entry to the home and care plans established and reviewed two monthly as per the resident of the day process. Assessments identify the degree of risk and care plans identify associated management strategies inclusive of pressure relieving air mattresses. Residents identified as being at risk are provided with pressure area care two hourly during the day and four hourly at night, as per the pressure area care record. Wound care is attended by registered nurses who have access to a wound care consultant.

## 2.12 Continence management

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

### **Team’s recommendation**

Does comply

The home has a system in place to ensure residents continence is managed effectively. A registered nurse division one oversees the continence program and monitors residents use and supply of continence aids. Residents on entry to the home undergo a three day continence assessment. Residents’ continence care plans include scheduled toileting times and use of continence aids. Continence aid use is monitored for effectiveness on a daily basis. The night staff restock residents’ continence aids on a nightly basis as per their aids required for the following day. The team observed ample stock of continence aids. Staff confirmed continence training had been attended including the completion of a self directed on line learning package.

## 2.13 Behavioural management

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

### **Team’s recommendation**

Does comply

Management demonstrates its approach to behavioural management is effective in meeting residents’ needs. On entry to the home residents are assessed for challenging behaviours. Care plans reflect assessments and include identified triggers and interventions for the management of the challenging behaviour. Residents are observed daily and reviewed two monthly for effectiveness of the care plan and/or changes in their behaviour. Management of behaviours may include medication management and alternative strategies such as diversional therapy and pain and continence management interventions. Review of some residents’ files confirms residents with challenging behaviours are being managed effectively with a combination of medical and alternative interventions.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s recommendation**

Does comply

The home has a system to ensure optimum levels of mobility and dexterity are achieved for all residents. On entry to the home residents are referred to the physiotherapist for assessment of their mobility, transfer and functional abilities. Residents care plans are reflective of



assessments and residents are offered an individualised exercise program. The physiotherapist will review a resident's care needs three monthly or as triggered by a resident's fall or a change in their condition. Changes to a resident's care needs are noted in the residents care plan and staff are informed via a progress note entry and verbal update. The physiotherapist will also assess the suitability of residents need for equipment such as a mobility aid.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

Residents oral and dental care needs are assessed on entry to the home and care plans established that reflect the residents needs and personal preferences. Care plans are reviewed two monthly and care staff attending to the daily needs of a resident report any change in a resident's oral hygiene care needs. Residents where appropriate are prompted to attend to their own oral care. Staff confirmed high care residents have toiletries provided by the home, of which are kept in individual baskets in their wardrobes. Residents interviewed and review of files confirms residents oral and dental care needs are being met. All residents who consented have recently undergone an oral/dental assessment as part of a trial dental program.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Team's recommendation**

Does comply

The home demonstrated residents' sensory loss are identified and managed effectively. Assessment of residents' sensory loss is commenced on entry to the home. The care planning is in consultation with the resident/representative, and is evaluated two monthly. Review of residents' files confirms residents' sensory loss care needs are being met with appropriate referrals to relevant specialists for assessment and treatment. The team observed residents attending a lifestyle activity where they were given the opportunity to taste and smell different types of food and discuss their experiences. The home has recently developed an assessment form for sensory loss, covering all five senses.

## **2.17 Sleep**

*This expected outcome requires that "residents are able to achieve natural sleep patterns".*

### **Team's recommendation**

Does comply

The home demonstrated its practices do enable residents to achieve natural sleep patterns. Residents sleep care needs are assessed following entry to the home. A care plan reflects the resident's personal preference and identifies habits and routines required to achieve natural sleep patterns. The care plan is reviewed two monthly. Alternative strategies are used as an alternative to medication management such as ensuring a comfortable environment, provision of supper and a warm drink. Night staff will handover observations of residents having difficulty with sleeping. Residents who spoke with the team confirmed they were able to achieve natural sleep patterns.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The home conducts continuous improvement activities in relation to residents’ lifestyle. Residents and representatives are very satisfied with the communication processes and feedback they receive from staff. Refer to Expected outcome 1.1 continuous improvement.

Examples of improvements in standard three include the following:

- external consultants conducted a full review of the lifestyle assessments, care plans, documentation and activities program during 2008 resulting in a fully revised system
- a new resident information handbook
- the lifestyle and leisure staff member changed hours to accommodate the growing need for a sundowners program
- the creation of an annual planner for lifestyle activities which is on display in the home
- regular exercise classes introduced for low care residents in April 2009

### 3.2 Regulatory compliance

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

#### Team’s recommendation

Does comply

The home is compliant with regulatory requirements related to resident lifestyle. Residents and representatives state they are very satisfied with the consistent care and communication provided at the home. All residents are offered occupancy agreements. Privacy and confidentiality related to resident clinical care and administrative information is strictly adhered to. Refer to Expected outcome 1.2 regulatory compliance.

### 3.3 Education and staff development

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

#### Team’s recommendation

Does comply

The lifestyle and leisure program is conducted by two qualified diversional therapists. To ensure they have the appropriate knowledge and skills to perform their roles effectively a consultant was engaged to undertake a full review of the lifestyle program and documentation. The review resulted in a complete revamping of the documentation and program. Appropriate staff received education and skill development resulting in all residents having been assessed using the new system and care plans developed which are reviewed every two months as part of the resident of the day process.

### 3.4 Emotional support

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

#### Team’s recommendation

Does comply

Residents and representatives are very satisfied with the initial and ongoing support and response they receive for all their care, well being and general needs. All prospective

residents and representatives are offered a tour and a meeting with the managing director and director of nursing. There are orientation checklists for residents and families to ensure they are properly oriented to the home. In early 2009 the local division of medical practice started a program of providing the services of a psychologist to support residents and this has been particularly useful for those dealing with grief and loss. Residents and representatives stated they are very satisfied with the ongoing support they receive from staff and management. Staff confirmed their awareness of the needs of each of the residents and their families

### **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

Residents are encouraged to maximise and maintain independence in all aspects of their lives as much as possible. On admission, each resident has a lifestyle profile completed to find as much as possible about the person's lifestyle, social and family background, educational achievements, work history and leisure interests and this information is used and reviewed on an ongoing basis to ascertain a resident's individual needs and goals. Residents are prompted to manage their personal care independently and access to physiotherapy, speech pathology and other services are available when necessary. Access to paid television and broadband internet are available and several residents have computers set up in their rooms. Several residents within low care manage their own financial matters and move freely in and out of the home as they want to. Family and friends are encouraged to visit and take their resident out into the community.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

Does comply

Residents are treated respectfully as an individual and their rights to privacy, dignity and confidentiality are supported by staff. Resident files, information and valuables are all stored securely. Residents and their families are informed about privacy via the resident privacy statement provided to prospective residents and the contracts of employment for staff include a privacy and confidentiality clause. Care activities are undertaken in resident rooms and ensuites; closing of doors and use of privacy screens are standard practice and staff are very aware of the limited areas for privacy within the home and work appropriately to retain privacy for residents and their relatives. Residents and representatives are very satisfied with the consistent way staff provided privacy and treat them with respect and dignity.

### **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

The lifestyle and leisure program is conducted by two qualified diversional therapists and operates Monday to Friday. During 2008, a consultant was engaged to undertake a full review of the program and documentation. The review resulted in a complete revamping of the documentation and program and since then all residents have been assessed using the new system and care plans developed which are reviewed every two months as part of the resident of the day evaluation. The program now offers a greater variety of activities and more emphasis on matching of activities to resident preferences and life experience. Regular individual activities include reading, chats, and massages and group activities include outings,

entertainers, group exercises, school groups, cooking, games, newspaper discussions and board games. Residents and representatives are satisfied with the variety and amount of activities and interests offered

### **3.8 Cultural and spiritual life**

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

#### **Team's recommendation**

Does comply

Residents' individual cultural and spiritual needs are identified on entry and adhered to on an ongoing basis. A multi denominational church service is held fortnightly; catholic pastoral carers visit fortnightly as do visitors from the greek orthodox church and residents from other religions are assisted to access support mechanisms as the needs arise. A variety of celebrations are mapped out on the yearly calendar and include Australia day, St. Patrick's day, cup day, grand final day and multicultural days. Specific resident celebrations include birthdays and relevant cultural celebrations are organised depending on the current residents. Residents and representatives are satisfied with the support and respect given for their cultural and spiritual needs.

### **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

During the entry assessment phase, detailed information about the resident's individual preferences is defined. These preferences include for example, rising and settling times, retiring rituals, personal hygiene practices, choices for dressing, grooming, oral and dental care, food likes and dislikes, lifestyle and leisure activities and cultural and spiritual needs. Residents are provided with an orientation to the home, a handbook that clearly defines the operations of the home and the charter of resident rights and responsibilities is included in the resident agreement and displayed throughout the home. Residents can participate in resident and representative meetings which are conducted every two months and surveys are conducted regularly. Consent for the home to use and disclose pertinent resident information is recorded. Preferences are reviewed and if required, amendments made to the care plan. All aspects of resident choice and decision making are monitored. Residents and representatives confirm they are satisfied with the communication, choices and decision making options available to them.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

Does comply

Residents and representatives meet with the managing director and director of nursing prior to entering the home to discuss fee structures, provision of services, security of tenure and rights and responsibilities. New residents or their representatives are provided with an agreement and a resident handbook containing information regarding the home and security of tenure. Residents have a tenancy agreement in place signed by them or their legal representative. Residents receive written information regarding their rights and responsibilities, internal and external comments and complaints systems, continuous improvement and privacy. Any potential changes relating to a resident's security of tenure are discussed with all relevant stakeholders. Residents and representatives said they are satisfied with the level of information the home provides regarding services and resident rights and responsibilities and feel secure with regards to tenure 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

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are generally satisfied with the living environment, laundry, cleaning and catering services. Refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in standard four include the following:

- the employment of an external consultant to review the food safety plan in 2008
- new menu following the results of a resident feedback and improvement forms submitted
- new laundry system introduced in 2009 to ensure good infection control practices
- purchase of an evac chair to facilitate emergency stairway evacuation
- hand rub dispensers installed at entrances to the home

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Processes and systems are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems regulations. The home complies with the building code of Australia and all its associated standards. There is an audited and approved food safety plan in place. The occupational health and safety committee representatives have attended the five day training and annual refresher courses. Refer also to Expected outcome 1.2 regulatory compliance.

### **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

Training and development opportunities are identified through staff annual performance appraisals, education surveys and continuous quality improvement audits. Staff are made aware of training and development opportunities via a twelve month staff education schedule. All staff are required to attend the mandatory annual training inclusive of manual handling, Infection control, fire safety and chemical handling. Staff who spoke with the team confirmed attendance at the annual mandatory training.

### **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 is a clean well presented double story home with comfortable furniture and various homely sitting and lounge areas both upstairs and down. The homes management demonstrated an effective preventative and responsive maintenance program inclusive of the use of appropriate contractors as required and daily equipment checks. Systems are in place for the reporting of maintenance requirements and the identification of hazards. Heating and cooling systems ensure comfortable internal temperatures. Residents' rooms are personalised with the team observing one resident to have a computer with internet access in their room. Call bells are available in all areas to ensure resident care and safety needs. Residents can access secure and well maintained courtyards and gardens. Residents and representatives expressed high satisfaction with the living environment, and were complimentary of the high standard of cleaning maintained at the home.

#### **4.5 Occupational health and safety**

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

##### **Team's recommendation**

Does comply

The occupational health and safety committee is incorporated into the standards of care committee which meets every two months. Staff undertake mandatory manual handling training yearly and competencies were introduced in 2008. The employee occupational health and safety representative attended a falls officer prevention training in 2009 and has established the falls prevention program in June 2009. Occupational health and safety audits include weekly audits of the evacuation kits, daily audits of the oxygen and suction equipment, daily visual checks of resident rooms, weekly wheelchair condition audits and regular environment audits. Staff are informed of any occupational health and safety issues through meetings, memos, use of hazard forms and the staff notice board. Staff have a good understanding of occupational health and safety issues and the environment is clean and free of clutter.

#### **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

Fire and evacuation procedures are prominently located around the home and fire and emergency procedures are included in staff orientation and form part of the mandatory education program. Routine inspections and maintenance are conducted on fire and other safety and security equipment by external contractors and appropriate documentation is completed. An intercom is installed at the front entrance to screen out of hours visitors. Security measures are in place such as tagging of electrical equipment, keypad coded exit doors, and a sign in and out register for visitors and contractors. A security checklist is completed by staff during every night shift. Residents and representatives feel the environment is safe and secure and staff demonstrated an understanding of fire and security procedures and systems.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has a system to ensure its infection control program is effective in identifying and containing infection. The director of nursing is responsible for overseeing the homes infection control program. Infection control information such as updates from government and other legislative bodies, education sessions and meeting agendas are distributed to staff via

memo's, relevant meetings and noticeboards. Infection control statistics are collected, tracked, trends identified and reported at the staff, resident/representative and medication advisory committee meetings. Infection control education is provided to staff as yearly mandatory education sessions. Staff have access to both influenza and gastric outbreak management kits and information, which are kept in a centralised point of the home. Pest control measures and a food safety program are in place. Staff were observed to attend to hand hygiene as appropriate following provision of care to residents.

#### **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 team observed the homes hospitality services to be provided to residents in a generous and friendly manner, with regard for their individual needs and preferences. Resident needs and preferences are assessed on entry to the home and reviewed as per the resident of the day process. Effective communication ensures required changes are made to the provision of a relevant service. Information dissemination and regular consultation with residents and representatives about meals, laundry and cleaning provision occurs through resident and representative meetings, newsletters and the resident hand book. The team observed resident living areas and staff working environments to be kept clean through consistent implementation of cleaning schedules. Residents/representatives expressed high satisfaction with all hospitality services.