



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Cheltenham Manor

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

The Agency has decided that the period of accreditation of Cheltenham Manor is three years until 21 August 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: Cheltenham Manor

RACS ID: 3256

Number of beds: 90 Number of high care residents: 2

Special needs group catered for:

- Extra Services

Street/PO Box: 10-12 Bendigo Street

City: CHELTENHAM State: VIC Postcode: 3192

Phone: 03 9584 1111 Facsimile: 03 9585 4800

Email address: N/A

Approved provider

Approved provider: Cheltenham Manor Pty Ltd

Assessment team

Team leader: Heather Pearce

Team member/s: Jillian Cocks

Date/s of audit: 26 May 2009 to 27 May 2009

Executive summary of assessment team's report	
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
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

Accreditation decision

Agency findings
Does comply
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Agency findings
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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
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Agency findings
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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	Cheltenham Manor
RACS ID	3256

Executive summary

This is the report of a site audit of Cheltenham Manor 3256 10-12 Bendigo Street CHELTENHAM VIC from 26 May 2009 to 27 May 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 Cheltenham Manor.

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 26 May 2009 to 27 May 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:	Heather Pearce
Team member/s:	Jillian Cocks

Approved provider details

Approved provider:	Cheltenham Manor Pty Ltd
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Details of home

Name of home:	Cheltenham Manor
RACS ID:	3256

Total number of allocated places:	90
Number of residents during site audit:	62
Number of high care residents during site audit:	2
Special needs catered for:	Extra Services

Street/PO Box:	10-12 Bendigo Street	State:	Victoria
City/Town:	CHELTENHAM	Postcode:	3192
Phone number:	03 9584 1111	Facsimile:	03 9585 4800
E-mail address:	cheltenham.manor@westnet.com.au		

Assessment team's recommendation regarding accreditation

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

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
Proprietor	1	Catering staff	2
Manager	1	Residents	8
Care coordinator	1	Physiotherapist	1
Assistant Manager	1	Laundry staff	1
Registered nurses	3	Cleaning staff	2
Care staff	3	Administration assistant	1
Diversional therapist	1	Physiotherapy aide/massage therapist	1
Therapeutic activity coordinator	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Care plan overviews	12	Personnel files	5
ACFI files	6	Wound assessment and management charts	4
Diabetic management medical care plans	5	Therapeutic needs assessments, care plans and service charting	6
Weight charts	24	Medication skills assessments	6
Staff hand washing audit charts	7	Resident agreements	7
Lifestyle care plans	7		

Other documents reviewed

The team also reviewed:

- Activities calendars x two
- Activities participation and evaluation documentation
- Administration support book
- Area folders
- Asset register and maintenance book
- Audits and system review documentation
- Building certification documentation
- Circulars
- Continence management folder
- Corrective action plans
- Education and training analysis 2008
- Education and training record book
- Education confirmation documents
- Education flyer
- Education/training evaluation form
- Electrical testing and tagging register
- Essential services equipment testing records, audits, reports and documentation
- External education list
- Flu vaccination records
- Food safety program and audit
- Gastroenteritis support book
- GP visits book
- Hearing aids folder
- Human resources book
- Incident report summary
- Infection control register 2009
- Infection control support book
- Job descriptions
- Kitchen registration certificate
- Letters of appreciation
- Lifestyle assessments
- Living environment audits
- Massage therapy folder
- Meeting minutes
- Memos
- Optometry reports
- Policies and procedures
- Preventative maintenance schedule
- Recruitment policies and procedures
- Resident lifestyle assessments and care plans
- Resident satisfaction survey -2009
- Residents' handbook
- Residents' information package
- Rosters
- Schedule of meetings and other special events
- Staff allocation book
- Staff handbook
- Staff orientation handbook
- Staff qualifications register book
- Suggestion forms
- Terms of reference for meetings
- Workplace inspection reports

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Staff communication
- Staff practices
- Storage of medications
- 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

Management and staff demonstrated an enthusiastic approach to continuous improvement within a well developed structure. The different elements of the system contain easy to follow links between items that are referred to other managers or committees. Actions taken are being evaluated for their effectiveness and monitoring is being undertaken in audits, observations and competency assessments. Recent improvements relating to management systems, staffing and organisational development include:

- The relocation of the care office to a more central position that is larger and has better visual access to residents. The office has been equipped with new furniture and the facsimile machine has also been relocated to this office to facilitate more efficient operation.
- The format and order of resident files has been altered to make the access of information more efficient. New covers were also purchased for the files.
- The incident form was reformatted and incorporates an observation chart on the reverse side that now includes the newly released Glasgow coma score. Copies of the incident report are now printed out rather than being photocopied, ensuring the information is clear and easy to read.
- Changes were made to the maintenance book to facilitate better tracking of work done.
- The purchase of seven high/low beds.
- The purchase of an additional lifting machine battery, charger and slings.

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’s proprietor is a lawyer who practises in the aged care field and manages the home’s regulatory compliance obligations. The home subscribes to a variety of industry peak bodies and receives updates and notices of regulatory and legislative changes through the weekly law institute summaries in the proprietor’s legal practice. The management team then makes the necessary changes to systems, policies and procedures and the updated documentation is circulated to staff in memos and at staff meetings. Staff also have internet access to departmental and peak body websites to access information. Compliance is monitored through audits, observations and competency assessments and any deficits are actioned through the continuous improvement system. There is an up to date process in place to monitor police record checks for all staff. The home also has systems in place with its external contractors and services providers to ensure all their personnel who have one on one time with residents have police record checks.

1.3 Education and staff development:

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

Team's recommendation

Does comply

Planning for staff education begins with analysis of the previous year's training and its effectiveness, with consideration of the best ways to deliver education such as formal sessions, small groups or individual sessions. The education topics are based on staff reviews conducted in November and December each year, data analysis, resident feedback, and issues identified by management. Education sessions held in relation to standard one include legal issues, comments and complaints, information on policy and procedure changes and documentation. Staff expressed appreciation of the educational opportunities provided for them.

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

The home provides formal and informal complaint mechanisms that are accessible to residents, relatives, staff, volunteers and visitors. The home's analysis of the system shows that the home is receiving information from all stakeholders. Information about internal and external systems is included in resident and staff handbooks and forms and brochures are available throughout the home. All respondents to the recent resident satisfaction survey stated that they are aware of the systems that are in place for making suggestions or complaints. An active resident suggestion committee is elected each year through a formal ballot system and this committee also raises and discusses issues with management and at meetings. Residents interviewed confirmed their knowledge of the systems and the prompt response times and the satisfactory resolution of issues they had raised.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's mission, vision and philosophy of care statements are displayed throughout the home, and are included in resident and staff handbooks.. The organisation's commitment to quality is evident through its comprehensive planning processes for future development of the home, its framework for continuous improvement and in the provision of high quality, resident-focused care and the living environment. Management provides strong leadership through their commitment to the home's mission, vision and philosophy of care.

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

Residents and staff said that there are always enough staff to meet residents' needs and that they provide services in a timely manner. Staff with appropriate skills are employed and a number of staff are being supported to continue education for additional qualifications. This includes a number of care staff completing bachelor of nursing and certificate four in nursing, one staff completing a psychology degree, activities staff completing certificate three in leisure and lifestyle and catering staff completing a certificate three commercial cookery course. New staff are provided with orientation and work with another staff member for one or more shifts to learn their role.

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 processes in place to ensure adequate stocks of appropriate goods and equipment are available to staff and residents as required. This is implemented through a buying group that guarantees high quality of goods and services and responsive delivery and attendance times. Departmental managers are responsible for the ordering and stock control of all equipment they use. The proprietor maintains an asset register. Product evaluations are undertaken prior to purchasing new equipment and staff have the opportunity to make suggestions about the need for new equipment through the continuous improvement systems. Preventative maintenance is attended to according to a schedule and a system is in place to ensure corrective maintenance is attended to by qualified trades personnel or manufacturers' agents. A gardening book is available for residents or staff to request or identify gardening tasks that are required. Staff and residents confirmed the home has appropriate supplies and that equipment is well maintained.

1.8 Information systems

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

Team's recommendation

Does comply

Staff are able to access policies and procedures, information folders, working folders and resident files in the staff office. New staff are informed of the home's information systems as part of their orientation. All folders related to management or resident care including resident files are indexed, organised, and information is readily available. Residents' care information is conveyed to relevant staff through communication with the care coordinator, progress notes, shift handovers, care plans and care plan overviews. Information is also shared through meetings held according to a schedule, informal meetings and consultation processes.

1.9 External services

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

Team's recommendation

Does comply

The home sources external service providers through the proprietor's buying group and provides service contracts for these providers that are drawn up in the proprietors' legal firm. A list of these approved providers is available for staff use. Staff and management monitor the quality of goods and services provided on a daily basis and unsatisfactory goods or services are dealt with immediately. Providers who do not

consistently provide satisfactory goods or services are terminated and alternative suppliers are sourced. External service providers' personnel are orientated to the home and provided with a suppliers' handbook. Staff and residents stated their satisfaction with the standard of goods they use and all respondents to the recent resident satisfaction survey confirmed this view.

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

Management and staff assess the effectiveness of the systems and documentation used to guide resident's health and personal care through audits, observations, staff competency tests and observations. Information is also gathered during resident and staff meetings and through the suggestions mechanisms. Corrective action plans are developed to address all issues raised. Recent improvements relating to residents' health and personal care include:

- The purchase of a new medication trolley.
- The commencement of a trial to assess the most appropriate sensor mats for the current resident population.
- Changes to the care plan overview page to reduce it to a one page format to make it easier for staff to access pertinent overview information about a resident quickly.
- The introduction of a laminated list of drugs and their related generic drug names.
- The replacement of the accredited pharmacist to undertake medication reviews.
- Changes to a skin care form to include new products that are now being used.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place to monitor compliance with all regulations relating to resident health and personal and these include audits, reporting registers, observation and staff competency assessments. Staff have access to policies and procedures relevant to their roles and can access other information electronically if required. Registered nurses division one manage the care needs of all residents. Medications are stored appropriately and administered according to legislative requirements. A register of the professional registrations of nursing staff and allied health professionals is updated annually. Staff confirm they receive updates and guidance on legislative changes appropriate to their areas of responsibility.

2.3 Education and staff development

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

Team's recommendation

Does comply

The clinical coordinator conducts a number of small group and individual sessions to ensure all care staff have appropriate knowledge. New care staff have an orientation program working alongside another staff member to learn their role. Guidelines for care delivery is included in care plans and area folders used by staff on a daily basis.

Education provided in relation to standard two includes use of thickened fluids and fluid intake, medication management, care documentation, wound management, measuring vital signs, pain assessments, diabetes and blood glucose level regimes, continence care, skin care, swallowing difficulties, weighing residents, and fluid restriction.

2.4 Clinical care

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

Team's recommendation

Does comply

Each resident has a care plan and care plan overview developed when they move into the home based on consultation and extensive assessments conducted by the care coordinator (registered nurse division one). Care plans and care plan overviews are reviewed by the care coordinator regularly to ensure the resident's needs continue to be met and care strategies are current. Care plan consultation with the resident or their representative is completed when a new resident's care plan is developed or when changes occur. Residents' clinical needs continue to be monitored on an ongoing basis and any issues are referred to their doctors or other health professionals as appropriate. Resident expressed appreciation of the care provided and complimented staff.

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 clinical coordinator is a registered nurse division one and oversees specialised nursing care needs. Specific care plans are written for residents with specialised needs such as colostomy care and catheter care. Doctors have written instructions in diabetic management medical care plans that staff follow to monitor residents with diabetes. Wound management is attended by a registered nurse division two who has completed training in wound management. Wound management includes consultation with the care coordinator and treating doctor. Wound care specialists are used for wound management advice if needed.

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

A list of residents' usual health care providers and any appointments is maintained in their files. Residents are routinely seen by the physiotherapist when they move into the home or if a need arises. The physiotherapist and a physiotherapy aide/massage therapist attend the home several times a week. A podiatrist attends all residents' foot care needs. Residents have been referred or continue to see health professionals including a dietitian, speech pathologist, optometrist, dental technician, occupational therapist, aged persons mental health team, and continence clinic. A number of residents and their representatives continue to arrange external appointments according to their preferences. Residents confirmed that they attend external appointments when necessary and are seen by their doctor and other health professionals within the home.

2.7 Medication management

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

Team's recommendation

Does comply

The medication management system is overseen by the registered nurse division one (clinical coordinator) who conducts a medication assessment with each resident to identify how they like to take their medications and any assistance required. Two staff on each shift are allocated to administer medications and these staff have completed medication and skills assessments to ensure safe practice. Staff demonstrated a sound knowledge of medication management. There are checking systems in place to ensure that staff sign medication charts and medications are ordered and stored appropriately. The registered nurse division one conducts medication audits every six months. Medications are packaged by the pharmacist into multidose administration aids. A medication advisory committee meets regularly to review the medication management system. A consultant pharmacist regularly reviews residents' medications.

2.8 Pain management

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

Team's recommendation

Does comply

Residents said that they are free from pain and if they experience any pain staff are attentive in assisting them. Pain assessments and pain flow management charts are completed to identify if a resident has pain and the best ways to manage their pain. Staff provide pain management relief as prescribed by the doctor or included in the care plan such as use of heat packs, heat rubs and gentle exercise. Staff routinely check with the resident half an hour later to see if the pain management measures have been effective. If a resident's pain continues they are referred to their doctor. The physiotherapist and massage therapist assist in developing and delivering pain management programs.

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 clinical care coordinator discusses residents' terminal care wishes soon after they move into the home or at a later time that suits the resident and their family. If palliative care is required, consultation occurs with the resident, their family, treating doctor and visiting palliative care service. Palliative care is generally not provided at the home if clinical care needs exceed what is able to be provided.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents expressed satisfaction with the meals provided. New residents discuss their dietary needs and preferences with the care coordinator when they move into the home. Dietary requirements are communicated to the kitchen along with instructions

for any special cutlery or crockery needed for the resident to be able to eat independently. Residents are routinely weighed on a monthly basis. Currently all residents' weights are stable but if a change occurs their food intake is monitored and they are referred to the dietitian. Residents with swallowing difficulties are referred to a speech pathologist.

2.11 Skin care

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

Team's recommendation

Does comply

Skin care is included in care plans and care plan overviews. The care plan is based on an assessment conducted by the care coordinator. Skin care for residents at risk of developing pressure related skin disorders include ensuring positional changes, special mattresses including air mattresses, cushions, limb protectors and sheepskins. Residents are referred to the physiotherapist or an occupational therapist for advice on appropriate seating and aids that will reduce the risk of pressure or provide protection. Most residents use moisturising creams and/or prescribed creams as part of their daily hygiene. Residents expressed satisfaction with assistance provided by staff when attending hygiene and skin care.

2.12 Contenance management

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

Team's recommendation

Does comply

Residents are assessed by the care coordinator in conjunction with care staff to find out if the resident experiences any incontinence and how they usually manage this. Strategies are implemented to promote continence and reduce or manage episodes of incontinence. To promote continence residents are prompted or assisted to the toilet generally on a two-hourly basis. Continence aids are provided to residents if needed. The continence supplier provides support and advice to staff on continence management and the most suitable aids for residents. Residents said staff are helpful and assist them with personal care in a timely manner.

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 are few residents with the potential for challenging behaviours and these residents are managed effectively to avoid behaviours by providing meaningful activities to keep them active and occupied. A therapeutic activity coordinator sees residents with dementia or depression on a daily basis Monday to Friday. Activity programs either individual or for small groups are organised with the aim to enhance residents' lives. The program promotes relaxation through music and aromatherapy, and provides activities with a flexible program according to residents' daily needs and requests. Residents said that staff are kind and attentive with residents who have dementia. A letter of appreciation has been received from a resident's relative regarding the special activity program and the difference it has made.

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 care coordinator conducts assessments to determine residents' abilities with transferring and mobility, and writes a care plan and care plan overview to inform staff. The physiotherapist conducts a physiotherapy assessment and falls risk assessment and develops an individualised care plan. Care plans include attendance at exercise programs held three times a week run by the diversional therapist and physiotherapy aide. The physiotherapy aide assists residents with their individual exercise programs. The physiotherapy aide is also qualified to provide therapeutic massage to reduce pain and stiffness for residents referred by the physiotherapist or doctor. Residents said that they enjoy attending the exercise programs and receive assistance from the physiotherapist and physiotherapy aide when needed.

2.15 Oral and dental care

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

Team's recommendation

Does comply

An oral and dental assessment is conducted by the care coordinator and a care plan and care plan overview are written with information on maintaining each resident's oral hygiene. Residents said that staff are helpful when assisting them with their daily hygiene, or that they remain independent in oral hygiene. If a resident requires dental treatment they are referred to the dentist of their choice. The home is currently arranging for a visiting dental service to attend residents in the home for checkups and any subsequent dental treatment.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents' sensory losses are assessed by the care coordinator as part of the assessment process conducted when a resident moves into the home. A care plan is written noting any sensory losses and how to assist the resident with activities of daily living. The care plan has ways to communicate effectively with residents if they have hearing loss. Staff are aware of residents who have hearing aids and ensure regular battery changes occur. If a resident has significant vision loss strategies are recorded to assist the resident when needed, and to maximise their vision and maintain their independence. Care plans incorporate advice and information from vision loss experts. Information and library books are available for residents in large print.

2.17 Sleep

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

Team's recommendation

Does comply

Residents said that they are comfortable at night and achieve their usual sleep patterns. Staff available if residents require attention overnight or have difficulty sleeping. Assessments conducted for sleep include resident preferences and routines for settling, times they prefer to get up and go to bed, and any staff assistance required. A care plan is written identifying the resident prefers to settle, how to make them comfortable in bed and if they need any assistance to go to bed or overnight.

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

Residents, representatives and lifestyle staff contribute suggestions for improvements that relate to residents’ lifestyle. An additional member of staff has been employed to assist residents with cognitive impairment to participate and contribute to improvement suggestions. Recent improvements relating to resident lifestyle include:

- The appointment of a full time registered nurse division two to manage the lifestyle needs of residents with cognitive impairment.
- A change to using bold type face on resident activity calendars so residents can read them more easily.
- Simplifying the residents’ activity participation sheet using a coded system to free up the time of the lifestyle coordinators so they have more time to spend with the residents.
- The placement of a diary in the rooms of residents to improve communication between staff and the residents’ family members and to provide family members with information about who has visited and what activities the resident has been participating in.
- The therapeutic lifestyle coordinator has commenced relaxation, music and aromatherapy sessions for residents with cognitive impairment.
- The home has purchased a multi disc compact disc player for lifestyle staff use with residents.
- Liaison with the local council to provide a seat in the street that residents can use during their walking sessions.

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

Processes and systems are in place to identify and ensure the home is compliant with legislation, regulations and guidelines in relation to resident lifestyle. Residents and their representatives receive information relating to privacy legislation on entry to the home and the charter of residents’ rights and responsibilities is prominently displayed and included in resident and staff handbooks. Staff receive education on their obligations to respect residents’ privacy during their orientation. All residents have signed residency agreements on admission and policies and procedures have been updated to reflect recent changes in mandatory reporting of elder abuse and missing residents.

3.3 Education and staff development

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

Team’s recommendation

Does comply

The main activity program is overseen by a qualified diversional therapist and a second activity program for residents with cognitive impairment is overseen by a therapeutic activity coordinator. The therapeutic activity coordinator is booked to undertake a certificate three qualification in leisure and lifestyle and an education session to assist in providing activities for residents. The education program provided for staff in relation to standard three also includes staff attending sessions on residents' rights, and duty of care. An education session is planned for June entitled 'enhancing the well being and functioning of aged people'.

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

Following their admission, residents receive emotional support from the one of the lifestyle team to assist them to adjust to life in their new environment. They are informed about the services and activities offered in the home and introduced to staff and other residents. Residents' emotional needs are then assessed and individualised care plans are developed to guide ongoing emotional support. Residents' are supported to maintain friendships and activities in the community. The therapeutic activity coordinator has overcome physical, emotional and estrangement issues to facilitate ongoing contact between some residents and their family members and now assists them individually with associated emotional support. Lifestyle staff attend education from Alzheimer's Australia to support the relatives of residents who have dementia. Residents confirmed that they are well supported emotionally by staff.

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

Staff encourage and assist residents to maintain their physical, emotional and recreational independence wherever possible. Many of the home's current resident population maintain their own financial affairs and staff liaise with State Trustees or family members to ensure that other residents' preferences are not hindered by financial restraints. Care plans record the level of support and assistance required for each resident and some residents were observed using assistive devices to maximise their independence. Residents are encouraged to attend exercise programs and walking groups that are assessed by the physiotherapist, to maintain and improve their mobility and dexterity. Residents' and relatives confirmed that staff and management support residents to maintain their independence as appropriate.

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

The doors to residents' rooms are recessed to provide an additional level of privacy and all rooms have ensuite bathrooms. The team observed the home's staff and management respecting resident's privacy, dignity and confidentiality during the site audit by knocking prior to entering residents' rooms and calling residents by their title or their preferred names. Confidential information gathered about a resident is stored

securely and access is restricted to authorised personnel. Staff receive education about privacy and confidentiality during their orientation and conduct handover in a private area. Residents confirmed that they have a lockable drawer in their rooms and that their privacy and dignity needs are respected.

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 home provides two activity programs from which residents can choose to participate. Individual lifestyle care plans are developed following a period of assessment and these are reviewed three monthly or as required. A full time therapeutic activity coordinator attends to the lifestyle needs of residents with cognitive impairment and facilitates stimulating programs and outings to meet these residents' needs and preferences. Attendances at activity program are recorded and analysed to ensure programs that are of interest to residents are being offered. Residents stated their high levels of satisfaction with the provision of lifestyle activities and this was supported in the recent resident satisfaction survey. The proprietor told the team that since he appointed the therapeutic activities coordinator the home has received very positive feedback from family members about the improvements in their relatives' demeanour.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place to identify, value and respond to residents' individual interests, customs, beliefs and cultural and ethnic backgrounds. The home currently has several residents from different cultural backgrounds. The home celebrates significant cultural and religious days with relevant activities and meals and recently special groups have been arranged where residents are encouraged to share their experiences growing up in their regions with the assistance of maps, pictures and artefacts. Religious services are conducted in the home weekly and pastoral care is provided to those who elect to receive it. The home has resources available to meet the needs of residents from culturally diverse backgrounds and individual needs are sourced when necessary. Residents confirmed their satisfaction with their ability to maintain their cultural and spiritual lives and this view was supported by all respondents to the recent resident satisfaction survey.

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 are encouraged to exercise choice and control regarding their lifestyle and care including choice of doctor, refusal of treatment, showering frequency and times, use of mobility aids, food choices and leisure interests. Residents' choices and preferences in relation to care and lifestyle activities are recorded on care plans and are regularly reviewed. Staff are educated about residents' rights and responsibilities

during their orientation and this information is included in staff and residents' handbooks. Family conferences are held when changes to care plan are required so decisions can be made together. Residents confirm that they are provided with enough information upon which to make informed decisions.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Prospective residents are provided with information about fees and charges and a tour of the home to assist them to ascertain the suitability of the home to their needs. On entry, a package of information is provided that includes details of internal and external avenues for suggestions and complaints and the resident handbook. Lifestyle staff also provide detailed information about services provided within the home. All residents sign a residency agreement and the charter of residents' rights and responsibilities is displayed in the home and is included in the resident handbook. A full copy of the specified care and services items is also contained in the resident handbook. Residents advised the team that they are informed and consulted about any changes that affect them. Residents stated that they understand and are satisfied with the parameters of their tenure in 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

Staff and management are the main contributors to continuous improvement suggestions regarding the physical environment and safe systems. Management receives information from staff on suggestion forms, through audits, at meetings and through maintenance processes. Recent improvements relating to the physical environment and safe systems include:

- The development of a new gastroenteritis support book, based on information provided by the Department of Health and Ageing.
- In liaison with the physiotherapist, the development of a new audit and competency assessment for the operation of the lifting machine.
- The purchase of an industrial food processor.
- The wheels of the cleaners’ trolleys were changed to a wheel that is lighter and easier to manoeuvre on carpet.
- At the request of night staff, the security was bolstered on an external door.
- Insulation was installed in the top roof of a section of the home where there was none to improve the internal temperature in all seasons.
- New furniture was purchased for the residents’ lounge room.

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

Systems and processes are in place to enable management to identify and ensure that the home is compliant with regulations pertaining to the physical environment and safe systems. The home receives information through the proprietor’s legal firm and other professional associations relating to changes to regulations around infection control, work safety, hospitality, fire, emergency and building requirements and food hygiene. Education attendance records confirm that all staff attend mandatory training in fire and emergency procedures, infection control and manual handling. Staff confirmed that they are familiar with their responsibilities in complying with regulatory requirements around the physical environment and safe systems.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The education program includes mandatory training for manual handling, infection control and emergency training. Manual handling training is provided by the

physiotherapist; a new staff assessment tool will be introduced shortly for the physiotherapist to test theoretical knowledge and observe staff practice in small groups. An emergency drill was held recently with a follow up questionnaire for staff to complete. Any staff who are unable to attend are required to watch a DVD of the session and complete the questionnaire. The chef supervises food handling, and catering staff have food handling certificates. Other group training sessions in relation to standard four includes use of chemicals, infection control, hazard awareness and completion of an incident form.

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

Single residents are accommodated in single ensuite rooms and two bedroom apartments are available for couples. The complex is tastefully furnished and furniture is appropriate for residents' needs. The internal and external environments are well maintained providing residents with a choice of outdoor living areas and communal lounges in which to enjoy or entertain their visitors. A private dining room is available for residents so they can invite guests to share a meal with them. The home's equipment is maintained according to a preventative maintenance schedule and reactive maintenance is attended to by qualified trades' personnel. Environmental audits are undertaken to ensure the home remains safe for residents and staff. Residents were observed to have access to their call bells and mobility aids. Cleaning is undertaken according to a schedule seven days per week and residents confirmed that the high standard of cleanliness is maintained at all times. Respondents to the recent resident satisfaction survey stated their satisfaction with the home's temperature, the amount of space available to them and their safety and security. The team observed that the home was a well lit and free of odour and residents confirmed their satisfaction with the environment of 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

A health and safety committee meets on a three monthly basis with extraordinary meetings held if needed. This meeting is attended by key management staff and a staff representative. Health and safety meetings consider information and statistics on staff or resident incidents, infection control and workplace inspections, as well as any other business arising. Staff have recently received additional education on hazard reporting and how to complete an incident report. Staff receive education on manual handling on an annual basis.

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 emergency procedures and assembly points that are well known to staff. Staff training in emergency procedures includes mock evacuations and use of

fire equipment. The home currently has no residents who smoke but designated smoking areas are identified. Emergency procedures and maps are clearly displayed throughout the facility and the home meets its certification requirements. All electrical equipment is tested and tagged by a qualified technician according to requirements. All exit doors were observed to be free from clutter and exit signs were all illuminated. A current list of residents was observed in the emergency procedures book and is updated whenever residents move in or out. The home has developed back up procedures should the lift be out of order and this includes for resident movement and delivery of goods and services.

4.7 Infection control

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

Team's recommendation

Does comply

The care coordinator is responsible for infection control. Policies and procedures are available on infection control and stress the importance of hand washing. An infection register is used by the clinical coordinator to record residents' infections and resolution dates. Statistical data is analysed on a monthly and annual basis with a tracking sheet maintained throughout the year. Care staff carry 'personal care baskets' containing disposable gloves and aprons, rubbish bags, a hand wash preparation and paper towels. Staff are randomly audited for their hand washing techniques and other audits are conducted on infection control practices. Staff have been provided with education and an information pack on controlling infectious outbreaks. Staff are aware of their responsibilities in regard to infection control and demonstrated a knowledge of infection control principles. Residents have been provided with flu vaccination and flu vaccination offered to staff resulted in 100 per cent of staff accepting the flu vaccination.

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 systems in place for the provision of catering, cleaning and laundering of residents personal clothing. Linen is outsourced to an external service provider. The home's chef oversees the home's food safety plan and meals are provided on a four week rotational menu. Residents indicate their choice of meals one day in advance using an individualised ticketing system. Alternative meals, snacks and drinks are available outside meal times. An independent auditor has deemed the food safety plan compliant with all requirements, and the kitchen is registered with the local council. The menu has been checked by a nutritionalist and the day's meal is displayed clearly in the dining room. Cleaning is undertaken over seven days per week according to a schedule. The team observed that the home was clean and tidy and residents and staff confirmed that this standard is maintained at all times. Laundry and ironing services are offered seven days per week and clothing is returned to residents within 24 hours. All hospitality areas had ample supplies of personal protective equipment and appropriate material safety data sheets were available in each area. Residents and staff praised the home's catering, cleaning and laundry services and all respondents to the recent resident satisfaction survey stated their satisfaction with the meals provided.