



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Eden on Bribie

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

The Agency has decided that the period of accreditation of Eden on Bribie is three years until 19 March 2014.

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:		Eden on Bribie			
RACS ID:		5399			
Number of beds:		90	Number of high care residents:		73
Special needs group catered for:			<ul style="list-style-type: none"> Dementia and related conditions 		
Street/PO Box:		199-213 Goodwin Drive			
City:	BONGAREE	State:	QLD	Postcode:	4507
Phone:		07 3400 1000		Facsimile:	07 3400 1040
Email address:		Accreditation.Bribie@acsg.net.au			
Approved provider					
Approved provider:		Embracia Communities Pty Ltd			
Assessment team					
Team leader:		Jill Winny			
Team member/s:		Sandra Henry			
Date/s of audit:		20 December 2010 to 22 December 2010			

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

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

Standard 2: Health and personal care

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

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

Executive summary of assessment team's report

Accreditation decision

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

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

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Eden on Bribie
RACS ID	5399

Executive summary

This is the report of a site audit of Eden on Bribie 5399 199-213 Goodwin Drive BONGAREE QLD from 20 December 2010 to 22 December 2010 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 Eden on Bribie.

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 20 December 2010 to 22 December 2010

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:	Jill Winny
Team member/s:	Sandra Henry

Approved provider details

Approved provider:	Embracia Communities Pty Ltd
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Details of home

Name of home:	Eden on Bribie
RACS ID:	5399

Total number of allocated places:	90
Number of residents during site audit:	79
Number of high care residents during site audit:	73
Special needs catered for:	Dementia and related conditions

Street/PO Box:	199-213 Goodwin Drive	State:	QLD
City/Town:	BONGAREE	Postcode:	4507
Phone number:	07 3400 1000	Facsimile:	07 3400 1040
E-mail address:	accreditation@embracia.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Eden on Bribie.

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

Interviews

	Number		Number
Director of care	1	Residents/representatives	15
General manager	1	Volunteers	2
Systems manager	1	Workplace health and safety officers	2
Clinical care coordinator	1	Laundry staff	1
Clinical nurse	1	Cleaning staff	2
Infection control coordinator	1	Maintenance staff	1
Registered nurse	1	Lifestyle coordinator	1
Endorsed enrolled nurse	2	Lifestyle assistant	1
Care staff	6	Catering staff	2

Sampled documents

	Number		Number
Residents' files	10	Medication charts	24
Resident administration files	5	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity program
- Aromatherapy assessment form
- Assets requests/capital expenditure
- Audits
- Behaviour monitoring chart
- Bowel charts
- Carers supplies imprest
- Cleaning schedule

- Continuous quality improvement plan
- Daily activity sheet
- Dietary assessment
- Education program
- Education topic matrix
- Fire and emergency manual
- Fire safety management plan
- Flow chart illustrating steps in the management of an outbreak of gastroenteritis
- Food business licence
- Food intake forms
- Food safety program
- Guidelines for the management of gastroenteritis
- Handbooks
- Hazard alert form
- Incident reports
- Individual exercise programs
- Infection control knowledge questionnaire
- Infection control plan
- Infection control policy
- Infection control reports
- Infection surveillance report
- Mandatory education day program
- Manual handling/mobility plan
- Material safety data sheets
- Meeting minutes
- Message to manager forms
- Monthly infection records
- Newsletter
- Ongoing maintenance record
- Organisational chart
- Outbreak management plan
- Physio care plans
- Planned maintenance program
- Position descriptions
- Resident admission booklet
- Residential care agreement
- Risk assessments record chart
- Rosters
- Schedule 8 drug register
- Second monthly care evaluations
- Service/product suppliers review form
- Staff orientation folder
- Summer menu
- Suppliers agreement
- Unintentional weight loss study
- Weight management guidelines
- Wound care plans

Observations

The team observed the following:

- Activities in progress
- Care staff handover
- Checking of schedule 8 drug stock

- Equipment and supply storage areas
- Hand washing facilities in use
- Handover
- Interactions between staff and residents
- Living environment
- Meal service
- Medication rounds
- Morning and afternoon beverage rounds
- Noticeboards
- Posters on display identifying various ethnic Christmas customs of current residents
- Registered nursing staff handover
- Spill kit
- Storage of medications
- Suggestion boxes
- The charter of residents rights and responsibilities displayed
- Use of personal protective equipment
- Volunteers on site

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

Eden on Bribie (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and the home’s open door policy. Improvements are monitored and evaluated through the improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home’s continuous improvement.

Examples of continuous improvement activities in Standard one include:

- In response to the higher needs of residents in two of the home’s community groups, the morning shift for personal carers has been increased by four hours. Care staff reported that the additional hours enable them to assist residents with their personal care needs in a timely manner.
- The identification photographs placed on the front of residents’ medication charts have been enlarged for improved clarity. The Director of Care reported that the larger photographs assist registered staff, particularly new and agency staff, to clearly identify residents when giving out medications

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 to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation, including the reporting of missing and absconding residents, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through staff meetings, electronically, education sessions, memos, noticeboards and direct communication. The home has a system in place to ensure all relevant individuals have been screened through a current criminal record check. Residents/representatives were informed of the accreditation audit through notice boards, newsletters and meetings.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake a variety of internal and external training programs relating to the four Standards. Training needs are identified through performance appraisals, competency assessments, observation of practice, audits, incident reports and the changing needs of residents. Staff report that education provided is relevant to their work and that management is responsive to requests for additional training needs.

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 has a complaints mechanism that is accessible to residents and representatives and other interested parties. Information about the internal and external complaint process is displayed and documented in information provided to residents and staff. Complaints can be raised through 'message to the manager' forms with suggestion boxes provided for confidentiality, at resident meetings or directly to management and staff. Written complaints are documented and the Director of Care records actions taken to resolve reported issues. Staff are aware of the internal and external complaints process and how to assist residents. Resident/representatives reported they are aware of the comments and complaints processes, and are confident that issues raised with management will be addressed.

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 homes' philosophy statement is outlined in documents available to residents, representatives and staff including handbooks and resident information packages.

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

Systems are in place to ensure that there are appropriately skilled and qualified staff sufficient to ensure service delivery. Staff selection is made against identified skills, knowledge and qualification requirements. New staff work supernumerary with an experienced staff member as part of the home's orientation program. Processes to monitor adequacy of staffing levels include the current needs of residents, key performance indicators, staff feedback, audits and surveys. Rostering ensures appropriately skilled and qualified staff are available to meet the identified care needs of the residents and the home has the ability to draw on additional staff in the event of planned and unplanned leave. Staff report they have a duties list to refer to and have adequate time to complete their work. Residents/representatives are satisfied that there are sufficient skilled and qualified staff to provide quality care and services to meet their needs.

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 that there are sufficient stocks of goods and equipment for delivery of services. Equipment needs are identified and ongoing replacement occurs based on the overall capital budget. Service agreements with new suppliers and contractors are used to guide purchases and to maintain goods and equipment. Stock items are regularly rotated and checked for use-by-dates. Education is provided to staff on the correct use of equipment and on-going maintenance of equipment is undertaken in accordance with the maintenance schedule. Staff are aware of processes for accessing stores and reported that they have enough goods and equipment to carry out their duties. Residents/representatives are satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff have access to, and the use of accurate and appropriate information to perform their roles. Residents, representatives and staff are informed of current processes and general activities relevant to their needs through newsletters, handbooks, noticeboards, memos and meetings. Locked rooms and cabinets are used to store private and confidential information, computers are password protected and staff sign an agreement to maintain confidentiality and privacy when handling resident information. Systems are in place for the archiving and destruction of documentation as the need arises. Residents/representatives expressed satisfaction with the way information is communicated.

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

External services are provided to meet the home's needs through service agreements that outline the home's specific requirements for the provision of service. Feedback on the performance of external services is monitored through feedback from residents, representatives and staff, comments and complaints, audits and surveys. Management review the performance of external services to ensure quality service delivery is maintained and when requirements are not being met appropriate action is taken. Residents/representatives report satisfaction with the quality of services sourced externally.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and the home's open door policy. Improvements are monitored and evaluated through the improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities in Standard two include:

- Bed sensor mats have been purchased to monitor the movement of residents identified to be at high risk of falling. The Director of Care reported that the sensor mats are linked to the call bell system, are simple to use and are effective in monitoring resident movement.
- In response to feedback from the physiotherapist, chair glides have been purchased to assist in the repositioning of residents in lifestyle chairs. The Director of Care reports that when used in conjunction with slide sheets, they have improved the comfort for residents and reduced the risk of manual handling incidents for staff.
- A monthly resident behaviour discussion forum has been established to give staff the opportunity to raise concerns around the management of resident behaviours. An endorsed enrolled nurse reported that the forums are a good opportunity to share ideas on ways to manage resident behaviours from all levels of staffing.

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 to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation, including a system to ensure relevant staff have current registration and annual practising certificate renewal, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through staff meetings, electronically, education sessions, memos, noticeboards and direct communication.

2.3 Education and staff development

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

Team's recommendation

Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake a variety of training programs relating to health and personal care. Training needs are identified through an annual staff training needs analysis, performance appraisals, competency assessments, observation of practice, audits, incident reports and the changing needs of residents. Staff report that education provided is relevant to their work and that management is responsive to requests for additional training needs.

2.4 Clinical care

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

Team's recommendation

Does comply

A comprehensive suite of assessment documents is used to capture information from a variety of sources to ensure residents receive appropriate clinical care. An interim care plan is developed within 24 hours of entry to assist staff to care for residents initially until a long-term care plan is developed in consultation with residents and/or their representatives. Regular evaluation is undertaken to ensure the effectiveness of care delivery, either on a scheduled two monthly basis or as clinical care needs change. Medical officers visit the home on a regular basis and are available for consultation either at the home or at their nearby offices. Processes are in place for referral to specialist medical services and/or allied health professionals and recommendations for continuing care are incorporated within care plans. The effectiveness of the clinical care system and processes for supporting clinical care is regularly monitored through individual resident's progress note entries', the internal audit system and resident and representative feedback. Registered nursing staff and care staff are informed of changes to care needs and health status through handover processes. Residents/representatives are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

Residents with specialised nursing care needs are identified and assessed and strategies are recorded on care plans and treatment plans, which are monitored by qualified clinical staff. A registered nurse is available on site, twenty-four hours a day to ensure residents' specialised nursing care needs are met. Staff refer to the care plan for specific instructions relating to residents' special care needs and equipment required to look after residents with specialised nursing care needs is available. If required, education/training sessions are organised relating to the management of specialised care needs to assist staff to care for residents. The effectiveness of the system and the processes for ensuring residents' specialised nursing care needs are being met, is monitored through individual progress notes

and where appropriate the home's internal audit system. Residents reported satisfaction with the specialised nursing care provided by 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

Residents' needs are identified and referrals are made for medical and/or allied health professionals' assessment and management. Care documentation showed referrals have been initiated in consultation with residents and/or their representatives and recommendations for care and management are recorded and communicated to relevant staff. Implementation of care is monitored and the effectiveness of care is evaluated through case conferencing and reviews of care plans. Residents are satisfied with the support and assistance given to them to attend appointments, and with the actions of staff in following up recommendations made by health specialists.

2.7 Medication management

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

Team's recommendation

Does comply

Medications are prescribed by the resident's medical practitioner and are dispensed by the pharmacist in a multi-dose sachet system. Instructions and orders for medications are documented to guide staff practice and to ensure residents receive their medications as prescribed. Registered nurses or endorsed enrolled nurses assist residents to take scheduled medications and registered nurses are available for consultation and authorisation of all non-routine medications and for the administration of controlled medications. Processes are in place for the ordering, safe storage and disposal of medications. Medical officers routinely monitor the effectiveness of residents' individual medications and an accredited clinical pharmacist undertakes annual reviews. The effectiveness of the medication management system is monitored through the internal auditing and incident reporting processes, and action is taken to address identified deficiencies. Residents are satisfied with the management of their medications and with the assistance they are given by staff.

2.8 Pain management

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

Team's recommendation

Does comply

The pain management needs of residents are identified during the initial assessment process and pain is reassessed every two months or more frequently if the resident's health status changes. The assessment tool identifies the location, type, severity, frequency, the non-verbal signs of pain and the usual methods of relieving pain. Referrals for medical and allied health assessment including physiotherapy are initiated as needed. Care plans and progress notes reflect assessment and referral information as well as residents' personal preferences and include a range of non-pharmacological strategies processes such as heat packs, repositioning, aromatherapy, massage to alleviate discomfort. In instances where a resident is ordered oral or slow release topical medications, staff monitor the effectiveness of the

resident's response to the medication. Residents report they are either pain free or their pain is managed effectively and following an episode of reported/identified pain, staff return within an appropriate time frame to monitor the effectiveness of analgesia or other interventions.

2.9 Palliative care

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

Team's recommendation

Does comply

Information concerning the palliative care needs and wishes of residents is collected wherever possible during the initial period of their time at the home. Residents are supported to remain in the home during the palliative phase of care. External specialist resources are accessed to meet individual resident's needs and their preferences. Staff are supported to access external palliative care education and have access to pastoral care workers to assist residents and families. Residents'/representatives' feedback indicated staff are caring and attentive

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Nutrition and hydration needs, allergies and food preferences are identified through the initial and ongoing assessment and review processes and the information is communicated to the kitchen staff. Weight monitoring is undertaken and action is taken to address weight loss with residents being referred for medical and/or allied health assessment and management if nutritional deficiencies are identified. Monitoring is undertaken to ensure that residents' special dietary needs are provided and assistance/supervision is given to residents (with eating and drinking as needed) to ensure that their nutrition and hydration is maintained. Staff are aware of individual resident's needs and special requirements and provide residents with appropriate aids and assistance they require to eat or drink. Residents/representatives are satisfied with the quantity and choice of food and fluids they receive and with the assistance provided by staff.

2.11 Skin care

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

Team's recommendation

Does comply

Residents' skin integrity is assessed on entry to the home and planned interventions are included in the resident's care plan to guide staff. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate; inclusive of pressure reducing/relieving devices/pressure area care, the use of emollient creams, assistance with personal hygiene, the provision of adequate nutrition/hydration and effective continence management. The incidence of injury/skin tears is captured on incident reports and analysed for trends/triggers; interventions are then implemented as appropriate. Wounds and treatments are monitored via wound charts to prompt clinical staff and outcomes are

evaluated on an ongoing basis. Residents are satisfied with the support provided to maintain their skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence is managed effectively through identification and assessment of residents’ bladder and bowel patterns, and the establishment and monitoring of programs to promote continence, to manage incontinence and prevent constipation. Programs are developed in consultation with residents and/or their representatives and care staff. Residents’ individual continence management programs are communicated to care staff and the effectiveness of the programs in meeting residents’ needs is regularly reviewed. Residents/representatives are satisfied with the assistance provided by staff in respect to continence management.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents are initially assessed on entry to the home and the needs of residents with challenging behaviours are identified. Further monitoring charts are commenced after a settling in period to aid in the identification of triggers and alleviating factors. A social profile is also obtained to identify information about the resident’s history and interests; to assist staff in identifying the relationship of behaviours to the resident’s history and to respond accordingly. Pharmacological and non-pharmacological strategies are implemented including environmental and routine modification, one-to-one time with individual residents and strategies to minimise known behavioural triggers. Where indicated, behavioural and mental health specialists are accessed to provide information, management advice and staff education. Consultation, education and support services are available on a regular basis through the organisation’s dementia support specialist. A monthly staff discussion and support forum provides staff with an opportunity to discuss concerns regarding individual behaviours and to share strategies that have had positive outcomes for residents. Residents/representatives are satisfied with the way challenging behaviours are managed and report that staff are discreet and supportive in their 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

Residents’ level of mobility, dexterity needs and risk of falling is initially assessed and follow up assessments occurs during care review processes. A visiting physiotherapist assesses each new resident with respect to the resident’s ability to mobilise, transfer and weight bear and develops a mobility plan and range of exercises for each reside. Care staff implement mobility plans and group exercises are routinely scheduled within the activities program.

Falls incident trends are identified and preventive strategies are implemented where indicated. Residents/representatives are satisfied with staff knowledge and assistance offered to maintain optimum levels of mobility and dexterity.

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 status is identified on entry to the home through comprehensive assessments and the level of assistance required to maintain oral and dental hygiene is determined. This information is included in the resident’s care plan to guide staff. Where a need for ongoing dental services is established, appointments are made and residents are assisted to access either private dental services or the State dental clinic. Texture modification of meals and fluids are provided where oral and dental health is compromised. Residents/representatives are satisfied with the level of support provided to assist residents them with the maintenance of oral hygiene and assistance to access dental health services. if necessary.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Information about residents’ care needs in relation to hearing, vision, speech, touch and communication is collected through the initial and ongoing assessment processes. Assessments are conducted as indicated by need to identify environmental risks and control measures are incorporated into individual resident’s care plans and include reference to the use of assistive devices as appropriate. Hearing and optical services are accessed as required to identify and address identified concerns. Care and diversional therapy staff implement various strategies that may include modification of the resident’s environment, routines and/or activities and assistance with activities of daily living. Staff receive instruction in the correct use and care of sensory aids and are aware of the strategies used to meet residents’ individual needs. Residents/representatives are satisfied that staff are sensitive to their sensory losses and provide assistance when required.

2.17 Sleep

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

Team’s recommendation

Does comply

On entry, residents’ sleep patterns are assessed through the gathering of information about residents’ usual sleep patterns, settling routines and personal preferences. This information is included in the resident’s care plan to guide the provision of care. Night routines maintain an environment that is conducive to sleep and recognised factors that compromise sleep such as confusion, incontinence, pain, excessive light, temperature variances and noise are identified and addressed to promote sleep. The home’s routines takes account of individual residents’ resting patterns and preferences and for example residents may have breakfast from 0730 to 1000 daily or participate in activities at late hours as long as it does not

compromise other residents' sleep patterns. Residents are offered warm drinks at supper times. Residents/representatives are satisfied regarding the assistance provided by staff to help them achieve their natural sleep patterns and the assistance provided at times when they are unable to get to sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and the homes open door policy. Improvements are monitored and evaluated through the improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home’s continuous improvement.

Examples of continuous improvement activities in Standard three include:

- An ANZAC day service was held at Eden on Bribie to provide residents with the opportunity to pay their respects to fallen soldiers. Residents enjoyed the opportunity to interact with members of the RSL and express their respect whilst remaining within the home environment. Feedback from residents on ways to improve upon the service next year include the service being longer and music to be more in keeping with the occasion.
- A staff member, in consultation with residents, has displayed seasonal greetings in a variety of languages along with a brief summary of how the country traditionally celebrates the Christmas season. The display has provided a point for cultural awareness and a discussion prompt between residents, staff and visitors to the home.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation, including a system to ensure staff and residents are aware of mandatory reporting guidelines, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through staff meetings, electronically, education sessions, memos, noticeboards and direct communication.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake a variety of training programs relating to resident lifestyle. Training needs are identified through performance appraisals, competency assessments, observation of practice, audits, incident reports and the changing needs of residents. Staff report that education provided is relevant to their work and that management is responsive to requests for additional training needs.

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 are initially orientated to the home and to their room and introduced to management and key staff, other residents within their 'community' and in particular residents who may have similar interests and life experiences. Information is also provided regarding daily routines and activities within the home and expectations about care and services provided. Information about social and family history, personal routines and preferences is collected throughout the assessment phase and included in care plans. Staff assist residents to settle into life within an individual community setting in the home and are made aware through handover processes as to occasions or events which may necessitate the need for additional emotional support. Residents/representatives recalled strategies taken by staff to assist adjustment to living in the home and provided feedback to indicate that ongoing emotional support was also offered.

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 supported to achieve optimal independence, maintain friendships and community links. Information regarding residents' capacities, care requirements and interests are assessed and care plans are developed to guide staff in ensuring individual needs are met. Staff practices promote and support residents' independence within their capacity in relation to personal care and activities of daily living. Regular outings occur as part of the lifestyle program and include visits to shopping centres and other community events. Residents are assisted to develop new friendships and interests within and outside the home; those residents with special needs are encouraged to join in communal activities. Residents/representative are satisfied that they are provided with support and encouragement to maintain independence within their capabilities.

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

Information about residents' right to privacy and dignity is contained in the resident agreement and handbook and explained to residents and/ or their representatives. Staff are also informed of the home's philosophy and the need for each resident's right to be respected in all resident/staff interactions. Information about each resident's personal needs are incorporated into care plans and communicated to relevant staff. Staff were observed to either knock or resident's bedroom doors or announce their presence prior to entering the room and doors are closed when providing personal care. Residents' clinical and administrative/financial records are stored in filing cabinets and cupboards, only accessible to relevant care and administrative staff to respect their confidentiality. Resident/representative feedback indicated that they feel their right to privacy, confidentiality of information and right to be treated with dignity and respect is both recognised and maintained by management and staff.

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

Information on residents' social history and past/present interests is collected on entry to the home. Lifestyle care plans are developed with consideration given to each resident's cognitive ability, level of independence and mobility, and sensory and communication needs. Residents have input into the activities calendar through meeting forums and one-on-one discussions with staff. Attendance record sheets, satisfaction surveys and observation of the level of involvement/enjoyment of activities enables diversional therapy staff to ensure that activities provided meet residents' preferences. One-on-one activities are provided for residents who are unable to or prefer not to participate in group activities. Staff and volunteers accompany residents on outings, offer hand massages and manicures and provide company for reminiscing activities and emotional support. Residents are satisfied with the group and individual activities offered within the home and the assistance and encouragement provided so that they can participate in activities which are of interest to them.

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

Information regarding residents' beliefs, customs, cultural, spiritual preferences and where appropriate ethnic background is collected on entry to the home and used to develop care plans to guide staff in ensuring individual needs and preferences are met. Cultural, spiritual and significant special days are celebrated and residents' families/representatives are encouraged to attend and join in celebrations within the residential community in which their resident resides. Representatives from various denominations visit the home to conduct

regular church services and devotions and offer individual spiritual care to those who prefer or are not able not to attend group settings. Residents are encouraged and supported to participate in cultural and spiritual events of their choice within and outside the home and are satisfied that their needs are appropriately met and valued.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

The individual choices and decision-making rights of residents regarding health care, service provision and lifestyle is encouraged and supported by management and staff from pre-admission and throughout their stay at the home . Comments and complaints processes, meeting forums, one-one-one discussions, case conferencing and an open door policy by management ensures residents and representatives are provided with information about their rights to make decisions relating to their care and lifestyle. Residents have input into the activity program, activities of daily living and decisions regarding the choice of clinical care provided. Residents/representatives are satisfied that they are enabled to exercise choice in all aspects of care and lifestyle.

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' rights and responsibilities and security of tenure information is provided upon admission and is detailed in the resident handbook and the residential agreement. Care and services provided by the home are discussed and explained to residents, their family and/or representatives prior to signing of the residential agreement. Consultation with the resident and/or their representatives takes place when/if changes in residents' health status occurs requiring the need for a change in room. Residents and their representatives are satisfied they have secure tenure within the home, and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and the home’s open door policy. Improvements are monitored and evaluated through the improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home’s continuous improvement.

Examples of continuous improvement activities in Standard four include:

- Following an incident where a resident tripped over the corner of the bus loading platform, florescent coloured safety posts have been purchased to mark the area. The Workplace Health and Safety Officer (WHSO) reported that there have been no further incidents since the parameters of the loading platform have been clearly marked.
- The evaluation of a staff fire drill identified the need to purchase an additional ‘walkie talkie’ to improve communication between the senior fire warden and individual communities. Staff have been informed of its availability.
- A cling wrap machine has been purchased which includes a seven-day food date dispenser. The cook reported that the compact machine can be suctioned to any work area and has saved time during the preparation of food for storage.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation, including changes to food safety legislation and fire safety, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through staff meetings, electronically, education sessions, memos, noticeboards and direct communication.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake a variety of training programs relating to the physical environment and safe systems. Training needs are identified through performance appraisals, competency assessments, observation of practice, audits, incident reports and the changing needs of residents. Staff report that education provided is relevant to their work and that management is responsive to requests for additional training needs.

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's environment reflects the safety and comfort needs of residents. Residents occupy single rooms with ensuites, walkways are free of trip hazards, designated storage areas for equipment and mobility aids are provided and gardens are maintained to ensure safety. Residents are encouraged to personalise their own rooms and utilise the lounges, communal areas and shaded outdoor areas throughout the home. Preventative maintenance is conducted in accordance with established agreements and a reactive maintenance program is responsive to requests in a timely manner. A minimal restraint policy is in place and a secured area is provided for residents at risk of wandering. The living environment is monitored through risk assessments, hazard reports, accident and incident reporting, audits, surveys and feedback from meetings. Residents/representatives expressed satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has an occupational health and safety system that is overseen by a team of workplace health and safety officers to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies. Staff receive instruction on safe work practices at orientation, annually and additional training is provided in response to changes to the workplace and when new equipment is purchased. Equipment is maintained and chemicals storage areas are secured. Health and safety issues are discussed at regular workplace health and safety committee meetings and tabled at other meetings when relevant. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.

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 documented policies and procedures to manage fire safety, evacuations and other emergencies. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Regular fire drills are conducted and staff demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Evacuation plans are located across the site, exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff in the event of other emergencies such as a cyclone or flood. Procedures are in place for maintaining the security of the building after hours and at the weekends including security patrols by an external provider.

4.7 Infection control

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

Team's recommendation

Does comply

The home has established an effective infection control program that is based on contemporary infection control principles and is coordinated by a registered nurse. The program includes processes to identify residents with an infection or suspected infection, and mechanisms to refer residents to their medical officer in a timely manner for diagnosis and initiation of prescribed treatment. Infection control plans are developed, data is collected and collated to identify infection trends throughout the communities within the home and individual resident infections are monitored through to resolution. Facilities and processes are in place for hand washing, personal protective equipment, food hygiene, waste management, pest control and sharps management. Staff are provided with education in infection control practices, food safety practices and outbreak management strategies including standard and additional precautions. Residents expressed satisfaction with the cleanliness of the home and the care provided by the staff.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

Hospitality services are provided in a way that enhances residents' quality of life and the working environment for staff. Catering services are provided to meet residents' dietary needs and preferences, which are identified on entry and on an ongoing basis. Residents have input into the current menu through resident meetings, surveys and directly to catering staff. Cleaning of residents' rooms, communal areas and high cleaning is done in accordance with the cleaning duty lists and staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. The onsite laundry has equipment and processes to ensure safe infection control practices. The effectiveness of hospitality services is monitored through meetings, audits and surveys. Residents/representatives expressed satisfaction with the catering, cleaning and laundry services provided to them.