



Aged Care
Standards and Accreditation Agency Ltd

Glenbrook

RACS ID 5449

4 Jack Street PO Box 2525
NAMBOUR WEST QLD 4560

Approved provider: Queensland Health

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 1 December 2015.

We made our decision on 12 October 2012.

The audit was conducted on 4 September 2012 to 5 September 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

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.

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

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.

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

Standard 3: Resident lifestyle**Principle:**

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

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

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.

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Glenbrook 5449

Approved provider: Queensland Health

Introduction

This is the report of a re-accreditation audit from 4 September 2012 to 5 September 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 4 September 2012 to 5 September 2012.

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

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

Assessment team

Team leader:	Desma-Ann van Rosendal
Team member:	William Tomlins

Approved provider details

Approved provider:	Queensland Health
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Details of home

Name of home:	Glenbrook
RACS ID:	5449

Total number of allocated places:	45
Number of residents during audit:	27
Number of high care residents during audit:	21
Special needs catered for:	Residents with cognitive impairment

Street/PO Box:	4 Jack Street PO Box 2525	State:	QLD
City/Town:	NAMBOUR WEST	Postcode:	4560
Phone number:	07 5459 7700	Facsimile:	07 5459 7750
E-mail address:	Deborah_Murray@health.qld.gov.au		

Audit trail

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

Interviews

	Number		Number
Acting Director of Nursing	1	Residents/representatives	6
Clinical Nurse Consultant	1	Workplace health and safety representative	1
Clinical Coach	1	Maintenance Manager	1
Registered nurses	1	Fire Safety Advisor	1
Enrolled nurses	4	Cook/Supervisor	1
Care staff	3	Acting Food Services Coordinator	1
Recreational officers	3	Coordinator Environmental Services	1
Administration officer	1	Operational services staff	3

Sampled documents

	Number		Number
Residents' files	5	Medication charts	12
Summary/quick reference care plans	5	Personnel files	5

Other documents reviewed

The team also reviewed:

- Activities program, participation records and evaluations
- Annual cleaning task planner
- Audits/Audit action sheet/audit schedule
- Care plan review schedule and case conference records
- Cleaning services guidelines
- Clinical indicator data analysis
- Clinical nurse accountabilities
- Clinical risk assessments
- Communication books and diaries
- Complaints and compliments report
- Consumer feedback
- Contract extension authorisation
- Contract performance evaluation
- Controlled drug register
- Criminal history check reports

- Dietary profile
- Disaster management plan
- Education planner
- Emergency procedures
- Employee movement form
- Environmental services audit
- Fire and evacuation plan
- Fire drill and evacuation practice – observer’s report
- Food safety program
- Food/equipment temperature records
- Handover forms
- Hazard form
- Job descriptions
- Maintenance request
- Mandatory training record
- Material safety data sheets
- Meeting minutes
- Menu
- Nurse initiated medication lists
- Performance appraisal and development agreement
- Police certificates
- Position accountabilities
- Preventative maintenance program
- Quality action plan
- Quality register
- Quarterly workplace safety inspections
- Records of pharmacy review
- Resident list
- Residential care service agreement
- Residents’ information handbook
- Risk assessment
- Service provider agreement/register
- Temperature monitoring records
- Training questionnaires
- Values and behaviour statement
- Vision/mission/philosophy of care
- Wound management assessments and treatment regimes

Observations

The team observed the following:

- Activities in progress
- Cleaning operation
- Equipment and supply storage areas
- File and information storage areas
- Fire detection and fighting equipment
- Fire panel/fire exits/assembly areas
- Interactions between staff and residents
- Laundry trolleys
- Living environment
- Meal service
- Medication storage and administration
- Notice boards and notices on display
- Outbreak and spills kits
- Personal protective equipment
- Sharps disposal

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Glenbrook has a continuous improvement system that is comprised of processes for the identification of improvement opportunities and the implementation, monitoring and evaluation of improvement solutions. A system of quality improvement forms, audits, staff and resident meetings, maintenance requests, the risk management program, and complaints and compliments inform the improvement process. Feedback is provided through discussions with the originator of the suggested improvement, through staff and resident meetings and via staff memoranda. Staff and residents demonstrated an understanding of these processes and stated that they worked effectively. Staff are asked to assist residents to fill out forms if they want to make a suggestion or complaint.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- To assist with the training of new care staff a clinical coach position was created to provide education on the floor four days a week. Management stated this education is more effectively given as hands-on rather than in a class room.
- During a discussion of the vision and mission statements that the home receives from the provider, a decision was made by staff to develop a values and behaviour statement of their own. This has been done and posted on walls in staff areas and management stated staff have a sense of ownership of the ten values and behaviours listed.
- A program has been introduced titled "productive ward strategy". It is designed to cut down on unnecessary work movements by organising the work place so that more time is made available for the provision of care. Management stated anecdotally this process is working well. More evaluation will be done as the process becomes more embedded.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

There is a system in place to capture changes to relevant legislation, regulatory requirements, professional standards and guidelines. This system includes membership of organisations providing information on such changes, access to internet websites, membership of the provider's aged care Directors of Nursing group, attendance at seminars and education sessions, and subscriptions to professional journals. Information regarding

changes is distributed through memoranda, meetings, newsletters, handbooks and education sessions. Staff criminal record checks are conducted and residents and relatives had been notified of the forthcoming re-accreditation audit via notices on noticeboards. Compliance with legislation is monitored through the audit process, surveys, and supervisor observation of work practices. Audit tools are changed where legislative changes make it appropriate.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a range of strategies to ensure staff have appropriate knowledge and skills, including incorporating these requirements in the key selection criteria at recruitment. The staff performance appraisal and development system identifies general educational needs, supported by an annual training needs analysis, a review of incidents and accidents, and specialised resident needs, and from these an education plan is developed. The home supplements the training plan by making available self-directed learning packages, which are updated annually, on various topics for staff to view at their leisure. Competency assessment also forms part of the audit of staff skills and is commenced at orientation for new staff and is an ongoing process. The organisation offers a range of training opportunities for staff, both on site using senior and other local experts, suppliers, or through other external providers. Staff report management is responsive to their learning needs. Examples of education provided relevant to this standard include productive ward strategy, sick leave management, documentation and team work.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external comments and complaints mechanisms on entry to the home, through the residential care agreement, as part of the resident of the day process, and at resident meetings. Information leaflets and a secure suggestion box with information displayed and forms available are situated in a convenient place within the home. Staff are aware of the complaints process and how to assist residents to lodge a complaint when required. Management has an open door policy and accepts the responsibility to log and action complaints through to resolution. Residents/representatives reported they felt comfortable bringing issues of concern to staff and management and that they received feedback.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The staff have contributed to the documenting of the home's vision, mission, and values and related behaviours. They are displayed in the residents' handbook, the staff handbook and on the walls of the home and discussion of them forms part of the orientation sessions. These statements guide practice and decision making and have also been incorporated into the performance appraisal process. The quality statement forms part of a staff member's conditions of employment and management's strategic vision.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home ensures there are appropriately skilled and qualified staff through its human resource procedures. These include key selection criteria at recruitment, reference checks, contracts of employment, position descriptions, performance reviews, and training and education opportunities and requirements. Roster reviews taking into account resident acuity, staff changes, and staff needs ensures the correct skills mix and staff sufficiency are maintained. Roster gaps on a daily basis are filled using a casual pool. New staff have buddy shifts as required and supervisors and a clinical coach to guide them through the probationary period. Staff are satisfied there is sufficient of them rostered for them to complete their duties and attend to residents in a reasonable time. Resident surveys and interviews indicate residents are satisfied with staff responses to requests for assistance.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There is a purchasing process in place for day-to-day operations and for capital items to ensure there is always sufficient and appropriate goods and equipment to deliver the care and service required. New equipment requirements are suggested by staff at the time of preparing capital budgets and are often trialled before purchase. Specialised health and personal care products, catering items and other housekeeping and cleaning materials are ordered by relevant staff to an approved level and stock is examined for fitness on receipt and rotated with remaining stock. There is a preferred supplier list to guide staff as well as service agreements in place with regular suppliers to indicate quality of goods and services required. Supply agreements are managed at district level on behalf of the home and there is a system to report on each supplier's performance at contract renewal time. There is a scheduled maintenance program to ensure ongoing reliability of equipment and infrastructure and a daily maintenance program to correct minor items needing attention. Residents and

staff indicated they are satisfied with the availability and appropriateness of the goods and equipment provided.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems in place to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files or paper based in locked cabinets and offices, and can be accessed by those staff with the authority and need to do so. Staff have access to some information on computers and passwords give access at the appropriate level. Staff files and, residents' financial files are stored in locked cabinets in the home's office, and residents' clinical files are securely stored in the care office. Staff indicated the information necessary to perform their jobs is readily available and regular staff briefings keep them informed on a whole range of relevant topics. Communication to staff is via memos (both electronic and hard copy), noticeboards, meetings and via the intranet which is accessible by all staff, and communication is generally effective in promoting continuity of care and service delivery. Records are archived on site and redundant files destroyed under contract.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's management has written preferred supplier contracts with various external services to ensure all areas of residential care needs are met. These agreements detail the quality expectations of the home and the type and frequency of service provided by the contractors. Where contractors do not have a criminal check on file or have not received emergency orientation, management ensures a staff member remains with them while they perform their task. All contractors are required to sign in and out of the home when they visit.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- A process of hourly rounds has been introduced as part of the home's person-centred care approach to resident care. A routine of hourly checks to determine the current health status of residents including enquiries about their pain level, need for a drink, toilet assistance and change of position. Management reports a decrease in falls, reduction in anxiety levels, less pressure areas, and less use of the buzzer system.
- Bedside handovers have been introduced to the home as a way of involving residents in their care. Staff stated that involvement with residents during the handover process gave them the opportunity to observe each resident's situation at the commencement of their shift including the ability for the resident to be actively involved in a discussion of their care, if they are able and willing.
- A new tool has been introduced called SBAR (situation background assessment report). Management stated this document enables the nursing staff to assess and better record information about a resident before phoning a doctor especially after hours for geriatrician support. Management stated this enables better decisions by the doctor regarding care and/or hospitalisation.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance processes.

In relation to Expected outcome 2.2, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff demonstrated knowledge of their legislative responsibilities under Standard 2 expected outcomes.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided includes medication administration, pain management, wound management, antibiotic resistance, and mental health aspects. Staff demonstrated their clinical and care knowledge and responsibilities under Standard 2 expected outcomes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems and processes to assess residents’ care needs on entry to the home and on an ongoing basis. Care plans are developed by registered nurses utilising information gathered from assessments and residents/representatives input with evaluation undertaken three monthly or as required. Daily care needs are evaluated, monitored and reviewed by the registered nurse through the handover process, review of progress notes and clinical incident data with changes communicated to staff and care plan adjustments made as required. Communication and referral between external and allied health professionals for residents’ care needs is appropriate and timely. Staff demonstrated an understanding of individual resident care needs and preferences are satisfied with the communication processes utilised to inform them of resident clinical care changes. Residents are satisfied that the clinical care they receive is appropriate to their needs and preferences.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified through assessment and care planning processes conducted on entry to the home and as required. The Director of Nursing is supported by a Clinical Nurse Consultant and registered staff in the provision of specialised nursing care and assistance is sought from specialist health services as required. Specialised care needs currently being provided include management of a percutaneous endoscopic gastrostomy regimes, diabetic management, urinary catheter care and management of a tracheostomy. Ongoing monitoring of care needs is conducted through observation, discussion with residents, review of residents’ records, and feedback from staff and health professionals. The visiting medical officers, allied health practitioners and specialist services are contacted if additional support is required for individual residents. Residents who receive specialised nursing care are satisfied with the care they receive.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents’ allied health needs are identified on entry to the home and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home including physiotherapy, occupational therapy, podiatry, dietician, speech pathology, dementia specialist and older persons mental health with regular assessments undertaken for individual residents as required. A referral is initiated by registered nursing staff for medical and allied health reviews. The outcome of the referrals are documented appropriately and retained in residents’ records. Staff demonstrated understanding of the circumstances to refer residents for re-assessment by other health specialists and are aware of the referral process. Residents are referred to appropriate health specialists in accordance with their needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify residents initial and ongoing medication management needs. The home utilises a blister pack system for resident’s medications. Registered staff administers medications. Registered nurses are responsible for the ordering of unpacked medications and notifying pharmacy of changes to residents’ medications. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Resident medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Residents are satisfied that their medication is administered safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents with pain are identified on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as use of heat packs, soft tissue massage, aromatherapy spa bath and exercise/movements are implemented for residents to ensure they remain as free as possible from pain. Staff outlined pain management strategies for individual residents. Progress notes entries show action is taken in response to residents’ reports of pain. The effectiveness of pain management strategies is evaluated. Residents are satisfied with the way their pain is managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents’ end of life requests are collected in consultation with the resident and their representatives when appropriate. Copies of information such as enduring power of attorney and advanced resuscitation plans are located in the residents’ records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. Pastoral care support is provided by pastoral care workers at the resident’s and their families’ request. Care plans are developed in consultation with residents’ family members and representatives and form part of the resident’s pain management interventions. Residents are satisfied staff are caring and respectful of their wishes and preferences in ensuring their care needs are met.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ nutrition and hydration needs including likes, dislikes and cultural requirements, allergies and assistive equipment devices required are identified on entry to the home through the completion of a dietary profile. The information gathered is used to develop the resident’s care plan and inform the kitchen, to ensure appropriate meals are provided to all residents. Residents are weighed on admission then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist residents to maintain adequate nourishment include the provision of texture modified diets, dietary supplements, and referral to dietitians and speech pathologists, as required. Residents are satisfied with the quality and sufficiency of food and fluids provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity needs are assessed on entry to the home and on an ongoing basis. Care plans are developed to guide staff practice and staff receive education in promoting healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines, reassessed every three months and changes are communicated in daily handover sessions, care plans and progress notes. Wound care is managed by registered nurses and enrolled nurses and the home receives support from a wound specialist services if required. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents are satisfied with the skin care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence needs are assessed on entry to the home and on an ongoing basis. Care plans guide staff practice and ensure individual residents’ preferences are met. Education is provided and networks with continence care services support the implementation of continence care strategies. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Changes to continence regimes are communicated to staff through link nurses communications, during handovers, in records of continence aid use and progress notes. Residents reported that staff support their privacy when providing continence care and are satisfied with the care they receive at the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents with challenging behaviours are assessed on entry to the home and care plans are developed in consultation with the resident (if appropriate), their representatives and health professionals when necessary. Ongoing monitoring of the resident occurs with care plan evaluation and amendment undertaken when resident needs change and/or at the scheduled three monthly reviews. The home has processes to consult with residents/representatives and their medical officer should the use of a restraint as an intervention be considered and are able to consult with external mental health services if required. Staff receive education in relation to dementia and behaviour management and are aware of interventions to manage residents with challenging behaviours. Residents are satisfied with the care provided and enjoyed the environment and socialising with the other residents.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Processes including initial and ongoing assessments by the physiotherapist and registered staff identify individual resident’s specific mobility, transfer and therapy needs. Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Residents are assisted to trial and select mobility aids appropriate to their needs; care staff initiate passive exercises with residents during daily care routines and facilitate individual exercise programs in conjunction with the physiotherapist. Appropriate manual handling techniques and strategies are used to assist residents to achieve and maintain optimal mobility. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of resident falls and resident feedback. Residents are satisfied with the level of support and assistance provided to maintain residents’ 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 findings

The home meets this expected outcome

Residents’ dental history is assessed on entry to the home, including determining residents’ preferences relating to management of their oral care. Care plans are developed to guide staff practice and effectiveness of care is reviewed every three months and as care needs change. Referral to dental services occurs where indicated, a dentist is available at a local hospital, mobile dental service, and in the community when needed and assistance is provided to access services when required. Resources such as mouth care products are available to meet residents’ oral hygiene needs. Amendments to care are communicated through handover sessions, resident of the day review, progress notes and care plans. Residents reported satisfaction with the assistance given by staff to maintain their oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ care needs in relation to senses such as hearing, vision, speech, touch, taste and smell is assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice; strategies are in place to address identified needs and personal preferences. Care staff assist residents as required, including the removal and management of aids. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in consultation with the resident/representative and doctor. Staff are educated on individual care requirements and the maintenance of sensory aids and demonstrated awareness of environmental controls required to support residents with sensory impairment. Residents with sensory impairment are satisfied with the care assistance provided by staff.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Initial and ongoing assessment processes identify residents’ sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help residents achieve and maintain natural sleep. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Ongoing assessment, planning and evaluation processes and resident feedback monitor the effectiveness of care interventions. Staff are aware of individual resident’s sleep/rest patterns and personal routines and provide additional support for residents with disturbed sleep. Residents report they are able to sleep comfortably and are satisfied with the support provided by staff.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include:

- A family donated a colourful and complex jigsaw puzzle for residents (and staff) to add too as they passed by. A corner has been established, “the puzzle corner”, and it was observed to be rarely without someone there. When the puzzle has been completed it is framed and hung on the wall. Residents have almost completed the third puzzle and staff stated it has given residents much enjoyment.
- Management and staff wanted to extend the diversional therapy coverage and activities and successfully argued for extra hours to be allocated. Sixty four hours a fortnight were added and this has enabled one more shopping trip a month making two, the introduction of a happy hour once a week, increase in the exercise program to daily, and five days a week coverage to 7pm freeing up care staff to care for other residents.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to Expected outcome 3.2, management maintain and monitor the mandatory reporting register, residents’ privacy, and ensure residents’ security of tenure in line with legislative requirements. Staff demonstrated knowledge of their legislative responsibilities under Standard 3 outcomes.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples of education provided include elder abuse, person-centred care in dementia, and end of life care. Staff demonstrated their knowledge and responsibilities under Standard 3 expected outcomes.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents are supported in adjusting to their new home and on an ongoing basis. Prior to or on entry the resident and their family receive an information pack and resident handbook explaining the services offered and their rights and responsibilities. Residents and their families are oriented with a guided tour of the home, assisting them to meet staff and residents. In consultation with the resident and family, lifestyle staff commence a detailed assessment of the resident's lifestyle that captures social, cultural and spiritual histories. Lifestyle care plans are developed and document preferences and strategies to assist residents in enjoying life at the home. Residents and representatives interviewed expressed satisfaction with the support provided to them.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. The lifestyle program offers a range of physical activities designed to maximise residents' physical strength and independence and includes exercise programs and outings. Residents are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Residents are encouraged to use aids such as hearing aids and walking frames to maintain their independence. They are also encouraged to participate in decisions about their physical, intellectual, spiritual, financial and social care. Residents are satisfied with the support and encouragement given by staff to enable them to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

There are systems to support residents' privacy and dignity. Residents' privacy, dignity and confidentiality wishes and preferences are identified and documented in care plans. Information on residents' right to privacy is contained in the resident handbook and explained

to residents and representatives during their initial entry to the home. Information is stored and archived securely and handover is conducted in a confidential manner. Staff practices maintain residents' confidentiality and staff are discreet when managing care needs. Residents' said staff are respectful of their privacy and dignity when caring for them.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

The home offers residents a varied lifestyle program that incorporates a wide range of interest and activities of interest to them. A lifestyle assessment is completed for each resident, capturing information that assists with their individual participation levels. The home offers one to one options for residents who choose not to be involved in group activities. Group activities are designed around residents' preferences and suggestions and the monthly activities calendar is displayed in communal areas of the home. Resident participation and level of interest is monitored and evaluated. Review of the activity program occurs through observation, lifestyle surveys, resident feedback and regular meetings. Residents are assisted to participate in activities of choice and are satisfied with the lifestyle program offered at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' specific cultural and spiritual needs are identified on entry to the home and a care plan developed in consultation with the resident and/or representative. Pastoral and volunteer services provide emotional support, religious services are held regularly on site and attendance at external religious observances is encouraged and facilitated. Celebrations are held to mark days of cultural and religious significance, with the catering service able to provide special meals on these occasions, as well as catering for the specific cultural requirements of individual residents at all times. Staff receive information to increase their awareness of cultural and religious considerations when providing personal care. Residents are satisfied their cultural and spiritual needs and preferences are respected and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management demonstrates the rights of each resident and/or their representative to make decisions and exercise choice and control over lifestyle and care planning are recognised and respected. The home uses consultative processes to actively obtain information from residents and representatives including surveys, meetings, suggestions and one to one communication. Monitoring processes include personal care and activity plan reviews, and

evaluation of feedback through the continuous improvement process. Staff encourage and assist residents to participate in choice and decision making about the services provided to them. Residents and representatives said they are satisfied with their participation in making choices and decisions about issues that affect their daily life.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management demonstrated residents have secure tenure within the residential care service and understand their rights and responsibilities. On entry to the home residents are provided with a handbook that details information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Resident agreements are offered to all residents and include details regarding security of tenure and documents care and services provided. Residents' representatives are consulted where changes may require a move to another area of the home. Staff are informed of resident rights through orientation and ongoing training with resident satisfaction monitored through surveys and feedback. Residents are satisfied they have appropriate access to information regarding their rights and feel secure in their tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- From survey feedback it was identified residents wanted the choice of a hot breakfast some days. It was decided to offer this choice three days a week and feedback from residents has been positive with many choosing the hot breakfast each day it is offered.
- Following complaints from residents about the noise made when changing lifter batteries at night, the shift guidelines have been changed so that this job is done during the afternoon shift. Staff stated this has improved the residents’ living environment.
- Entry to the home by visitors after 6pm required pressing a buzzer at the front door. This was not always heard if staff were not close by. An external phone has been installed and this goes directly to the registered nurse on duty. Staff stated this has reduced visitor frustration and maintained the security and safety of residents and staff.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to Expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 expected outcomes.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents' have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples of education provided includes (but not limited to): fire and emergency training, manual handling, infection control, and safe food handling. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 expected outcomes.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The living environment and resident safety and comfort needs are assessed and generally reviewed through scheduled audits, visual inspections, risk assessments, incident/hazard reports, maintenance requests, feedback from residents and staff observations. The home consists of single ensuited rooms and residents are encouraged to take ownership of their environment by personalising their room. The environment provides safe access to clean and well maintained internal and external areas, with appropriate furniture sufficient for resident's needs. Preventative maintenance and cleaning schedules are in place and are adhered to by staff. Any additional maintenance requirements are reported by staff or residents and are attended to by maintenance staff and/or external contractors in a timely manner. Security measures are in place to ensure overnight security in the home. Residents are satisfied with the safety and comfort of their 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 findings

The home meets this expected outcome

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and its education programs. A three-monthly meeting across the organisation covers issues of work health and safety and this topic is a standing agenda item at all staff meetings. Audits of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times by observation of safety representatives and supervisory staff, and by annual mandatory training programs. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in a safe working condition. New equipment is risk assessed and trialed prior to purchase and staff are trained in its safe use. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Procedures have been established and staff are trained in the processes to follow in the event of fire or other emergency. Training sessions are conducted regularly and training records indicate that all staff have completed their annual statutory fire training requirement. Fire drills are carried out six-monthly and across each shift and debriefs are held to discuss improvements possible. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, exit lights, and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building, and the assembly areas are signed and easily accessible. A certificate of maintenance regarding fire is held. Security measures are in place to ensure overnight security in the home. Residents are notified when they enter the home and through resident meetings of the safety procedures to follow and all stated that they are satisfied with the safety of their environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has processes in place to effectively manage infection control in the areas of clinical, catering, cleaning and laundry practices. Infection control policies guide staff practice and include guidelines on outbreak management. Staff have access to hand washing facilities and personal protective equipment and have had training in infection control practices relevant to their role responsibilities. There is a monitoring program that oversees the incidence of resident infections to identify trends that may occur and audits are undertaken to ensure appropriate staff practices are maintained. Staff demonstrate knowledge of infection control principles during resident care and service delivery.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering services are provided to meet residents' dietary needs and preferences that are identified on admission and an ongoing basis. Meals are prepared on site, plated and served directly to residents. Residents have input to the menu through resident meetings, direct daily feedback to catering and care staff and annual surveys and offers choice if residents wish for something different. The kitchen has monitoring systems to ensure food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure residents' rooms, common areas and service areas are cleaned daily. All laundry is done off site with personals taken four days a week. Staff demonstrated knowledge of the importance of infection control principles to their roles, knowledge of chemicals used and the needs of individual residents. The home monitors the effectiveness of hospitality services through resident feedback and regular environmental and infection control audits and identified deficiencies are actioned in

a timely manner. Residents are satisfied with the catering, cleaning and laundry services provided by the home.