



Aged Care
Standards and Accreditation Agency Ltd

Kew Gardens Aged Care

RACS ID 4218
22-24 Gellibrand Street
KEW VIC 3101

Approved provider: Australian Aged Care Group Pty Ltd

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 7 September 2015.

We made our decision on 10 July 2012.

The audit was conducted on 29 May 2012 to 30 May 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

Kew Gardens Aged Care 4218

Approved provider: Australian Aged Care Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 29 May 2012 to 30 May 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 29 May 2012 to 30 May 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:	Cassandra Van Gray
Team member:	Michelle Harcourt

Approved provider details

Approved provider:	Australian Aged Care Group Pty Ltd
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Details of home

Name of home:	Kew Gardens Aged Care
RACS ID:	4218

Total number of allocated places:	100
Number of residents during audit:	85
Number of high care residents during audit:	56
Special needs catered for:	Nil

Street:	22-24 Gellibrand Street	State:	Victoria
City:	Kew	Postcode:	3101
Phone number:	03 9836 1113	Facsimile:	03 9888 5027
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management	4	Residents/representatives	16
Registered nurses	3	Aged care funding instrument co-ordinator	1
Enrolled nursing/care staff	7	Laundry staff	1
Lifestyle team leader	1	Catering operations team leader	1
Cleaning contractor	1	Administration team leader and assistant	2
Maintenance staff	1	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files	9	Medication charts	10
Summary/quick reference care plans	9	Personnel files	6
Resident leisure and lifestyle files	8	Continuous improvement plan	1
Have your say forms	6	Improvement action plans	3
Resident dietary needs preference profiles	5	Resident agreements	4
Contractor agreements	5		

Other documents reviewed

The team also reviewed:

- Activity notices and photos
- Activity programs
- Agency staff orientation program
- Allied health referral folders
- Approved supplier list
- Asset register
- Audits and schedule
- Bus inspection report
- Bus outing list and feedback forms
- Church service list
- Cleaning contractor file
- Cleaning schedules and inspection reports

- Cleaning training list
- Communication diaries
- Compliments
- Contractor handbook
- Contractors' list
- Cultural needs report
- Doctors' communication books
- Education attendance and evaluation records
- Education calendar
- Education program plans
- Emergency procedures manual
- Equipment register
- Essential property services manual
- External training notices
- Feedback forms and analysis
- Fire equipment logs
- Floor plans
- Food safe certification and audit report
- Food temperature records
- Handover records
- Have your say form results
- Hazard forms and register
- Incident forms and register
- Infection control procedures, register
- Maintenance request ledger
- Manual handling questionnaire
- Material and safety data sheets
- Medication management competency
- Meeting minutes
- Memoranda
- Menus
- Missing persons kit
- Nurse registrations
- Occupational health and safety manual
- Occupational health and safety meeting minutes and report
- Police certification
- Police check register report

- Policies and procedures
- Position descriptions
- Preventative/reactive maintenance request folder
- Regulatory compliance folder
- Resident activity attendance records
- Resident allergy/likes/dislikes meal preference flow charts
- Resident and representative gazette
- Resident change of diet forms
- Resident handbook
- Resident menu
- Resident social/leisure profiles
- Resident/relative meeting minutes
- Residents survey
- Rosters
- Special needs activity plans
- Spiritual needs report
- Staff education planner and training attendance records
- Staff newsletter
- Vision, mission statement
- Volunteer confidentiality agreements.

Observations

The team observed the following:

- Activities in progress
- Activity areas
- Archive storage
- Building certification
- Café
- Charter of residents' rights and responsibilities
- Chemical storage
- Cinema
- Cleaning store room
- Equipment and supply storage areas
- Exits and egress routes
- Fire and emergency equipment
- Fire and emergency kit
- Fire panel

- Gym
- Hairdressing salon
- Infection control stations
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Laundry
- Library
- Material safety data sheets
- Meal service
- Medication administration, trolley, storage and disposal systems
- Meeting and training room
- Notice boards and notices
- Nurses' station
- Personal protective equipment
- Relative accommodation
- Resident business centre
- Sign in/sign out register
- Suggestion box.

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

The home has processes and systems to identify opportunities for continuous improvement. Management reviews audit results, comments and complaints, incident data, survey results and encourages all stakeholders to participate through meetings. Each improvement is actioned and logged onto the home's improvement plan. Continuous improvement is a standing agenda item at meetings. Staff confirmed management keeps them informed of quality activities and encourages them to participate. Residents and their representatives confirm they have the opportunity to make suggestions and are aware of improvements occurring in the home.

Examples of improvements in Standard 1 include:

- The establishment of a staff recognition program. Originating from feedback received as the result of a staff survey, stakeholders are encouraged to nominate staff members who have delivered 'service over and above' the norm. Each four months staff members are selected from the nominations and they receive a voucher, the opportunity to dine with the owner and senior management and have their photos displayed throughout the home. Management stated the outcome has included enhanced pride in working for the home.
- The establishment of a sick leave reward program. As a result of a high level of short term incidents of sick leave the home has commenced the tracking of the same, adopting a team approach. With four teams established, each team's sick leave is monitored and charted. The team with the lowest incidents receives a monetary reward. Management stated the outcomes of this initiative have included 'consistency of care to residents, enhanced team morale, belonging and accountability'.

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

The home subscribes to a range of legislative agencies and peak industry bodies and accesses information on-line, as required. Communication occurs via the home's management to relevant senior staff responsible for identifying issues and making changes to internal processes and procedures. There are systems to ensure all staff and relevant stakeholders have current police certification and relevant over seas statutory declarations. Regulatory compliance is a standing agenda item at all meetings. Notifications of changes occur via memoranda, email and through staff attendance at a range of meetings. Residents

and their representatives notification of changes occurs through meetings, notices and the home's gazette. We noted residents have access to a range of external complaints agency brochures.

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 demonstrated management and staff have the skills and knowledge to perform their roles effectively. Management develop monthly education calendars based on mandatory requirements, residents' needs, staff surveys, performance appraisals and regulatory requirements. Management monitor training attendance records and evaluate sessions for effectiveness. Staff undertake competencies for clinical tasks and complete questionnaires to enhance their skills and knowledge. The home has networks with local education providers to support their education program. The home provides support for staff to attend training and to increase their qualifications. Staff stated they were satisfied with the education opportunities offered to them by the home.

Education conducted relating to Standard 1 includes:

- Accreditation - 44 outcomes
- Customer service skills
- Leadership and governance workshop.

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, their representatives and stakeholders have access to internal and external complaint mechanisms. The home informs residents of both internal and external complaint processes through the entry process, the resident handbook, brochures and through meetings. A review of documentation confirmed complaints are actioned appropriately and in a timely manner. Residents reported feeling comfortable raising issues and are satisfied with management's timely response to their concerns.

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 home's vision, values and commitment to quality are documented and on display throughout the home. Residents, staff and other stakeholders are informed through brochures, handbooks and newsletters. The organisation has recently developed a 2012 business plan following consultation with senior staff. The business plan links to the

organisation's strategic plan. Observations and documentation confirmed management and staffs' commitment to providing residents with a high standard of quality care and service.

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 has appropriately skilled and qualified staff to ensure residents' care needs and lifestyle preferences are maintained. The home uses detailed recruitment, selection and orientation systems including qualifications and police and reference checking procedures. Management monitor the roster regularly to ensure the appropriate level and skill mix is maintained. Staff are aware of the requirements of their position through position descriptions and duty statements. The home monitors and maintains the skill level of staff through their education program and annual performance appraisals. Staff stated the level and skill mix of staff is appropriate for residents' needs. Residents confirmed staff are responsive to their needs and are compassionate and caring.

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

The home has adequate levels of appropriate inventory and equipment to ensure quality care and service is delivered. Equipment is routinely checked through the home's preventative maintenance program and there is an electrical testing and tagging program. Broken equipment is taken out of use and attended to promptly by the maintenance officer or appropriate contractors. The home's ordering systems ensure there is adequate stock available for staff use including use of preferred suppliers and stock rotation when required. New equipment is trialled and purchased in response to staff feedback or resident requirements and education is provided. Observations confirmed ample stock levels and staff confirmed sufficient and appropriate equipment for residents' care and service delivery needs. Residents and their representatives are satisfied with the quality of goods and equipment at the home.

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

The home has effective information management systems. Operational policies and practice standards, position descriptions, noticeboards, minutes of meetings, memorandums, emails and other relevant resources are available to guide staff practice. Residents' clinical information is current and staff confirmed adequate communication mechanisms in relation to residents' changing needs. Management collect, collate and analyse key information to identify potential risks and improvement opportunities. Confidential information is stored

securely and the home has a secure archiving system. Weekly 'communication' meetings have been established between departments to assist in sharing information. Staff reported access to current and clear information to help them perform their roles. Residents and their representatives confirmed they are provided with specific information about residents' care requirements, as well as general information about activities and events in the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has processes to ensure externally sourced services are provided in a way that meets the home's care and service needs. External service agreements specify service requirements, quality and performance expectations and are reviewed regularly. The maintenance officer monitors the reliability and quality of contractors' attendance. Contractors are formally inducted to the home and are required to comply with the home's policies and procedures. Management explained how poor performance is monitored and managed successfully. Staff, residents and representatives are satisfied with the quality of services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's 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.

The home has an established continuous improvement system that demonstrates ongoing improvement in resident health and personal care.

Examples of improvements in Standard 2 include:

- The conduct of the 'Wellbeing research program'. In partnership with Swinburne University psychology students meet with select residents and their representatives to identify and assist with emotional support matters. Management review the program and related outcomes on a monthly basis. Management stated there has been good feedback regarding this initiative.
- The development of a resident palliative care box. Identified in consultation with staff, the box includes aromatherapy and specific care related items. The box is stored in the care manager's office for ease of access. Management stated the box contents have been selected to further support residents during their end of life phase.

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 systems and processes.

All registered nursing staff have current professional registrations. Registered nursing staff participate in a range of clinical competency assessments to assist in determining their compliance with legislative requirements. Registered nursing staff perform clinical care and medication management activities within their scope of practice. Missing person's information and documentation is available and utilised as required.

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 regarding the home's education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents' health and personal care.

Education conducted relating to Standard 2 includes:

- Dementia
- Death and dying
- Electronic resident documentation system
- Oral hygiene
- Practical pain management.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Residents receive appropriate clinical care at the home. Qualified nursing staff supported by competent personal care staff and allied health professionals coordinate residents' health and personal care needs. On entry, a baseline assessment of residents' care needs is undertaken followed by a range of more detailed assessments. A care plan is then developed in consultation with the resident and/or their representative. The home is also able to access specialist support from a local acute hospital's 'in reach' program to assist in the assessment and management of acute clinical issues. Nursing and care staff explained detailed knowledge of residents' specific care needs and described their roles and responsibilities in the provision of clinical care. Residents and their representatives stated they were confident in the care provided at the home.

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

Qualified nursing staff assess residents' specialised care needs on entry to the home. Registered nurses provide and evaluate specialised care and can demonstrate support from external consultants such as wound care specialists and speech pathology occurs as required. Staff confirmed resident complex care needs are provided in accordance with the direction of the registered nurse, medical officer or other allied health professional. The registered nurse, supported by enrolled nurses, monitors all specialised care needs including diabetic management, complex wounds and pain management. Staff practice is supported

through internal and external educational programs and there are systems for managing medical emergencies. Residents and their representatives expressed confidence in the competency of the staff to meet residents' specialised nursing care needs.

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

Staff refer residents to appropriate health specialists as required to meet residents' needs and preferences. Doctors visit residents regularly and other health professionals provide services on site including physiotherapy, podiatry, speech pathology and dietary advice. Referral to specialists outside the home occurs as needed and was confirmed by resident interviews. The home also has a 'Wellbeing program' offering residents psychology and counselling services through a local university. Documentation confirmed treatment instructions and hospital transfer information is followed. Residents stated they are satisfied, referral to relevant health related services meets their needs and management provides sufficient information to allow them to make informed choice.

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

Staff demonstrated safe and correct management of medication. Staff practice demonstrates adherence to defined medication procedures and regulatory guidelines. A review by a consultant pharmacist occurs regularly and a medication advisory committee meets quarterly to discuss medication issues. Medication prescribing, ordering, storage, administration, documentation and disposal systems are clear and well defined. We observed staff following these procedures including correct storage, checking of dangerous drugs and dating of opened medications. Some residents choose to self administer their medications and staff undertake regular assessment of resident competency and safety to do so. Management monitors medication incidents and reviews medication charts regularly. Immediate remedial action occurs and management discusses results at staff and multidisciplinary medication meetings. Residents reported they are satisfied with medication administration.

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

The home has policies and procedures to ensure the effective management of residents' pain. Systems to guide staff in the assessment, monitoring and evaluation of pain are well defined and include a holistic approach between care, allied health and lifestyle staff. A review of documentation confirms the home uses assessment tools and a wide range of pain management strategies including medication, physiotherapy, aromatherapy, counselling, heat packs and massage. Ongoing assessment and evaluation of therapies occurs and is recorded on assessment documents, progress notes and individual care plans. External palliative care specialists are involved in the management and evaluation of pain

management strategies for residents. Residents stated they are satisfied with pain management interventions used in the home.

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

The home has care systems to support residents requiring palliative care. The home has systems to discuss advanced care directives with residents and their representatives. All residents who have made decisions about terminal care wishes have this documented and this information is easily accessible. Consultation by external palliative care specialists occurs as required. The home provides a fully self-contained suite for the use of residents’ relatives when their family member is terminally ill. The home also provides meals and emotional support and comfort for family members during this time. Staff described care measures they undertake when caring for terminally ill residents including comfort and dignity measures and the emotional support of families.

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

The home ensures residents’ nutrition and hydration needs and preferences are met. On entry to the home, all residents’ dietary needs and preferences are determined. There are effective communication processes between nursing staff, allied health practitioners and the kitchen. Processes ensure residents’ allergies, preferences, texture modification and special requirements are adhered to. Residents’ nutritional and hydration status is reviewed regularly and referrals made to doctors, speech pathologists and dieticians as needed. We observed lunchtime meals served in a calm and relaxed environment, with a number of choices available for each meal. There are procedures to ensure extra hydration is given to residents at risk and when the weather is warmer. Residents’ commented they were happy with the quality and variety of the food and drinks 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

The home ensures residents’ skin integrity is maintained consistent with their general health. All residents’ undergo an assessment of their skin integrity on entry to the home to identify a risk of skin breakdown or review an existing skin condition. A management plan is developed following this assessment and qualified and competent staff oversee the management of all wounds. Residents’ care plans detail strategies to prevent skin breakdown including application of emollients, use of protective devices and position changes. Massage therapy and podiatry is also available regularly to all residents on site to assist in the management of their skin. External specialists are available to advise staff and review wound care if required. Staff stated they monitor the condition of residents’ skin while they undertake personal care

tasks such as showering. Residents stated they are satisfied with the care staff provide in relation to their skin integrity.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

The home has processes for the assessment, management and ongoing review of residents’ individual continence needs. Two staff members hold the continence portfolio and manage the allocation and ordering of all continence aids. These staff members also advise other staff on toileting schedules based on individual resident need. Staff trial and review continence aids on a regular basis to identify the most suitable aid for each resident. Staff assess residents’ menu and individual needs to ensure enough fibre and fluids are provided to aid with bowel management. Care plans detail residents’ specific requirements and these are easily accessed and used by staff. A range of interventions including medicines and good nutrition and hydration promotes regularity and prevents constipation. Residents stated staff are helpful with their continence needs and attend to them in a dignified and private manner.

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

Staff manage residents with challenging behaviours effectively at the home. There are a number of residents who require direction and focused staff intervention to manage potential challenging behaviours. These behaviours include leaving the facility unsafely, anxiety, or intruding into other residents’ personal space. These residents have detailed management and lifestyle plans to guide staff with strategies to manage or minimise the challenging behaviours and to keep them safe and respectfully engaged in meaningful activity. An assessment is completed for any resident identified with challenging behaviours on entry. Strategies are developed in consultation with other health professionals when needed. Psycho geriatric services attend the home as required and assist with behaviour management strategies. Residents stated staff are attentive to any residents who may require additional support. We observed staff attending to residents in an attentive, respectful and dignified manner.

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

All residents undergo an assessment by the physiotherapist on entry to the home and an individualised program is developed to maximise or maintain each resident’s independence. Two physiotherapists work regularly at the home and a fully equipped gymnasium operates regularly. Exercise programs are held daily and a large number of residents enjoy morning walks in the adjacent park. Programs include a rehabilitative plan wherever possible, or a

focus on the management of painful conditions. Residents undergo a safety assessment, with falls monitored, analysed and preventative actions implemented. Residents confirmed staff assist them to manage their mobility needs and many expressed their enjoyment of the gymnasium and walks in the park.

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

The home ensures residents’ oral and dental health is maintained. Residents’ oral health needs and preferences are assessed on entry to the home and individual care needs and preferences are recorded on resident care plans. A number of residents access their preferred dentist or technician privately with assistance of relatives. The home manages referrals as required and can arrange for a visiting dental service to attend. Residents commented staff manage their oral and dental health well in accordance with their preferences.

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

Assessment of residents’ cognition, communication, vision and hearing occurs on entry to the home. The level of assistance and any special aids required by residents is determined, including the specific details to manage these aids. Optometry services visit the home regularly; some residents may choose to access vision and hearing services externally. The lifestyle program incorporates a range of activities to stimulate residents’ senses of touch, taste and smell. This includes gardening, cooking and a range of outings. A masseuse/beautician is on site three days a week providing massage, manicures, pedicures and aromatherapy treatments. Staff interviewed were aware of residents’ individual needs and many spoke about residents’ needs for comfort by way of touch and familiarity with staff. Residents commented on how much they enjoy the comfort offered by staff and said staff assist them to maintain their sensory aids.

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.

Staff practices at the home assist residents to achieve quality sleep. Residents are accommodated in large apartment style rooms and are generally very active and social during the day. All sleep assessments identify residents’ individual patterns. Sleep care plans are developed and reviewed, indicating triggers that disturb sleep and identify specific strategies to assist residents in achieving good sleeping patterns. Residents interviewed stated it was very quiet at night and they were never disturbed unnecessarily. Several residents stated they use medication to help them sleep and staff administer their medications when they request it.

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.

The home actively pursues improvements in the areas of resident lifestyle.

Examples of improvements in Standard 3 include:

- The establishment of lifestyle staff portfolios. Identified as an opportunity to enhance the existing lifestyle program, the home has established a range of ‘clubs’, including bridge, movies and functions. Staff members with specific skills, knowledge and interest are responsible for the portfolio and therefore the coordination and management of the same. Management stated the aim of this approach is to meet resident specific needs and preferences and to instil a sense of ownership and responsibility amongst staff.
- The establishment of links with the Richmond football club. Club players visit the home on a two weekly basis and socialise with residents and a range of stakeholders during which time refreshments are served. Management stated this initiative has provided a range of stakeholders with the opportunity to socialise, in particular residents who chose to self isolate and has enhanced the sense of community within 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 findings

The home meets this expected outcome

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

Residents and their representatives receive information regarding the privacy of their information and documentation on entry to the home. Residents are also encouraged to sign a privacy and confidentiality consent form. The resident handbook includes information regarding residents’ rights and responsibilities and the Charter is on display at the entry to the home. Appropriate licensing is in place for the home’s wheel chair access bus.

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 regarding the home's education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle.

Education conducted relating to Standard 3 includes:

- Aromatherapy
- Exercise class refresher
- First aid
- Standard 2 related topics.

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 ensures each resident receives emotional support upon entry to the home and on an ongoing basis. Care and lifestyle staff support residents to adjust to life in the home. Initial assessments identify individual preferences and needs and ongoing emotional support review. The home accesses specialised support services as required. Staff exhibited an awareness of residents' individual emotional needs. We observed staff interacting with residents in a friendly, supportive and caring manner. Residents stated they are satisfied with the emotional support provided by staff to promote their well-being.

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

The home provides assistance to residents to maintain their independence and participate in the community. Residents express their ideas, suggestions, comments and complaints using the home's systems. Able residents are regularly involved in planning and reviewing their care. Assistive devices are available to support resident independence. Staff organise activities according to resident needs and preferences. The home assists residents to maintain their individual interests, to participate in outings, have control over their financial matters where appropriate and maintain their civic responsibilities. Continued links with local organisations including churches, clubs and schools are encouraged.

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

The home recognises and respects residents' privacy, dignity and confidentiality in accordance with their individual needs and preferences. On entry staff record residents' preferred names and permission to display names and photos. Confidential resident information is securely stored and managed. The home assists with advanced care wishes and provides a palliative care program. There are various indoor and outdoor spaces for families and friends to meet privately. Staff sign confidentiality agreements on employment and there are privacy statements in staff handbooks and resident documentation. Staff work practices respect residents' privacy and dignity. Residents and their representatives commented 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 identifies and responds to each resident's individual leisure and lifestyle needs, independence and preferences, utilising an assessment upon entry to the home. Residents are encouraged and supported to participate in a range of interests and activities. Leisure and lifestyle planning occurs in consultation with residents and their representatives. The lifestyle program includes a range of one to one and group activities. Lifestyle staff review the program utilising feedback reviewed from meetings, surveys and reviews. Residents' participation in the program is monitored, trends are noted and changes are made to the program as required. We observed activities in progress and ample resources available. Residents stated they have plenty of things to do 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 findings

The home meets this expected outcome

Each resident's cultural and spiritual needs and preferences are identified and promoted on entry to the home and on an ongoing basis. The home celebrates relevant community events such as Anzac Day and religious festivals. Days of significance to residents are identified and respected. Church services are held regularly in the home's chapel and the local churches are supportive of the home. Residents stated they are satisfied the home meets their cultural and spiritual needs and respects their values and beliefs.

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

Each resident has the opportunity to participate in decisions about services they receive and regular resident meetings provide the forum for participation in decision making. Residents input includes matters regarding their personal care, choice of general practitioner, rising and retiring times, food choices and their participation in activities. The home records residents' end of life wishes. Staff stated residents are provided with a range of choices in the home. Residents stated they are provided with opportunities to exercise choice and control over their individual lifestyle at the home.

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

Discussions regarding security of tenure provisions occur during the resident pre-entry interview. New residents receive information packs regarding the services provided, fee structure, their security of tenure and residential service agreements. Internal and external transfer consultation occurs with the resident and or their representative, as required. Residents' files include a signed resident agreement and financial details. Residents receive written information regarding their rights and responsibilities. Residents confirmed they are aware of their rights and responsibilities, the complaints processes and stated they feel secure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s 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.

The home has a system that shows ongoing improvements in the area of physical environment and safe systems.

Examples of improvements in Standard 4 include:

- The review of the catering services delivery model. The delivery model includes the offering of an even wider choice of meals to residents and enhanced service of the same. The home is investigating strategies to provide residents with a choice of their meal on request. In addition, the home is seeking ways in which meals can be delivered in a more effective and efficient manner. Management stated the aim of this initiative is to provide residents with ‘greater empowerment and enjoyment of their dining experience’.
- The establishment of occupational health and safety committee auditing. Members audit one department per month. The aim of the program is to review and question staff occupational health and safety practices in a supportive environment. Action plans are developed in response to the results of the audit. The senior staff member responsible for the area is required to undertake the actions need to rectify issues. Management stated this initiative has resulted in increased occupational health and safety awareness and responsibility.

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 systems and processes.

The home has achieved compliance with the appropriate fire, emergency and building certification codes. The home operates an occupational health and safety committee with a trained representative. The home has a food safety plan and has participated in a third party food safety audit. Staff stated they are aware of the processes to follow in the event of a fire and/or emergency and an infectious outbreak.

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 regarding the home's education and staff development systems and processes.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems.

Education conducted relating to Standard 4 includes:

- Chemicals
- Fire and emergency procedures
- Gastroenteritis management
- Infection control and hand washing
- Manual handling
- Safe food handling.

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 home's management demonstrates it is actively working to provide a safe and comfortable home environment consistent with residents' care needs and expectations. Residents are accommodated in either single rooms with their own ensuite or a larger suite with separate living and sleeping areas. There are a number of well-equipped entertaining and therapy areas including a bar and cafe, lounge rooms, a gymnasium, library, hairdressing salon and a beauticians/massage room. All of these areas are well used by residents and residents expressed their enjoyment in using these rooms and services. Feedback from staff and residents, regular environmental audits and a preventative and corrective maintenance program ensures environmental safety. Staff stated how they ensure environmental safety for residents and all stakeholders. Residents, representatives and staff confirm their satisfaction and enjoyment with the comfort and safety of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has occupational health and safety systems that meet regulatory requirements and promotes a safe environment. The system includes an occupational health and safety

committee, policies and procedures, incident reports, hazard forms and display tags and appropriate education. Staff and resident safety is supported through regular manual handling training at induction and ongoing, risk assessments, preventative and corrective maintenance programs and environmental audits. Monitoring of occupational health and safety performance occurs through audits, staff feedback and observation. Staff confirmed they receive training in manual handling and stated management provides a safe working environment.

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

The home has emergency management systems and works towards ensuring a safe living environment for all stakeholders. Emergency and evacuation plans are on display throughout the home with clearly signed emergency exits which are free from obstructions. The home has a contract with an external service provider to conduct scheduled inspections of services provided by emergency equipment contractors. The home is equipped with fire fighting equipment including break glass alarms, fire blankets, smoke alarms, extinguishers and sprinklers. An emergency management plan has been established and is available for use, as required. The home has secure access and egress areas. Staff stated they are confident in their skills and abilities in the event of an emergency.

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.

Management demonstrated an effective infection control program. Staff record information on infections including wounds, respiratory conditions, urinary tract infections and gastroenteritis. Regular auditing identifies the incidence of infections and actions taken to address identified issues promptly. We observed hand wash basins, hand hygiene and personal protective equipment throughout the home. Residents with active infections are treated in accordance with appropriate infection prevention practices. Staff competencies are conducted regularly. Staff stated they have regular education on infection control and hand hygiene principles. Residents stated they are satisfied with staff practices.

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

The home operates a four week rotating menu reviewed by a dietician. Items are prepared fresh daily on site seven days per week. Residents have access to snacks and preferred refreshments at all times. Cleaning staff perform their duties guided by documented checklists, schedules and resident dietary requirements. An external contractor is responsible for cleaning resident rooms and general areas seven days a week. Colour coded mops and cloths are available and infection control processes and procedures are

maintained. The home launders resident clothing and linen seven days a week. Residents expressed a high level of satisfaction with the hospitality services provided by the home.