



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Brightwater Onslow Gardens RACS ID: 7401

Approved Provider: Brightwater Care Group Limited

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 20 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 08 October 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 17 November 2015 to 17 October 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 20 March 2018

Accreditation expiry date 17 October 2019



Australian Government

Australian Aged Care Quality Agency

Brightwater Onslow Gardens

RACS ID 7401
39 Hamersley Road
SUBIACO WA 6008

Approved provider: Brightwater Care Group (Inc)

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 17 November 2018.

We made our decision on 08 October 2015.

The audit was conducted on 01 September 2015 to 02 September 2015. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality 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:

Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

Expected outcome	Quality 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: Care recipient lifestyle**Principle:**

Care recipients 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	Quality 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 Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems**Principle:**

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

Expected outcome	Quality 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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Brightwater Onslow Gardens 7401
Approved provider: Brightwater Care Group (Inc)

Introduction

This is the report of a re-accreditation audit from 01 September 2015 to 02 September 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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 Quality Agency conducted the re-accreditation audit from 01 September 2015 to 02 September 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Cristian Moraru
Team member:	Anne Rowe

Approved provider details

Approved provider:	Brightwater Care Group (Inc)
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Details of home

Name of home:	Brightwater Onslow Gardens
RACS ID:	7401

Total number of allocated places:	62
Number of care recipients during audit:	62
Number of care recipients receiving high care during audit:	62
Special needs catered for:	Care recipients with additional needs

Street:	39 Hamersley Road	State:	WA
City:	SUBIACO	Postcode:	6008
Phone number:	08 9489 8600	Facsimile:	08 9489 8606
E-mail address:	welcome@brightwatergroup.com		

Audit trail

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

Interviews

	Number		Number
Care manager	1	Care recipients/representatives	12
Deputy care manager	1	Therapy professionals team	3
Quality coordinator	1	Speech therapist	1
Nurse practitioner	1	Therapy assistants	3
Registered nurses	3	Hospitality services	4
Care staff	9	Administration assistant	1

Sampled documents

	Number		Number
Care recipient files including assessments, forms, charts and progress notes	8	Medication profiles and signing sheets	10
Care plans	11	Infection management forms	
Non-pharmaceutical treatments (infection control)	3	Personnel file	1
External contractor records (site specific)	3	Resident agreements	2

Other documents reviewed

The team also reviewed:

- Admission assessment planner
- Agency staff orientation records and manual handling skills records
- Archiving register
- Care recipients' information package and handbook
- Care staff daily shift hours lists
- Clinical indicator records and analyses
- Comments and complaints file
- Diaries, communication books and handover sheets
- Emergency response manual
- Enteral meals file, weekly tasks folder, turning charts, blood glucose monitoring records
- 'Evidence' (Standards) files
- Infection control file
- Internal and external audit reports, and surveys
- Maintenance records
- Meeting minutes

- Menus and dietary information (kitchen)
- Opportunity for improvements file and continuous improvement plan
- Ordering goods and supplies file
- Performance reviews care plan, visa conditions and police certificates report
- Physiotherapy intervention program and therapy records and statistics
- Policies and procedures (Corporate manual)
- Register drugs of addiction
- Safety and health file
- Schedule of cleaning checklists
- Training records and calendar, and competency matrix reports
- Weight records and supplement files
- Well-being program
- Wound care files, including assessments and care plans.

Observations

The team observed the following:

- Access to and availability of feedback mechanisms such as customer feedback forms and external complaints brochures
- Activities in progress
- Administration and storage of medications
- Call bell response and care recipients' general appearance
- Chemical storage and safety data sheets
- Emergency basket
- Interactions between staff and care recipients
- Living and physical environment
- Meal service
- Morning tea and lunch services with staff assisting care recipients with meal
- Noticeboards and displayed information
- Short group activity in large activity room
- Storage of equipment and supplies including wound care, pressure area care, continence aids and mobility/transfer equipment.

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 care recipients, 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

There are active systems and processes to identify, plan and implement continuous improvement activities. Reporting, feedback and monitoring mechanisms guide staff to identify opportunities for continuous improvement. Information from multiple sources is logged, analysed and actioned, and feedback given to stakeholders as required. Improvements requiring a structured approach are added to the continuous improvement plan, discussed at meetings and evaluated for effectiveness as appropriate. Staff and care recipients interviewed confirmed they are encouraged to provide feedback regarding continuous improvement activities.

Examples of recent improvements in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- In response to feedback, management at the home identified the need to strengthen the archiving process for general documents. As a result, the home now has an interim system for archiving general documents onsite and an established register to track the movement of documents. The administration officer reported a process for establishing guidelines for archiving general documents is being developed to embed the system at organisation level.
- Following therapy staff attendance at a conference where a quality initiative was showcased, the idea for a mechanism to share quality focus information with stakeholders was identified. As a result, a quality board was installed in the home. The physiotherapist reported the focus will change monthly as identified by management. Currently, the home displays information related to falls management and prevention, and subsequent topics will be linked into staff and care recipient meeting agendas for discussion and evaluation.

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 organisation's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives legislative updates from industry groups and government departments, and relevant committees update policies and procedures in line with changes as appropriate. The home's management team provides staff with information regarding changes through

education, meetings and flyers. The home monitors compliance through internal and external auditing programs, quality management and human resource processes. There are processes to monitor staff police certificates, visa requirements and attendance at mandatory training. Care recipients and representatives were informed of the re-accreditation audit via correspondence, posters and meetings.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home's education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identify staff training needs through feedback, reporting and monitoring mechanisms, and observation of work practices as appropriate. Staff complete corporate and site orientation programs, undertake subsequent competency reviews and other training is accessed via internal, external and online mediums. Staff have access to the corporate training program that includes applications for scholarships and professional development. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance. Staff reported they have access to a variety of internal and external training and education opportunities.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Accountability for registered nursing staff
- Corporate and site orientations
- Electronic care management system and care planning
- Leadership and management
- Understanding Accreditation (continuous improvement, quality management and standards).

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

The home has processes to ensure care recipients, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous customer feedback forms. The home displays information on the processes to access internal and external complaints and advocacy services, and there are provisions to discuss the comments and complaints processes with care recipients when moving into the home, at care recipient/representative meetings and in family conferences. The management team actions comments and complaints, and provides feedback to the originator as appropriate. The home measures the effectiveness of the comments and complaints process via satisfaction surveys and quarterly analyses, and identified trends feed into the home's continuous improvement plan. Staff receive information about the home's comments and complaints process during orientation, and advocate on behalf of care recipients as required.

Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

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

Brightwater's Care Group purpose and values provide a framework for decision making throughout the organisation. The organisation's statements of purpose and values are consistently documented in relevant information packages and displayed around the home. The statements incorporate the commitment to quality and personhood approach throughout the 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 generally has access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients' needs. The home uses organisational processes to recruit and roster staff, and relevant staff monitor staff working visas and professional registrations for currency. Staff performance is monitored via performance appraisals and feedback mechanisms, surveys and audits. Management monitors staffing levels based on care recipients' care needs, layout of houses and feedback from stakeholders. Relief cover is organised and provided from a pool of available staff or via an agency. Staff reported they could have sufficient time to complete their duties and have the appropriate skills to conduct their roles if the regularity of agency staff usage was reduced. Care recipients and representatives generally reported adequacy of care and responsiveness of staff.

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 are systems and processes to ensure appropriate stocks of goods and equipment are available for quality service delivery. The home has ordering and stock management processes for goods, supplies and equipment, and allocated staff monitor and manage these processes regularly. Therapy staff review the use of suitable aids and equipment for care recipients, maintain inventory lists and make recommendations to purchase equipment to meet care recipients' needs. Operating corrective and preventative maintenance programs include repairs, servicing and replacement to ensure equipment remains appropriate for quality service delivery. Staff receive training for appropriate use of electronic, care and mechanical equipment. Staff reported they have enough equipment and supplies to

undertake their tasks. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment provided to care recipients.

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 management systems to allow for an effective flow of information including the collection, analysis and dissemination of information related to care recipients' care, business and operational matters. The home uses computerised information systems for the management of clinical, rostering and training information, and ordering goods/supplies. Management routinely collate, analyse/review and table relevant information from clinical records and indicators, monitoring and reporting mechanisms, and operational processes. The home schedules meetings specific to roles and minutes are available for review, and operational information is available to all staff on the home's intranet page (SharePoint) and hard copies as appropriate. There are processes for the storage and management of records via archiving and maintaining security of information. Staff reported they have access to accurate information relevant to their roles, attend regular meetings/handovers and have access to feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information relevant to them, including activities and events of the home via meetings and displays.

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 organisation and the home have processes to ensure the provision of externally sourced services meets the residential care service's needs and service quality goals. The organisation and the home contract essential and site-specific externally sourced services in response to identified requirements, and specify these in written agreements that set out obligations, compliance and criteria. The home's management team monitors the level of performance with external services through service records, evaluations and feedback mechanisms, and changes are made accordingly. There are processes for deliveries, couriers and maintenance contractors to be orientated to site and report at reception. The organisation's physical resources department reviews agreements based on service provision and performance, and changes in the provision of external services are made as required. Care recipients, representatives and staff reported satisfaction with externally sourced services, including grooming and therapy services.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients, representatives and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of recent improvement activities related to Standard 2 – Health and personal care are described below.

- Following an audit of the medication system, an improvement plan was implemented for the management of medication. A number of actions are being undertaken, including a process to check imprest and 'as required' medication on a regular basis. These checks have resulted in additional medication being added to the imprest system for timely commencement of 'out of hours' medication and improved disposal of 'out of date' medication. Additional information has been added to the medication profiles, which resulted in reduction of errors in the management of transdermal pain medication. Improvements are continuing to be monitored by the deputy care manager.
- It was identified by the deputy care manager that staff were not always aware of care recipients' supplement requirements. The speech pathologist has developed a supplement checkbox list to track the provision of supplements. Staff now sign to show when care recipients have received or refused the supplement. Weight records showed significant weight increases in three care recipients reviewed. The speech pathologist reported they spend time each month discussing the supplements with the dietician to ensure the supplement is enjoyed by the care recipient and is appropriate for their swallowing impairments. A clinical staff survey showed satisfaction with the new processes implemented.

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

The organisation has systems and processes to identify regulatory compliance requirements in relation to care recipients' health and personal care. Registered nurses assess, plan and monitor care for care recipients. There are processes to ensure medication and oxygen administration and storage is undertaken in accordance with legislation, and a poison permit is available. Professional registrations for nursing staff and allied health professionals are

monitored. Staff demonstrated knowledge of regulatory compliance issues and mandatory reporting requirements, and stated they are informed of changes through meetings, alerts and education. Care recipients and representatives reported care services for care recipients are received in accordance with specified care service requirements.

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 an overview of the home’s education and staff development system.

Examples of education and training related to Standard 2 – Health and personal care are listed below.

- Advanced behaviour management
- Clinical symposiums
- Continence management
- Palliative care
- Swallowing and dysphagia
- Wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients receive appropriate clinical care. On moving into the home, a range of assessments are undertaken by a multidisciplinary team to identify care recipients’ clinical care needs and preferences. A care plan is developed that guides staff in the provision of care and is reviewed six monthly, or sooner if required. Clinical incidents are recorded, monitored and actioned by the multidisciplinary team. Care recipients and representatives have the opportunity to discuss clinical care needs and preferences at team/family meetings, or informally as needs change. Staff are advised of care recipients’ changed needs through memoranda, communication books, at handovers and through care plans. Staff reported they have adequate skills to provide care recipients’ clinical care. Care recipients and representatives reported they are satisfied care recipients receive appropriate clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified staff meet care recipients’ specialised nursing care needs. Registered nurses and allied health staff assess, plan, manage and review specialised nursing needs and technical nursing care plans are developed. The nurse practitioner reviews care recipients following referral from registered staff and liaises with the general practitioners to assist in complex clinical care. A podiatrist undertakes assessments and provides care on a regular basis, and care recipients are assisted to attend external appointments and specialised clinics. Registered staff advised there is sufficient equipment, products and clinical information to support care recipients’ specialised nursing care. Care recipients representatives reported care recipients receive specialised nursing care in accordance with their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home refers care recipients to appropriate health specialists in accordance with their needs and preferences. On moving into the home, the multidisciplinary team, including an occupational therapist, physiotherapist and speech pathologist assess care recipients and develop care plans. Other health services are accessed to support care recipients and staff including the Motor Neurone Disease and Parkinson’s disease clinical nurse specialists. Care recipients are assisted to attend appointments at a specialist seating service to provide optimal seating for their clinical needs. Staff reported they liaise with a range of health services for care recipients’ care needs, and representatives reported they are satisfied with the ongoing access care recipients have to a variety of health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Competent care staff and registered staff administer medications from multi-dose sachets and bottles. Care recipients’ medication profiles show their identification, medication allergies and special instructions for administration. Medication incidents are reported, actioned and analysed, and regular medication audits are undertaken with deficits identified added to the improvement plan. The effectiveness of ‘as required’ (PRN) medication is evaluated and the general practitioner reviews medication on a regular basis. An accredited pharmacist reviews care recipients’ medication and provides a recommendation to the general practitioner. A stock of emergency medication is available, and processes for checking and restocking are followed. Care recipients and representatives reported they are satisfied with the way staff manage care recipients’ medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. On entry into the home, pain is charted over a number of days, and followed up by a pain assessment completed by registered and allied health staff. Care plans are developed and additional pain management treatments, including regular repositioning, massage, splints and exercise are undertaken by registered, therapy and care staff. Changes in pain needs are monitored via charting and referrals are made as required to the general practitioners or other services. Staff reported ways in which they identify pain, and stated they report any observation of care recipients’ pain to registered staff for further intervention. Care recipients and representatives advised they are satisfied with staff assistance to manage care recipients’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure the comfort and dignity of terminally ill care recipients is maintained in accordance with their needs and preferences. Care recipients are provided with an opportunity to discuss their advanced care needs when they move into the home, or thereafter if preferred. The home has access to external palliative care services for assistance and support during care recipients’ palliation. Additional palliative care equipment is stored in a container for easy access. Staff reported they understand the care and support required for a care recipient and representatives during the terminal phase of life, and representatives are welcome to remain with the care recipient if preferred. We noted formal compliments received from representatives following end of life care provided at the home.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. A nutrition, hydration and dietary needs and preference assessment records care recipients’ dietary requirements when they move into the home. The speech pathologist undertakes assessments and develops specific care plans for care recipients with swallowing impairments. Care recipients’ weights are monitored by the speech pathologist and registered staff. The dietician reviews care recipients monthly, and nutritional supplements are ordered and supplements prescribed. Information regarding care recipients’ modified diets, thickened fluids and supplements is accessible to staff in each house kitchen. Care staff undertake dysphagia training and complete a competency assessment before they assist care recipients with swallowing impairments. Registered staff follow specific care plans for care recipients’ enteral feeding regimes. Care recipients and representatives advised they are satisfied with care recipients’ meals and drinks.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Care recipients’ skin integrity and pressure area risk are assessed when they move into the home. Care plans detail interventions and equipment to maintain care recipients’ skin integrity. Specialised mattresses and cushions, limb protectors and repositioning assist maintaining care recipients’ skin care needs. Wound care is attended by registered staff and the nurse practitioner or an external service is accessed for further assistance when required. Skin tears and wounds are monitored by registered nurses and via informal auditing and monthly clinical indicators that are reviewed by the management team. Care recipients and representatives reported they are satisfied with the assistance provided by staff to maintain care recipients’ skin health.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Care recipients’ continence needs are assessed on moving into the home, and a care plan is developed and reviewed six monthly or sooner if required. Specialised care plans detail care recipients requiring care of invasive devices and scanning equipment is used to assist in continence management. Other interventions used to manage care recipients’ continence needs include appropriate assistance in toileting and suitable continence aids. Bowel management strategies include daily monitoring and interventions such as adequate fluids, high-fibre diets and medication. Staff reported they have adequate equipment and supplies to manage care recipients’ continence needs effectively. Care recipients and representatives advised they are satisfied with staff assistance to manage care recipients’ continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. The home identifies care recipients’ behaviours of concern via charting and progress notes over a number of days soon after they move into the home. Possible triggers and interventions are identified and a behaviour assessment is completed by registered staff. Staff access other health services including the older adult mental health service and the dementia behavioural management advisory services for further review as required. Care recipients with additional needs are assisted to appointments with a psychiatrist or referred to a geriatrician as required. Monthly reporting systems and clinical indicators monitor incidents of behaviour. Staff had training in dementia care and reported they have adequate skills to assist care recipients who may impact negatively on other care recipients. Care recipients and representatives reported care recipients are not disturbed by other care recipients’ behaviour.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The allied health team assesses care recipients’ mobility, dexterity, complex pain and falls risk when they move into the home. Care plans are developed with a program that includes group or individual programs. Dexterity assessments are completed by the occupational therapist and assistive devices ordered as required. Self-propelled wheelchairs, one arm drives and electric wheelchairs are used to assist care recipients move around the home. Individual passive therapy, parallel bars, gutter frames and pulleys are used to maintain care recipients mobility, and participation in therapy is recorded. Incidents of falls are monitored by multidisciplinary staff, and equipment is provided to reduce the risk of a fall. Restraints are authorised by general practitioners, and staff reported they have sufficient training and skills to assist care recipients with safe transfer and mobility. Care recipients and representatives advised they are satisfied with the assistance provided by staff to meet care recipients’ mobility and dexterity needs.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The oral and dental health of care recipients is maintained. Care recipients’ oral and dental requirements are assessed when they move into the home by registered staff and the speech pathologist with information recorded on the care plan. Care recipients are offered an annual dental examination, and information of recommended treatment is provided to the general practitioner, care recipients and representatives for follow up. Domiciliary dental services are accessed as required, or care recipients are assisted to access external dental services. Low foam tooth paste is used for care recipients with swallowing impairment, and staff reported the care plan guides them with the assistance the care recipient requires to maintain their oral and dental hygiene. Care recipients and representatives reported satisfaction with the assistance from staff for care recipients’ oral health needs.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Sensory losses of care recipients are identified and managed effectively. Registered and allied health staff assess care recipients’ sensory impairments when they move into the home. Care recipients have the opportunity of an annual optometry assessment conducted at the home by a specialist service, including provision and servicing of identified sensory aids. Care recipients have access to a hearing service for assessment as required, and access to specialised equipment to assist in communication. Sensory activities are included on the activity program, including cooking and a weekly breakfast group. Staff reported they have the skills to assist care recipients manage sensory losses according to care recipients’ needs. Care recipients and representatives advised they are satisfied with the assistance provided by staff to care recipients with sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. A sleep chart is completed over a number of days to identify any waking patterns or disturbed sleep. Registered staff undertake a sleep assessment, and care plans describe care recipients’ preferences at night and interventions to assist achieving a natural sleep. Staff monitor the care recipients overnight and report altered sleep patterns at handover and in the progress notes. Staff reported ways they assist at night when care recipients are unable to sleep, including repositioning, pain relief and continence care. Care recipients and representatives advised staff provide them with assistance at night if they are unable to sleep.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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 an overview of the home’s continuous improvement system.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback is recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of recent improvement activities related to Standard 3 – Care recipient lifestyle are described below.

- Following an activity survey in May 2015, the therapy team analysed the responses and discussed the information at a program planning day. Changes were made to the program following feedback from care recipients and discussion from the allied health team. These included adding new activities to the monthly well-being planner. Therapy staff reported they are evaluating the new program via meetings and monthly reviews of activities, and they have noted increased care recipients’ participation in the activity program. Care recipients interviewed reported satisfaction with the activity program available at the home.
- Therapy staff identified the need to implement a male focus group. As a result, ‘Steelers’ group has been introduced where male care recipients undertake an upper limb exercise program. The male wheelchair group was developed and implemented on a weekly basis. Therapy staff reported the group also promotes social interaction for at least seven regular participants. Care recipients reported they enjoy attending the group.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure the home meets regulatory compliance requirements in relation to care recipient lifestyle. The home displays the Charter of care recipients’ rights and responsibilities, and includes this and other information about care recipients’ security of tenure in the residential agreement and relevant information packages. The organisation reviews the information provided to care recipients to ensure it remains current and meets legislative requirements, including the residential agreement and handling of personal information. There are established policies and procedures for the compulsory reporting of allegations of elder abuse and for the consultation with care recipients or their representatives regarding making decisions about services.

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 an overview of the home's education and staff development system.

Examples of education and training related to Standard 3 – Care recipient lifestyle are listed below.

- Customer service
- Privacy principles focus
- Therapy study days.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

On moving into the home, care recipients and their representatives receive a welcome pack that provides information about the home and services offered. Care recipients and representatives are shown the layout of the home including their room and living/dining area, the location of other areas and activity room. Therapy staff complete a personal profile of the care recipient to identify their life history, meaningful relationships and activity preferences. Care plans are developed and reviewed every six months. A social worker is accessed to support care recipients as required. Staff reported care recipients are encouraged and assisted to join in activities at the home and additional emotional support is provided by the social worker, volunteers, religious representatives and significant others. Care recipients and representatives reported they generally are satisfied care recipients' emotional needs are supported by staff.

3.5 Independence

This expected outcome requires that "care recipients 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

Care recipients are assisted to achieve maximum independence and maintain friendships within and outside the care service. A number of therapy and physical assessments are completed by the multidisciplinary team when care recipients move into the home, and a care plan is developed that identifies activities to maintain their independence. Care recipients are assisted to access the external community that includes regular attendance at specialised day centres, annual Royal show day, visiting local coffee shops and lunch at the town's community centre. Therapy staff assist care recipients accessing the taxi users' subsidy scheme, and specialised equipment including 'long handled pick-up' devices, specialised wheelchairs, and adaptive cutlery and crockery is provided. Staff reported they encourage and assist care recipients participate in life outside the home, and representatives

and care recipients advised they are satisfied with the assistance staff provide to assist care recipients maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The right to privacy, dignity and confidentiality of care recipients is recognised and respected. Care recipients' right to privacy is reflected in the home's agreement, privacy policy and information booklet. Care recipients' accommodation is in a single or shared room with ensuite bathroom. Screens are used for privacy needs in the home's two shared rooms. Care recipients' information is stored in locked offices and computers are password protected. Confidential bins are used, and staff were observed to speak to care recipients with respect. Staff described ways they maintain care recipients' privacy needs and reported they understand the confidentiality of care recipients' information. Care recipients and representatives reported staff are caring in their approach to care recipients, and treating them with dignity.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

Care recipients are encouraged and supported to participate in a wide range of activities of interest to them. The occupational therapists gather and collate information regarding care recipients' personal histories, lifestyle and activity preferences, and physical abilities from feedback and assessment. The well-being program is developed by the occupational therapists based on care recipients' interests, formal and informal feedback, participation records and evaluation of new activities. Staff record care recipients' participation which are monitored by the occupational therapists. Allied health team meetings are held monthly and the program is supported by a number of volunteers. Staff reported care recipients enjoy a wide range of activities including bowls, quizzes and entertainment. Care recipients and representatives stated they are satisfied with the activities offered to them and they are encouraged to participate.

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

Individual interests, customs, beliefs, and cultural and ethnic backgrounds of care recipients are valued and fostered. Information on care recipients' cultural and spiritual backgrounds are recorded when they move into the home. Non-denominational and Roman Catholic services are held regularly at the home. Ministers and priests are accessed to visit care recipients during the terminal stage of life when requested. Significant events and multi-cultural days are celebrated through activities including Australia Day, ANZAC Day and

Melbourne Cup. Care recipients have access to interpreter services and community and multilingual visitors are accessed to visit care recipients as required. Staff reported ways they assist care recipients with preferences not to celebrate Christmas due to religious beliefs, and representatives and care recipients advised they are supported to maintain the care recipients' cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

There are processes to ensure care recipients can participate in decisions about the services they receive, and exercise choice and control over their lifestyle without infringing on the rights of others. Processes are undertaken to assess care recipients' individual needs, preferences and wishes across all areas of care and service delivery. Clinical meetings, advanced health directives and risk assessments/agreements are processes that support care recipients and representatives to participate in decisions about their clinical care and services. Staff reported strategies for supporting care recipients' individual preferences including their participation in activities, refusal of care and meal choices. Care recipients and representatives advised staff support them to make choices in all aspects of their daily life.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the residential care service and understand their rights and responsibilities. A pre-admission package is provided to care recipients and representatives before moving into the home which gives information on the home's care and services. On moving into the home, an agreement is signed that includes details of care recipients' rights and responsibilities, accommodation services, termination of agreement and security of tenure. Information in different languages is accessible for care recipients from non-English speaking backgrounds. Brochures regarding advocacy services are accessible to care recipients and representatives. Care recipients and representatives stated they understand care recipients have secure living arrangements.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 an overview of the home’s continuous improvement system.

In relation to Standard 4 – Physical environment and safe systems, the home uses feedback, reporting and monitoring mechanisms to gather and analyse information to determine trends and opportunities to improve. Feedback is recorded and evaluated via audits and surveys. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of recent improvement activities related to the Standard 4 – Physical environment and safe systems are described below.

- In response to staff practice and incidents, management implemented a new procedure for manoeuvring stock of continence aids safely. This included the implementation of laminated instructions, equipment required and training. Management reported the new procedure works well and no further incidents have been recorded.
- The infection control resource team developed and implemented detailed and specific infection management forms for each type of infectious disease to minimise the risk and incident of cross infection. The forms include the reasons for precautions, use of personal protective equipment, environmental considerations, and cleaning and waste management procedures. The information is matched onto the electronic care management system for staff access, including hospitality staff as appropriate. Management reported the forms have been in use for four weeks, and staff reported they are more aware of the specific precautions to take. We noted hospitality staff have access to the forms in the allocated cleaning schedules.
- The organisation implemented a new emergency response system throughout Brightwater homes in 2014 to minimise the risk of potential emergencies scenarios. The system comprises of an emergency response team available 24/7 and a manual for guidance. The training incorporates reference to the flip charts which outline all emergencies using colour codes for easy identification in the manual. The home undertakes fire drills to monitor the response in case of emergencies as detailed in the manual. Management reported the emergency response team has not been activated at the home.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The management team ensures ongoing regulatory compliance in relation to physical environment and safe systems. Internal and external resources and statutory bodies inspect and audit the workplace and building, fire emergency preparedness and the catering environment. Management or safety delegates act on recommendations from audits, hazards and inspections as required. The home stores chemicals safely, facilitates mandatory training for staff and has infectious disease management information available. Staff advised attending relevant mandatory training. The catering service is subject to a food safety program to comply with legislative requirements and to provide guidance to staff.

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 an overview of the home's education and staff development system.

Examples of education and training related to Standard 4 – Physical environment and safe systems are listed below.

- Chemical awareness
- Emergency response
- First aid
- Food safety
- Infection control
- Infection control representative
- Influenza immunisation
- Manual handling
- Use of hoists.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe and generally comfortable environment consistent with the care recipients' needs. The home provides care recipients with single

rooms with ensuite within the majority of the four houses, and the internal living environment is equipped to assist care recipients with independence, comfort, privacy and security. Care recipients and their families have access to internal, communal areas and courtyards for meals, social interaction and activities. Management undertakes satisfaction surveys and environmental audits, and takes actions in response to identified issues/suggestions or potential hazards. Allied health professionals conduct further assessments for care recipients identified at risk of falls and impaired skin integrity, and establish environmental and safety strategies to manage such risks. Staff described ways they manage and report environmental hazards and maintenance issues. Care recipients and representatives generally reported management actively work to provide a safe and comfortable 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

There are systems and processes to ensure management actively provides a safe working environment that meets regulatory requirements. Management, maintenance and safety/health representatives and staff monitor the safety of the working environment using feedback/reporting mechanisms and audits. Management implements remedial actions or improvements as required in response to accidents, incidents, safety hazards and infection control risks. The home's meetings minute communication of information to staff regarding occupational safety and health as well as staff practices and environmental and equipment issues, and further communication with staff occurs via memoranda and flyer alerts. Personal protective equipment and safety data sheets are available, and equipment and buildings are subject to routine and preventative maintenance. Staff reported they are aware of safety management processes through training and meetings, and management is active in providing 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 systems and processes to maintain a safe environment that reduces the risk fire emergency and security breaches. Approved professionals carry out regular inspections and testings of the home's fire systems and equipment, and the home adheres to the organisation's emergency response system. The home displays emergency response manuals in strategic locations, and evacuation maps show orientation and information regarding exit routes and location of fire-fighting equipment. The emergency training incorporates reference to the flip charts that outline other emergency risks and responses. There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Staff described the home's security systems and fire emergency procedures as effective and reported they practice regular evacuation drills. Care recipients and representatives receive information of what to do if they hear a fire alarm during the admission process and at meetings, and displayed posters reiterate these procedures. Care recipients and representatives confirmed, as appropriate, they feel safe and secure in the home, and their belongings are also safe.

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 an effective infection control program that includes policies and guidelines, nurse portfolio holder, preventative measures and management of care recipients' infections, and equipment and resources for the management of outbreaks. The organisation's prevention resource group, which is responsible for setting priorities, provides expert advice and guidance in the development of resources for infection prevention. The home monitors and reviews the infection control program through a system of collecting data on infections, undertaking relevant audits and observing staff practices. Nursing staff identify and manage care recipients' specific infections through an assessment process, prescribed treatments and evaluations of management strategies. Equipment and signage is in use to lessen the risk of infection, and there are processes and facilities for cleaning and sanitising equipment and laundry items. Staff described examples of infection prevention strategies including vaccination programs, hand hygiene, containment of sharps and food temperature monitoring.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides catering, cleaning and laundry services that generally enhance the care recipients' quality of life and staff working environment. The home informs care recipients about hospitality services and dining arrangements via information handbook, noticeboards and menus. An off-site external food caterer rotates a menu that takes account of care recipients' preferences and special dietary requirements. The menu provides hot meal choices and in-house alternatives, and changes to the menu occur in response to meal satisfaction surveys and feedback. Hospitality staff, who are guided by dietary records, menus and scheduled tasks, provide catering and cleaning services as well as personal laundry services. The home's system to prevent loss of clothing is undertaken by hospitality staff and includes marking and sorting processes. External contractors provide scheduled flat linen laundry services and window/floor cleaning as required. Hospitality services encompass the home's food and chemical safety programs and infection control requirements, and management monitors the home's systems via feedback, internal compliance checks and audits. Care recipients and representatives reported satisfaction with the catering and laundry services, and generally with the cleaning services.