



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Heritage Gardens

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

The Agency has decided that the period of accreditation of Heritage Gardens is three years until 3 May 2014.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The assessment team recommended that the home did not comply with Expected outcome 1.2 Regulatory compliance. The Agency considered additional information including a submission from the approved provider and actions taken by the home since the site audit and found that the home does comply with this expected outcome.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details					
Details of the home					
Home's name:		Heritage Gardens			
RACS ID:		3673			
Number of beds:		66	Number of high care residents:		31
Special needs group catered for:			<ul style="list-style-type: none"> • Nil 		
Street:		325-329 Canterbury Rd			
City:	Bayswater	State:	Victoria	Postcode:	3153
Phone:		03 9722 5800		Facsimile:	03 9738 1477
Email address:		terry@melbourneagedcare.com.au			
Approved provider					
Approved provider:		Melbourne Aged Care Pty Ltd			
Assessment team					
Team leader:		Mary Jo Nash			
Team member:		Deanne Maskiell			
Dates of audit:		15 February 2011 to 16 February 2011			

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does not comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
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Agency findings
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Heritage Gardens
RACS ID	3673

Executive summary

This is the report of a site audit of Heritage Gardens 3673 325-329 Canterbury Rd BAYSWATER VIC from 15 February 2011 to 16 February 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd. on 18 February 2011.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 43 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 1.2 Regulatory Compliance

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Heritage Gardens.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 February 2011 to 16 February 2011

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Mary Jo Nash
Team member:	Deanne Maskiell

Approved provider details

Approved provider:	Melbourne Aged Care Pty Ltd
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Details of home

Name of home:	Heritage Gardens
RACS ID:	3673

Total number of allocated places:	66
Number of residents during site audit:	59
Number of high care residents during site audit:	31
Special needs catered for:	Nil

Street:	325-329 Canterbury Rd	State:	Victoria
City:	Bayswater	Postcode:	3153
Phone number:	03 9722 5800	Facsimile:	03 9738 1477
E-mail address:	terry@melbourneagedcare.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	10
Directors	2	Clinical manager	1
Registered nurses	1	Enrolled nurses	3
Care staff	6	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Contract manager – catering services	1	Contract manager – cleaning and laundry services	1
Chef	1	Maintenance staff	1
Catering staff	2	Physiotherapist	1
Hairdresser	1		

Sampled documents

	Number		Number
Residents' files	7	Medication charts	7
Summary/quick reference care plans	7	Resident agreements	6
Residents' social, cultural and spiritual assessments and social, cultural and religious care plans	6	Supplier agreements	6
Lifestyle participation records	10		

Other documents reviewed

The team also reviewed:

- Activities folder
- Activities monthly program
- Ageing in place resident agreement

- Allied health companies police check schedules
- Archived continuous improvement folder
- Audit schedule
- Audits/reports
- Automatic sprinkler installations record of test book
- Benchmarking – incidents
- Benchmarking – medication incidents
- Care plan consultation with a resident or representative
- Care plan evaluation schedule – lifestyle
- Catering records/certification documents
- Cleaning records
- Clinical care files/progress notes/assessments
- Clinical care roster
- Communication records
- Continuous improvement forms
- Daily activity evaluation
- Detailed asset list
- Diet and nutrition amendment form
- Dietary needs lists
- Dietary/nutrition and menu choices assessment
- Duty lists
- Education records
- Emergency evacuation procedures manual
- Enduring power of attorney documents
- Enteral feed plans
- Equipment lists/maintenance records
- Fire detection systems – maintenance record and report
- Flow charts
- Handover sheets
- High care residency agreement
- Improvement register and forms
- Incident reports/analysis
- Individual activity outline
- Individual program evaluation
- Infection control records/reports
- Internal assessments
- Letter from external supplier regarding contracted staff statutory declarations
- Live audit schedule
- Maintenance log – smoke doors
- Medication signatures audit
- Meeting minutes
- Missing resident form
- Monitoring of infections form
- One to one schedule
- Pathology results
- Performance appraisal schedule
- Pest control records
- Police check register
- Position descriptions
- Preventative maintenance /routine maintenance records
- Privacy statement
- Policies and procedures
- Resident admission pack

- Resident evacuation list
- Resident survey data analysis
- Residents' handbook
- Residents' information package
- Schedule eight medication records
- Service provider register
- Specialised nursing need records/orders
- Specialist referrals and reports
- Staff competencies
- Staff handbook
- Staff orientation pack
- Strategic plan
- Transfer from low care to high care schedule
- Vision, mission and values statement

Observations

The team observed the following:

- Accreditation audit notice
- Activities in progress
- Care staff communicating resident changes
- Charter of resident rights and responsibilities
- Cleaning in progress
- Clinical equipment
- Cultural care kit
- Enteral feed equipment
- Equipment and supply storage areas
- Evacuation pack
- Fire exits
- Floor plans including standard fire orders
- Hairdressing salon
- Interactions between staff and residents
- Internal and external living environment
- Laundry in operation
- Meal preparation/service
- Mobility aids
- Out of order tags
- Outbreak kits/spill kits
- Oxygen storage
- Oxygen therapy in use
- Palliative care kits
- Power failure kit
- Rechargeable torches on wall in foyer and at nurses stations
- Resident cafeteria
- Sensory loss assessment kits
- Sharps disposal
- Staff updating handover
- Storage and administration of medications
- Waste disposal and storage

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement with staff, residents and representatives supported and encouraged to participate. The continuous improvement system is underpinned by policies and procedures and is informed by staff improvement forms, resident and representative ‘your say’ feedback forms, issues arising from audits, surveys, meetings and by incident and hazard reporting and infection data. Improvement opportunities are logged on the improvement register, action plans with outcomes and timeframes established and results evaluated for effectiveness. Improvement outcomes and incident and infection data are also analysed for trends within specific service areas and specific standards and audits are benchmarked internally against designated nursing areas. Feedback is provided individually or through meetings, memoranda, noticeboards and letters. Staff, residents and representatives confirm their participation in the continuous improvement process and are satisfied ongoing improvements occur.

Examples of continuous improvements in Standard one include:

- Management identified that improvements were required to the orientation program. The program has been updated to include a fire and evacuation, infection control and manual handling video with accompanying questionnaires. This has resulted in new staff having a greater understanding of the essential processes of the home.
- When the home opened the new building, management and staff observed that residents were confused and disoriented. The home increased staff numbers initially to cater for the new residents; however staff feedback indicated that the layout of the new building and the increased floor space did not enable staff to cover the building effectively, especially on night duty. The home increased night staff levels to three staff resulting in staff being able to attend to all their duties in a shift and improved response times to residents’ needs. Residents interviewed commented on the improved staff numbers at night.
- The opening of the new building increased the number of dining rooms from one to three. Care staff numbers were increased to ensure residents are escorted to meals and there is timely assistance with feeding of residents across the three dining rooms.

1.2 Regulatory compliance

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

Team’s recommendation

Does not comply

The home does not have an effective system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. While the home’s management has a process to manage police checks, this process is not effective in ensuring that all staff members have a current police check. The home is not following their policy in management of staff members without a current police records check. The home has a policy to ensure that all staff, volunteers and contractors provide the home with a commonwealth statutory declaration if they have been a citizen or permanent resident

of a country other than Australia over the age of 16 years; however this policy has not been followed by any staff.

1.3 Education and staff development:

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. The home has an education program which is responsive to requests from staff and the needs of residents. Topics are identified through a variety of sources including audit analysis, changing resident needs and review of staff appraisals. Staff attendance is recorded and monitored and the effectiveness of education sessions is evaluated. Staff are notified of education sessions via planners and verbal reminders. Staff expressed high levels of satisfaction with the education available to them and support provided by the home to attend. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard one include:

- Bullying in the work place
- Mandatory reporting
- Incident reporting
- Comments and complaints

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home displays internal and external complaint mechanisms and documents the complaint processes in the resident and staff information handbooks. During orientation residents and representatives are shown the location of 'your say' forms which capture comments, improvements and compliments. Staff members complete improvement forms. Comment and complaint processes are reinforced at resident and staff meetings and residents and/or their representatives are consulted in case conferences regarding their satisfaction with the care and service they receive. Improvement opportunities are recorded, actioned and outcomes fed back as required. Residents and staff know about making comments or expressing concerns through appropriate means and said that management is responsive to concerns or suggestions.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's vision, mission and values statements reflect the home's goals and commitment to quality. The vision, mission and values statements are included in the resident and staff information handbooks and displayed in the home. The charter of residents' rights and responsibilities is displayed in the home.

1.6 Human resource management

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

Team's recommendation

Does comply

Appropriately skilled and qualified staff members are employed at the home to meet resident care needs. The facility and clinical managers are responsible for recruitment and the home employs a range of staff from different backgrounds and cultures. Position descriptions inform and guide staff and an orientation program is followed for new and temporary staff. Performance appraisals are conducted at three months for new staff and annually thereafter. A staffing plan ensures the roster contains the required skill mix to meet resident needs and rostering is reviewed at monthly management meetings. Staff members state they are provided with an orientation of work practices and complete competencies relating to their areas. Residents and representatives express confidence in the abilities of regular staff and are satisfied with the services staff members provide to them. Staff state they enjoy their work and express a commitment to the residents and to the home.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has suitable goods and equipment for quality service delivery and these are available for use by staff or residents as required. All meals are prepared on site and the home has agreements with food suppliers. Cleaning materials and clinical supplies are ordered through approved providers and the home has effective stock take and rotation processes in place. All supplies are stored in clean and secure areas of the home. Trial of clinical equipment and mobility aids occurs prior to purchase. Corrective and preventative maintenance programs are in place at the home. Staff and representatives confirm the availability of goods and equipment and state maintenance is completed in a timely manner.

1.8 Information systems

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

Team's recommendation

Does comply

Information required for the provision of quality care and services is gathered through the clinical assessment and care planning process, confidential financial and contractual information, staff employment, continuous improvement activities, meetings, organisational updates and correspondence. Resident care information is well organised and reviewed regularly and resident and personnel files are stored and archived securely and confidentially in restricted access offices with electronic information password protected and backed up daily. Residents, representatives and staff receive information packages and handbooks that provide information on the home's processes and requirements. Regular resident and staff meetings are held and minuted and policies and procedures are regularly reviewed. Staff report they receive information on noticeboards, at handover, in memoranda and at staff meetings. Residents and representatives confirm they are made aware of information relevant to them through noticeboards, in meetings and by mail.

1.9 External services

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

Team's recommendation

Does comply

The home sources external services to meet resident requirements and service goals. Contracted and ad hoc services are arranged and managed by the home's directors. Service agreements are in place and generally include legislative, industry, service and safety requirements. Management monitors individual contractors' performance and quality of service through surveys, observation and feedback from stakeholders. An approved suppliers list is accessible to staff with after hours emergency numbers available. Staff, residents and representatives said they are satisfied with the services provided by the current external contractors and suppliers at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has a continuous improvement system that demonstrates improvements in residents' health and personal care. Staff use policies, procedures, flow charts and position descriptions to guide their practice and use scheduled audits, incident and infection reporting and meetings to inform the continuous improvement system of health and personal care improvements. Staff confirm improvements have occurred in resident health and personal care and residents are satisfied their clinical care needs are being met.

Examples of continuous improvements in Standard two include:

- Clinical care management identified that wound management could be improved by implementing a process to enable identification of progress. A camera and wound care grids were purchased to capture wound progress at weekly intervals. Education was held for staff who stated they are able to track wound progress more effectively.
- Staff suggested through improvement forms that residents who had advised they were 'not for resuscitation' be more identifiable on clinical information. The home implemented a new tagging system comprising a red 'NFR' label placed on the outside spine of resident histories. Staff feedback indicated they were satisfied with this improvement.
- Following staff suggestions, high falls risk residents are identified by discrete 'falling stars' on the spines of those residents' files, on their name plates on bedroom doors and on their mobility aids. Staff state they find the stars enable them to easily identify and monitor residents at risk of falling.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. A register is maintained recording annual nursing registrations and registered nurses assess, plan, implement and evaluate resident medication and specialised care needs. Medications are stored and administered according to legislated processes. Staff members confirm they are informed about legislative and regulatory 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 recommendation

Does comply

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. For details regarding the home’s systems and processes, refer to Expected outcome 1.3 Education and staff development. Staff expressed high levels of satisfaction with the education available to them and support provided by the home to attend. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard two include:

- Asthma management
- Challenging behaviours
- Medication administration/competencies
- Diabetes management
- Wound care
- Oral and dental care
- Nutrition and hydration
- Enteral feeding
- Oxygen management.

2.4 Clinical care

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

Team’s recommendation

Does comply

Clinical assessments are completed as new residents enter the home. Care plans are developed by registered nurses in consultation with the resident or their representative, the resident’s general practitioner and the care team. Regular reviews of resident care are undertaken, with reassessment of specific needs occurring in response to reported and documented changes in resident health status. Registered nurses, enrolled nurses and care staff provide clinical care to residents according to their assessed needs and preferences. Residents and representatives expressed high levels of satisfaction with how clinical care is provided and the availability of qualified staff. Staff confirm they are aware of resident needs and that appropriately qualified staff provide care.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

All residents are assessed on entry to the home for their specialised nursing care needs and preferences. Reassessment of residents occurs regularly and in response to changes in health status. Care plans are developed by registered nurses in consultation with the resident and the care team. Document review confirms referrals to clinical specialists occur as necessary with recommendations included in care plans. Staff who provide specialised care to residents confirm they have appropriate skills, knowledge, qualifications and equipment to provide care. Residents receiving specialised nursing care and their

representatives expressed satisfaction with the knowledge and skills of staff who provide this care.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents on entry to the home are assessed for their needs and preferences regarding allied health and specialists they may require referral to. A variety of specialist services are available at the home and, where appropriate, referrals to external specialist services are arranged and residents are assisted to attend. Recent referrals to specialist services include mental health teams, ophthalmology, audiology, respiratory consultants, wound management consultants, dietitians, speech pathologists and physiotherapists. Recommendations are incorporated into care plans developed by registered nurses or allied health practitioners. Staff confirm changes and recommendations by specialists are communicated appropriately. Residents and representatives confirm referral to specialists occurs in accordance with residents’ needs and wishes.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has effective medication management systems in place to ensure safe and correct administration of medications occurs. All staff responsible for medication administration complete annual competencies and attend relevant education sessions. Residents wishing to self medicate are assessed as safe to do so and provided with support as needed. Dose administration aids and other medications are stored appropriately with restricted access. Medication protocols are in place for specific medications such as anticoagulants to ensure safe administration occurs. Monitoring of medication management occurs through audits, incident reviews and observation by appropriate staff. Residents state they are satisfied with the way their medications are managed and provided within the home.

2.8 Pain management

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

Team’s recommendation

Does comply

On entry to the home all residents are assessed for a history of pain and pain relief preferences and individualised care plans are then developed to minimise episodes of discomfort. Residents who indicate a change in comfort levels or develop new pain are assessed and interventions are documented on care plans. Use of ‘as required’ analgesics is monitored to ensure effectiveness of treatment. Care plans include non analgesic treatments such as hot packs, position changes and physiotherapy. Referral to general practitioners occurs in response to identification of pain and specialist referrals occur as needed. Staff confirm they are alert to signs of discomfort in residents and discussed how pain relief is provided based on the needs of individual residents. Residents and representatives said that if a resident experiences pain it is managed well.

2.9 Palliative care

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

Team’s recommendation

Does comply

Each resident’s terminal care wishes are identified on entry to the home and staff are provided with education to ensure residents’ wishes are respected and appropriate care is provided. A regular review of the palliative care needs of residents occurs. The home liaises with specialists, palliative care, counselling and pastoral care services to ensure residents and their representatives are supported during this phase of illness. Management and staff confirm access to appropriate equipment is available. Documentation review confirms residents are provided with care according to their documented needs and wishes.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents are assessed on entry to the home to identify their nutrition and hydration needs and preferences. Care plans are developed in consultation with the resident or their representatives. Individual dietary preferences and allergies are identified and appropriate staff are informed through handovers, care plans, dietary forms and progress notes. Residents identified as having weight loss or requiring special diets are provided with additional nutritional supplements and referred to a visiting dietitian. Texture modified diets are provided for residents with swallowing difficulties and referrals to the visiting speech pathologist occur. Document review confirms referrals occur promptly and that all residents are monitored for weight changes. Staff confirm knowledge of individual resident allergies and requirements for modified meals and fluids. Residents and representatives indicated they are very satisfied with the type, quality, quantity and choice of meals provided.

2.11 Skin care

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

Team’s recommendation

Does comply

The skin integrity of residents is determined using assessment tools. Care plans detail residents at risk and identify interventions and preventative measures to be implemented. Wound care is managed by registered nurses and enrolled nurses. Continence aids, pressure relieving equipment and nutritional supplements are used to maintain and improve skin integrity. Skin tears and wound infections are monitored monthly. The podiatrist reviews residents appropriately. Annual manual handling education is mandatory for all staff and lifting equipment and wound care products are available. A wound consultant is available to assist in managing slow to heal or complex wounds. Document review confirms recommendations are followed with progress of wounds depicted on wound assessments. Residents and their representatives confirm that when they occur, wounds are managed well.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence needs are identified and assessed on entry to the home and reviewed regularly. Reassessments occur as changes in resident health status and continence needs are identified. Appropriate aids and equipment are provided to assist residents with independence and to maintain dignity. Care plans indicate individual toileting times and regimes including bowel management. Residents and representatives confirm that continence aids are provided and assistance from staff occurs promptly.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents with challenging behaviours are identified and care plans developed in consultation with the resident or their representative. Interventions are clearly documented and communicated to all appropriate staff through handover, progress notes and care plans. Residents with complex behaviours are referred to aged persons mental health teams, specialists and allied health practitioners as appropriate. Staff confirm attendance at relevant education sessions. Residents and representatives confirm they are not disturbed by co-residents’ behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

All residents are assessed on entry to the home for their individual mobility, dexterity and rehabilitation needs. Residents are referred to the physiotherapist and care plans developed. Reassessment occurs regularly and in response to falls and changes in health status. Residents are assessed for risk in mobilising and are provided with appropriate mobility aids. A regular check of the condition of equipment including mobility aids occurs to ensure they are in safe working order. Residents and representatives confirm residents are provided with physiotherapy and aids are provided.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents are assessed for their oral and dental needs and preferences on entry to the home. Preferences for preferred providers of dental care are also identified on entry and residents are assisted to attend the practitioner of their choice if they choose not to use the visiting dental service. Care plans include personal preferences, care needs and type and level of assistance required. Staff confirmed they assist residents with oral and dental care. Residents and representatives confirm they are satisfied with dental care and they receive dental care products according to needs.

2.16 Sensory loss

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

Team’s recommendation

Does comply

All residents are assessed for sensory loss including vision, hearing, taste, smell and touch. Care plans are developed and include the level of assistance residents require if they experience sensory loss along with specific information relating to the aid in use. Referrals to specialists occur as needed. The home is well lit with wide corridors to allow residents with vision impairment to mobilise safely. Staff are aware of individual needs and assist residents who require help with fitting and cleaning of aids. Residents and representatives confirm staff assist with cleaning and fitting of sensory aids and referrals to visiting and external specialists occur.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ sleep and settling patterns are identified through assessment on entry to the home and care plans developed. Care plans detail individual preferences and needs including preferred settling and rising times and assistance required. Documentation review confirms reassessment of sleep patterns occurs in response to changes in health status, sleep patterns and sedative use. Referral to general practitioners occurs with recommendations included in care plans. Sedative use is monitored by registered nurses and the resident’s general practitioner. Staff provide residents unable to settle with supper and warm drinks throughout the night. Residents confirm they are not disturbed by noise overnight and are supported to maintain their normal sleep regimes.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues improvements in resident lifestyle, including maintaining residents’ independence and their rights to privacy, dignity and choice within the home. Lifestyle issues and improvements are discussed and implemented and audits address the provision of a safe and secure environment and preferred activities. Residents participate in the decision making process through resident meetings, surveys, completing ‘your say’ feedback forms and informally. Residents confirm their satisfaction with improvements in the area of resident lifestyle.

Examples of continuous improvements in Standard three include:

- With the development of the new building, resident lifestyle was incorporated at the planning stage. Improvements to enhance resident lifestyle include a theatre, a cafeteria for residents and their families, an outdoor bar-b-que and entertainment area, a private function room, a hairdressing salon, a physiotherapy strength and balance room and a designated doctors room to improve residents’ privacy.
- The home has introduced computers in the resident library. Residents are using these computers to video conference their families interstate and overseas, to read newspapers and to download crosswords and puzzles. Residents’ feedback is positive.
- Following a suggestion from a resident in the resident survey for a raised garden bed, the home has had one built and ensured access was made available for wheelchairs to this area.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to identify and ensure compliance with all legislative and regulatory requirements relating to resident lifestyle. Residents and representatives are provided with a resident agreement and resident handbook which details information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities, specified services and privacy. Lifestyle documentation supports legislation and regulations relating to residents’ current and ongoing needs and preferences. Staff members receive information and education on mandatory reporting of elder abuse and missing residents. Staff and residents report they are satisfied with information provided by the home and are informed of their rights and responsibilities.

3.3 Education and staff development

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

Team's recommendation

Does comply

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 lifestyles. For details regarding the home's systems and processes, refer to Expected outcome 1.3 Education and staff development. Staff expressed satisfaction with the education available to them and support provided by the home to attend. Residents and representatives are satisfied staff have appropriate knowledge and skills.

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Examples of education and training provided in relation to Standard three include:

- Mandatory reporting
- Resident rights and responsibilities
- Administration and guardianship
- Advocacy for residents
- Cultural diversity
- Privacy and dignity.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has processes to ensure residents are orientated and supported in adjusting to their new home and on an ongoing basis. New residents are given an information pack prior to or on entry explaining services and levels of care, they are given a tour of the home and introduced to other residents and staff. Assessments are undertaken to capture past and current social, cultural and spiritual histories and care plans are developed documenting preferences and strategies for the resident to enjoy life at the home. Residents are encouraged to personalise their room and representatives are invited to join in activities and maintain close contact. Residents and representatives confirm they are well supported emotionally and that staff are friendly and caring.

3.5 Independence

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

Team's recommendation

Does comply

Residents are assisted to maximise their independence and maintain their personal and social friendships. Residents' social and physical independence needs are assessed on entry and care plans developed that reflect their preferences and/or abilities with appropriate equipment specified such as mobility aids and eating utensils. Residents are encouraged to be independent within the home and encouraged to maintain external links with the community according to their ability. Residents socialise through regular happy hours and coffee mornings in their new café and staff encouraged residents to maintain their daily walks in and around the home and participate in exercise groups. Community links have been established with churches and culturally specific community visitors and arrangements are

made to ensure that residents can exercise their voting rights as desired. Residents said they are encouraged to be as independent as possible and commented on the satisfaction this gives them in feeling useful and valued.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents' privacy and dignity wishes and preferences are identified, documented and incorporated in care plans and residents' right to privacy is explained to residents and representatives during initial entry to the home. A resident's preferred name is documented and used by staff when addressing and interacting with residents. Orientation and ongoing staff education ensure residents' privacy and dignity is not compromised while assisting with hygiene routines or discussing residents' individual care needs. All resident files are kept in locked nurses stations and archived securely and confidential resident agreements and financial files are kept in secure areas within the administration section of the home. Staff members were noted by the team to handle residents with care and dignity while maintaining a warm, friendly and encouraging approach when attending to activities of daily living and assisting with meals. Residents commented that staff members 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 recommendation

Does comply

The home's lifestyle staff have processes in place to encourage and support residents to participate in a wide range of activities of interest to them, five days a week. In consultation with residents and representatives, preferred interests and activities are gathered to create an individualised activity plan which is regularly reviewed. Residents are supported and encouraged to participate in various activities including games, exercise groups, bus outings, entertainers, crafts, gardening, two happy hours a week, cards and a walking group. All residents receive a weekly one to one visit from lifestyle staff and those residents who choose not to be involved in group activities are scheduled more one to one time if they wish. Resident participation and level of interest is monitored and evaluation and review of the activity program occurs through observation, resident feedback and regular meetings. Residents express satisfaction with the lifestyle program and the various activities on offer and participate in decision making at meeting and in care consultations.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

On entry to the home residents' cultural and spiritual needs are identified in consultation with the resident and representatives. Residents are encouraged to maintain their spiritual practices and the home currently provides a weekly Baptist Revival service, weekly individual communion and pastoral visits by the Catholic Church and a monthly Anglican service. Days of religious or cultural significance for residents are celebrated at the home and these include

ANZAC Day, Remembrance Day, Christmas, Easter, Greek Easter, Chinese New Year, Melbourne Cup and grand final day. The home has a cultural care kit and communication cards are available for residents from non-English speaking backgrounds when required. Residents are satisfied that their cultural and spiritual needs are being met by the home.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Individual care plans reflect residents' choices and wishes in relation to all activities of daily living, medications, treatments, medical practitioner, leisure activities, cultural and spiritual needs and after death arrangements. The home encourages resident input into care and lifestyle decision making and assesses each individual's ability to do so. Authorised representatives are consulted if residents are unable to make decisions and information is available to residents about the path to take if the resident does not feel able to exercise choice and control. Resident choice and decision making is further supported through resident meetings and 'your say' forms. Residents state that the home supports their involvement in making personal choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents and representatives are informed of any changes to care and services provided in meetings, by direct communication with management or by mail. Prior to entry to the home residents are given an information pack outlining their rights and responsibilities and on entry the home provides residents with a resident handbook that details information relating to their rights and responsibilities, complaints mechanisms and privacy and confidentiality. Ageing in place and high care resident agreement are offered to all residents and include details regarding security of tenure and documents care and services provided. Prudential compliance statements are provided annually to all residents with bonds and the charter of rights and responsibilities is displayed in the home. Residents state they are informed of any changes to care and services provided in resident meetings, by direct communication with management or by mail.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a system that supports ongoing improvements in the physical environment and safe systems. The system includes regularly reviewed and updated policies and procedures, audits, staff education and satisfaction surveys. Hazards and incidents are recorded and information gathered is collated, reviewed and analysed for trends. Documentation indicates follow up actions occur in response to issues identified. An independent food safety audit is conducted and a food safety program is implemented at the home. Staff members confirm ongoing improvements in the physical environment and safe systems occur and residents are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvements in Standard four include:

- Feedback from residents at a resident meeting was that they did not know how to use the heaters in their bedrooms. The home recognised there was a lot of new technology in residents’ bedrooms so created a laminated help sheet for each room on how to use the appliances in the room. These include instructions to operate the television, ceiling fans, bedside nightlight, call bells, heaters and doors to courtyards, where applicable. Residents and representatives state the help sheets are excellent.
- Following a complaint from a resident that meals could be hotter, the home reviewed the systems used in the kitchen. Following the review the home adjusted the serving times, increased staffing levels and bought zipped thermal covers for the trolleys. Written feedback has been received thanking the home for this improvement.
- Following comments and complaints from residents regarding the toast at breakfast, the home purchased individual toasters and trolleys for each dining area. The trolleys are wheeled out at breakfast time and toast is made as residents require it. Residents state they are delighted with the improvement.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Systems and processes are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems. Internal communication systems ensure changes to regulatory information are appropriately communicated to staff, residents, representatives and contractors. Essential services are maintained by external contractors and risk assessments have been completed for manual handling tasks and chemical usage. The kitchen is registered with the local council and meets all food safety requirements. Regulatory requirements are reflected in work practices and in the home’s systems and processes related to occupational health and safety, fire safety and infection control. Staff confirm adherence to required work practices and procedures.

4.3 Education and staff development

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

Team's recommendation

Does comply

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 the physical environment and safety systems. For details regarding the home's systems and processes, refer to Expected outcome 1.3 Education and staff development. Staff expressed satisfaction with the education available to them and support provided by the home to attend. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard four include:

- Fire and emergencies
- Heat wave management
- Manual handling
- Kitchen and laundry equipment
- Call bell systems
- Chemical handling
- Food safety
- Infection control.

4.4 Living environment

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

Team's recommendation

Does comply

The home has systems and processes in place to assist in providing residents with a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms which they have been encouraged to personalise. Internal and external living areas are well maintained and available for the use of residents and their visitors, including private dining areas and a theatre. Residents and representatives confirm management provides them with a living environment that is safe, secure, comfortable and consistent with their care needs.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home is active in providing a safe working environment that meets regulatory requirements. Preventive measures such as regularly reviewed policies and procedures, compulsory education, meetings and providing suitable equipment and protective clothing support the home in maintaining a safe workplace. Issues identified from hazard and incident reports are reviewed as they occur and discussed at management and staff meetings. Compulsory manual handling, fire safety and infection control training is conducted and staff report faulty equipment and maintenance requests. A trained occupational health and safety representative oversees the occupational health and safety requirements of the home. Staff confirmed they are trained to recognise and report hazards or incidents.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems in place for acting upon fire, security and emergencies. Fire equipment and floor plans with fire orders are located throughout the home, an evacuation pack and evacuation procedures manual are located at the front foyer and emergency exits provide clear access and egress. Fire detection and fire fighting equipment is generally regularly tested and maintained by specialist contractors. Orientation education on fire and emergencies for staff is supported by annual mandatory fire and evacuation training. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff interviewed by the team state they know what to do in the case of fire or other emergencies.

4.7 Infection control

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

Team's recommendation

Does comply

The home has infection control policies and procedures in place to minimise risk of infections and to manage/prevent outbreaks. Infection data is collected and reviewed for trends. Actions are recommended and implemented in response to analysis of the infection data and were noted to include provision of additional education, equipment and review of individual residents to ensure their needs have been met. There is adequate stocks of personal protective equipment available and staff are aware of the actions to take in the event of a suspected outbreak. Staff were observed hand washing between residents. Pest control services visit regularly and general/hazardous waste is disposed of appropriately. Staff and documentation review confirm attendance by staff at infection control education. Residents and their representatives confirm staff identify infections quickly and ensure appropriate care is provided.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home provides hospitality services that enhance residents' quality of life and the staff working environment. Monitoring mechanisms include documentation reviews, internal and external audits and encouragement of residents to provide feedback. Meals are freshly prepared onsite according to a seasonal menu which is developed in consultation with residents, the home, the chef and a dietitian. Catering services meet residents' individual dietary needs and other considerations such as allergies, likes and dislikes and assistive cutlery requirements are clearly documented and provided. Schedules are in place to ensure that cleaning tasks are effectively completed and are monitored by the home's cleaning contractor. Laundry services are provided onsite and a clothing labeling service is available. Staff expressed satisfaction with hospitality services provided and residents and representatives state the home is consistently clean and that laundry and meal services meet their needs.