



## **Decision to accredit Brightwater - Madeley Care Facility**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Brightwater - Madeley Care Facility in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Brightwater - Madeley Care Facility is three years until 21 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 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:	Brightwater - Madeley Care Facility				
RACS ID:	7272				
Number of beds:	110	Number of high care residents:	96		
Special needs group catered for:	Residents with dementia and other related conditions.				
Street:	95 Imperial Circuit				
City:	MADELEY	State:	WA	Postcode:	6065
Phone:	9303 0300			Facsimile:	9303 0399
Email address:	kerry.best@brightwatergroup.com				

### Approved provider

Approved provider:	Brightwater Care Group (Inc)
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### Assessment team

Team leader:	Cristian Moraru
Team member:	Natalie Davies
	Rachel Lowry
Dates of audit:	15 February 2011 to 16 February 2011

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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**

<b>Agency findings</b>
Does comply
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Does comply

### **Assessment team's reasons for recommendations to the Agency**

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



**Aged Care**

Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Brightwater - Madeley Care Facility
RACS ID	7272

### **Executive summary**

This is the report of a site audit of Brightwater - Madeley Care Facility 7272 95 Imperial Circuit MADELEY WA from 15 February 2011 to 16 February 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

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

- 44/44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Brightwater - Madeley Care Facility.

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 three 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:	Cristian Moraru
Team members:	Natalie Davies Rachel Lowry

## Approved provider details

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

Name of home:	Brightwater - Madeley Care Facility
RACS ID:	7272

Total number of allocated places:	110
Number of residents during site audit:	110
Number of high care residents during site audit:	96
Special needs catered for:	Residents with dementia and other related conditions

Street:	95 Imperial Circuit	State:	WA
City:	MADELEY	Postcode:	6065
Phone number:	9303 0300	Facsimile:	9303 0399

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Brightwater - Madeley Care Facility.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Care manager	1	Quality coordinator	1
Registered nurses	4	Care staff	9
Multi skilled carers	3	Hotel services staff	5
Administration assistant	1	Roster clerk	1
Admission coordinator	1	Laundry staff	2
Site trainer	1	Physiotherapist	1
Clinical nurse	1	Occupational therapist	2
Low care coordinator	1	Social worker	1
Enrolled nurse	1	Volunteer co-ordinator	1
Speech therapist	1	Therapy assistants	2
Residents/representatives	16	Deputy care manager	1

#### Sampled documents

	Number		Number
Residents' files	21	Medication charts	30
Summary/quick reference care plans	20	Medication variance reports	6
Residents' therapy team assessments and plans of care	5	Wound care plans	3
Residents' restraint assessment, authority and plans of care	6	Temperature recording files	4
External services agreements	2	Independent medication reviews	4
Dental reports	3	Eating and drinking care plans	5
Behaviour monitoring charts	9	Personnel files	7
Residents' agreements	6		

## **Other documents reviewed**

- Adverse behaviour response file
- Allied health orders of equipment
- Annual leave planner
- Audits file
- Care manager key performance indicator reports
- Catering information
- Cleaners and laundry information
- Clinical indicators
- Comments and concerns file
- Communication books, handover notes, and diary
- Continence pads weekly allocation sheet
- Corporate training calendar, training guide, and training attendance sheets and records
- Diet guidelines and dietary sheets
- Dietetic scope of service
- Emergency response and business continuity plan
- Food safety plan
- Goods and supplies stock orders
- High care residents wheel chair list
- Human resource matrix
- Incident reports file
- Infection control information
- Inspection and test reports
- Job descriptions
- Key staff members list
- Language and cultural cue cards, and resources
- Leisure and activity planners
- List of all residents' weights for the past 3 months
- List of high care residents residing in low care houses
- Maintenance requests file
- Material safety data sheets
- Medication competencies matrix
- Meeting minutes
- Memoranda
- Menu and meal choice information
- Nutrition management reports
- Occupational safety and health record file
- On-call notifications requirements
- Opportunity for improvement file
- Pest preventative service records
- Physiotherapy daily treatment plan
- Planned maintenance file
- Policies and procedure manuals
- Professional registrations date renewal list
- Quality manual
- Recruitment folder
- Reportable assault incident
- Residents individual dementia and mapping information
- Residents' information handbook and entry package
- Room changes template
- Safety and health committee information, and safety resource file
- Staff allocation sheets, daily staffing number lists, and rosters
- Staff members reviews



- Staff training reports
- Standard 2 evidence files
- Support service file
- Therapy planning and program file
- Vaccination lists and information
- Wound care file.

### **Observations**

- Administration archive resources and location
- Building inspection checklist
- Certificate of registration for food business
- Computerised maintenance management system
- Contractors and visitors sign-in registers
- Electronic requisition system for ordering goods and supplies
- Emergencies flip charts
- Equipment, and delivery and supply storage areas
- Fire drill reports
- Interactions between staff and residents
- Internal and external security mechanisms
- Laundry and services areas
- Living environment
- Meal service
- Noticeboards and displayed information
- Occupational safety and health representatives' badges
- Outbreak and emergency cleaning kits
- Pamper and hairdressing rooms
- Poisons permit
- Resources for standard and additional precautions
- Storage of medications.

## **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

There are systems and processes in place that assist the home to pursue continuous improvement through the identification, implementation, and monitoring of improvement activities. The continuous improvement system is formalised in the home’s policy and involves a review of information, from a range of reporting and feedback mechanisms. An annual planner for continuous improvement is used to document activities from quarterly focus tasks and opportunity for improvement forms. The planner is reviewed by management, and a monthly key performance indicator report that includes information about continuous improvements is circulated. Staff, residents, and representatives confirmed they are encouraged to provide feedback and ideas for improvements via meetings and utilising feedback forms.

Examples of recent improvements undertaken or in progress in relation to Standard One are described below.

- The home identified the need to improve staff training attendance. An on-site trainer was up-skilled in the identified competency areas, and assists with orientation of new staff, completion of mandatory competencies, and provides education in response to identified issues in line with the organisation’s training policy. Management advised that the home is exploring the option of extending the role of the on-site trainer to deliver clinical training. Management and staff reported satisfaction with the new initiative, and that staff attendance at training sessions has improved.
- Following systemic feedback, management identified the need to improve communication at the home due to the building layout. The home implemented a communication corner in the staff room, introduced daily short meetings for key staff, and provided staff with communication technology aids. Management reported that the evaluation of the improvement showed feedback from staff was positive, and there was a reduction in the number of complaints.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

There are systems in place to identify and ensure compliance with legislation, professional standards, codes of practice, and guidelines relevant to residential aged care. The home receives legislative updates from the organisation’s office, industry groups, and government departments. Staff are informed of regulatory requirements specific to their roles in position descriptions and during orientation, and their practices are monitored via annual performance reviews. This information is updated as required through the home’s education program, policy reviews, meetings, payslip services, and memoranda. The home’s regulatory compliance is monitored via an auditing program and human resource processes, including an established tracking system of police checks, statutory declarations, working visas, and

professional registrations. Residents and representatives reported, and documentation viewed by the team showed, that they had been informed of the Accreditation audit.

### **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 a system in place to ensure that management and staff have the knowledge and skills to perform their roles effectively via set selection criteria, position descriptions, an orientation and 'buddy' system, and staff appraisals. Mandatory competencies and clinical training are provided in response to residents' needs, audits, feedback, performance appraisals, and regulatory requirements. The home employs an on-site trainer who assists with orientation of new staff, completion of mandatory competencies, and provides education in response to identified issues. Training is conducted and recorded for each individual staff member, and a matrix is maintained to monitor staff attendance and plan for future training sessions. The effectiveness of the training sessions is monitored via staff feedback and numbers attending. Staff interviewed reported that internal and external training opportunities are advertised, and that resources are made available to them.

Examples of education and staff development undertaken or in progress relevant to Standard One are listed below.

- Being an effective buddy
- Certificate IV in leisure and lifestyle
- Certificate IV in training and assessment
- Clinical care management system user
- Computer skills
- Corporate orientation
- Leadership and supervisor development program
- Mandatory reporting
- Working in harmony.

### **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

There are processes in place, to ensure that residents and representatives receive information regarding the internal and external complaints mechanisms via meetings with advocacy services and resident handouts. Feedback brochures, a suggestion box, and information relating to the advocacy services and external complaint mechanism are available for residents and representatives. Comments and concerns are actioned and trended to identify opportunities for improvement, and feedback is provided to the originator as appropriate, and at meetings. Bi-annual satisfaction surveys are carried out by an external company to monitor residents' satisfaction. Staff advocate on behalf of residents, and are educated on the complaints mechanisms at orientation. Residents and representatives interviewed reported using formal and informal processes with staff and management as ways of resolving issues, and they are satisfied with the access to complaints processes.

### **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 statement of purpose is documented in the home's policy manuals, provided to new residents in the information pack, referred to new staff in a pocket information card, and is on display. The statement outlines the home's values and philosophy to quality throughout the organisation.

### **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

The organisation has a system in place to manage human resources that are underpinned by policy and procedures, regulatory requirements, and includes performance management, recruitment and orientation, and training and development. Staff skill mix and competencies, supervisory requirements, and clinical roles are taken into account when rosters and staff allocation are developed to meet the residents' needs and the home's operations. Casual staff are available as replacements during times of leave, and service agreements with nursing agencies, and orientation records are maintained to ensure adequate coverage of staff. Management monitor staff performance and practices via feedback and reporting mechanisms, audits, resident surveys, and performance appraisals. Staff reported they are aware of their job requirements, and confirmed the adequacy of staff levels and skills at the home. Residents and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided by 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 recommendation**

Does comply

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. The organisation's physical resource department manages and operates a computerised asset and preventative maintenance system, and information for asset management and tracking of maintenance for the home. The care manager and administration assistant review the monthly planned maintenance, and designated staff order and monitor stocks and supplies. Staff advised that repairs are made in a timely manner, and management is responsive to requests for additional goods or equipment. The effectiveness of the availability, storage, and condition of goods and equipment is monitored via annual reviews, feedback and reporting mechanisms, and evaluations by allied health team and an equipment committee. Residents and representatives interviewed reported satisfaction with the availability and suitability of goods and equipment provided.

## 1.8 Information systems

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

### Team's recommendation

Does comply

The home has established processes to facilitate the collection, analysis, and dissemination of information related to resident care, business, and operational issues, and is used to monitor service delivery. Information from audits, monitoring processes, and reporting and feedback mechanisms is routinely collated, analysed, and discussed at relevant meetings. Computerised management systems are utilised to support the planning and management of residents' care, and business and operational processes. Staff sign affirmations of confidentiality, and archived residents' records are stored at the organisation's office. Staff reported that information is retrievable and readily available to their roles, and described how and where confidential material is securely stored and archived. Residents and representatives interviewed reported that they have access to information appropriate to their needs.

## 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

Processes are in place to ensure that externally sourced services are identified and provided in a way that meets the level of care needs, the home's quality needs, and service and regulatory requirements. A range of external services contracts are negotiated and managed at organisational level. The home accesses services contractors, and specified agreements that set out the home's criteria, regulatory requirements, and review processes are in place. The service level of satisfaction is determined via audits, residential satisfaction surveys, and feedback. Staff advised they notify management of any issues with the external providers' services and equipment via feedback, ordering and receiving goods processes, and maintenance requests. Residents, representatives, and staff interviewed reported satisfaction with externally sourced services.

## 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

See Continuous Improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

An example of recent improvements undertaken or in progress in relation to Standard Two are described below.

- In response to an increased number in residents' falls and injuries, a falls management focused program was implemented. The program consists of education for staff and residents, and strategies to manage and reduce residents' falls and injuries. Management reported that positive results have been achieved, including a decline in residents' injuries in 2010.

## **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

Systems and processes are in place to identify and ensure that the home has ongoing regulatory compliance in relation to residents' health and personal care. Initial and ongoing assessments of high care residents are carried out by a registered nurse. Emergency medication supply is accessed by clinical staff, monitored by a registered nurse, and the home has a current poison's permit. Residents who self-medicate are assessed by their general practitioner and sign an agreement of competency. Residents' restraint management is authorised by the general practitioner and representative, and reviewed by a registered nurse. Residents and representatives interviewed reported that residents receive care and services appropriate to their level of residential care 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

See Education and Staff Development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard Two are listed below.

- Adverse behaviour response
- Contenance management
- First aid
- Medication and dysphagia competencies
- Oral health
- Pressure care
- Restraints management
- Vital training.

## **2.4 Clinical care**

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

### **Team's recommendation**

Does comply

Residents' clinical care needs are identified during an initial assessment process following entry, and as required, using a comprehensive range of standardised assessment tools and a multidisciplinary team approach. Strategies to manage the residents' clinical care needs

are identified and documented in a care plan to facilitate consistent staff practice. Registered nursing staff review care plans to ensure that intervention strategies are effective in managing residents' identified care needs. Continuity of resident care is assured through a handover process prior to the commencement of each shift. Clinical audits and a review of clinical indicators are used by the home to monitor that residents receive appropriate clinical care. Residents and representatives interviewed advised that they are satisfied with the clinical care residents receive.

## **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

Registered nursing staff are available to identify and manage residents' specialised care needs, including catheter care, complex wound management, end-stage palliative care, and administering intra-muscular injections and schedule 8 medications. Nursing staff and medical officers assess residents with specialised needs, and required interventions to manage their needs are documented on their care plans and treatment sheets. Care staff interviewed reported they receive education about specialised care needs. Residents interviewed expressed confidence in the ability of staff to manage their specialised nursing care needs.

## **2.6 Other health and related services**

*This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

### **Team's recommendation**

Does comply

Systems and processes are in place to ensure residents are referred to appropriate health specialists, in accordance with their needs and preferences, via the registered nurse or residents' general practitioner. The home facilitates a multidisciplinary team approach to resident care, and all residents are assessed at entry, and as required thereafter by physiotherapy and occupational therapy staff. Additional allied health services, such as podiatry, social work, dietician and pharmacy services are accessed as required. Identified residents are referred to mental health services, dentists, seating and positioning services, and optometry services. Residents and representatives are satisfied with the assistance residents receive to access health specialists.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

Medication is administered by registered nurses and medication-competent carers via a packaged sachet system, inclusive of medication profiles and signing sheets. Policies and procedures are available to guide staff on the correct storage, disposal, and administration of medications. A stock system ensures medication is readily available for residents. A clinical pharmacist reviews medications annually. Incidents are reviewed and discussed at the medication advisory group meetings to identify areas for improvement. Residents and representatives reported that residents' medication is managed timely and safely.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Systems and processes are in place to ensure that all residents’ pain is identified, assessed, managed and reviewed. Assessment tools used by the home include a verbal and non-verbal scale to identify signs of pain in residents with a cognitive deficit. A multidisciplinary approach is used to assess residents’ pain inclusive of nursing staff and allied health staff. A variety of pain management strategies are available inclusive of massage, heat packs and repositioning, to alleviate pain. The effectiveness of pain strategies are evaluated following administration of analgesia and non-pharmacological interventions. Residents and representatives reported satisfaction with how residents’ pain is managed.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Residents are encouraged to identify their terminal care preferences, and these are documented in their records to assist staff meet their expressed wishes in the event of a sudden deterioration in their health condition. Staff described a ‘holistic’ approach to caring for terminally ill residents and their families, including providing appropriate nursing care, family support and counselling, and assisting to meet the resident’s spiritual and cultural needs. Staff reported that they have access to a ‘comfort box’ that contains resources. Feedback provided to the team showed that family members were supported through a recent bereavement, and they expressed satisfaction with the way staff cared for the resident during the terminal phase.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Residents’ dietary needs and preferences are identified on entry. Staff advised that special diets are provided to accommodate residents’ individual needs, including weight reduction, texture modified foods and special diets. High care residents are assessed by the speech pathologist. Residents have access to assistive crockery to enable them to eat their meals, and those residents who are unable to intake their meals independently are assisted. Staff reported that the weight of each resident is recorded monthly and analysed by a contracted dietician, and a report on variances and recommendations is provided. Residents are encouraged and assisted to drink adequate amounts of fluid, and staff administer drinks to those residents requiring supplementary or thickened fluids. Residents and their representatives interviewed advised that they receive sufficient quantity of food to meet their needs.



## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

An assessment of each resident’s skin integrity and a risk assessment for pressure areas is completed on entry, annually, or as required. Strategies to maintain skin integrity are detailed in routine and specific care plans. Registered nursing staff assess and attend to wound dressings, and track the progress of healing. Strategies to prevent skin breakdown and maintain integrity are used, such as the application of barrier creams and emollients, protective devices, repositioning and pressure relieving cushions, and seating. Wound care is monitored via the clinical indicator data and discussed at staff and site meetings. Registered nursing staff attend education on wound care, and access specialist advice from the residential care line as required. Residents and representatives reported they are satisfied with the skin care provided.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

Residents’ continence needs are assessed on entry, annually, and whenever there is a change in voiding patterns. On entry, the resident’s continence needs are identified following a bladder and bowel assessment that includes a past history and aids, or assistance required. The home utilises the services of an external continence advisor to ensure residents are provided with the correct aids for social continence and maintain dignity. Daily monitoring charts are used for residents with identified or potential bowel problems, and care plans are in place to ensure adequate diet and fluids are maintained to aid continence. Staff reported they receive training from a contracted continence supplier in the use of continence aids. Residents and representatives reported satisfaction that residents’ continence and toileting needs are met.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Residents are monitored following entry to identify the incidence of challenging behaviours, and management strategies are documented in residents’ care plans. The incidence of aggressive behaviours is monitored through the clinical indicator reporting process to identify trends, and an adverse behaviour response group meets regularly to plan preventative action. Specialist mental health services are accessed to assist with the management of these behaviours. Staff reported they receive ‘adverse behavioural response’ training, and have access to a dementia consultant within the organisation. Residents and representatives interviewed advised that staff manage residents’ challenging behaviours with compassion and sensitivity.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s recommendation**

Does comply

Residents’ mobility and dexterity needs are assessed and managed by nursing staff, the physiotherapist, and occupational therapist. The physiotherapist assesses residents on entry, and develops individual programs aimed at maximising residents’ mobility, including passive/active exercises and walking programs. Assistive equipment such as hip protectors, walking aids, manual handling devices, and wheelchairs are prescribed as necessary. The incidence of falls is monitored, and analysis of this information enables staff to identify trends and plan preventative action. The team observed that the environment is conducive to maximising safe mobility, with flat floor surfaces, wide corridors, handrails, height adjusted seating, and adequate lighting. Residents and representatives interviewed reported satisfaction with the home’s approach to optimising mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

Information about residents’ oral and dental health is obtained following entry, and as required, using an oral and dental screening tool. Strategies to assist residents to maintain optimum oral health are recorded in their care plan. Staff interviewed advised that on-site dental checks are available through Government dental clinics and domiciliary services, and that they regularly change residents’ toothbrushes to ensure they are fit for purpose. Residents and representatives interviewed advised that they are satisfied with the assistance provided by staff to maintain residents’ oral and dental hygiene.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents with sensory impairments are identified during the assessment process following entry. A plan of care is developed, and includes any sensory or communication aids required, environmental considerations, and staff approach. The activity program includes sensory activities such as cooking, gardening, music, and spa treatments. External services such as the speech therapist, optometrists, and hearing specialists are utilised on a referral basis. Residents interviewed reported satisfaction with the support and assistance provided by staff in relation to all five senses.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents’ sleep patterns and preferences are identified and assessed on entry, and when sleep disturbances and difficulties are identified. Individual sleep management strategies are documented on residents’ care plans that are reviewed six-monthly, or as required.

Documentation reviewed showed that strategies are recorded to assist residents achieve improved sleeping patterns. The home provides a secure and quiet environment, and staff monitor the activity of residents at night. The home monitors the amount of prescribed night sedatives used at the home to ensure, that where possible, these are used in the short term. Residents and representatives reported the home assists residents to have peaceful sleep and good sleep patterns.

### **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

See Continuous Improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Three are described below.

- To improve the residents’ participation in the life of the community, the home implemented an intergenerational playgroup program. This was advertised to residents and representatives, funding was obtained, and an area was allocated. Management reported that the activity is attended by a sustained number of children and residents, and that the program was integrated into the home’s activity planner. Residents and representatives interviewed reported satisfaction with the program.
- Following recommendations from a dementia care mapping process in 2009, the home implemented a range of diversional therapy activities in the afternoon for residents in the low care area. An evaluation conducted in 2010 showed that residents’ individual enjoyment has increased.

#### **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

Systems and processes are in place to identify and ensure that the home has ongoing regulatory compliance relating to the residents’ lifestyle. The home offers each resident an agreement that outlines fees and tenure arrangements, and care and services that will be provided. The charter of residents’ rights and responsibilities is included in the resident handouts on entry to the home, and displayed in the home. Documentation for guidance and recording compulsory reporting of residents absence without explanation and elder abuse is in place, and the home has utilised this reporting mechanism. Residents and representatives interviewed confirmed they are aware of their rights, responsibilities, and matters of their tenure.

### **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

See Education and Staff Development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

An example of education and staff development undertaken or in progress relevant to Standard Three are listed below.

- Dementia care.

### **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 systems and processes to ensure each resident is supported to adjust to the environment of the home. At entry, residents are assessed and personal information is obtained, including a history and profile that identifies any needs and preferences. A referral is placed with the residents' general practitioner initially, for identifying additional information and support. A therapy team incorporating social work, volunteers and religious personnel is used to monitor new residents. On entry residents are encouraged to personalise their rooms with furniture and other personal items, and representatives are encouraged to visit. The team observed staff speaking and interacting with residents in a supportive and respectful manner. Residents and representatives advised that they are satisfied with the emotional support offered by staff.

### **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

Processes are in place to assist residents achieve maximum independence, maintain friendships, participate in the life of the home, and the broader community. Assessments and plans of care provide information how best to support residents' independence and incorporate residents' sensory, physical and cognitive deficits, and any environmental factors. Appropriate aids are used to assist in maximising residents' mobility and communication levels. The home is built with wide passage-ways and rooms, and large and small common areas to permit residents' access to a variety of opportunities to maximise their mobility and independence. Staff demonstrated strategies in place to maintain residents' independence in all aspects of their lives. Residents and representatives stated they are satisfied with the assistance provided to promote residents' independence, and the maintenance of internal and external community interaction.

### **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

Systems and processes are established to ensure that residents' right to privacy, dignity and confidentiality is maintained, including informing residents about how their personal information is managed. Staff are provided education about their responsibilities in maintaining the confidentiality of sensitive information. Staff provide services for residents in single rooms with ensuite, and have access to small rooms for private meetings. Staff reported their awareness of maintaining residents' dignity through care strategies for personal care, continence management, and ensuring residents' dress and attire are appropriate. Residents and representatives interviewed reported that residents' privacy and dignity is respected.

### **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 has processes in place to encourage and support residents in a wide range of interests and activities, incorporating cognitive, physical, and social activities. Residents' social history and interests are documented at entry, and therapy staff develop leisure plans that consider personal information and preferences, and other requests obtained through surveys, and at residents' meetings. A large purpose equipped room is available, and residents are offered in room visits with attendance and information recorded for evaluation, and future planning. Visits by external community groups including an intergenerational playgroup are encouraged, and a bus is available for outings. Families and friends are encouraged to celebrate birthdays and other special occasions at the home, and volunteer visitors are 'buddied' with residents with special needs. Residents' interviewed stated they are satisfied with the range, number of, and types leisure activities offered.

### **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

Processes are in place to foster and value residents' individual interests, customs, beliefs, and cultural backgrounds. At entry, and on an ongoing basis, information is collected that considers residents' specific needs, customs, and beliefs. Residents are actively encouraged to maintain cultural and spiritual links in the community, and regular religious services are held at the home with days of cultural and religious significance celebrated. The home also supplies and uses language communication cards, and staff and representatives assist residents to communicate. Residents and representatives interviewed reported they are encouraged and supported to continue with their own interests, customs and beliefs.

### 3.9 Choice and decision-making

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

#### Team's recommendation

Does comply

Systems and processes are established to encourage residents and their representatives to have choice, and participate in decisions about their services and lifestyle options. Annual care reviews consider individual needs and decisions, in partnership with the resident and/or representative. Surveys, audits, and resident consultation are used to obtain feedback on activities and improvements at the home. Residents are able to make choices as to their meals, participation in activities of daily living, leisure interests, attendance at meetings, and their preferred choice of general practitioner. Information is readily accessible for residents and representatives on internal and external complaints mechanisms and advocacy groups. Residents and representatives reported satisfaction with the level of choice, and their ability to control their own service and lifestyle choices.

### 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

Processes are in place for providing information about conditions of tenure, and rights and responsibilities to all residents and representatives prior to, and at entry. A central organisational entry process is utilised, in with the home's management and staff, to incorporate pre entry visits, and orientation. A handbook, resident agreement and information package is offered, and supplied to all new residents. Information on residents' rights and responsibilities is displayed, and comment and complaint forms are readily accessible. Residents and representatives interviewed by the team reported satisfaction with their security of tenure, and understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### Team's recommendation

Does comply

See Continuous Improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Four are described below.

- Management and staff identified the need to implement a safety resource team at the home, to increase awareness of safety and health principles, and to reduce staff injuries. The team holds meetings onsite with representatives from key areas every six weeks. The team focuses on areas of communication, manual handling, infection control, fire and

evacuation, and adverse behaviour response. Management reported that staff safety awareness has increased, and the home won an organisational health and safety award in 2010.

- Following feedback, management identified the need to revamp the coffee shop. New cake displays and coffee machines were purchased, and a new seating area and blinds for the enclosed alfresco area were installed. Management reported that positive feedback from volunteers who operate the coffee shop was received, and that the shop's profits made contributions to the decoration of the home, including aquariums, photo collages, and a flat television screen. Residents and representatives reported satisfaction with the new coffee shop alfresco concept.

#### **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 has ongoing regulatory compliance relating to the physical environment and safe systems. Workplace and building, fire emergency preparedness, and the catering environment are inspected and audited by internal/external auditors and statutory bodies to ensure compliance. External contractors sign in the contractors' register on arrival and departure of the home. The home's safety and health representatives are registered with government safety advisory service. Staff demonstrated awareness of their role regarding hazard and manual handling 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

See Education and Staff Development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard Four are listed below.

- Catering oven operation
- Fire and emergency training
- Food safety training
- Infection control
- Manual handling
- Occupational safety and health for representatives
- Overhead hoist training.

#### **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 processes in place to maintain a safe and comfortable environment consistent with the care needs of residents. Electronic door security is used for internal and external access. Audits of environment, cleaning, maintenance, and restraint are used to monitor and review the safety, cleanliness, and quality of the environment. Information and signage is used, and appropriate to the needs of residents, staff, and visitors. Emergency response systems include residents' electronic alerts, and smoke and fire alarms. Information, incident reporting, and maintenance systems are used to communicate instructions and authorisations to staff, and health specialists. Staff reported they utilise the feedback and reporting systems to inform of any environmental issues. Residents and representatives interviewed reported satisfaction with the environmental safety and comfort of the home.

#### **4.5 Occupational health and safety**

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

##### **Team's recommendation**

Does comply

Systems and processes are established to provide a safe working environment, in consideration of occupational safety and health (OSH) responsibilities, and other regulatory matters. A team of OSH representatives monitor the safety of the environment using assessment, safety and housekeeping audits, and risk and hazard reporting mechanisms. Equipment is routinely maintained with reports and data available from an electronic management program. Staff are guided by residents' plan of care strategies for safe lifting and mobilising techniques when providing residents' services. Staff demonstrated an awareness of safety management processes, and confirmed 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 recommendation**

Does comply

The home has systems and processes in place for detecting and acting on fire, security and other emergencies. Automated fire detection and sprinkler systems that are inspected by approved professionals, emergency response procedures, and a business continuity plan are in place to assist the home in managing emergencies. There is a sign-in register for contractors and visitors. Staff and representatives use swipe cards and key pads to enter the home, and there is a security procedure for staff to follow each evening. Fire and emergencies matters are discussed at meetings and promoted in the home's newsletter. Staff interviewed demonstrated an understanding of the fire emergencies processes, and reported they undertake regular fire drills, as part of their training. Residents and representatives reported that the home provides a safe and secure environment, and confirmed that the home practices a regular fire panel test.



#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has processes in place to assist staff in identifying, containing, and preventing infections. Monitoring of preventative measures include internal and external audits and use of Government guidelines for the management of outbreaks. The home provides resources and supplies for cleaners, and standard and additional precaution equipment for each house to reduce the risks of cross infection. Staff demonstrated awareness of infection control guidelines. Residents and representatives interviewed reported satisfaction with actions to control the risk of infection.

#### **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

Systems and processes are in place to ensure hospitality services are delivered according to residents' needs and preferences. Catering, cleaning, and laundry is provided with adequate resources, and education is provided for staff to carry out their duties. Residents are encouraged to provide feedback on the outsourced catering services, and in house cleaning and laundry services via resident meetings, surveys, and in direct discussion with staff and management. Cleaning schedules, temperature monitoring, stock rotation, audits, surveys, and observation of staff practices are used to monitor the quality of the services provided. Residents and representatives stated their satisfaction with the provision of catering, cleaning, and laundry services.