



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredit Noble Gardens Residential Aged Care

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

The Agency has also decided that the period of accreditation of Noble Gardens Residential Aged Care is 3 years, until 19 September 2010.

The Agency has found that 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 non-compliance in expected outcome 1.8 Information systems. The Agency considered additional information including a submission from the home and found that the home is compliant in this expected outcome.

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

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

Geoff Freeman
Authorised Decision Maker
Victoria and Tasmania

Information considered in making an accreditation decision

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Noble Gardens Residential Aged Care
RACS ID: 3566
Number of beds: 130 Number of High Care Residents: 102
Special Needs Group catered for: People with dementia or related disorders.

Street: 55 Thomas Street
City: Noble Park State: Victoria Postcode: 3174
Phone: 03 9548 5177 Facsimile: 03 9548 5977
Email address: noblegardens@tlchomes.com.au

Approved Provider

Approved Provider: Great Oaks Pty Ltd

Assessment Team

Team Leader: Rita Rousso
Team Members: Trish McReynolds
Kathryn Bennett
Robyn Mulder
Dates of audit: 12/06/2007 to 13/06/2007

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

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

Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

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 made findings different from these recommendations.



The **Aged Care**
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Noble Gardens Residential Aged Care
RACS ID	3566

Executive summary

This is the report of a site audit of Noble Gardens Residential Aged Care RACS ID 3566, 55 Thomas Street, NOBLE PARK VIC 3174 from 12 June 2007 to 13 June 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 27 June 2007.

Assessment team's recommendation regarding compliance

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

- 43 expected outcomes

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

1.8 Information systems

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Noble Gardens Residential Aged Care

The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 6 support contacts during the period of accreditation and the first should be within 6 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 43 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 12 June 2007 to 13 June 2007

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of four 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:	Rita Rousso
Team Members:	Trish McReynolds
	Kathryn Bennett
	Robyn Mulder

Approved provider details

Approved provider:	Great Oaks Pty Ltd
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Details of home

Name of home:	Noble Garden Residential Aged Care
RACS ID:	3566

Total number of allocated places:	130
Number of residents during site audit:	127
Number of high care residents during site audit:	102
Special needs catered for:	People with dementia or related disorders.

Street/PO Box:	55 Thomas Street	State:	Victoria
City/Town:	Noble Park	Postcode:	3174

Phone number:	9548 5177	Facsimile:	9458 5977
E-mail address:	noblegardens@tlchomes.com.au		

Assessment team's recommendation regarding accreditation

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The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 6 support contacts during the period of accreditation and the first should be within 6 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 43 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Executive operations	1	Residents	15
Clinical Services Manager	1	Relatives	9
Team Leaders	2	Pastoral care worker	1
Maintenance	1	Receptionist	1
Lifestyle coordinator	1	Representatives	2
Resident Financial Services Manager	1	Property manager	1
Project Manager	1	Catering Management and staff	7
Registered nurses division one	3	Manager cleaning service	1
Personal care attendants	4	Laundry staff	2
Purchasing officer	1	Occupational health and safety coordinator	

Sampled documents

	Number		Number
Residents' files	21	Personnel files	2
Resident agreement files	10	Best practice forms	50

Other documents reviewed

The team also reviewed:

- Accommodation bond agreements
- Adverse events file
- Annual essential services report
- Annual plan for continuous improvement
- Applicant/resident financial status form
- Application for residential aged care agreement
- Audit calendar 2007
- Audit tools, audits and actions arising
- Benchmarking schedule, scorecards and results
- Best practice forms and register
- Best practice trend analysis
- Blood glucose readings record
- Building maintenance folder
- Charter of resident rights
- Clinical care folders
- Continuous quality improvement flowchart
- Education evaluation forms
- Education participation records
- Education –pre and post competencies
- Electrical tagging form
- Emergency evacuation procedures
- Emergency procedure manual
- Employee of the month nomination forms
- Employment application package
- Fire evacuation report
- Fire hydrant pressure flow test reports
- Fire/emergency training records
- Handover sheet
- Incident reports-residents
- Incident reports-staff
- Labelling of clothing form
- Learning packages
- Lifestyle activity evaluations
- Lifestyle meetings minute folder
- List of entertainers for the month
- Maintenance building schedule
- Maintenance schedule equipment
- Maintenance team meeting minutes
- Managers' recruitment package
- Medication incident reports
- Meeting agendas and minutes
- Meetings schedule
- Melbourne fire and maintenance log books
- Memoranda folders
- Monthly audit reports
- Monthly maintenance inspections
- Monthly resident incident collation tool
- Newsletter
- Orientation agenda and checklist
- Permanent residential aged care request for an assets assessment
- Policy and procedures standards one to four
- Prudential compliance statement 2006
- Publicity release form
- Resident activities newsletter
- Resident handbook
- Resident outings/excursions form
- Resident pre-admission checklist
- Satisfaction surveys
- Self-assessment forms
- Social, religious, cultural and preferred lifestyle assessment
- Staff appraisal forms
- Staff handbook
- TLC aged care information pack
- Training /education calendars
- Weekly activity planner
- Weekly weigh nutritional supplement folder
- Wound assessment and management charts
- Wound care charts

Observations

The team also observed the following:

- Activities in progress eg piano player, and bingo
- Afternoon tea in progress
- Chalk board for the daily menu
- Complaints brochures-external
- Daily activity whiteboard
- Equipment and supply storage areas
- Fire exits
- Hand massage therapy
- Hand washing posters
- Interactions between staff and residents
- Living environment
- Lunch in progress
- Notice boards and whiteboards
- Photograph board
- Resident and relative bulletin board
- Staff recognition board
- Storage of medications
- Suggestion and comment box

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 has a continuous improvement system that addresses all four accreditation standards and demonstrates a planned approach to the pursuit of improvements in management systems, staffing and organisational development. The system includes best practice forms, incident reports, monthly audits and analysis of trends, comments and complaints processes and an annual plan for continuous improvement. Residents, relatives and staff have input into continuous improvement processes. Outcomes and actions of improvement activities are reported to stakeholders through meetings and minutes, handovers, bulletins, memoranda, attachments to payslips and through newsletters. Staff are aware of continuous improvement activities at the home and are satisfied that their contribution to the process is encouraged.

Examples of improvements under standard one include:

- the increased access to management for residents and families through the appointment of a team leader on each area of the home
- the increased consistency of resident care through an eighty seven per cent reduction in the use of agency staff; this reduction was achieved through the review of rosters, recruitment of permanent staff and the effective planning and management of staff leave
- the consistent use of a comprehensive on line criteria based recruitment system linked to the home’s website
- the increase in quality service delivery and resident comfort through the purchase of high low electric beds to replace residents’ wooden beds; currently eighty per cent of beds have been replaced
- the development of a large font comments and complaints form for the visually impaired
- the approval for eleven registered nurses to undertake management training to supplement their technical skills with the learned ability to give guidance and direction and to achieve objectives through the group
- the participation of thirty staff from direct resident care, laundry and hospitality services in training through government funded training schemes.

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

The home has a system in place to identify relevant legislation, standards and guidelines and to ensure compliance with required changes to practice. The home’s

centralised organisational support centre and the clinical services manager receive regulatory updates via peak body memberships and through subscriptions to electronic legislative update services; changes to regulatory requirements trigger the review of related quality systems procedures to ensure they reflect current requirements. Regulatory information is routinely communicated to the home's stakeholders through a standing agenda item at meetings, handover, newsletters, memoranda and attachments to payslips. Compliance information is supported through continuous improvement processes, education programs and through functions of the organisational support centre including police check process management, human resource management and maintenance of electronic database updates. Staff confirm they are well informed about legislative and regulatory requirements and that information is readily accessible.

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 topics for inclusion in the annual education and training program are derived from organisational imperatives, staff appraisals, audit results, staff requests and issues related to specific work areas within the four accreditation standards. The clinical services manager and senior staff also observe staff practices in a planned and ongoing way, conduct competency tests and incorporate any staff development areas identified into the education program. Staff education includes group training, one to one learning opportunities and access to the 'aged care channel'; participation is recorded. All staff attend a formal orientation to the home that includes mandatory education and 'buddy shifts' and are appraised after the completion of a probationary period and then annually. Staff are informed of forthcoming internal and external education programs via notices and at meetings and confirmed their satisfaction with the opportunities to access continuing education.

Education opportunities provided at the home include:

- accreditation processes
- teamwork
- staff roles and responsibilities
- effective communication.

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 ensures that the internal and external complaints mechanisms are accessible to all stakeholders. Comments, complaints, suggestions and compliments are actively sought to improve all aspects of individual and communal residential care and services. Privacy and confidentiality is maintained for stakeholders utilising the comments and complaints system by the provision of a 'suggestion and comment' box that is centrally situated. The team observed that staff act as resident advocates and log 'best practice' service improvement forms on behalf of residents. Complaints are

reviewed and managed by the clinical services manager; all complaints and suggestions are explored and managed and timely specific feedback is given to complainants. Information from complaints is analysed for trends and outcomes are reported at meetings. Residents, relatives and staff confirmed their satisfaction with the access to the senior management team and the home's response to, and feedback about, any comments and complaints.

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 is part of a group and has documented its vision, goals and values. These outline the homes commitment to quality of life for all residents, viability, leadership, innovation and best practice and to exceed legislative standards. The home's vision, goals and values are included in the resident and staff handbook. The home's commitment to quality and their processes to improve are outlined in the resident and staff handbook and included in recruitment documentation.

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 home has well established systems in place to recruit new staff including a web based recruiting program that alerts the human resource department that a vacancy requires filling or a new position is required. This program also provides the opportunity to apply online for all positions and the application clearly outlines the position available, the job description and selection criteria. The home is staff based on historical rostering used within the organisation and there are systems in place to manage staffing if resident acuity increases or when staff are on leave. This includes using the home casual bank of staff or agency staff if required. Staff competence is monitored using the key performance indicators, the appraisal system, incident monitoring and the continuous improvement system. A registered nurse division one is rostered on all shifts and registered nurses division two are rostered as team leaders on the morning shifts. All hotel services staff are outsourced.

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 organisation's support centre has negotiated preferred suppliers to provide the home with clinical and non-clinical supplies. Imprest systems are in place to ensure that adequate stocks of supplies are always available. Staff at the home reorder goods

on a monthly basis or as required. All new equipment is trailed and risk assessed prior to be purchased. A preventative maintenance program is in place for all equipment and an organisation maintenance meeting has been commenced to monitor the services provided at each home. Staff confirmed that there are enough supplies of stocks and equipment to care for residents.

1.8 Information systems

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

Team's recommendation

Does not comply

The home does not have an effective clinical care assessment, care planning, review and evaluation documentation system in place to ensure residents' clinical care needs and preferences are accurately documented. Assessment and monitoring tools, progress notes and care plans do not adequately reflect individual needs and preferences. Effective communication systems are not in place to ensure that residents assessed needs are carried out by all staff. Effective information systems are not in place to ensure that residents who are self-medicating with non-prepacked medication are formally assessed and monitored and the medication has been prescribed. Clinical incidents are not consistently recorded. Resident administration information is not always completed as intended.

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

External services are managed by the organisation's support centre purchasing officer. All external services have contracts in place and the outsource cleaning and catering service are monitored using a quarterly performance audit. An approved schedule of contracted services and products is in place and this includes the expiry dates of contracts. Quarterly audits are also conducted on pharmacy and allied health services. Reviews of other contracted services are conducted informally. Staff are satisfied with the contracted services in place and based on feedback one contracted services is currently under review.

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 planned and

positive results relative to residents' health and personal care. The approach includes assessment on entry to the home and ongoing, current and consistently utilised care plans and documentation of progress of care. Performance is measured through audits that are reported and analysed for trends and satisfaction of residents and relatives. Collected information that monitors health and personal care related activities and identifies new opportunities for improvement is routinely actioned. Residents and relatives are satisfied with the health and personal care provided by the staff and management team.

Examples of improvements under standard two include:

- the introduction of reportable limits for weight loss and weight gain in consultation with a dietician; a policy has been developed to reflect this improvement
- the development and implementation of a form "reportable limits for blood glucose limits" and education of staff that ensures residents receive timely and appropriate treatment
- the introduction of compact medication charts that include signing for non-packed items
- the introduction of minimum quarterly medication management education
- the purchase and implementation of stickers that facilitate the monitoring of use and effectiveness of as required medication
- the purchase and preparation of three palliative care kits
- the appointment of a staff member to manage the assessment, allocation and ordering of continence aids
- the development and implementation of a new sleep assessment tool that covers the twenty four hour period and includes sleep preparation rituals
- the introduction of a night work schedule to increase monitoring of residents and lower the incidence of resident falls
- the purchase of six floor sensor mats for residents with dementia and at risk of falls
- the introduction of massage therapy for residents upon request; the massage therapist attends the home three times a week
- the introduction of a mobile dental service for residents
- the appointment of a new podiatry service as a result of feedback from residents and staff.

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 effective systems in place to support resident health and personal care and ensure that information related to legislation, regulatory compliance and other standards and guidelines is available to staff. Regulatory compliance related to clinical care is monitored during audits, by ongoing education with pre-tests and post-tests, by visual observation and whenever legislated changes occur. Care staff competent in medication administration deliver resident medication from packs; registered nurses division one administer injectable drugs, dangerous drugs, anti-clotting agents and as required analgesia medication. Credential information is checked and stored centrally. Registered nurses and care staff confirm they are well 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

Ongoing education opportunities ensure management and staff have appropriate clinical knowledge and skills to promote resident physical and mental health through the delivery of quality care and services. The clinical services manager and senior staff observe and audit staff practices and competencies and incorporate any clinical areas identified into the home’s education and training program. Information from staff appraisals, staff requests, clinical changes and regulatory change are also incorporated into the education program. Staff education includes group training, one to one learning opportunities, self-directed learning packages that address twelve clinical areas and access to the ‘aged care channel’; participation is recorded. Staff are informed of forthcoming internal and external education programs via notices, handovers, memoranda and meetings. Staff confirmed their satisfaction with their opportunities to access continuing education.

Education opportunities provided at the home include:

- medication delivery
- medication management
- education for registered nurses division one related to new responsibilities
- linked to regulatory change
- documentation training
- oral hygiene
- meeting the needs of a resident with dementia
- urinary continence
- dysphagia
- palliative care
- promoting sleep
- depression in the elderly
- wound care.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents’ health and personal care is systematically assessed using standardised assessment tools from which care plans are developed. These care plans are signed each month by the registered nurse division one and evaluated every second month using the home’s resident of the day schedule. Staff confirm they receive on going education. Residents and representatives state they are consulted on matters of care and are happy with the care they 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

Residents specialised nursing care needs are acknowledged and met by the registered nurses division one and two and personal care attendants. They are responsible for completing assessments, developing care plans and for overseeing the ongoing management of residents’ specialised nursing needs. These include; diabetes care, complex pain, wound management and palliative care. Strategies to meet specialised nursing needs are documented in specific care plans and evaluated every second month. External consultants are accessed as required. Resident and representative interviews indicated satisfaction that residents receive appropriate specialised nursing 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 are referred to specialists as required. The referral process is documented in resident notes, acted upon and followed up through handover. The residents’ progress notes demonstrated intervention from health specialists including the management, intervention and evaluation plan. Staff confirmed they are able to access the referral process to specialist services.

2.7 Medication management

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

Team’s recommendation

Does comply

The registered nurses division one are responsible for management of resident medications and the administration of drugs of dependence, variable dose and injectable medications. Medications are administered from single dose administration

aides by care staff and endorsed registered nurses division two who are appropriately educated and competency tested. Medication charts include photo identification, documentation of allergies and any special instructions for administration. Competency testing, audits and incident reporting are used to monitor staff practices. Medications are securely stored in a locked room when not in use. Drugs of dependence are doubled locked and managed according to legislative requirements. Residents are satisfied with the management of their medications.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has processes and systems in place to assess, monitor, treat and evaluate resident pain. Assessment tools are used to determine the effectiveness of the pain management plan. If a resident complains more than twice in a week, a three day pain assessment is commenced in order to determine the best way to manage the residents pain. The treating doctor is consulted in all matters regarding resident pain. All pain management strategies including repositioning, hot/cold packs, gentle massage, and distraction techniques before medication is considered the best solution. Treatment is documented in the residents’ notes and on medication sheets. Residents’ report that they are satisfied with the way their pain is being 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

Processes are established to record residents’ final wishes to guide staff in the management of residents’ palliative care requirements. Progress notes confirm that a variety of strategies are identified to maintain the residents’ dignity and comfort during the terminal stages. Specialist palliative care services are contacted as required for additional advice or referral on complex care issues. Representatives confirm that they are very well supported during the terminal stages and their wishes are adhered to. Residents, representatives and staff have access to support services.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems and processes in place to monitor and assess that residents receive adequate nutrition and hydration. The home has a four weekly rotating menu, which is reviewed on an ongoing basis. Residents’ food preference is recorded each morning and relayed to catering staff. Residents identified with swallowing difficulties are referred to the speech pathologist and dietician. Resident weights are monitored monthly as part of the home’s resident of the day program, or more frequently as required to ensure that any significant weight gain or loss is detected and

suitable interventions put in place. Staff are trained in food safety handling. Residents report that they like the food and beverages.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems and processes in place to assess, monitor and implement appropriate care to optimise residents skin integrity. Skin care plans are developed and referrals are made when appropriate. Wound management is documented and evaluated by suitably skilled key` staff who assist in directing care for skin care and wounds as well as implementing strategies including pressure relieving mattresses, emollients and assistive lifting equipment.

2.12 Contience management

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

Team’s recommendation

Does comply

The home uses a standardised assessment tool to identify patterns of toileting or incontinence and care plans are developed for those residents who require contience management. It includes a three day unprompted bladder assessment and separate bowel assessment. Information collected includes toileting times, contience aids used and catheter management if required. The home has a contience committee who meet two to three monthly to discuss, products and resident management strategies. Resident rooms are clean and free from odour.

2.13 Behavioural management

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

Team’s recommendation

Does comply

At entry residents who display challenging behaviours undergo a behaviour assessment process to identify the types and frequency of observed behaviours. The information is used to develop behaviour management care plans, which are reviewed every month or when required. The strategies used to manage challenging behaviours include appropriate communication as well as use of group and one to one activities. Records confirm that care planning incorporates strategies for managing challenging behaviours including consulting with specialist services on a needs basis. Residents and representatives interviewed stated that staff manage residents with challenging behaviours in sensitive ways.

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 are assessed on admission. Physiotherapy care plans and exercise charts are prepared for all residents. Falls risk assessments are also completed by the staff as part of the admission process. Incidents and accidents are recorded and acted upon. Residents receive rehabilitation support via assistive devices, exercise and physiotherapy. Staff are educated in the use of lifting and mobility equipment. Routine and maintenance report mechanisms ensure equipment is maintained. Residents stated they are happy and satisfied with the support they receive.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Access to the dentist is determined through the home’s assessment process. Residents are assisted with a mobile dentist who visits the home when requested. The fitting of dentures is monitored and recorded in the resident notes with intervention actioned to ensure dentures are well fitted conducive with chewing. Residents report they receive assistance with oral hygiene and referral to a dentist.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ vision, hearing, speech and comprehension are assessed. Information from these assessments are transferred to the care plans. Residents are supported with the fitting of hearing aids and glasses. Hearing aid batteries are changed on a weekly basis. Residents have access to large print books and talking books. Aromatherapy and tactile therapy is routinely offered to residents. Residents and representatives confirmed they have access to specialised services and that staff assist them as required.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has policy and procedures in place to support residents to achieve a successful rest and sleep pattern. Care plans generally document individual preferences and include interventions and strategies in relation to sleep preparation

and for the promotion of restful sleep. Through the assessment process and in consultation with residents and the treating doctor the resident may be prescribed night sedation as required. Residents report sleeping and napping in a comfortable safe environment and feel rested.

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 has a continuous improvement system that demonstrates improvements across the resident lifestyle area, supports the maintenance of residents’ active control of their own lives and promotes awareness of these rights and responsibilities. Processes and systems have been developed and implemented to improve compliance. Monitoring of outcomes in this area occurs through observation and analysis of performance including internal audits, lifestyle participation, access to allied health services and satisfaction levels. Residents and relatives confirm overall satisfaction with the home’s performance in improving resident lifestyle.

Examples of improvements in standard three include:

- the use of music during meals to reduce resident anxiety
- the increase in lifestyle staff hours
- the provision for the activity program to operate across the seven days of the week from 1 July 2007
- the progress of plans to develop a ‘wellness centre’ in each unit where residents can experience quiet care, relaxation and massage
- the development of a weekly activities planner
- an increase in the number of outings offered to residents; outings include trips to local cafes, shopping centres, swimming pools, local clubs and hardware stores
- the sourcing and use of talking books for residents
- the acknowledgement of residents’ birthdays or special days.

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

Observation of staff practices affecting privacy and dignity, choice, leisure interests and activities, cultural and spiritual life, lifestyle programs and security of tenure demonstrate that effective systems are in place to identify and ensure compliance with legislation, regulations and guidelines related to standard three. Protecting the

residents right to privacy and confidentiality is recognised. Residents have a residential agreement provided on entry to the home. Residents and relatives are informed of any relevant changes regarding regulatory compliance. The home's commitment to meeting the concessional ratio is respected and exceeded.

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

The home provides varied educational opportunities for staff to enhance their knowledge and skills in the areas related to resident lifestyle. The education program is derived from organisational imperatives, research outcomes, staff appraisals, audit results and issues related to residential lifestyle. Attendances are maintained and all sessions are evaluated. Staff are informed of forthcoming internal and external education programs via notices and at meetings. Staff confirmed their satisfaction with their opportunities to access continuing education.

Education opportunities provided at the home include:

- dignity and privacy
- resident choice
- sexuality in the elderly
- the undertaking of certificate 1V in leisure and lifestyle by three lifestyle staff.

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

Residents and families are provided with information prior to admission detailing the care and lifestyle choices available to them at the home. Care staff provide an orientation to the unit and introduction to key staff. Residents are consulted through meetings and individual discussion about their emotional and lifestyle needs and are surveyed regularly to determine their satisfaction with the services provided. Residents and family are included in care planning both formally and informally. Residents and their families said they are satisfied with emotional support provided and expressed appreciation of the kindness shown 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

Residents at the home are assisted and supported to maintain their social and physical independence and to maintain links with families and friends. Activities are planned that include involvement in community life through for example, visits, outings, shopping

trips and connections to community social groups using the homes' bus; taxis are provided if required. The home has a number of private sitting areas and a private dining area where residents are encouraged to meet and dine with family and friends. Residents are easily able to access the surrounding gardens and grounds of the home and are provided with appropriate mobility aids to ensure their safety. Residents confirm that they are encouraged to be as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has policies in place to inform staff of their obligation to respect the privacy and dignity of residents. Staff practices were observed confirming care is provided in a respectful manner. All clinical care discussions are conducted with privacy and clinical interventions are provided in the residents' private room. Residents' clinical and financial records are maintained securely. There is a policy in place to obtain residents' or representatives written permission pertaining to privacy. There are adequate private recreational areas available and used by residents and their families. Residents are satisfied that staff practices at the home maintain their privacy and dignity.

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

Lifestyle profiles and social, religious, cultural and preferred lifestyle assessments are used to gather information on each resident's lifestyle preferences, cultural and spiritual needs and a care plan is then written for each resident. Residents are encouraged and supported to participate in a variety of individual and group activities and interests that meet their individual needs, preferences and abilities including for example, ladies circle, bus outings, knitting group, gents teas, bingo and exercises. There is a library and shop run by a volunteer available to residents once a week; the library is run in partnership with the local library service. Residents are generally happy with the activities provided however, stated that there is nothing to do on weekends or public holidays.

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

Residents' cultural and spiritual beliefs and customs are assessed following entry to the home. Residents can attend in house church services weekly or monthly, depending on the denomination supported by regular visits by a priest and pastoral care workers. The plans are reviewed in consultation with the resident and family. Non-English speaking residents are offered cue cards to aid communication. Special day including for

example, birthdays are celebrated. Effectiveness of the home's performance is assessed through surveys and informal feedback.

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

Residents and their families are consulted about their care and lifestyle needs and preferences prior to entry to the home and are involved in care planning and delivery. Information about residents' rights and responsibilities are detailed in the resident handbook and displayed on notice boards throughout the home. Regular resident and relative meetings are held. Information about residents' advocacy groups is included in the resident handbook and displayed around the home. Residents and representatives advised that staff are approachable and always available if they have any queries.

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

Prior to entry to the home the resident and their relatives are provided with an information pack containing for example, residents handbook, type of care provided and fees and charges. A member of the homes administration staff coordinates the residential agreement; an administrator from head office provides information and advises changes to fees and charges. Residents and relatives have ongoing access to information at meetings, through newsletters and informally through discussion with management and staff. Notice boards around the home contain general information on relevant issues and day to day information, and other information related to residents' rights and responsibilities. Residents and relatives felt secure at the home and understood 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

The home has a continuous improvement system that demonstrates improvements in the area of physical environment and safe systems. Management demonstrates that results show improvements in the safety and comfort of the home's environment and consistent links between resident needs, preferences and feedback, and stakeholder

feedback, and the service's continuous improvement activities. The team identified processes within the system are monitored, evaluated and reported.

Examples of improvements in standard four include:

- the purchase of new vinyl flooring in the area of the home for residents with dementia
- the provision of blood spill kits in each area of the home
- the implementation of infection control education at monthly infection control meetings
- the introduction of staff manual handling competency testing
- the introduction of labelled individual laundry bags for residents' underwear.

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

Regulatory information about the physical environment and safe systems is regularly communicated to the home through its organizational support centre. Regulatory updates are routinely forwarded to the home with the information distributed to stakeholders through meetings, notices, bulletins and memoranda. Changes to regulatory requirements trigger the review of related quality systems procedures to ensure they reflect current requirements. Policies and procedures related occupational health and safety, fire safety and food safety reflect regulatory requirements. Staff confirm they are well informed about legislative and regulatory requirements and that information is readily accessible.

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

The home provides varied education opportunities for all staff to enhance practices and knowledge within the physical environment and to ensure the provision of safe systems. The education program is derived from organisational imperatives, staff appraisals and training needs analyses, audit outcomes, clinical changes, performance appraisals, research outcomes, legislated changes, staff requests and issues related to standard four.

Education opportunities completed by staff include:

- infection control
- gastroenteritis in-service
- manual handling
- food safety
- safe lifting
- fire safety.

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

Each resident has their own room with individual bathrooms, toilets and a space for a small refrigerator. Residents are encouraged to personalise their rooms with furniture and memorabilia providing a homely atmosphere. The home has three units with a number of smaller sitting rooms available for private use. Residents and relatives are encouraged to use the chapel area for private dining functions. The home has a scheduled maintenance program with the team observing a well-maintained, clean environment. Residents reported that they felt safe in the environment and that their rooms, bathrooms and general areas were well maintained, warm, clean and comfortable.

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 organisation occupational health and safety coordinator is responsible for facilitating the homes' occupational health and safety program. Occupational health and safety representatives at the home support the coordinator to carry out this program. Observational audits, risk assessment, hazard identification, incident reporting, trailing of new equipment prior to use, personal protection equipment and access to material safety data sheet are used to provide a safe working environment. Personal protection equipment and work instructions are available throughout the home. Staff education records and interviews confirm new staff have completed orientation and all staff attend mandatory training sessions.

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 is fitted with appropriate fire detection and safety equipment. The building certification safety score is compliant with the aged care certification assessment instrument. Staff are required to attend fire safety training and complete fire safety questionnaires regularly. Emergency manuals are placed throughout the home containing information about what to do in case of a fire or other emergency. Exits are clearly identified. Maintenance records demonstrate that fire and emergency equipment is serviced according to schedule. Staff demonstrate an understanding of the procedures to follow in case of fire.

4.7 Infection control

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

Team's recommendation

Does comply

The homes infection control program is the responsibility of all staff within the home. The program includes surveillance audits of all clinical and non-clinical areas, orientation and an ongoing education program, surveillance of residents' infections and a staff and resident immunization program. Staff have access to infection control policies and procedures. The outsourced cleaning staff have a separate manual specific to their work area and this includes infection control instructions on how to manage an outbreak of gastroenteritis. The outsourced catering service has a food safety program in place. Infection control is an agenda item at various meetings. The home has hand-washing facilities available throughout all clinical and non-clinical areas. The home had an outbreak of gastroenteritis in 2006 that was controlled and contained. The home reports minimal other infections. Catering, laundry and cleaning staff were observed to be adhering to infection control procedures.

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

Residents' catering likes and dislikes are determined on entry to the home and recorded on the white board in the kitchen. An outsourced catering service provides meals prepared fresh onsite and a four weekly rotating menu is available. Alternatives to the menu are available. Residents' satisfaction with the service is provided by via complaints and surveys. The catering staff has access to their organisation dietitian for menu reviews, special and texture modified diets.

The outsourced cleaning service has comprehensive cleaning schedules and procedures in place for their staff to use. The manager of this service visits the home at least fortnightly to support staff and to monitor the service. The home was observed to be clean and odour free. All laundry is done onsite seven days a week. The laundry is well set up with industrial equipment and procedures. Residents and relatives are satisfied with hospitality services provided.