



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

Decision to Accredite Camberwell Gardens

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

The Agency has decided that the period of accreditation of Camberwell Gardens is 3 years until 27 June 2011.

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 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.

Lorraine Baker
Assessment Manager

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 the Department of Health and Ageing) about matters that must be considered, under Division 38 of the Aged Care Act 1997, for certification of the home; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the major findings that were presented to the applicant at the conclusion of the site audit. This may include information that indicates the home rectified deficiencies identified by the assessment team at the time of 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:	Camberwell Gardens				
RACS ID:	3779				
Number of beds:	75	Number of High Care Residents:	37		
Special Needs Group catered for:	• Dementia conditions				
Street:	15 - 15A Cornell Street				
City:	Camberwell	State:	Victoria	Postcode:	3124
Phone:	03 9836 9507		Facsimile:	03 9836 1620	
Email address:	j.casey@goldage.com.au				

Approved Provider

Approved Provider:	Gold Age Pty Ltd
--------------------	------------------

Assessment Team

Team Leader:	Bette Nash
Team Member:	Joan Rose
Dates of audit:	15 April 2008 to 16 April 2008

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

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

Agency Findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Standard 4: Physical Environment and Safe Systems

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

Agency Findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Camberwell Gardens
RACS ID	3779

Executive summary

This is the report of a site audit of Camberwell Gardens 3779 of 15-15A Cornell Street, Camberwell 3124 from 15 April 2008 to 16 April 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 18 April 2008.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be three support contacts 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 believes the home complies with 44 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 15 April 2008 to 16 April 2008.

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

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

Assessment team

Team Leader:	Bette Nash
Team Member:	Joan Rose

Approved provider details

Approved provider:	Gold Age P/L trading as Camberwell Gardens
--------------------	--

Details of home

Name of home:	Camberwell Gardens
RACS ID:	3779

Total number of allocated places:	75
Number of residents during site audit:	40
Number of high care residents during site audit:	37
Special needs catered for:	Dementia conditions

Street/PO Box:	15-15A Cornell Street	State:	Victoria
City/Town:	Camberwell	Postcode:	3124

Phone number:	03 9836 9507	Facsimile:	03 9836 1620
E-mail address:	j.casey@goldage.com.au		

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be three support contacts during the period of accreditation and the first should be within six 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 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

	Number		Number
Proprietor	1	Director	1
Facility manager	1	Quality services manager	1
Quality manager	1	Project manager	1
Finance manager	1	Residents	11
Clinical services manager	1	Volunteers	1
Registered nurse division one	1	Retirement services project manager	1
Registered nurses division two	1	Physiotherapist	1
Care staff	3	Chef/manager	1
External cleaning contractor/supervisor	2	External catering managers	2
Cleaning staff	1	Laundry staff	1
Catering staff	2	Maintenance staff	1
Administration officer	1	Executive assistant	1
Lifestyle staff	2	Consultants – fire and information technology services	2

Sampled documents

	Number		Number
Residents' files	9	Medication charts	12
Resident agreements	5	Personnel files	7
Contract/service agreements	8		

Other documents reviewed

The team also reviewed:

- Audits and schedule
- Certification assessment tool, essential services documentation
- Corrective action plan
- Continuous improvement plan
- Compulsory reporting documentation
- Comments and complaints register and documentation
- Communication diary
- Diabetic monitoring folders
- Education documentation
- Electrical tagging register
- Food safety plan
- Fire consultant report
- Fire safety documentation
- Job descriptions and duty lists
- Infectious outbreak folder
- Lifestyle documentation and activities schedule
- Memos
- Meeting minutes
- Newsletters
- Police records checks register
- Pandemic influenza plan
- Post admission survey
- Preventative and corrective maintenance documentation
- Residents' information package and handbook
- Recruitment policies and procedures
- Revised policies and procedures
- Self-learning packages
- Staff communication diary
- Staff Handbook and orientation list
- Staff resource folders - pain, diabetes, continence and wounds
- Residents' information handbook
- Temperature logs
- Training records

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Information displayed
- Interactions between staff and residents
- Living environment
- Noticeboards
- Resident meal times
- Residents participating in activities
- Staff interactions
- Staff occupational health and safety notices
- Staff resident interactions
- 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

Since opening in July 2007, Camberwell Gardens has implemented quality improvement systems based on scheduled audits and surveys, as well as comments, complaints, suggestions and incidents. When a deficit is identified, remedial action is undertaken and further assessment conducted at a later time to ascertain sustainability. All items are placed on the continuous improvement plan through which they are tracked until completion. Results are discussed at relevant regular meetings. Staff and residents are familiar with ways to make comments or suggestions. Audit tools are being reviewed under the auspices of the quality manager and the recently appointed organisational quality systems manager.

Recent improvements include:

- Review of policies and procedures with emphasis on site-specific aspects
- Review of resident handbook
- Development of photograph identity tags for staff in response to resident feedback
- Development of strategies to minimise use of relief agency staff and retain permanent staff to enable consistency in care of residents.

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 is appraised of regulatory and legislative matters through a legal update service, membership to professional and industry bodies and liaison with the local government authority. This information is distributed to staff through electronic memoranda, noticeboards and meetings and to residents through meetings and noticeboards. A register of valid police records checks is maintained.

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

An initial training program, based on a training needs analysis, staff appraisals and current issues has been developed. Attendances and evaluations are completed for mandatory training and competency assessment related to orientation. In relation to management and organisational systems, education includes continuous improvement, performing audits, documentation and electronic care package training. Review of education needs, including a traineeship program, is on-going.

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

Complaint mechanisms are documented and displayed throughout the home and a complaints record is maintained. Complaints are acknowledged and initially acted on within seven days with the purpose of achieving a 'win-win' outcome. If necessary items are placed on an action plan. Residents and staff said they feel comfortable to voice concerns or suggestions.

1.5 Planning and leadership

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

Team's recommendation

Does comply

Vision and values statements are displayed throughout the home and included in handbooks for staff and residents. The 12-month strategic plan demonstrates a commitment to best practice care and services for residents. Part of the strategy includes staggered admission of new residents to enable appropriate staffing levels at all times. One long-term resident said that the care and services have improved since the home has opened.

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

Staff are recruited to enable appropriate care of residents and meet the home's written commitment to maintain a specified staff/resident ratio. Interviews,

police and reference checks are conducted and orientation undertaken. Appraisals are conducted at the end of the three-month probationary period and planned for annually thereafter. Performance counselling is provided when needed. A minimum of one registered nurse division one is on duty at all times, supported by registered nurses division two, medication endorsed registered nurses division two and personal care assistants. A recently appointed full-time diversional therapist is supported by a part-time assistant to facilitate and evaluate an activity program with the residents.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home monitors equipment, goods and stocks regularly to support and maintain good quality service delivery. Both residents and staff confirm and the team noted there are adequate stocks of supplies and equipment. Electrical goods are tagged and a register maintained. Preventative maintenance is conducted according to an annual schedule and electronic corrective maintenance requests are prioritised by the maintenance officer, attended to and completed as soon as possible.

1.8 Information systems

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

Team's recommendation

Does comply

Personnel files and resident agreements are securely stored in a restricted access office and resident files are stored securely in nurse stations throughout the home. Archived documents are stored in a secure, restricted access room. Staff have password protected, restricted access to the computer network; care and nursing staff maintain mainly electronic resident documentation. Information is distributed to staff through meetings, noticeboards and electronic memoranda and to residents through meetings, regular newsletters and noticeboards.

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

As this is a newly built home, the building and equipment are still under warranty and there are few contracts and services agreements at this stage. Active contracts, securely stored, contain information such as services to be provided, insurance details, professional and trade certifications, occupational health and safety requirements and a termination clause.

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

A continuous improvement system based on scheduled audits, surveys, comments, complaints, suggestions and incidents is in place in respect of clinical care. Remedial action is undertaken until satisfactory resolution. Results are collated, analysed, trended and discussed at appropriate meetings.

Recent improvements include:

- Implementation of adjustable room sensor technology which can be pre-set to respond to movements of residents at risk of injury in their rooms
- Introduction of a wound management program with subsequent decrease in incidence of wounds
- Implementation of a nutrition screening tool to enable more accurate assessment of resident nutritional needs.

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 operate to enable the home meet its regulatory and legislative obligations. Annual nursing registrations are documented and a register maintained. Information about medication management is available for staff. Mandatory annual medication competencies are to be completed when due.

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

A range of clinical topics such as pain, medication, falls prevention, dementia and behaviours has been provided and an adult disability service gives regular training to enhance staff skills in this area of care. Staff are also encouraged to participate in self- learning packages through an on-line training channel. Related assignments are marked, feedback given to staff and records maintained. Following the recent appointment of a clinical services manager, the education program has been expanded to include further identified

education needs such as wound management; relevant staff will undergo clinical competency assessments when they are due. Staff are encouraged and supported to upgrade nursing qualifications.

2.4 Clinical care

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

Team’s recommendation

Does comply

Following their move into the home residents’ care needs are assessed, reviewed and evaluated by appropriately qualified staff. Individualised care plans are formulated for each resident to direct care and these are reviewed and updated on a regular basis. The home has a computerised resident care documentation package which, after they have had training, is accessible to care staff, medical practitioners and allied health professionals. Hard copy documentation such as summary care plans and blood sugar monitoring records are available in folders for staff unable to access the computerised system. Residents are supported to choose their own medical practitioner and confirm they visit as required. Information in resident files supports that there is ongoing consultation with residents and their families and residents report they are very happy with the care provided.

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 assessed and managed by registered nurses division one and registered nurses division two (endorsed) who have been trained in this area, for example wound management. Medical practitioners provide guidelines for special needs such as diabetic management; staff adhere to these and inform the appropriate health professionals of any variances. Guidelines for other specific clinical care needs such as catheter care are easily accessible to staff and information in files supports that these are followed. Residents expressed satisfaction with the care provided.

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

Information in residents’ files supports that staff identify any need and refer residents to the appropriate health specialists as required. Staff assist residents with appointments and if required arrange transport to services not provided within the home such as skin specialists. Arrangements have been made for some consultations on site and these include the dietitian, physiotherapist, podiatrist, external psycho-geriatric specialists, palliative care consultants, optometry and audiology services and some dental care. Residents confirm

that staff support them with appointments and provide the care recommended by health specialists.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nurses division one and registered nurses division two (endorsed) manage and administer medications to residents from both multidose blister packs and original packaging. Medications are securely stored in a designated locked room and a safe is used for drugs requiring extra monitoring and security. Residents’ medications are reviewed by the medical practitioner and pharmacist and quality activities such as audits and competency testing monitor staff compliance with medication management. Documentation on medication charts is complete and includes interventions to assist staff when administering medications to residents. Residents report they are assisted with their medications and staff respect their preferences for how they like to take 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

Staff consult with residents following their move into the home to identify if they have any pain. For residents who have existing pain, changes in pain levels or new symptoms of pain, assessments are completed and the effectiveness of any interventions offered to relieve the pain is monitored. Residents with complex pain are referred to external consultants for further review and management; recommendations are updated in residents’ files. Alternatives to medication are trialled and residents preferred interventions to manage their pain acknowledged. Residents report that staff are responsive to their requests for pain relief and maintain them as free from pain as possible.

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 and relatives are consulted as soon as they feel comfortable to identify their preferences for terminal care in the event they may require palliative care while living at the home; this includes emotional and spiritual needs. The home has the resources to provide care for terminally ill residents and accesses external palliative care specialists to assist with further management. A review of the files of terminally ill residents shows that residents’ preferences have been acknowledged, there is ongoing consultation with the resident and their family or nominated representative and that the

appropriate care has been provided to ensure their comfort and dignity have been maintained.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

There is ongoing assessment and review of residents’ nutritional and hydration needs following their move into the home. Residents’ preferences and any special needs such as diets are identified and these are provided by the kitchen. The home has access to a dietitian who has introduced nutritional screening tools to guide staff with the monitoring of residents’ weights and the implementation of corrective actions to assist them maintain residents within an acceptable weight range. Residents who require modified texture diets are reviewed to ensure the consistency of their food is appropriate and care plans are updated to reflect any recommendations. Residents expressed a high level of satisfaction with the choice and quality of food provided.

2.11 Skin care

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

Team’s recommendation

Does comply

Staff assess the condition of residents’ skin following their move into the home and review this as they provide daily care to residents. Residents’ preferences for daily hygiene are identified and for those residents who are at risk of skin impairment, emollient and treatment creams are provided. Protective equipment such as pressure relieving mattresses are obtained for residents as required and extra pressure area care provided to minimise the risk of any skin impairment. The incidence of skin tears and wounds is monitored and treatment provided by qualified staff.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has reviewed its practice for continence management to ensure effectiveness in meeting residents’ needs. There is ongoing assessment and review of residents to identify if they experience any problems with continence and/or elimination without compromising their privacy and dignity. Toileting programs and continence aids are trialled to identify the most appropriate for each resident. Bowel management programs are in place and dietary supplements are available in addition to aperients.

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 and their relatives and/or their nominated representative are consulted to identify if the resident exhibits any challenging behaviours. For those residents who have challenging behaviours, assessments and behaviour charting are completed to identify the type of behaviour, triggers that may cause or exacerbate a behaviour and interventions that are effective in managing the behaviour/s. Residents with complex behaviours are referred to external psycho-geriatric specialists for further management. Recommendations are updated onto care plans; behaviours are monitored through incident reporting and reviewed as part of the regular review process of residents’ care needs. Staff were observed to interact appropriately with residents with known challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents’ levels of mobility and dexterity and mobility aids are assessed by the physiotherapist in consultation with staff. Exercise programs are developed and it was reported staff assist residents with these when attending to their daily care needs. The physiotherapist assesses each resident to determine the most appropriate transfer techniques for staff to use when moving the resident and provides them with education to ensure these are adhered to. The activities program includes activities to encourage residents to mobilise and these were observed during the visit. The incidence of falls is monitored and interventions are put into place to minimise this risk.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Dental assessments are completed to identify individual residents’ needs and their preferences for their daily hygiene. Where possible staff support residents to independently care for their own teeth and residents confirm staff assist them as required. The home has access to external dental services and is currently sourcing a visiting service for residents.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Following their move into the home resident assessments are completed to identify any sensory losses and the impact these may have on their daily lives. Residents’ levels of comprehension are determined and information on care plans includes interventions to assist with communication. Residents are referred to external specialists for further review as required and recommendations updated onto the care plans. Staff assist residents with their aids such as glasses and hearing aids and ensure they are clean and in good repair. Residents, with the assistance of the activities staff, have begun to establish a sensory garden in one area of the home.

2.17 Sleep

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

Team’s recommendation

Does comply

Staff consult with residents and complete assessments to identify residents’ normal sleeping patterns and to determine if they experience any problems settling at night. When indicated interventions are trialled to assist residents develop natural sleep patterns with minimal use of sedation. Residents’ individual preferences such as the number of blankets and pillows and warm drinks to assist them to settle are included on care plans. Residents’ report the staff acknowledge their preferences such as having a nap during the day and that the home is very quiet at night with minimal disturbance.

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

Continuous improvement related to resident lifestyle is monitored through surveys, comments, complaints, suggestions, incidents and meetings. Action is implemented in response to an identified deficit and further assessment conducted to monitor sustainability. Results are collated, analysed and discussed at relevant meetings.

Recent improvements include:

- Implementation of a resident centred approach to lifestyle through identification and recognition that each person has a unique communication trigger which results in greater individual resident response to activities
- Major review of resident lifestyle program resulting in residents developing their own program
- Review of privacy arrangements during staff handovers at the end of shifts in response to recognition that ‘open plan’ nurse stations enable residents to overhear confidential information.

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

Regulatory requirements related to resident lifestyle are met through the provision of information in the recently revised resident handbook, resident agreements and information displayed throughout the home. Information includes security of tenure, privacy, care and services provided, rights and responsibilities and complaint mechanisms. An elder abuse policy including compulsory reporting has been developed.

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

In relation to resident lifestyle education includes topics such as person centred care, spiritual needs, and privacy/dignity. Staff interactions with residents regarding privacy, dignity and decision making are also constantly observed

and monitored by senior staff with immediate follow-up when necessary. The leisure and lifestyle assistant has been approved to attend relevant training and the recently appointed diversional therapist is identifying areas for further staff education.

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

An information pack and a tour are provided for residents and relatives who make enquiries about the home. This information includes the services provided, the internal and external complaints process and copies of the menu, activities program and specialised care and services. Residents confirm that following their move into the home staff provide ongoing support for them to assist them in adjusting to their change in lifestyle and extra support is available from representatives who visit from the community. Staff identify and include in the resident information files 'significant others' in the resident's life who are available to provide extra support if required.

3.5 Independence

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

Team's recommendation

Does comply

Residents are encouraged and supported to achieve maximum independence within the confines of their medical condition and levels of mobility. The physiotherapist assesses mobility aids to ensure they are appropriate for each resident's use and staff assist residents to mobilise around the home. Residents who are able are supported to leave the home and attend community events and/or visit family and friends; one resident assists with the newsletter. Care plans detail the level of daily activities able to be carried out by each resident to foster maximum independence. The home provides a means for nominated family members to visit the home at all hours while not compromising the security of the facility. Information is provided about advocacy services and details of authorised representatives are included in residents' information.

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 majority of residents at the home are accommodated in private rooms with ensuites and have access to their own lockable drawer. There is a variety of communal areas located around the home for the use of residents from both shared and private rooms where they can spend time alone and/or entertain their visitors. Resident information is securely stored and following recognition

that conversations can be overheard at the nurses' station screens have been ordered for these areas. Staff were observed to respect residents' privacy and dignity when attending to their care and conversing with residents; residents confirm staff are very polite and respectful.

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

Since the appointment of the new diversional therapist, residents have been actively involved in developing a program that is tailored to their preferences; this has resulted in increased participation and the 'blossoming' of personalities within the groups. Activities include gardening, shopping excursions, visiting entertainers and happy hour; art classes and hydrotherapy are planned. Although families are involved in the development of social histories, residents themselves are actively involved in this process whenever possible. Appropriate documentation including identified needs, preferences, goals, strategies and evaluations is maintained. Residents said the diversional therapist has made a great difference in their lives and spoke with enthusiasm about activities in which they have been involved.

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

Resident cultural and spiritual needs are documented at the time of admission to the home through discussion with both the resident and their family and the completion of a social history; changing needs are identified mainly through individual discussion with residents. Lifestyle advise that spiritual needs are met through visiting clergy, personalised communion for a particular resident and attendance at a local church by another resident. Days of cultural significance, such as Anzac day, Christmas day and birthday celebrations are observed; footy tipping and bingo are also popular. The Anzac day service is currently being planned and it is hoped to have a flag pole and flag in place in time for the service; residents are making a wreath.

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

Following their move into the home residents are encouraged to inform staff of their preferences for daily living including personal hygiene, food and activities. Information is provided on the comments and complaints process and residents are supported to attend the resident meetings to discuss any issues that may

impact on their daily lifestyle at the home. Information on advocacy services is available and staff consult with the resident and their nominated representatives on a regular basis. Residents confirm staff respect their right to refuse a service and that their choices are acknowledged and respected.

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

Security of tenure, resident rights and responsibilities, complaint mechanisms, privacy and care and services provided are documented in resident agreements and accompanying documentation. The charter of rights and responsibilities is also displayed. Residents said they are aware of what they can do and know what is expected of them in a shared living environment.

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

Physical and safe systems are monitored through hazard and incident reports, workplace audits and maintenance registers. An identified deficit is monitored and further assessed for sustainability. Results are analysed, trended and discussed at relevant meetings.

Recent improvements include:

- Development of a detailed organisational and site-specific pandemic emergency disaster plan
- Rationalisation of the emergency evacuation procedure
- Appointment of an external fire and emergency procedure consultant to review all relevant policies and procedures and monitor services provided to the home by contractors to ensure they meet legislative requirements.

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 are in place to enable the home meet its regulatory and legislative requirements. Current fire and building certifications are held. Occupational health and safety representatives have been appointed. Annual independent food audits are conducted and staff who handle food have appropriate qualifications. Laundry and cleaning staff have training relevant to their roles.

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

Training related to safe systems and physical environment includes assessed annual mandatory training such as manual handling, emergency evacuation procedures and infection control including hand washing. Catering staff have food handling qualifications while cleaning and laundry staff are trained in the use of relevant chemicals. Staff demonstrate knowledge and understanding of their roles.

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

Residents are accommodated in a mix of single and two bed rooms in a new secure air-conditioned facility with new furnishings and fittings. Residents are supported to personalise their own rooms with their own belongings. There are a number of communal sitting areas around the home including balconies which are decorated in different colour themes. Cleaning and maintenance schedules are adhered to and these maintain the home in optimal condition. Residents commented that there is a homely atmosphere within the home which is very comfortable and said they feel secure.

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

Management and staff demonstrate awareness of occupational health and safety and demonstrate safe working practices. Three occupational health and safety representative have recently been appointed and are booked to attend training in May 2008. Staff notice boards display relevant occupational health and safety posters and information. Basic environmental audits are conducted regularly and faulty equipment tagged and removed from use. Incident reports are collated, analysed, trended and results presented at relevant meetings. Staff confirm that annual competency assessed compulsory training is to be conducted.

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

Clearly identified location and emergency evacuation maps are displayed throughout the home. Fire systems are in place and regularly maintained; fire exits are signed and free from obstruction. Staff are aware of procedures and the location of packs for emergency evacuation. Main reception is manned during business hours; a sign-in book and visitor tags are kept in this area. The building is closed after business hours and access is by individual security swipe tags. Security surveillance operates in communal areas of the home and the car park for the safety of residents and staff; a notice advising of this is displayed on the front door.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program in place which is monitored by a senior member of staff. Staff are provided with education on infection control at orientation and extra education is scheduled. Information on infection control is discussed at meetings and updates on infection control guidelines such as gastroenteritis and pandemic influenza are disseminated to staff. There is an immunisation program in place for residents and the incidence of residents' infections is collated. Staff demonstrated an appropriate level of knowledge of infection control guidelines relevant to their roles and were observed to comply with these. Waste management services are available and contaminated waste is appropriately stored to minimise the risk of infection spread.

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

Catering, cleaning and laundry services are outsourced to contractors. These services are monitored by senior personnel to ensure they meet the needs of the residents at the home. Trained staff prepare a choice of meals on site to cater for residents' preferences and special dietary needs. The storage, preparation and serving of meals are monitored to ensure they comply with food handling guidelines. Cleaning programs have been established to cover all areas of the home and residents expressed a high level of satisfaction with the cleanliness of the home, in particular their rooms. All laundry is laundered on-site and the incidence of lost clothing is minimal. Staff in these areas were observed to use protective equipment and comply with infection control guidelines.