



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

Decision to Accredite Greenway Gardens Aged Care

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

The Agency has also decided that the period of accreditation of Greenway Gardens Aged Care is 3 years, until 23 March 2009.

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 undertakes continuous improvement measured against the Accreditation Standards.

While the Home has only been operational since April 2005, it has developed and implemented a continuous improvement program that is responsive to all stakeholders.

Wendy Bateman
Assessment Manager
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: Greenway Gardens Aged Care

RACS ID: 3686

Number of beds: 47 Number of High Care Residents: 16

Special Needs Group catered for:

Street: 27-29 The Greenway

City: Heathmont State: Victoria Postcode: 3135

Phone: 03 9738 0500 Facsimile: 03 9738 1224

Email address:

Approved Provider

Approved Provider: Gold Age Pty Ltd

Assessment Team

Team Leader: Rebecca Morrison

Team Member: Margaret Locarnini

Dates of audit: 13/12/2005 to 14/12/2005

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 service's compliance with the Accreditation Standards are set out below. Please note the Agency may have made findings different from these recommendations.

Site Audit Report

Standard 1: Management Systems, Staffing and Organisational Development

1.1 Continuous Improvement

This Expected Outcome requires that "the organisation actively pursues continuous improvement".

Compliant

The team interviewed the approved provider, director of nursing, the quality manager, the administration manager, the maintenance manager, two care staff, three residents and three representatives. The team reviewed the continuous improvement plan, policy and procedure manuals, staff and resident orientation programs, strategic plan, audit results, action plans, the quality manual and meeting minutes.

Greenway Gardens commenced admitting residents in April 2005. The high care unit caters for residents with dementia and is at full capacity and there are 11 residents living in the low care area. The approved provider has committed significant resources to the establishment of a comprehensive quality program in this new service. The quality coordinator oversees a schedule of audits across all outcomes. Residents have been admitted gradually and this has allowed for the systems to be monitored as they are implemented. All staff have been trained in the operation of the quality program as part of their employment and orientation process. Staff reported that the system is constantly under review and there is evidence that a number of changes have already been incorporated into documentation and care delivery. Monthly quality reports are provided for staff and resident meetings, clearly identifying any issues of concern or actions taken. Residents and representatives reported that their views are actively sought in relation to all aspects of the service.

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".

Compliant

The team interviewed the director of nursing, the quality manager, the maintenance manager, four care staff and three hospitality staff. The team reviewed copies of relevant legislation and acts, legislative updates, the staff handbook, minutes of meetings and memos.

Regulatory compliance is included in all policy and procedure manuals. Staff have access to copies of all legislation and appropriate information is provided in the staff handbook. The service regularly receives legislative updates and staff are provided with details of any changes through memos as well as changes being discussed at staff meetings. Staff must sign that they have read and understood the changes. Policies and work practices are amended in line with all legislative requirements and audits conducted to assess their implementation.

1.3 Education and Staff Development

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

Compliant

The team interviewed the director of nursing, the quality manager, four care staff, three hospitality staff, four residents and three representatives. The team reviewed the training schedule for 2005 and the calendar for 2006, staff attendance records and session evaluation forms.

As the service is new, staff training has been conducted in areas that assist staff with systems in the service. Training is provided in response to issues raised in audits or upon request by staff. Staff are encouraged and supported to attend training programs externally, including upgrading their qualifications, or completing extra modules. Upon completion of any education, staff conduct in-service training for their colleagues to share the knowledge gained. Many sessions have been conducted on site, particularly in relation to the quality, documentation and computer based systems used in the service. Most training sessions are evaluated, and this process will be expanded next year.

Staff are paid to attend mandatory education in areas such as basic life support, fire and emergencies and manual handling. Staff who accept responsibility for a portfolio are paid to undergo training in their nominated field. The service has purchased a number of self directed learning packages that are accredited by the nursing council. Staff will be encouraged to complete modules in many work related areas next year. As performance appraisals are completed, training needs will be identified and used to further develop the education program.

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".

Compliant

The team interviewed the approved provider, the director of nursing, the quality manager, four care staff, four hospitality staff, five residents and four representatives. The team reviewed policy and procedure manuals, completed comments and complaints forms, staff and resident information kits, staff and resident meeting minutes and action plans.

Staff, residents and representatives reported that management provided formal and informal mechanisms to seek their input. Residents and representatives stated that staff regularly ask their opinions about their experience of the admission process, meals, care provided, activities offered and all aspects of life in the facility. They reported that the approved provider and staff regularly consulted with them during the admission process to ensure that things were going well. Staff, residents and representatives stated that felt comfortable raising any matters of concern with the management, either in writing or verbally.

There is documented evidence that any comments or complaints are acted upon quickly, and resolved to the satisfaction of all parties. Feedback is provided to all involved in the issue, where appropriate. There is clear information in the resident handbook about how to complete the forms anonymously as well as how to access external complaint resolution mechanisms. A locked suggestion box is located in the foyer for the lodgement of forms, and the director of nursing checks it daily.

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".

Compliant

The team interviewed the approved provider, the director of nursing and the quality manager. The team reviewed the organisational chart, value and mission statements, the strategic plan, job advertisements, position descriptions and the staff and resident handbooks.

The values and mission statement are clearly displayed in public areas and are included in all documentation related to the service. These comprehensive documents are underpinned by a philosophy of a strong resident focus, and a commitment to the provision of a high standard of resident care and a supportive environment for staff. Staff and residents stated that they are encouraged to have input into all aspects of the service and felt that the management provided the resources to achieve the stated organisational goals.

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".

Compliant

The team interviewed the director of nursing, unit manager, one registered nurse division one, two personal care assistants and four residents and three relatives. The team reviewed four staff files, the roster and staffing plans.

The director of nursing completes staff appraisals three months following employment and is planning for annual appraisals following this. Staff work practices are monitored and examples were provided where staff were counselled and supported to improve. Competency testing of registered nurses division one is completed to monitor that staff have appropriate skills. Staff, residents and relatives reported satisfaction with the staffing levels.

The director of nursing and unit manager work full time, Monday to Friday. The director of nursing reported that the staffing levels are as follows:

On a morning shift:

- One registered nurse division one from 7.00am to 3.00pm,
- Four personal care staff from 7.00am to 3.00pm.

On an afternoon shift:

- One registered nurse division one from 2.45pm to 10.15pm,
- Two personal care staff from 2.45pm to 10.00pm,
- One personal carer from 4.00pm to 10.00pm.

Overnight:

- One registered nurse division one from 10.00pm to 7.15am,
- One registered nurse division two or a personal care attendant from 10.00pm to 7.00am.

Staff are asked for feedback regarding the staffing levels and there are plans in place for an increase in the staffing levels when further residents are admitted. The director of nursing reported that an extra staff member is rostered for a short shift when a new resident is admitted.

1.7 Inventory and Equipment

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

Compliant

The team interviewed the director of nursing, the administration manager, the maintenance manager, three care staff and three hospitality staff. The team reviewed the computer based equipment and maintenance program, staff training records, stock control and ordering records and repair records.

The service uses a computer based program for registering all equipment and materials. This system is updated as new items are purchased, and a preventative maintenance schedule is automatically generated, in addition to an audit of all maintenance activities. Each day, the computer program prompts the maintenance staff to perform tasks that are due. Any repairs or faults are logged into the system by staff who have been trained in the system. Contact details for authorised repairers and suppliers are available to authorised staff who then arrange for the repair. The program calculates the length of time to complete a repair, as well as the cost.

Minimum stock levels have been established for supplies for continence, wound care, food, cleaning equipment and other consumables. Care staff and hospitality staff perform weekly audits of stock levels, and orders are placed as required. Staff and residents stated that there is always enough equipment available for them to complete their work.

Some items, such as lifting equipment, are trialled by staff prior to purchase. Staff and residents are encouraged to provide feedback about the suitability of these items. Criteria include safety, ease of use, training provided, repair and warranty available. This information is documented, and discussed at staff and occupational health and safety meetings and a final decision is then made.

1.8 Information Systems

This Expected Outcome requires that "effective information management systems are in place".

Compliant

The team interviewed the director of nursing, the administration manager, the quality manager, four care staff, three hospitality staff, five residents and two representatives. The team reviewed the continuous improvement plan, the staff and resident information kits, policy and procedure manuals, memos, a range of meeting minutes, quality reports and completed comments and complaints forms.

Residents and representatives reported a high level of satisfaction with the nature, timing and amount of material provided before admission and once in care. All

resident and staff documents are stored in secured areas to ensure privacy and confidentiality. A shredder is used for all sensitive documents prior to disposal. Staff are required to sign off on all policies, procedures and memos. Knowledge of the contents of all key documents is tested through questionnaires and during the appraisal process. A newsletter has been started to provide up to date information and encourage all stakeholders to become involved. The resident and staff handbooks present information that is comprehensive and easy to understand.

A document control system is in place, and all paperwork is reviewed annually, or if changes are approved. Management provide many avenues of feedback and information to the staff. There is an increasing utilisation of computer based documentation, and staff receive individualised training in this until they are deemed competent. Care plans are clear, and provide staff with all the information necessary to undertake their tasks.

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".

Compliant

The team interviewed the maintenance manager, the administration manager, the chef, three hospitality staff and two contractor representatives. The team reviewed contractor agreements, registration and licence details, audit results, comments and complaints forms and meeting minutes.

Greenway Gardens has clearly documented service agreements in place for all external providers. These specify quality standards expected and behaviours required while contract staff are on site. Contracts are scheduled for regular review, and audit results are used to develop action plans to resolve any difficulties. The computer based system records insurance, qualifications and the terms of agreement for all contracts and notifies management when any contract is up for renewal. As the service is new, no reviews have yet been conducted, but they are scheduled. Meetings have been held regularly with suppliers to present staff and resident feedback about the services provided.

Standard 2: Health and Personal Care

2.1 Continuous Improvement

This Expected Outcome requires that "the organisation actively pursues continuous improvement".

Compliant

The team interviewed the director of nursing, the quality manager, the unit manager, four care staff, two residents and two representatives. The team reviewed policy and procedure manuals, care plan documentation, audit results, quality forum minutes and incident reports.

Quality activities include monthly reviews of each resident's care needs and evaluation of strategies and interventions. The orientation program for agency staff has been reviewed in response to audit results which indicated a low completion rate. Medical practitioners and allied health practitioners participate in the service's quality program through forums, communication books and case management meetings.

Audits are conducted in all outcomes for this standard on a weekly and monthly basis. Audits have identified some gaps between documentation, care plans, care delivery and outcomes for residents. Corrective action plans are in place to address these, and their effectiveness reviewed. Staff meeting minutes indicate that all issues of concern are discussed and input is sought. The handover process is well documented, and ample time scheduled to ensure that all important information is conveyed to the new staff. Residents and representatives report that they are consulted about all care routines and practices, and that these are regularly reviewed.

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".

Compliant

The team interviewed the director of nursing and the quality manager and four care staff. The team reviewed copies of relevant legislation and acts, legislative updates, minutes of meetings and memos.

The service ensures that all staff are qualified and maintain appropriate professional registrations. Medication management observes all legislative requirements. Audit results indicate that this is an area of practice that is tightly monitored and corrective action is taken. A computer based program provides information for care staff about legislation in relation to medication storage and administration. Written updates are provided in the staff memo book, and implications discussed at all meetings. Staff must sign that they understand any new legislative requirements, and their knowledge of the contents is tested through questionnaires and during the appraisal process.

2.3 Education and Staff Development

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

Compliant

The team interviewed the director of nursing, the quality manager, four care staff and two hospitality staff. The team reviewed the training sessions conducted for 2005 and the calendar for 2006, computer based resources, staff attendance records, session evaluation forms and self directed learning packages.

There is portfolio system in place for staff to enhance their own level of knowledge, and act as mentors for other staff. The management provides training to staff in their selected portfolio. Some staff are upgrading their qualifications with support from the approved provider, and others are completing the medication module for division two nurses. Training has been conducted in medication management, pain management, wound management and other topics related to this standard.

Care staff have access to computer based resources such as medication management, drug identification and dealing with side effects. There is also a number of accredited, self directed learning packages for care staff which include diabetes management, continence management and specialised nursing care. These will be offered to staff next year, with incentives offered for completion. Many care and hospitality staff completed a six session dementia management program that was offered on site. Others have participated in workshops on depression in the elderly, palliative care, continence and behaviour management. Staff are encouraged to share their knowledge with their co-workers upon return to the facility.

2.4 Clinical Care

This Expected Outcome requires that "residents receive appropriate clinical care".

Compliant

The team interviewed the director of nursing, unit manager, one registered nurse division one, two personal care attendants and three residents and four relatives. The team reviewed five residents' files and information on the computerised system. The team observed staff work practices and interactions between staff and residents.

The home has introduced a computerised care planning system, whereby assessments are completed and a care plan is automatically formulated from the information. Staff have been provided with education in the new computerised system and are being supported on a one-to-one basis to become more familiar with the system.

The unit manager has developed an initial resident assessment that is still in draft form and this allows staff to admit residents in their own rooms and away from the computer. A 'resident of the day' tool has been developed and is also in draft form. Resident care reviews are completed each month and a registered nurse division one completes the review with input from care staff. Family conferences are held following admission and will be conducted annually. Care plans are individualised for residents. The team noted that changes to the health of residents are followed up appropriately. Residents have a choice of doctor and have access to medical services outside of normal hours. Residents and relatives reported satisfaction with the care received.

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".

Compliant

The team interviewed the director of nursing, unit manager, one registered nurse division one, two personal care attendants and three residents and four relatives. The team reviewed five residents' files and information on the computerised system.

Specialised nursing care is identified and met by appropriately qualified nursing staff. There are currently two residents who require insulin to manage their diabetes and several residents who have non-insulin dependent diabetes. There are reportable blood sugar levels and clear instructions regarding the frequency for blood sugar level monitoring. Registered nurses division one monitor these residents and administer insulin to residents. The team reviewed the file of one resident who has fluctuating blood sugar levels and the doctor is monitoring the resident and changes to medication have occurred. Appropriate follow up by nursing staff of abnormal blood sugar level readings was noted.

The team noted that a resident with complex wound care needs has this managed by registered nurses division one and has been referred to specialists.

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".

Compliant

The team interviewed the director of nursing, unit manager, the activity coordinator and three residents and six relatives. The team reviewed five residents' files and information on the computerised system.

Resident files show referral to a physiotherapist, podiatrist, behaviour management specialists, dietitian, wound management specialist, dermatologist and geriatrician. The unit manager reported that residents have access to a variety of other

specialists. The home has sourced dental services that have visited residents at the facility. The activity coordinator provides aromatherapy and massage to residents. Relatives confirmed that residents are assisted to access external specialists as required.

2.7 Medication Management

This Expected Outcome requires that "residents' medication is managed safely and correctly".

Compliant

The team interviewed the unit manager, the quality manager and one registered nurse division one. The team reviewed five residents' files and information on the computerised system, 20 medication charts, audits and minutes of meetings. The team observed staff work practices and the storage of medication.

In the high care area, medications are administered by registered nurses division one from the medications' original packaging. In the low care area, medications are administered by the registered nurse division one from multi dose blister packaging. The unit manager reported that the home is ensuring that the system is safe and efficient prior to completing competency testing of personal care staff which will allow them to administer medications in the low care area. There are also plans to develop the role of medication endorsed registered nurses division two.

Medication charts are legible and there have been improvements to staff compliance in signing for medications administered. Multi-dose packaging systems are checked by registered nurses division one on delivery by the pharmacy. Regular audits of the medication management system are completed. A medication advisory committee has been established and meet regularly while the system is new. A pharmacist has begun comprehensive medication reviews for residents. The team noted that the storage of medication was secure.

The quality manager reported that one resident in the low care area who administers some of their medication has an assessment completed and authorisation from their doctor.

2.8 Pain Management

This Expected Outcome requires that "all residents are as free as possible from pain".

Compliant

The team interviewed the unit manager, two personal care attendants and one relative. The team reviewed five residents' files, pain assessment charts, and information on the computerised system and 20 medication charts.

A pain assessment is completed for residents following admission and pain assessment charts monitor the effectiveness of pain management on an ongoing basis. Care plans contain information regarding painful conditions, the location of the pain, non-verbal cues of pain and effective strategies for staff to follow. There is information in medication charts regarding the behaviours that indicate pain for residents who cannot verbalise that they have pain. Staff spoken with provided examples of behavioural changes that may be as a result of pain. One relative reported that their family member has a painful condition and that staff manage this appropriately. Progress notes and pain management charts indicate that pain is managed appropriately. Care plans identify where pain relief is required prior to treatments such as wound dressings, and if required, prior to personal hygiene. The team noted that one resident was referred to the physiotherapist to explore other methods to transfer the resident, due to pain.

2.9 Palliative Care

This Expected Outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Compliant

The team interviewed the unit manager, two personal care attendants and one relative. The team reviewed five residents' files including two palliative care files, pain assessment charts and information on the computerised system.

The home seeks the palliative care wishes of residents on admission. There are several residents who require palliative care. Palliative care plans are established and identify family support available, particular wishes of the resident, pain and comfort measures, skin care needs, nutrition and hydration needs and complementary therapies provided. Progress notes show that support is provided to the resident and relative during palliative care. One relative commented on the support provided by staff during the palliative care stage.

2.10 Nutrition and Hydration

This Expected Outcome requires that "residents receive adequate nourishment and hydration".

Compliant

The team interviewed the unit manager, two personal care attendants and three residents and one relative. The team reviewed five residents' files, resident weight charts and information on the computerised system. The team observed staff work practices.

Residents' nutrition and hydration needs are assessed on admission. Care plans contain information regarding any special dietary requirements and meal textures, assistance required with meals, likes and dislikes and other information. Residents are weighed as part of the 'resident of the day' process. The unit manager identified

that this has not always occurred and missed weights have been completed and staff have been reminded about the process. Residents with weight loss are provided with dietary supplements and are referred to the dietitian as required. The team noted that residents' hydration is monitored when required. Residents have access to snacks and drinks outside of normal meal times. The team observed staff assisting residents with their meals during the site audit.

2.11 Skin Care

This Expected Outcome requires that "residents' skin integrity is consistent with their general health".

Compliant

The team interviewed the unit manager, one registered nurse division one, two personal care attendants and one relative. The team reviewed five residents' files, wound care charts and information on the computerised system. The team observed staff work practices.

A skin assessment is completed for residents on admission and care plans contain details regarding skin care needs. Staff reported that there are pressure relieving devices used for residents with poor skin integrity. Progress notes show that staff observe residents' skin and report any changes. Wound care charts contain full details of the wound, however there is sometimes limited information regarding the healing of the wound and the home is looking to include this on the tool. The team noted one example where a complex wound has been successfully treated at the home; and the relative of the resident reported satisfaction with the care. External wound care specialists are used if required and the team noted one referral to a dietitian to ensure adequate nutrition for wound healing was being achieved. The resident was commenced on a supplement in response to the review.

2.12 Continence Management

This Expected Outcome requires that "residents' continence is managed effectively".

Compliant

The team interviewed the director of nursing, unit manager, one registered nurse division one and two personal care attendants. The team reviewed five residents' files and information on the computerised system.

Residents' continence is assessed on admission. Residents' continence is charted over three days, a plan is established and this is evaluated for a period of two days. Care plans identify the assistance that residents require, toileting times and any continence aids used. Staff reported that they follow scheduled toileting times to manage residents' continence. Other strategies to assist residents with dementia and sensory loss to find the bathroom have been trialled.

2.13 Behavioural Management

This Expected Outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Compliant

The team interviewed the director of nursing, unit manager, one registered nurse division one, two personal care attendants and three residents and four relatives. The team reviewed five residents' files and information on the computerised system. The team observed staff work practices and interactions between staff and residents.

Behaviour assessments identify residents' behaviours, triggers to the behaviour, the time that the behaviour occurred, staff interventions and the effectiveness of the intervention. Care plans contain information regarding the behaviour and strategies to use. Care staff are able to describe the individual strategies used for residents. The home has recently introduced a dementia specific activity program into the high care unit and reported success in managing residents in the late afternoon with the program. The high care unit appeared calm during the site audit and kind interactions between staff and residents were observed.

2.14 Mobility, Dexterity and Rehabilitation

This Expected Outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Compliant

The team interviewed the unit manager and two personal care attendants. The team reviewed five residents' files, physiotherapy plans and information on the computerised system. The team observed staff work practices.

The physiotherapist completes an assessment of residents' mobility and dexterity needs on admission. Care plans contain information regarding transfer and mobility needs, aids used, footwear and pain relief required when assisting residents to mobilise. The physiotherapist develops an exercise plan for residents and staff reported that they assist residents with this. The activity program runs a light exercise class for residents. The team observed staff assisting residents to mobilise during the site audit and encouraging residents to use their mobility aids.

2.15 Oral and Dental Care

This Expected Outcome requires that "residents' oral and dental health is maintained".

Compliant

The team interviewed the unit manager and two personal care attendants. The team reviewed five residents' files and information on the computerised system.

Oral and dental assessments are completed for residents on admission and identify the care needs of residents and assistance required to maintain oral and dental hygiene. This information is transferred to care plans. The home is involved in a dental hygiene project and several residents have been reviewed by a dentist who visits residents at the home.

2.16 Sensory Loss

This Expected Outcome requires that "residents' sensory losses are identified and managed effectively".

Compliant

The team interviewed the unit manager and two personal care attendants. The team reviewed five residents' files and information on the computerised system. The team observed interactions between staff and residents.

A communication assessment is completed that includes the assessment of residents' vision and hearing. Care plans describe communication strategies and provide information regarding vision and hearing needs such as aids used and assistance required. Staff reported that they assist residents with their sensory aids and provided an example of one resident with limited vision and the position that staff are to be in to communicate effectively with the resident.

2.17 Sleep

This Expected Outcome requires that "residents are able to achieve natural sleep patterns".

Compliant

The team interviewed the unit manager and two personal care attendants. The team reviewed five residents' files and information on the computerised system.

Residents' normal sleeping patterns are charted over seven days and sleep assessments are completed. Care plans identify normal rising and retiring times, assistance required to settle and preferences for comfort and care needs overnight. Care plans also identify residents who prefer naps during the day. Progress notes indicate that staff assist residents to settle at night and offer support when residents are having difficulty sleeping.

Standard 3: Resident Lifestyle

3.1 Continuous Improvement

This Expected Outcome requires that "the organisation actively pursues continuous improvement".

Compliant

The team interviewed the director of nursing, the quality manager, two care staff, the activity staff, three residents and three relatives. The team reviewed policy and procedure manuals, the activity program, six resident care plans, the quality manual, resident newsletter and meeting minutes.

Each resident has access to a range of individualised and group activities during the week. While a structured program is in place each day, consultation with the residents has increased the range of activities offered. These now include outings and involvement of visiting school groups, community groups and entertainers. Two new activity staff have been employed to enhance the options available for residents.

The program is still new, and evaluation is conducted regularly and informally through individual consultation and small group discussions with residents, and at the resident meetings. Audits are scheduled in privacy and dignity, choice and decision making, cultural and spiritual life and emotional support. An afternoon program has commenced as a response to resident restlessness and challenging behaviours; this will be reviewed weekly.

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".

Compliant

The team interviewed the director of nursing, two care staff, the activity worker, three residents and two representatives. The team reviewed copies of relevant legislation and acts, legislative updates, five resident care plans, two resident agreements, the resident handbook, minutes of meetings and memos.

Policies and procedures address issues of legislation in this standard. Residents and staff are aware of the charter of residents' rights, and privacy legislation, which is included in all key documents. Audits are conducted to ensure the service achieves regulatory compliance in relation to residents' rights, privacy and decision making. Education is conducted to assist staff to meet their obligations. Staff are informed of all changes in legislation, and these are incorporated into policies and procedures and the orientation program.

3.3 Education and Staff Development

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

Compliant

The team interviewed the director of nursing, five care staff, four hospitality staff, the activity worker, four residents and two relatives. The team reviewed the training sessions conducted during 2005 and the calendar for 2006, staff attendance records and session evaluation forms.

The high care unit is now fully established, and much of the training for this year has been in providing a positive environment with person centered care for residents with dementia. Staff across all disciplines attended, and the staff feedback from this was very positive. Relatives also stated that they felt staff were better able to support the residents as a result of the training.

In 2006, all staff will be offered self-directed learning packages in quality assurance, resident rights, cultural and spiritual awareness and other material related to quality of life.

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".

Compliant

The team interviewed the unit manager, activity coordinator, two personal care staff and three residents and four relatives. The team reviewed five residents' files, the resident information booklet and observed interactions between staff and residents.

Residents are supported on admission and on an ongoing basis. Staff described the additional support that is provided to residents following admission including a 'buddy' program to assist residents to meet other residents and settle in and a welcome afternoon tea. Family and resident conferences are held soon after admission and the emotional needs of residents are taken into account at this time. Care plans identify the emotional needs of the residents and the support structures such as family support. There are volunteers that visit residents on a weekly basis and provide support to residents. Care staff provided examples of how they meet the emotional needs of residents. Residents and relatives commented positively on the emotional support provided by staff and the team observed kind interactions between staff and residents.

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".

Compliant

The team interviewed the unit manager, activity coordinator, two personal care staff and three residents and four relatives. The team reviewed five residents' files, the activity program, the resident information booklet and observed interactions between staff and residents.

The activity program provides the opportunity for residents to have access to other members of the local community through volunteer visitors and school and community club visits and activities. The activity program also offers access to the community such as shopping trips; residents are encouraged and assisted to have access to petty cash for purchases. Residents have been offered the opportunity to access the nearby bowls club, however no residents have taken up this as yet. Care plans outline the physical, communication and behavioural strategies that allow residents to be as independent as possible. Staff reported that they encourage residents to be as independent as possible, such as through personal care activities and other daily activities, and the team observed this in the high care area during the audit.

3.6 Privacy and Dignity

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

Compliant

The team interviewed the unit manager, activity coordinator, two personal care staff and three residents and four relatives. The team reviewed five residents' files, the resident information booklet and observed interactions between staff and residents.

Resident files are stored securely and are accessible only to authorised personnel. Residents are accommodated in single rooms with ensembles and there are some adjoining rooms for couples. Residents in the low care area can lock their rooms and they have access to a locked drawer. There are some private areas available where residents can have visitors. The team observed staff being very respectful of the need for privacy and dignity with all care tasks and discussion of personal issues. The resident information booklet outlines the privacy and confidentiality processes in place at the home. Residents reported that their privacy and dignity is maintained.

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".

Compliant

The team interviewed the activity coordinator, unit manager, two personal care staff and three residents and four relatives. The team reviewed five residents' files, the activity program, attendance records and minutes of meetings. The team observed activities in progress.

Activities are provided to residents from Monday to Friday and for four hours on the weekend. The service has recently employed two more activity staff, and an activity coordinator has established the program and provides activities. The activity program is scheduled each week with input from residents at resident and family committee meetings. The program consists of group activities, one to one therapies and outings. The activity program has recently been expanded to include activities for residents with dementia for four nights per week and a men's club. There are plans to increase residents' access to the garden through the purchase of raised garden beds.

The activity coordinator is continuing to develop the program and train new staff. Information regarding residents' likes and needs in relation to resident lifestyle areas is obtained on admission and a care plan is developed. The activity coordinator is hoping to expand the one-to-one therapy provided with the employment of the new activity staff. The team observed several activities in progress during the site audit, and residents and relatives commented positively on the activities provided.

3.8 Cultural and Spiritual Life

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

Compliant

The team interviewed the unit manager, activity coordinator, two personal care staff and three residents and four relatives. The team reviewed five residents' files and the resident information booklet.

The activity coordinator reported that there is currently one resident with specific religious needs and this resident belongs to a church where the brothers visit the resident at the home and provide for the needs of the resident. Another two residents access their church in the community on a weekly basis. Whilst there are no other residents identified as having specific religious needs, representatives from a local church group visit residents individually. The activity coordinator is to commence a non-denominational service for residents who live in the high care unit.

The home celebrates Australian cultural events. There is one resident who speaks limited English and through consultation with the resident's family, there have been no special cultural wishes identified, however an aid to assist staff to communicate with the resident is in place.

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".

Compliant

The team interviewed the unit manager, activity coordinator, two personal care staff and three residents and four relatives. The team reviewed five residents' files, the resident information booklet and observed interactions between staff and residents.

Residents and relatives are able to provide feedback regarding the services provided by the home, via complaint mechanisms and resident and family committee meetings. Assessment information identifies residents' individual choice regarding rising and retiring, personal hygiene, meals and other aspects of residents' lives; these are detailed in the care plan. The team noted that residents are asked for input when the home is trialling new equipment. One resident commented that they are provided with choice daily as to the meals and can have a meal that is not on the menu if requested.

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".

Compliant

The team interviewed the director of nursing, three residents and two representatives. The team reviewed resident agreements, the staff handbook and minutes of staff and resident meetings.

Each resident is provided with a pre-admission tour and information session. A comprehensive information kit clearly explains entitlements, costs, and the service's processes. Residents and their representatives are advised to seek independent advice. All residents and representatives noted that admission to the service had been positive. Management assisted them to understand all aspects of the process by answering all their questions and providing ample time. All residents and representatives stated that they felt well supported throughout the process of admission, and appreciated the amount of emotional support offered. Residents were able to choose their own room. The team sighted signed agreements.

Standard 4: Physical Environment and Safe Systems

4.1 Continuous Improvement

This Expected Outcome requires that "the organisation actively pursues continuous improvement".

Compliant

The team interviewed the approved provider, director of nursing, the quality manager, the maintenance manager, four hospitality staff, three residents and two representatives. The team reviewed policy and procedure manuals, staff and resident orientation program, the computerised maintenance program, audit results, the continuous action plan and a range of meeting minutes.

Continuous improvement activities, including audits and hazard identification assessments, are scheduled for falls, risk assessments, incident reports, occupational health and safety requirements and infection control.

All data is collated on a monthly basis and the results are trended and analysed. Action plans are developed by key staff and these strategies are recorded in memos, meeting minutes and resident care plans. Review dates are set, and the effectiveness of all strategies evaluated. Residents are consulted weekly about their satisfaction with cleaning, meals and the laundry. There is evidence that the menu, laundry and cleaning systems have been amended in relation to resident feedback.

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".

Compliant

The team interviewed the director of nursing, the quality manager, the maintenance manager, three care staff, four hospitality staff and the cleaning contractor. The team reviewed copies of relevant legislation and updates, position descriptions, food safety plan, certification results, minutes of meetings and memos.

Staff have portfolios to monitor compliance with legislation in standard four. The service has a food safety plan in place. All chemicals are stored in accordance with legislative requirements. A well monitored infection control plan is in place. Documentation has been completed for all residents requiring restraint. Staff meetings discuss legislative requirements and changes. Occupational health and safety requirements are included in all position descriptions. Regulatory compliance is a permanent agenda item for all meetings. Fire and emergency equipment and systems meet relevant Australian Standards.

4.3 Education and Staff Development

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

Compliant

The team interviewed the director of nursing, the quality manager, the maintenance manager, four care staff and four hospitality staff. The team reviewed the training sessions conducted for 2005 and the calendar for 2006, incident reports, audit results, staff orientation program, staff attendance records and session evaluation forms.

Staff are paid to attend all mandatory training in fire, manual handling and basic life support. Many education sessions have been conducted in standard four outcomes, including emergency management, infection control, nutrition, and protective strategies for staff, manual handling and the use of lifting equipment. Staff competencies are tested by the physiotherapist in lifting and transferring prior to commencing work.

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".

Compliant

The team interviewed the approved provider, the director of nursing, the maintenance manager, three residents and two representatives. The team reviewed five resident care plans, the resident information handbook and observed the physical environment.

The building is new, and located next to a park, with many rooms overlooking established trees, small courtyards and outdoor seating areas for residents. Shade sails are being installed, and there are plans to establish a vegetable garden. The furniture was chosen in consultation with residents.

Each residents' room is spacious and has an ensuite. Adjoining rooms are available for couples, providing them with a bedroom and a lounge area. Residents are encouraged to bring their own furniture as space allows, and other items to personalise their environment. There are quiet lounge areas for visitors that are well stocked with beverage making facilities, and the team observed many families using these areas. Visitors are welcomed at all times, and can stay for meals. A function room can be booked by families to celebrate special occasions.

The director of nursing reported that restraint authorisations are completed for all residents who reside in the secure unit as this is considered environmental restraint.

There are several residents with concave mattresses and authorisations are obtained for these residents. There is a restraint authorisation in place for a resident who has their hands held during personal hygiene activities to prevent aggression towards staff; and this was recommended by an external behaviour management team. Alternatives to restraint include height adjustable beds and sensor mats. The service is currently completing an audit to identify any residents using chemical restraint at the home.

4.5 Occupational Health and Safety

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

Compliant

The team interviewed the director of nursing, the maintenance manager, the administration manager, the quality manager, four care staff, three hospitality staff and three residents. The team reviewed the continuous improvement plan, occupational health and safety committee minutes, staff orientation program and handbook, training records and competency assessments.

The occupational health and safety committee has a cross section of staff from all areas. Three staff have completed the five day qualification. Audit results identified some duplication of systems and staff confusion about occupational health and safety matters. In response to these audit results, the committee is reviewing all roles, policies, procedures and responsibilities in occupational health and safety. There is evidence that some strategies have been implemented and reviewed. This is a priority for the organisation.

All equipment and furniture is trialled prior to purchase, and safety requirements are an important part of the selection criteria. A consultant physiotherapist provides staff training, resident assessments and competency testing in relation to manual handling.

Chemical use is kept to a minimum, and material safety data sheets are in place for all chemicals, which are stored in secure areas. A contractor manages the chemicals, and provides staff training. Protective equipment is supplied for all staff, and the team observed staff wearing this equipment where appropriate.

No workplace injuries have been recorded. Forms for maintenance requests, hazards alerts and incident reports are available for all staff and visitors to complete. These are collated monthly and actions taken are presented at staff and resident meetings. The computer based recording system also generates reports that highlight recurring difficulties that have not been resolved.

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".

Compliant

The team interviewed the maintenance manager, the administration manager, four care staff, three hospitality staff and three residents. The team reviewed building certification, the training calendar, evacuation manual, staff orientation program and handbook, fire and security system maintenance reports, computerised monitoring system, audit results and meeting minutes.

Permanent and agency staff complete a thorough orientation program to the fire and emergency systems in the building. When interviewed, staff clearly understood their roles and responsibilities in an emergency. Residents were also well informed about exit locations and evacuation procedures. All residents have been assessed in relation to their evacuation needs, and this information is contained in the evacuation pack.

Fire training is mandatory and ongoing. The service has produced their own emergency audiovisual presentation using their own staff, residents and procedures. The building is new, and meets all Australian standards for fire and sprinkler systems, with a Certification Score of 20.18 for question one. An external contractor tests the fire panel daily, through a computer link, and the team sighted the report supplied by the contractor.

The high care area is securely fenced, but residents can safely access the garden. Staff, residents and visitors are issued with a programmable disc that allows them to access authorised areas of the building only. This system allows residents the freedom and dignity to move around the building safely.

All public areas of the building are monitored by closed circuit television. After hours access can only be obtained with the approval of the night duty supervisor. Emergency contact phone numbers are prominently displayed at the front desk.

4.7 Infection Control

This Expected Outcome requires "an effective infection control program".

Compliant

The team interviewed the director of nursing, the unit manager, two personal care attendants and laundry, catering and cleaning staff. The team reviewed minutes of meetings, infection surveillance records, audits, education records, orientation checklist and observed the physical environment.

Infection control education has been provided to staff as part of their orientation and staff have access to infection control resources. The director of nursing stated that there are plans to have infection control updates twice a year. Staff have been audited for correct handwashing techniques and a daily infection control audit completed by registered nurses division one includes observation of staff handwashing. Staff spoken with have appropriate knowledge of infection control requirements in their respective areas, and stated that they have protective equipment available. There are handwashing facilities located throughout the home. There are procedures in place for cleaning, catering and laundry to minimise the risk of infection in these areas. The director of nursing completes a monthly analysis of infection statistics; there have been no trends identified as yet.

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".

Compliant

The team interviewed the maintenance manager, the cleaning contractor, four hospitality staff, five residents and two representatives. The team reviewed comments and complaints forms, incident reports, daily task lists for kitchen, cleaning and laundry staff, the menu, the food safety manual, staff and resident meeting minutes.

Most linen and all resident clothing is laundered on the premises. Laundry staff return items within the day, and take great care to ensure that clothing is clean and wrinkle free. The laundry and machines are well maintained, and there are separate areas for the processing of clean and dirty items. Heavily soiled items are handled separately. A labelling service is offered to residents, and lost items are kept to a minimum.

All meals are prepared on site, and the chef monitors satisfaction by seeking comments from residents at most meals. All residents' likes, dislikes and allergies are recorded. The menu offers alternatives, and includes choices for cultural preferences. Residents and representatives confirmed that kitchen staff are flexible, and will make something special for a resident who does not feel like the choices on offer. The menu is reviewed for appropriate nutritional content by a qualified dietitian, and recommendations have been implemented in relation to protein, sodium content and portion sizes. The menu is on a four week rotating system and changes seasonally.

The cleaning is provided by a contractor. There have been recent staff changes in response to feedback about the standard of service. The new staff will undergo further training and orientation. A communication book is in place to ensure that issues raised by staff, residents and the concerns can be addressed quickly. Resident and representatives commented on the high standard of cleaning.

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Greenway Gardens 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 be two support contacts during the period of accreditation at least one of which should be a visit.