



Decision to accredit Arcare Delbridge

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

The Agency has decided that the period of accreditation of Arcare Delbridge is three years until 17 November 2013.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details					
Details of the home					
Home's name:		Arcare Delbridge			
RACS ID:		3569			
Number of beds:		70	Number of high care residents:		46
Special needs group catered for:			<ul style="list-style-type: none"> Nil 		
Street:					
City:		Sydenham	State:		Victoria
Postcode:		3037		Phone:	
03 9449 2100		Facsimile:		03 9449 2300	
Email address:		manager.delbridge@arcare.com.au			
Approved provider					
Approved provider:		Arcare Pty Ltd			
Assessment team					
Team leader:		Gerard Barry			
Team member:		Gillian Walster			
Dates of audit:		31 August 2010 to 1 September 2010			

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Arcare Delbridge
RACS ID	3569

Executive summary

This is the report of a site audit of Arcare Delbridge 3569 50 Community Hub SYDENHAM VIC from 31 August 2010 to 1 September 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd. 3 September 2010.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Arcare Delbridge.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 31 August 2010 to 1 September 2010

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:	Gerard Barry
Team member:	Gillian Walster

Approved provider details

Approved provider:	Arcare Pty Ltd
--------------------	----------------

Details of home

Name of home:	Arcare Delbridge
RACS ID:	3569

Total number of allocated places:	70
Number of residents during site audit:	67
Number of high care residents during site audit:	46
Special needs catered for:	Nil

Street:	50 Community Hub	State:	Victoria
City:	Sydenham	Postcode:	3037
Phone number:	03 9449 2100	Facsimile:	03 9449 2300
E-mail address:	manager.delbridge@arcare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Arcare Delbridge.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	15
Quality manager	1	Cleaning staff	1
Regional manager	1	Maintenance staff	1
Registered nurses	2	Cleaning contractor representative	1
Enrolled nurse	1	Chef manager	1
Care staff	3	Catering manager	1
Business services	1	Lifestyle coordinator	2
Administration assistant	1	Human resources manager	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	16
Care plans	7	Personnel files	7

Other documents reviewed

The team also reviewed:

- Assessment guide (21 day)
- Audit reports
- Blood glucose level chart
- Care plan review schedule
- Chemical register
- Comments and complaints register and action plan
- Continuous improvement plan
- Counselling file note
- Diabetes management form
- Dietary assessment and advice form
- Education matrix

- Education records
- Emergency management flowchart
- Employee information guide
- Employee satisfaction survey
- Falls risk assessment tool
- Fire and emergency information sheet
- Food safety plan and catering records
- Gastroenteritis outbreak checklist
- General observations chart
- Hazard alert report
- Infection control guidelines
- Infection register and action plan
- Lifestyle activities assessment
- Lifestyle care plan
- Lifestyle history and interests
- Lifestyle participation chart
- Lifestyle plan review
- Lifestyle program
- Maintenance request forms
- Mandatory reporting information
- Material safety data sheets
- Medication incident register
- Medication incident report
- Medication management procedure
- Medication management review report
- Medication refrigerator checklist
- Medications which should not be crushed
- Meeting minutes
- Oxygen and suction daily checklist
- Police check register - staff, contractors
- Position descriptions
- Preventive maintenance schedule
- Professional registration register
- Quality improvement monthly summaries
- Quality improvement register action plan
- Quality improvement request forms
- Quality performance planner
- Resident incident reports
- Resident list
- Resident of the day room audit
- Resident of the day schedule
- Resident/relative/visitor comment forms
- Residents' information handbook
- Residents' information package and surveys
- Restraint authorisation
- Schedule eight checking book
- Service agreements
- Shift management in charge checklist
- Staff handbook
- Staff performance and training review
- Staff performance appraisals
- Staff signature register
- Staff/visitor/contractor incident reports and forms

- Training register
- Weight tracking chart
- Working care plan
- Wound report and management form

Observations

The team observed the following:

- Activities in progress
- Activity room
- Animal farm – birds, rabbit, guinea pigs
- Blood glucose measuring equipment
- Blood pressure measuring equipment
- Cleaners' room
- Courtyard gardens
- Dining room
- Dressing trolley
- Equipment and supply storage areas
- First aid kit
- Hairdressers' salon
- Interactions between staff and residents
- Kitchen
- Laundry
- Living environment
- Locked schedule eight cupboard
- Lunch served
- Medication refrigerator
- Medication room
- Medication trolleys
- Medications administered
- Nurses' station
- Outbreak kit
- Oxygen cylinders
- Pan rooms
- Resident noticeboards
- Sitting areas
- Specimen refrigerator
- Storage of medications
- Treatment room
- Utility room
- Wound trolley
- Yellow infectious bins

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

Delbridge is an aged care residential home within the Arcare group and subsequently is supported by that corporate body with policies/procedures and support staff. The quality management system consists of registers that record and monitor the continuous improvement plan (long term improvement opportunities), quality improvement (short term improvement opportunities), complaints, resident incidents, staff accidents and incidents, hazards, clinical indicators, audits and compulsory reporting incidents. The registers are summarised monthly with the objective of all complaints, accidents or incidents being resolved within that period; anything that remains unresolved is carried forward or transferred to the continuous improvement register. The registers are analysed monthly for the management report. Complaints are viewed as opportunities for improvement and are included in the continuous improvement register if they require long term solutions. Other sources of information leading to continuous improvement activities include: resident and staff surveys, resident and staff meetings, corporate initiatives, resident and family consultations, legislative changes and general suggestions. The home has an internal audit system that is conducted mainly by a corporate quality coordinator with the home’s staff mainly conducting medication audits. Recent improvements include:

- All procedure flowcharts have been reviewed and reissued on a corporate level.
- The home arranged for staff to have training in the accreditation process prior to the assessment so that staff had an increased awareness of the process and would be better prepared for the site audit.
- Service agreements and external suppliers have been reviewed with at least one supplier being changed for improved resident care.
- The home has commenced training staff in the new software being introduced to replace the existing quality registers being used for recording clinical indicators. The new software will provide real time data instead of the monthly analysis.

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’s management receives updates on regulatory and legislative changes through the corporate human resources and quality departments. Corporately there is an agreement with a commercial updating service; information is also received from Government departments, coronial communiqués and newsletters/journals from industry bodies. The home’s management informs staff of changes through memoranda, education sessions, noticeboards, staff meetings and directs staff to their intranet site where all changes are uploaded at the corporate level. Management monitors the industrial relations laws and communicates changes when required and there is a process to ensure current police checks. The corporate body makes sure that relevant policies and procedures are revised, updated and released in a timely manner and controls service agreements with external

providers. Management ensures ongoing compliance is monitored through internal audits and peer reviews. Staff and minutes of meetings confirm that staff are kept informed.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. Staff are employed according to the prerequisites for each position as specified in job descriptions and are supported by a well developed education and professional development system based on corporate, legislative and site requirements. The corporate body issues a training program across all of its residential aged care sites to which management at Delbridge add their own specific training requirements to arrive at an annual education calendar. Staff are surveyed for their personal or preferred training requirements while management offer assistance to staff in accessing external professional development where possible. A range of delivery methods including: in-house sessions, consultants, seminars/conferences, toolboxes, competency evaluation and self directed learning packages are used to address the requirements of adult education. Attendance records are maintained, course evaluations conducted and a database is used to monitor staff training records. Internal audits, comments and complaints are used to monitor the success of the education program. Continued staff employment is dependent upon their attendance at the mandatory training sessions. Recent training includes: new policies/procedures, the Commonwealth funding tool, care plan and assessment documentation and frontline management.

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

Information on the comments and complaints system is contained in the resident information guide and in pre-entry information as well as in resident meetings. Spare forms and information brochures on the complaints resolution scheme are available in the home. Residents and their representatives can either use the resident/relative/visitor comment form or verbalise their concerns to staff who may then complete the form on their behalf. Staff can use the quality improvement form to raise their concerns with management. Residents or their representatives can also raise any concerns at residents or carers' meetings. All written complaints and compliments are logged in the complaints register. If a complaint cannot be resolved promptly it is transferred to the continuous improvement plan. The team sighted documentation indicating that concerns raised by residents and or their representatives had been addressed with feedback as to the action taken provided. Residents and their representatives stated they knew of the formal system and although some had used it, most stated they would prefer to talk directly to management if they had any concerns.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home displays the vision and philosophy statements in various parts of the building. Facility managers meet and report to senior management monthly on operational and strategic matters. Corporate head office can directly access the home's registers to have timely updates on performance and incidents. The corporate body issues policies and procedures and adds legislative changes to the intranet to allow access to all staff. The home's management is responsible for staff performance and operational issues. Residents and their representatives are included in continuous improvement opportunities.

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

There are systems and processes in place for the home to have appropriately skilled and qualified staff provide services in accordance with the Accreditation Standards and the home's vision and philosophy of well being. Recruitment is managed by the organisational human resources department and the process includes orientation for new staff, a probationary period and compulsory completion of competencies relevant to their position. When staff are not able to work, replacements are generally found using part time or casual staff. Management report they adjust staffing levels based upon incidents, surveys, resident care needs and staff and resident feedback. Residents and representatives are very positive about the staff and the care they provide, indicating that staff come promptly when called, are responsive to residents' needs, are knowledgeable and have a caring attitude towards 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 has appropriate levels of consumables and equipment to support quality service delivery. Consumables and equipment are stored at designated areas around the home near point of use and are well maintained. An effective stock control system is in place; inventory is regularly checked and depletion initiates a re-order of supplies. Stock levels and purchasing responsibility is deployed to relevant personnel. The home employs a part time maintenance officer for corrective maintenance while external contractors service plant and equipment according to a schedule. Purchased equipment is inspected and evaluated upon arrival and electrical equipment is properly tagged. Foodstuffs are inspected upon delivery, appropriately stored, and rotated in the kitchen. Chemicals are securely stored and relevant staff have had training in their safe handling. Residents and their representatives are satisfied with the level of services and materials supplied and the quantity on offer.

1.8 Information systems

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

Team's recommendation

Does comply

The flow of information from assessments to care plans, progress notes and notes from allied health professionals along with the reporting of incidents is effective. Computers used within the home are connected to a common server with staff having access to the intranet for policies, procedures, forms and registers. Electronic systems are password protected with restrictions placed on access to certain files to maintain privacy laws. There is an automated back up of computerised documentation. Personnel and resident files are securely stored with restricted access and there is a separate locked archive room. Information is shared amongst staff through handover notes, memoranda, staff meetings, noticeboards, the corporate intranet and verbal instruction. Residents and their representatives are kept informed through case conferences, newsletters, meetings, letters and verbally. Residents and their representatives can have supervised access to their files upon request. The team observed notices, memoranda, minutes of meetings and confirmed with staff and residents that they are kept informed and current with the home's operations.

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

Facility managers from all Arcare sites liaise with each other to arrange the best external contractors to ensure quality service and mutually beneficial long term partnerships. The home has service agreements with all contractors that specify: standards of service and delivery, the requirement to be involved in continuous improvement and to provide proof of insurance requirements, any ongoing professional registration and criminal record checks. The home has a list of approved providers with emergency contact numbers allowing staff to call in contractors as required. Residents and representatives expressed their satisfaction with the services provided by the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Please refer to Expected outcome 1.1 for more details on the home's continuous improvement system. Staff are encouraged to use existing forms to formalise comments and complaints that may have been verbalised to them by residents. The team observed that staffs actively submit suggestions to management and that actions are promptly addressed with staff being kept informed of improvement activities through staff meetings. There is reference material, information folders and key performance indicator data displayed in the staff room. Recent improvements include:

- Following an audit on pain management, the assessment process and documentation was reviewed for all residents, resulting in pain management care plans being updated and specific for each resident.
- A new care planning process has been introduced to improve information for staff regarding each resident.
- Following the identification of increasing resident needs, staff duty changes have been made to assist the registered nurses and to share the workload more effectively, resulting in improved clinical care. Residents are satisfied with the level of staff attention and care.

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

Refer to Expected outcome 1.2 for details of the system used by the home in determining how they meet legislative requirements. The staff competency is monitored with respect to medication management and staff have been kept informed of the legislative changes in that area. All staff must attend mandatory training sessions scheduled at various times throughout the year to maintain their continued employment. Drugs of dependence and other medications are properly stored and administered and management reviews the continuing registration of all nurses annually. There are systems in place to ensure that any occurrence of missing residents is appropriately reported to all authorities. Management ensures ongoing compliance is monitored through the observation of staff performance and internal audits. Staff confirm management makes sure they are informed of changes mainly through memoranda, notices, education sessions or through the organisation's intranet system.

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

Refer to Expected outcome 1.3 for details on the overall system used at the home for determining educational programs. Management assist staff with external training and also conduct in-house training to educate staff in clinical topics. Several personal care workers are being assisted to upgrade their qualifications to that of endorsed nurse. Medication competencies are undertaken regularly and prior to staff being allowed to administer medication. Staff stated they are pleased with the amount and type of training that management provides and the support that is offered for self development. Recent education includes: swallowing difficulties, continence management, dental hygiene, diabetes and insulin, sensory loss and pain management.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents receive appropriate clinical care. When new residents enter the home an interim care plan is created and utilised to guide care. Assessments are conducted according to a 21 day schedule and a formal care plan is generated. Care plans are reviewed on a three monthly basis using a resident of the day process and kept in working or section folders to enable staff ready access to details of care required on a day to day basis. Residents’ weight and general observations are measured monthly and records of care are maintained in clinical charts and progress notes. Staff who spoke with the team said that they generally have sufficient rostered time to provide the planned care for residents. Residents and representatives are complimentary of the care provided and said that any episodes of ill health or accident are responded to quickly and properly.

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 identified and met by appropriately qualified staff. The home has policies and procedures and other resources available to guide care staff in the provision of specialised care to residents. Residents with specialised care needs include those with diabetes, wound management and pain management. Complex care plans reflect assessment requirements, specific needs, equipment, resources, instructions and strategies. Recent education opportunities for staff involved diabetes and insulin and pain management. Residents and representatives said they are satisfied with the specialised care received.

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

The home has systems to ensure residents are referred to specialists as required and as preferred. Medical practitioners visit the home at regular intervals. The physiotherapist visits the home weekly, assesses residents when they enter the home and provides an exercise program which is reviewed as required. The physiotherapist also reviews residents when they have had a fall or when there has been any significant changes to the residents’ condition. The dietitian assesses residents when required for significant changes in weight or when a concern is raised. Speech pathology, podiatry and dental services review residents when referred by the home. Residents and representatives confirmed they are referred to specialists as needed and are assisted in visiting outside specialists as required.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents’ medication is managed safely and effectively. The home has policies and procedures available to guide staff in the administration of medication. Medication management is provided using a multi dose sachet packaging system and the home has processes in place to ensure the supply of medication is consistent and storage of medication is according to legislation requirements. Residents who manage their own medications generally have an assessment process to monitor their ability to safely manage those medications. Medications administered on an as needs (PRN) basis are recorded in the progress notes and include an evaluation of the medication intervention. Residents and representatives indicated their satisfaction with the home’s approach to managing their medication requirements.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems and processes to ensure residents are as free as possible from pain. When residents enter the home a pain assessment is conducted, reviewed at regular intervals and if required due to clinical indicators, medication changes, injury or escalating behaviours. Staff assess and monitor residents’ verbal, non verbal and behavioural indications of pain and implement appropriate strategies. Care plans detail interventions used to assist residents and include repositioning, analgesia, rest, massage and heat packs. Staff liaise with the medical practitioner and palliative care resources when required. Staff document in the progress notes the use of interventions and their effectiveness is evaluated. Residents said that staff respond appropriately whenever they have pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has practices in place to maintain the comfort and dignity of terminally ill residents. When residents enter the home end of life wishes are discussed and established. When residents require palliation, an assessment is conducted and care plans reviewed and amended to guide staff in care requirements. Staff provide clinical and emotional support for residents and families. External palliative care providers are accessed and residents may be moved to another of the organisation’s homes or a palliative care home if required to manage symptoms. Residents requiring palliative care are monitored by appropriately qualified staff in consultation with the resident’s medical practitioner and family.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure that residents’ receive adequate nourishment and hydration. Care plans reflect the nutrition and hydration requirements and preferences of residents including information regarding allergies, cultural preferences and clinical needs. Residents are weighed monthly and resident weight losses or gains are managed effectively, including dietitian review to develop individual weight management programs when required. Information for residents with special needs, medical requirements and likes and dislikes are updated in the kitchen and in the care plans. Nutritional supplements are provided when required and individual preferences are accommodated. Personal assistance with meals is provided when required. Recent education opportunities for staff involved residents with swallowing difficulties Staff are aware of residents’ requirements for texture modified diets. Residents and representatives said they are generally happy with the meals provided to them.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems in place to promote residents’ skin integrity consistent with their overall health. The home uses a skin assessment to identify residents at risk of skin breakdown and care plans identify strategies to reduce this risk. Strategies to promote skin integrity include regular repositioning, exercise, skin protectors, encouraging fluid intake and the use of emollient creams. Staff assist residents with ambulation and mobility aids are provided. Skin tears and wounds are monitored and records of care are reflected on appropriate charts. The home has policies and procedures for wound assessment and management. Residents and representatives are satisfied with the home’s approach to maintaining their skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has processes in place to ensure residents’ continence and toileting requirements are managed effectively. The home assesses residents’ continence needs and the assistance required when attending the bathroom. Care plans outline strategies to promote continence levels as well as those to promote independence when using the bathroom. Infections are monitored and reviewed. Staff are provided with appropriate education to assist residents with continence requirements and discreetly maintain residents’ dignity. Staff confirm they have access to sufficient continence aids for residents’ needs and confirm their knowledge of residents’ toileting requirements. Residents confirmed that their continence needs are met and that mobility aids are provided to assist their independence in the bathroom.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home provides care for residents with challenging behaviours. Residents’ behaviours are assessed on entry to the home and additional monitoring and review is undertaken as required. Care plans contain triggers to behaviours and actions for staff to manage behaviours that are individual to residents and provide an effective response. The home accesses medical practitioners, gerontologists and advisory services for residents who require additional review and management of challenging behaviours. Staff receive education in managing challenging behaviours and provide assistance to residents in a calm, respectful manner. Residents and representatives said they are satisfied that behavioural issues are managed effectively within the home.

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

The home provides care that promotes residents’ mobility and dexterity. The home assesses residents’ mobility capacity in consultation with a physiotherapist and exercises are devised to promote optimum mobility and dexterity; additional strategies are employed for residents at risk of falling. Regular exercise programs and active games which encourage participation help support residents’ mobility and dexterity and are conducted by the lifestyle staff. The allied health worker assists residents with their individual exercises and runs exercise classes following the physiotherapist’s guidelines. Residents are provided with mobility aids appropriate to their needs that allow them to maintain safe mobility. Appropriate mechanical transfer equipment is provided and staff are trained in safe transfer techniques. Resident falls are recorded as incidents and managed according to the home’s procedures, with a review of residents’ mobility levels occurring as required. Staff were seen to be assisting residents with their mobility and residents and representatives confirm that mobility and dexterity is encouraged.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental health is maintained and assessments for oral and dental needs and preferences are conducted on entry to the home. Care plans are developed and reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures and staff have received education regarding oral care. Residents are able to identify their preferred provider of dental care and are assisted to attend the practitioner of their choice. Residents with swallowing difficulties are assessed by the speech pathologist and specific strategies are formulated which include texture modified diets and staff assistance with meals. Residents confirm they are assisted to maintain their preferred oral and dental care regimes.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory deficits are assessed following entry to the home and managed effectively by care staff. Residents are assisted to attend appointments either to their preferred provider or specialist providers are accessed by the home when required. The home is well lit, has adequate handrails, wide corridors, accessible signage and secure outdoor gardens. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices.

2.17 Sleep

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

Team’s recommendation

Does comply

The home provides care to residents to assist them in achieving natural sleep. Assessments of residents’ usual sleep patterns occur and these are used in care planning documentation to indicate residents’ sleep needs and preferences. Strategies noted in care plans include settling and waking times, bedding and environmental preferences for sleep. Both pharmacological and non pharmacological methods are used to promote sleep. Residents who spoke with the team and review of documentation confirms that staff respect residents’ wishes. Residents said that the home is quiet at night and that they generally sleep well.

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

Please refer to Expected outcome 1.1 for more details on the home’s continuous improvement system. The home conducts continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. Comments, complaints and feedback from the resident and representatives meetings are also fed into the quality improvement register. Recent improvement activities include:

- Feedback from representatives that residents’ rooms are dull has resulted in rooms being repainted as they become vacant. The upgrade includes all walls being repainted with the provision of a feature wall. Residents state that the rooms are pleasant and homely.
- Following a quality improvement request, the home has increased seating in the activities room so that an increased number of residents can attend exercises and other group activities. Residents and activity staff are satisfied.
- The flowcharts used in the leisure and lifestyle program have been reviewed, revised and reissued to assist in an overall improvement of the service delivered to residents. Residents are satisfied with the lifestyle program and stated they are constantly asked to provide suggestions for what they would like to have included in the program.

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

Refer to Expected outcome 1.2 for details on the system used by the home in determining how they meet legislative requirements. Information on the required specified care and services, security of tenure, complaint mechanisms, rights and responsibilities and the organisational mission and values statements are included in the residential contract offered to residents as well as in information folders for residents and prospective residents. Changes to legislation or applicable fees are provided to residents and their representatives through letters or meetings. Documents detailing powers of attorney or guardianship on behalf of residents, along with resident agreements are securely filed to maintain privacy and confidentiality. There are systems in place regarding the reporting of alleged elder abuse to the relevant authorities. Residents and their representatives confirm they receive sufficient initial information and are kept informed of changes once they have entered the home.

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

Refer to Expected outcome 1.3 for details on the overall system used at the home for determining educational programs. The home actively supports staff in accessing various training and education opportunities to continuously improve their skills and knowledge to allow them to deliver improved services to residents. The education schedule ensures that outcomes associated with resident care and lifestyle has been included. Education recently delivered includes: activities documentation, sensitive care, supporting challenging behaviour and treating the symptoms of dementia.

3.4 Emotional support

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

Team's recommendation

Does comply

The home supports residents in adjusting to life in the home and also on an ongoing basis. Residents' emotional and social needs are assessed upon entry to the home and care plans are developed to meet these needs. A review of residents' emotional support needs occurs on a regular basis by nursing and lifestyle staff and care plans are updated as required. An information pack is provided for residents and representatives. New residents are met, shown through the home and provided with any information or answers to questions to assist their orientation to the home. Residents and representatives confirmed their satisfaction with the initial and ongoing emotional support they receive at the home.

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 maintain their independence at a level that is appropriate to their individual needs and abilities. The lifestyle program and the allied health worker offer physical activities designed to maximise residents' physical strength and independence that includes exercise programs and outings for those who are able. Residents are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Residents are encouraged to use aids such as hearing aids and walking frames to maintain their mobility and independence and are encouraged to participate in decisions about their physical, intellectual, spiritual and social care through regular consultations and ongoing assessments. Residents and representatives are satisfied with the support and encouragement given by staff to enable residents to remain as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has systems in place for residents' privacy, dignity and confidentiality to be recognised and respected. Residents' privacy, dignity and confidentiality wishes and preferences are identified, documented and incorporated in care plans. There are quiet indoor and outdoor areas available for use by residents and representatives. Staff practices are monitored to ensure residents' privacy and dignity is not compromised while they are being assisted with hygiene routines or when staff are discussing residents' individual care needs. Staff members were noted to handle residents with care and dignity while maintaining a warm, friendly and encouraging approach when attending to activities of daily living and assisting with meals. All resident files are kept in the locked nursing station and archived securely. Residents and representatives commented that staff members are respectful of their privacy and dignity when caring for them.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. A leisure and lifestyle assessment is completed upon entry to the home in consultation with the resident and their representatives and a lifestyle care plan is then created. The care plans are reviewed regularly as well as the daily record of participation. The program includes a range of activities including visiting entertainers, tai chi, arts and crafts, word games, bus trips and cooking. The effectiveness of the activity program in meeting individual residents' needs is evaluated by feedback from surveys, meetings and direct feedback that is documented in leisure and lifestyle activity evaluations. Care and lifestyle staff communicate effectively regarding residents' needs and individual programs. Residents and representatives are satisfied with the lifestyle program and confirmed residents are supported to participate in a range of activities at the home.

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

The home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of its residents. Residents' cultural, religious and spiritual beliefs are identified upon entry to the home. Regular church services are provided for residents at the home and multi-cultural events and days are held throughout the year. Days of religious or cultural significance for residents are included on the activities calendar and celebrated at the home and these include ANZAC Day, Remembrance Day, Christmas Day, Easter, Melbourne Cup and grand final day. Residents and representatives reported they are satisfied with the home's response to their cultural and spiritual needs.

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

The home has processes in place which promote residents' rights to exercise choice and control over their lifestyle. Residents' individual choices and wishes in relation to activities of daily living, medications, treatments, medical practitioner, leisure activities, cultural and spiritual needs are recorded in residents' care plans. The home provides residents and representatives with regular resident meetings to raise concerns and a complaints management system is also in place. There is a wide range of activities on offer and residents can choose their participation levels. Residents are supported to handle their own financial affairs. Residents and representatives confirm that their individual choices and decisions are encouraged, respected and supported by management and staff.

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

Prospective residents are given a guided tour of the home and an information package. When entering the home, the new resident is given an introduction brochure and a handbook explaining the home's features and responsibilities. Information supplied to the resident includes: security of tenure, rights and responsibilities, services provided and the complaints system. There are separate resident and representatives meetings held regularly, the charter of resident rights and responsibilities is clearly displayed and residents are kept informed of their financial situation with respect to bonds and accommodation charges. Notice boards and information brochures around the home contain general information relating to the day-to-day operation of the home. Residents and representatives were satisfied with how the initial entry into the home was handled and with the continuing care provided.

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

Please refer to Expected outcome 1.1 for more details on the home’s continuous improvement system. The physical environment and safety systems are monitored through regular internal and external auditing, analysis of incident reports, resident and staff surveys, comments and complaints. Resident surveys are used to assess the level of satisfaction and also to highlight equipment or environmental needs. Actions identified for attention are included on the home’s quality improvement register or the continuous improvement plan for further development. Recent improvements include:

- Following complaints from staff, their courtyard area has been cleaned, rearranged and fitted out with outdoor furniture and a shade cloth for their use. Staff are satisfied with the changes.
- Following workplace inspections, several parts of the external concrete paving and tiled areas were highlighted as potential hazards due to earth movement. The paving in those areas has been re-laid and residents are satisfied with the improved areas.
- Following a quality improvement request the home has replaced the cool room to improve food safety.
- Following a quality improvement request, the home has replaced the floor surface in the dining room with a wood effect finish. Residents are satisfied with the improved aesthetics and floor surface that is now free of dents and scratches.
- Following a quality improvement request, the home has installed air conditioning to the staff room and the laundry to improve working conditions for staff, who are satisfied with the changes.

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

Refer to Expected outcome 1.2 for details on the system used by the home in determining how they meet legislative requirements. There is a chemical register and material safety data sheets for most chemicals on site. Chemicals are generally securely stored with material safety data sheets at point of use/storage. Appropriate building certification has been obtained. Fire and emergency equipment is serviced as per mandated requirements and records maintained. Regular audits and workplace inspections are conducted to ensure that hospitality services and the environment meet legislated requirements. There is a registered food safety plan in place for catering and an occupational health and safety system representing all staff.

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

Refer to Expected outcome 1.3 for details on the overall system used at the home for determining educational programs. Management has a comprehensive schedule for training that includes in-service and external courses or consultants. All staff must attend mandatory training sessions to continue being listed on the staff roster. Recent training includes: manual handling, fire and emergency, infection control, food handling and emergency response.

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

Arcare Delbridge offers permanent low care ageing in place with a full respite service in a contemporary environment. There are lounge areas, communal living areas, spaces to sit and chat, landscaped internal courtyards and surrounding gardens with small animals. Each fully furnished single room offers a private ensuite and a twenty four hour emergency call system. The home is well serviced by preventive and corrective maintenance systems. Emergency systems are in place with staff trained for all contingencies. Residents and representatives are satisfied with the home's furnishings and environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has an appointed staff representative who has attended the prescribed course on occupational health and safety. There is no committee in place but staff have access to a hazard reporting system and safety is an agenda item in staff and management meetings. Minutes of meetings confirm that safety items such as: hazards, infection rates, incidents and accidents and legislative changes are discussed. Staff receive training in safety related issues such as manual handling, fire and emergency and incident reporting. Accidents are investigated by the safety representative and the facility manager. Monthly reports to senior management include information on occupational health and safety. Staff confirm their satisfaction with their working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has a simple flowchart representing their emergency procedures that includes actions for fire, security and other internal or external emergencies. There is a well equipped evacuation pack in place to assist staff should that eventuality arise. The emergency systems

are inspected and tested by expert external contractors with records maintained. An experienced consultant is contracted to deliver regular training for staff on emergency response actions including scenarios. The home has a smoke free policy with separate designated areas allocated externally for staff and residents who wish to smoke. Emergency exit doors are well signed, illuminated and clear of obstruction. Staff are knowledgeable of the actions to take in an emergency and residents are aware of what actions they should take.

4.7 Infection control

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

Team's recommendation

Does comply

The home's infection control program consists of ongoing education, infection prevention strategies, policies and procedures, tracking and analysis of infection rates and workplace audits. There are infection control guidelines, policies, procedures and supplies in place for dealing with an outbreak. Staff are familiar with infection control practices and confirm that personal protective equipment is readily available. Staff describe and demonstrate infection control strategies which include the colour coded system used during all aspects of cleaning, the use of personal protective equipment, regular hand washing, the use of hand sanitisers and the food safety practices in place. Spill kits and sharps containers, hand washing facilities and hand sanitising pumps are readily available throughout the home. There are designated areas for clean and dirty linen with a process for handling contaminated laundry.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home contracts out the cleaning, catering and linen services while residents' personal clothing is laundered internally on a daily basis. There is a rotating menu which has been approved by a dietitian that provides residents with a variety of meals. All catering staff have received training in safe food handling and residents have feedback forms on their tables that the home's management summarises monthly and discusses with the catering firm. The cleaning contractor provides the home with trained cleaners dedicated to that site with casual back ups for replacement during illness or holidays. Cleaners have a schedule that allows all resident rooms to be detailed on a weekly basis and communal areas and toilets are cleaned daily. The home's laundry has separate clean and dirty areas for infection control purposes and uses commercial machines for washing and drying. Infection control practices were observed to be implemented and practised by all hospitality staff. Residents and representatives are satisfied with the hospitality services.