Decision to accredit
Blue Cross The Boulevard

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

The Agency has decided that the period of accreditation of Blue Cross The Boulevard is three years until 25 September 2012.

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:	Blue Cross The Boulevard				
RACS ID:	3827				
Number of beds:	90	Number of high care residents:	47		
Special needs group catered for:	• Dementia specific				
Street/PO Box:	70 Heaths Court				
City:	MILL PARK	State:	VIC	Postcode:	3082
Phone:	03 9407 3200			Facsimile:	03 9407 3222
Email address:	wendyw@bluecross.com.au				

Approved provider

Approved provider:	Blue Cross Community Care Services Group Pty Ltd

Assessment team

Team leader:	Susan Hayden
Team member/s:	Michelle Benson
Date/s of audit:	6 July 2009 to 7 July 2009

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations	Agency findings
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations	Agency findings
2.1 Continuous improvement	Does comply	Does comply
2.2 Regulatory compliance	Does comply	Does comply
2.3 Education and staff development	Does comply	Does comply
2.4 Clinical care	Does comply	Does comply
2.5 Specialised nursing care needs	Does comply	Does comply
2.6 Other health and related services	Does comply	Does comply
2.7 Medication management	Does comply	Does comply
2.8 Pain management	Does comply	Does comply
2.9 Palliative care	Does comply	Does comply
2.10 Nutrition and hydration	Does comply	Does comply
2.11 Skin care	Does comply	Does comply
2.12 Continence management	Does comply	Does comply
2.13 Behavioural management	Does comply	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply	Does comply
2.15 Oral and dental care	Does comply	Does comply
2.16 Sensory loss	Does comply	Does comply
2.17 Sleep	Does comply	Does comply

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

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Blue Cross The Boulevard
RACS ID	3827

Executive summary

This is the report of a site audit of Blue Cross The Boulevard 3827 70 Heaths Court MILL PARK VIC from 6 July 2009 to 7 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Blue Cross The Boulevard.

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 6 July 2009 to 7 July 2009.

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:	Susan Hayden
Team member/s:	Michelle Benson

Approved provider details

Approved provider:	Blue Cross Community Care Services Group Pty Ltd

Details of home

Name of home:	Blue Cross The Boulevard
RACS ID:	3827

Total number of allocated places:	90
Number of residents during site audit:	87
Number of high care residents during site audit:	47
Special needs catered for:	Dementia specific

Street/PO Box:	70 Heaths Court	State:	Victoria
City/Town:	MILL PARK	Postcode:	3082
Phone number:	03 9407 3200	Facsimile:	03 9407 3222
E-mail address:	wendyw@bluecross.com.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Blue Cross The Boulevard.

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
Manager	1	Clinical care coordinator	1
Assistant manager	1	Housekeeping	2
Registered nurses	3	Chef	1
Care staff	5	Residents/relatives	17
Administration assistant	1	Volunteers	2
Hospitality manager	1	Laundry staff	1
Human resources manager	1	Maintenance staff	1
Learning & development manager	1	Maintenance manager	1
Lifestyle coordinator	1	-	-

Sampled documents

	Number		Number
Residents' files	10	Medication charts	15
Social and personality profiles and lifestyle enhancement care plans	9	Personnel files	7
External providers agreements	6	Residents' agreements	6

Other documents reviewed
The team also reviewed:
- Accreditation process notice
- Acknowledgement of resident agreements
- Action for improvement forms and folders
- Activities quality data/graphs
- Agency staff orientation checklist
- Audits, audit schedule and results
- Building occupancy permit documentation
- Cleaning schedules
- Code of conduct
- Communication books
- Complaints register
- Compliment, comment and complaint forms
- Continuous improvement flowchart
- Daily roster variance reports
- Diabetic management folders

- Dietitian review of menu
- Education attendance records
- Education training evaluation forms
- Electrical tagging documentation
- Employee contracts
- Employee of the month nomination records
- Evacuation plans
- Exercise regimes
- Fire maintenance and inspection records
- Fire orders signage
- Fire training attendance sheets
- Flowcharts
- Food safety assessments
- Food safety plan
- Incident quality data
- Incidents register and reports
- Infection control manuals
- Infection control reports
- Position descriptions
- Professional development documentation for residential managers
- Learning and development calendar
- Learning and development organisation chart
- List of prompt questions for gathering information about person centred care information
- Material safety data sheets
- Medication dangerous drug register
- Medication management procedures
- Meeting minutes
- Menu and menu planning
- Menu planner – four weekly
- Missing resident flowchart
- Missing resident policy and procedures
- Mission, vision and values philosophy
- Newsletters – corporate and the home
- Notice about upcoming corporate ‘dancing with the stars’ event
- Notice re ‘Nonna’s day’
- Notice re upcoming Bastille Day celebration
- Nursing registration database
- Occupational health and safety posters
- Online policies and procedures
- Oxygen checking documentation
- Person centred review forms
- Plan for continuous improvement register
- Police check records
- Policies and procedures
- Pre admission checklist and brochures
- Preventative and responsive maintenance programs
- Professional development documentation for residential managers
- Project action plans
- Quality data, trending and graphs
- Quality improvement register
- Recruitment policies and procedures
- Resident emergency evacuation list
- Resident handbook
- Residents/relatives meeting and activity minutes on display
- Residents’ general weekly activity planner
- Rosters

- Staff contact details and availability lists
- Staff declaration and acknowledgement documents in relation to elder abuse policy and procedures
- Special events notices
- Staff education matrix
- Staff handbook
- Staff induction checklist
- Staff memorandum
- Survey folder
- Training needs analysis
- Volunteer handbook
- Washer dryer instructions
- Whiteboards in treatment rooms
- Workplace risk assessment action plan dated August 2008
- Wound Management folders
- Yearly meeting calendar

Observations

The team observed the following:

- Activities in progress
- Activity planners on display
- Activity pods
- Activity resource room
- Administration office
- Assistant manager's office
- Baby nursery and equipment for residents with dementia
- Birds in aviary
- Blood spills kit
- Brochures on display
- Chemical storage areas
- Clinical coordinator's room
- Closed circuit camera surveillance
- Computer equipment for residents' use
- Computers
- Courtyard with artificial grass, shades and outdoor furniture settings
- Dining rooms
- Documentation shredder bin
- Drinks trolley
- Emergency manuals
- Equipment and supply storage areas
- Evacuation kit
- External lighting and security gates
- Fireplaces
- First aid kits
- Fish tank
- Footy tipping competition on display
- Foyer
- Hairdressing and beauty salon
- Hand sanitizers
- Hand washing posters
- Interactions between staff and residents
- Internal mail pidgeonholes
- Internal phone at nurses station for visitors linked to staff dect phones
- Kiosk
- Labelling system for resident clothing
- Laundry

- Lifestyle coordinator's room
- Living environment
- Lounge areas/sitting areas
- Manager's office
- Medical equipment stores
- Men's shed
- Mobile library service in attendance
- Moisturiser dispensers
- Multisensory room
- Nursing stations
- Outbreak kit
- Outside deck
- Oxygen equipment
- Prints on walls
- Private dining room
- Refrigerators
- Resident bedrooms and bathrooms
- Resident evacuation list
- Resident going out to work
- Residents being introduced to a new baby (staff member's family) and given the opportunity to nurse the baby
- Residents' bar
- Sensory room
- Staff and resident noticeboards
- Staff handover
- Staff room
- Storage of food items
- Storage of medications
- Suggestion box
- Tactile therapy aids on display
- Tagged electrical equipment
- Training room
- Treatment rooms
- Utility rooms
- Various sitting areas throughout the home
- Video presentation showing the construction and developmental stages of building a new home on a new site.
- Water cooler units
- Wound care products

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's recommendation

Does comply

The home demonstrates the active pursuit of continuous improvement across all standards through a range of quality management and monitoring systems at the home and corporate level. There is an organisational action plan and the manager's monthly report to corporate management details the home's continuous improvement activities. Items for action are identified from various sources including audits, complaints, clinical data, meetings, surveys, suggestions, incidents and action for improvement requests. Opportunities for improvement are entered on a quality improvement register, progress is monitored and outcomes evaluated for effectiveness. All staff, residents and representatives are encouraged to participate in the continuous improvement process and continuous improvement is a standing agenda item at all meetings. A review of documentation, interviews with staff, residents and their representatives confirmed that the home has a robust continuous improvement process and is responsive to changing needs.

Examples of recent improvements in relation to Standard One include:

- The appointment of an assistant manager to oversee rostering, recruitment, staffing issues and quality activities. This has enabled the manager to focus on other key managerial areas.
- The development of a system to monitor that all staff have completed the recruitment and induction process and completed mandatory training.
- Purchase of a range of new equipment in addition to that purchased prior to opening of the home to address identified resident needs which has improved comfort and safety. Examples of new equipment purchased include:
  - Three longer beds for tall residents
  - Three low/low beds for residents at risk of falls
  - Three more dect phones to ensure effective internal communication
  - Four new air mattress chairs to aid resident comfort and mobility within the home.
- Development and roll out of the home's new brochures and resident handbook. This ensures new residents have access to current, written information to enhance their knowledge and decision-making when moving into residential care.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has a system for identifying and monitoring relevant legislation, regulations and guidelines. The home subscribes to a legislative update service, aged care industry and professional peak bodies. The facility manager receives information both online and by hard copy from the corporate management team and refers it to other relevant personnel as required. Policies and procedures are changed as required and staff are informed via meetings, newsletters and memorandums. Changes relating to residents are documented in the resident newsletter. Residents and their representatives were informed about the accreditation audit. Management of the home had accessed information and implemented a

system to monitor their compliance with legislation regarding current criminal record checks, mandatory reporting and missing residents.

1.3 Education and staff development

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

Team's recommendation

Does comply

The Blue Cross learning and development manager develops the organisation's annual learning and development schedule and organises the annual compulsory education days. Staff must attend one of the corporate compulsory education days at the home or at another facility to fulfil their mandatory training obligations each year. Compulsory training covers code of conduct, manual handling, elder abuse, infection control and fire and emergency. The home has a comprehensive staff induction/orientation program conducted over a six month period which also incorporates training relative to specific positions. The home's manager attends senior management meetings addressing operational issues and residential leadership programs with the focus this year being on cultural change. Other education relative to standard one has included code of conduct, the workplace culture starfish principles, missing residents and administration training for the administrative assistant. Staff and management confirmed satisfaction with the educational and training opportunities provided.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

The home's processes and systems include management responsibility, accessible forms, a complaints register, provision of information, encouraging feedback and timely response. Residents and their representatives are informed about the internal and external complaints processes pre-admission and on entry to the home and regularly reminded. The complaint processes are documented in the compliment/complaint form and resident handbooks, are discussed at stakeholder meetings and a suggestion box is available for confidentiality Staff report assisting residents who need support to raise issues of concern. Documentation confirmed that management actions complaints appropriately with timely feedback provided and consultations and meetings are arranged to discuss issues as required. Residents and representatives confirmed their knowledge of the complaints processes. They praised management's very approachable manner and responsiveness to issues when raised.

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 corporate office has documented its mission statement, vision, values, objectives and philosophy of care and the information is displayed within the home. The information is included in staff and residents' handbooks, conveyed to staff at orientation and to residents and relatives' pre-entry and on entry to the home. The commitment to planning and quality is demonstrated corporately through strategic planning, leadership training and the high level of corporate support provided to the home. Four key principles of care – people, performance, principles and passion - underpin decision-making, the focus on the resident and expected staff behaviour. These principles are manifested in the adoption of the 'starfish' philosophy of

care: ‘choose your attitude, be there, make their day and have fun’. Residents and relatives confirmed their satisfaction with the quality of care and services.

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

As part of the Blue Cross organisation the home has systems in place to ensure there are appropriately skilled and qualified staff to meet the care needs of residents. There is a documented process in place for the recruitment, selection and orientation of new staff. Staff position descriptions define the responsibilities necessary to perform their roles effectively, indicate performance measures and there is a six month probationary qualifying period. New staff receive position descriptions and the staff handbook to ensure they are aware of their individual responsibilities and other requirements and have initial buddy shifts. Management monitors residents’ changing needs, staffing levels and staff allocations to ensure an appropriate mix of skills and staff numbers to meet care and service needs. The home which opened in October 2008 has developed a bank staff system to fill vacancies and the use of agency staff has decreased over time. A staff ‘employer of the month ‘reward system operates; residents and their representatives confirmed satisfaction with staff skills and knowledge to meet their care and service needs.

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 systems in place to ensure there are stocks of appropriate goods and equipment available for quality service delivery. There are corporate office processes for identifying preferred equipment and suppliers and for trialling and evaluating new equipment where applicable. Nominated staff in various areas are responsible for monitoring and reviewing stock levels and re-ordering supplies. A maintenance officer attends the home four days a week, responsive and preventative maintenance schedules and registers show that equipment is well maintained and within a timely period. Stock and equipment storage areas are spacious, clean, tidy, sufficiently stocked and secure where required. Staff, residents and their representatives confirmed adequate supplies of quality stock and that equipment is appropriately maintained

1.8 Information systems

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

Team’s recommendation
Does comply

Staff have access to policies and procedures, flowcharts and information to guide care and work practices through online and hard copy resources and documentation. Resident and staff noticeboards are in use and accessible information includes memos, meeting minutes, newsletters, quality data, activity programs and forthcoming events. Staff and resident files are securely stored, appropriately indexed, documented and maintained and archived as required. Staff demonstrated knowledge of privacy and confidentiality, computer systems are backed up and password protected where required. Stakeholders confirm they receive information through meetings, minutes, noticeboards, newsletters, consultations, orientation, handover, care plans, handbooks and memoranda. Staff, residents and their relatives praised

management's open door policy and friendliness and confirmed their access to information relevant to them.

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

There are systems in place to ensure the quality, effectiveness and suitability of externally sourced services. Corporate office tenders for major supplies and services and arranges and updates contracts and service agreements with preferred suppliers and service providers. Service agreements specify requirements including quality, appropriate conduct, dispute management, any special considerations and external contractors sign in and out. Management discusses any performance issues and if necessary refers to corporate office for resolution. Staff and residents reported satisfaction with the services provided by the home's external service providers and contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The continuous improvement system demonstrates improvements in residents' health and personal care and the home is supported by the corporate quality support manager. Quality processes include identifying the area for improvement, planning and implementing the improvements, evaluating the effectiveness and determining what needs to be done next. Various sources including clinical indicators and residents' needs are used for collecting, analysing and trending information, actioning issues and evaluating outcomes. Items for action are logged, project action plans are developed and discussed at clinical and quality meetings, implemented and evaluated by management and relevant staff members. Continuous improvement is a standing agenda item at staff meetings and a review of documentation confirms outcomes. Staff report they are involved in continuous improvement and residents and their representatives confirmed they are consulted with and residents clinical needs regularly reviewed and addressed.

Examples of recent improvements in relation to Standard Two include:

- Development and implementation of care plans based on person centred care philosophy in response to identified needs. These care plans promote and foster the focus on the resident's personality, interests, wellness and positive abilities. The resident's life and social story is embedded in the care plans and highlights the resident's individual personality aspects. This assists staff to personalise their interaction with the resident by knowing and understanding the person within 'the resident'.
- Liaison with local general practitioners and the Division of General Practice due to the difficulty of securing general practitioners to care for residents. This process has ensured that all residents have a regular doctor.
- Development and implementation of a more comprehensive handover which has improved the effectiveness of the process and relevance of communication.
- Implementation of acute care action plans has improved internal communication about changes to residents' care plans and has ensured intervention outcomes are evaluated for effectiveness.
- Implementation of clinical care review meetings to improve clinical outcomes for residents.
- Purchase of an exercise bike for residents and staff to use to maintain and or improve health and fitness levels. Several residents using the bike three times a day are very pleased with the outcomes such as weight loss and less leg cramping and stiffness.
- Commenced medication advisory committee meetings to assist the monitoring, reviewing and management of medication issues.
- Implementation of independent pharmacy reviews aimed at decreasing poly-pharmacy to improve residents' well-being.
- Highlighting non-packed medication items to assist staff with accurate medication administration.

2.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care".

Team's recommendation

Does comply

The home has a system for identifying and monitoring relevant legislation, regulations and guidelines relating to health and personal care. The home subscribes to a legislative update service, aged care industry and professional peak bodies. Staff participate in education programs and have access to professional journals to ensure care is based on professional clinical guidelines and best practice recommendations. A register is maintained of the professional registration of all registered nurses. Registered nurses division one oversee all residents with high care needs and manage the medication system in accordance with recommended guidelines.

2.3 Education and staff development

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

Team's recommendation

Does comply

A central staff training matrix and education attendance records are maintained and all education sessions are evaluated and analysed for their effectiveness. An external organisation has conducted a two day medication administration competency training for staff administering medication which included supervised workplace practice. Person centred training consultants have conducted education sessions on concept-behaviour mapping processes which has assisted staff to manage residents who demonstrate behaviours relating to unmet needs. Staff are encouraged to update their skills and a carer has been supported to complete registered nurse division two training and another carer will be supported to undertake the training. Other training relative to Standard Two has included vision and eyes, diabetes, dental care and managing a continuous morphine administration pump system. A staff monthly reward system operates; staff and management expressed satisfaction with the educational opportunities provided and the organisation's support in meeting their needs.

2.4 Clinical care

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

Team's recommendation

Does comply

The clinical care coordinator or team leaders have commenced a pre admission process with all new residents. This process provides a forum for residents and their families to meet with staff and discuss their care needs prior to entry. Staff are then able to plan for the residents' admission and make the process as stress free as possible. All residents undergo detailed assessments of their clinical needs and a detailed care plan is developed that is based on these assessed needs and residents' individual preferences. All residents have their clinical care needs assessed and monitored by appropriately skilled and competent staff. A number of other allied health services are available for residents on a regular basis including medical reviews and referrals to other specialist health practitioners. Residents and their representatives said that they feel confident in the clinical care they receive, and that staff always keep them informed of any changes that are occurring.

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

There are detailed processes and systems in place to ensure that all residents requiring specialised nursing care are managed by appropriately qualified staff. Residents and their representatives said that they were confident in the skills that staff had to manage their specialised care needs. Some of the needs of residents at the home include diabetes management, complex pain management, enteral feeding and oxygen therapy. The home

accesses external specialist health practitioners as required, and any suggestions made by them are incorporated into residents' care plans. The home has well maintained specialised equipment available such as oxygen and suction, diabetes monitoring and pumps for enteral feeding. Staff were able to describe their individual roles and responsibilities in managing specialised nursing care.

2.6 Other health and related services

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

Team's recommendation

Does comply

Residents are provided with information both before and after admission about what health services will be provided to them and the associated costs. The home has a number of other health services that are utilised regularly; this includes podiatry, physiotherapy, hairdressing, ophthalmology, dentistry and aged psychiatry services. Residents, staff and documentation confirmed that specialist referrals are made as required and that any resulting changes to residents' care are acted upon. The home accesses specialist educators to assist them with the implementation of their person centred care philosophy. Residents said they are confident in the care provided by other health providers and that they are assisted to access these services 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 processes in place to provide safe medication management for its residents. The home's medication management is underpinned by comprehensive medication policies which are readily available to staff. Auditing processes are in place to monitor performance, and results are discussed at the medication advisory committee meetings and clinical meetings. Registered nurses division one have overall responsibility for delivery of medications at the home and the home uses endorsed division two registered nurses and competent personal care staff to administer medications. A number of residents in the low care section of the home administer some, or all of their medications; all of these residents have undergone comprehensive assessments to ensure their competence. Medication management is reviewed and evaluated by a pharmacist regularly and any suggestions for alterations are forwarded to the residents' doctors for their consideration. Residents said that they are very happy with medication management at the home, and staff were always on time to give them their medications.

2.8 Pain management

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

Team's recommendation

Does comply

The home has comprehensive systems in place to ensure that all residents are as pain free as possible. All residents are assessed on entry for pain and pain related conditions, and a management plan developed. A range of contemporary and alternative treatments are used including, analgesia, massage, heat packs, exercise programs, and physiotherapy. Complex pain management strategies can be managed at the home including the use of subcutaneous analgesics via pumps. External assistance is utilised when necessary for pain management including palliative care services and acute care in the home services from local hospitals. Residents and their representatives said that the staff attend to resident pain needs promptly.

2.9 Palliative care

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

Team's recommendation

Does comply

All residents and their families are provided with the opportunity to discuss their end of life wishes, and these wishes are documented. The majority of residents are able to spend their last days of life at the home and receive all the care and services they require. External specialist services are accessed if required such as palliative care, wound management, pastoral care and medical practitioners. Families are regularly consulted and supported by staff when a resident is near the end of their life, and a private room is available for residents' families to stay in.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

All residents' dietary needs and preferences are assessed on entry. Formal communication processes are in place with the kitchen to ensure that residents' allergies, preferences, meal size, texture and special requirements are catered for. Food is prepared from fresh ingredients and the menu is seasonally adjusted with input from residents. Residents said that the meals are always well presented and of good quality. Residents' feedback on the meals is regularly sought from the catering department, and surveys are undertaken to seek further feedback. Residents' weights are regularly monitored, and residents who require review are referred to their doctor, a speech pathologist or a dietitian, as indicated. A range of nutritional supplements are provided to those residents who require them.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

All residents undergo an assessment of their skin on admission to the home to identify if the resident is at risk of skin breakdown, or has an existing skin condition. A management plan is developed and incorporated onto the residents' care plan; these care plans are reviewed regularly. Any resident who has a wound is monitored more frequently by trained and competent staff. Wound consultants are contacted as required to provide expert opinion on treatments. There is a large range of products available to dress wounds, and staff said that supply is never an issue. All bathrooms have moisturising cream in a pump container and staff said they use these creams after showers to prevent residents' skin becoming dry. Hairdressing and podiatry services are regularly available and specialist equipment is utilised and maintained such as pressure relieving devices. Staff said they monitor the condition of residents' skin while they are undertaking personal care tasks such as showering, and residents said they are very satisfied with the care that staff provide them in relation to their skin.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

Residents' continence management needs are assessed on entry and care plans are developed to promote continence or maintain social continence. Continence programs are trialled and regularly reviewed to identify the most suitable strategies or aid for each individual resident. Residents are assisted to ensure that they have enough fibre and fluids to aid with bowel management, and a range of interventions both pharmacologically and nutritionally are used to promote regularity and prevent constipation. Residents said that staff are always helpful with their continence needs and attend to them in a dignified and private manner.

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 is implementing a person centred approach to resident care, and strategies to manage residents' with challenging behaviours are identified and managed in a professional and holistic manner. Management and many staff have researched best practice in behaviour management, and are altering the environment to reflect some of the strategies they have learnt; particularly in the dementia unit. Any resident identified as having challenging behaviours undergoes a comprehensive and holistic assessment process to assist the staff to identify triggers to behaviours and determine the best management plan for their needs. The home has a secure 12 bed dementia unit and staff working in this area spoke of how much they enjoy working with the residents in this unit. A broad range of interventions are used, and assistance is readily sought as required from aged psychiatry services and training organisations. A number of programs developed by the lifestyle staff are in place to assist residents to be involved in a variety of activities suitable to their abilities. Residents said that the home is usually very quiet, and confirmed that staff attend to residents with challenging behaviours very attentively and respectfully.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents are assisted to maintain optimum levels of mobility and dexterity via an initial assessment undertaken by the nursing staff and the physiotherapist. All residents have an individualised exercise program developed to assist them achieve optimum levels of mobility. A physiotherapy assistant is available three days a week to assist residents with these programs and she is guided by the physiotherapist's recommendations. Some residents in the low care section of the home keep their exercise programs with them, and attend to them independently. Falls are monitored and reported and falls risk assessments are implemented at the home. Residents are advised about appropriate footwear and environmental audits monitor risks. Residents confirmed that they have a wide variety of exercise options available to them, including specialised exercise equipment, and a physiotherapy room. Residents walking aids and wheelchairs are maintained and assistive eating devices are available as required.

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 health needs and preferences are assessed on entry, and individual care needs and preferences are recorded on residents' care plans. These care plans are reviewed regularly to ensure that the documented care remains the same. Any residents identified with

painful teeth or ill-fitting dentures are referred to appropriate services for review. The home accesses a visiting dental service as needed, and residents commented that staff manage their teeth or dentures well, and in accordance with their preferences.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Residents' cognition, communication, and sense of touch, smell, vision and hearing are assessed on entry to the home. The level of assistance and any special aides required by residents is determined. Care plans reflect the assessments and are regularly reviewed. Optometry services visit the home, and have provided detailed information on individual care requirements. Audiology services can be contacted as required. The lifestyle program incorporates a range of activities to stimulate residents' senses and residents in the dementia unit can access a number of visual, auditory and tactile displays throughout the unit to stimulate their senses and keep them occupied. Residents said that staff assist them in maintaining their sensory aids in accordance with their preferences.

2.17 Sleep

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

Team's recommendation

Does comply

On entry to the home, residents' sleep, settling and rising times and preferences are charted and sleep assessments completed to identify residents' individual patterns. Sleep care plans are developed and reviewed, indicating triggers that disturb sleep and identifying specific strategies to assist in achieving natural sleep patterns, including the room environment and toileting habits. Staff working in the dementia unit are able to put on dressing gowns and pyjamas when attending to residents who are confused to assist them with their orientation during the night. Some residents said that they use medications to help them sleep, and that staff are always on time to give them this medication when they request it. Residents stated that the home is quiet, and that staff respond quickly to their needs during the night.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

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

Team's recommendation

Does comply

Continuous improvement is actively pursued in resident lifestyle through strategic planning, innovation, regular resident consultation, lifestyle evaluations and resident suggestions. Documentation showed that residents are consulted about their holistic lifestyle needs and preferences with care plans updated to reflect changes. Issues are discussed at corporate office lifestyle meetings, regular resident and representatives meetings and suggestions for improvement are followed up. Staff confirmed they contribute to continuous improvement through ongoing evaluations of the lifestyle program and residents' participation, needs and preferences. Residents and their representative confirmed their input is sought through consultations and meetings and that the home is responsive to their needs, suggestions and preferences.

Examples of recent improvements in relation to Standard Three include:

- Recruitment of lifestyle staff who have embraced the person centred philosophy of care to provide lifestyle activities that are satisfying and meaningful to residents.
- Development of a leisure and lifestyle action plan to document and prioritise activities.
- Introduction of an ageing wellness program with a focus on the resident's ability and what they can achieve.
- Securing a dance therapist to work with residents to improve balance and strength and prepare those who are interested in participating in the upcoming Blue Cross special event 'Dancing with the Stars'.
- Opening the new kiosk and organising interested volunteers and residents to assist in running it on a daily basis.
- Organising with a local RSL to transport up to 20 residents to their club for lunch every month.
- Initiation of a restorative and rehabilitation program with activities prepared for implementation as part of the focus on wellness and residents' well-being.
- Set up and installation of a men's shed which has a range of tools for various activities such as woodwork.
- Introduction of the lifestyle newsletter.

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

The home has a system for identifying and monitoring relevant legislation, regulations and guidelines in relation to resident lifestyle. The home subscribes to a legislative update service, aged care industry and professional peak bodies. The home has an accurate policy on mandatory reporting of suspected resident abuse and missing residents. Staff receive education on their roles and responsibilities in reporting these incidents; flow charts are available to clearly communicate these processes. The home fulfils requirements regarding privacy legislation and the Aged Care Act (1977) in relation to security of tenure and residents' rights and responsibilities.

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

Staff development and training needs are informed by various processes including residents' needs and preferences, audit results, practice observation and training needs analysis. Education in relation to Standard three has included elder abuse and mandatory reporting, person centred care and sensory therapy. Education in restorative and rehabilitative training has been conducted to improve understanding of residents with dementia and how to encourage and support them to maintain every day functional abilities. Staff expressed their satisfaction with the educational opportunities on offer.

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

New residents and their representatives are welcomed and supported to adjust to their new life on an initial and ongoing basis by management, care and lifestyle staff. The head office admissions coordinator arranges an interview time and tour and provides an information pack for prospective residents and their representatives. New residents are greeted, introduced to staff, and to co-residents who are helpful and their families can stay for lunch or dinner to assist the settling in process. Residents can personal their rooms with favourite and familiar personal items. Documentation shows that emotional support needs and strategies are identified to enable individualised support and assistance. Residents speak highly of the support provided when they moved in and the kindness shown by management and staff to assist their adjustment initially and on an ongoing basis.

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 supported to maintain and develop personal and social friendships including links with community through visits from school students and monthly outings to the RSL. Social and personality profiles and care planning processes identify residents' independent needs, abilities and preferences and these are fostered. Staff assist and encourage residents to maintain their holistic independence through activity programs and with daily activities such as showering, dressing, mobilising and meals. Residents' rooms have lockable drawers and cabinets, a resident fund system enables access to money and a kiosk staffed by volunteers is now open regularly. Residents have access to a private dining room for meals and celebratory occasions with family and friends. Shopping trips are offered and residents can book a private transport program at a minimal cost to visit the local shopping centre on a two hour turn around system. Residents confirmed that they are encouraged and supported to maintain their independence.

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

Procedures are in place to ensure residents' right to privacy and dignity is understood and respected and these rights are acknowledged in residents' privacy consent forms. Compliance is monitored. Residents are informed about these rights on entry to the home and staff are educated at orientation and on an ongoing basis. Care plans record residents' choices and preferences and residents can lock their rooms as required. Staff described procedures they follow to ensure residents' privacy and dignity are maintained when assisting with care routines, treatments and discussing their needs. Staff and volunteers were observed to be caring for residents in a considerate manner and residents confirmed their privacy and dignity is respected.

3.7 Leisure interests and activities

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

Team's recommendation
Does comply

The lifestyle philosophy of care embraces the person centred approach and the organisation's starfish principles to enhance residents' lifestyle at the home. Staff may meet with residents in their own home or at the facility pre-admission to create a social and personality profile and develop a lifestyle enhancement program from the resident's story. Residents' individual and group interests and preferences are documented and regularly reviewed in conjunction with the resident and or their representative. An activity planner is developed to reflect residents' individual and group interests and to provide a program of lifestyle activities that are meaningful and enjoyable for them. The program is regularly reviewed at resident activity meetings where residents are encouraged to voice their opinions. Community circles is a recently introduced program which fosters social interaction combined with singalongs. A varied program of activities has been developed to meet residents' needs and preferences and is regularly reviewed and amended to incorporate residents' suggestions such as the newly introduced writing and poetry group. The range of activities includes special events themed with food, ball games, quizzes, current affairs, exercises, dancing, cooking, musical entertainment. Residents contribute to the program through regular meetings and by direct feedback to the staff. Residents were observed participating in and enjoying a range of activities and confirmed their satisfaction with the program.

3.8 Cultural and spiritual life

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

Team's recommendation
Does comply

Processes are in place to ensure residents are supported to maintain their spiritual and cultural life and that their individual interests, customs and beliefs are fostered and valued. Residents' cultural and spiritual life needs are identified at pre-admission, documented in care plans and assistance is provided to attend religious services and celebrate cultural events of significance. Food themes are linked to celebrations. Spiritual/religious advisors are welcome to visit residents. There are regular In-house Catholic and Christian services held at the home. Residents and their representatives confirmed they are supported to maintain their cultural and spiritual lives.

3.9 Choice and decision-making

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

Team's recommendation
Does comply

Residents and their representatives confirmed that they are free to make safe and informed choices about their care and lifestyle needs and preferences at the home, including the right to say no. Prior to and on entry, residents and their representatives receive publications with information including both internal and external complaints mechanisms and advocacy services. The home identifies authorised representatives to make decisions on behalf of those residents who cannot, based on assessment of cognitive ability. Residents' meetings are conducted regularly and surveys also allow residents a further opportunity to comment on the care and services provided. Despite some issues of concern when the home admitted a large number of residents in a short space of time, the home has developed a culture of open communication between residents, representatives, staff and management. Residents and representatives confirmed that they can state their opinion about services and make complaints knowing issues will be dealt with promptly and satisfactorily.

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

Residents and their representatives confirm that they are given sufficient information about the fees and services of the home and understand their rights and responsibilities. An admissions enquiry pack is provided to prospective residents, and this includes financial information and fee charges. Residents are shown around the home; the resident agreement is explained to them, and efforts are made to ensure their thorough understanding. The resident agreements are signed and contain the legislated requirements. Residents and their representatives stated that they feel comfortable to approach management with any questions they may have.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

The home has systems and processes in place to actively pursue continuous improvement in relation to the physical environment and safety systems. Opportunities for continuous improvement arise from residents' changing needs, audits, hazards, regulatory compliance, complaints and suggestions. Information is gathered and analysed, strategies implemented and evaluated for effectiveness. Feedback is provided at meetings. Staff and residents confirmed improvements relative to standard four. Staff and residents reported management is responsive to suggestions in relation to continuous improvement.

Examples of recent improvements in relation to Standard Four include:

- Installation of a large whiteboard in the low care dining room to ensure that residents know what the daily menu choices are. This was implemented in response to residents saying they were not aware of their daily meal choices.
- Improving resident input and consultation in relation to menu development. A meal assessment survey was distributed and findings were discussed at the resident/relative meeting.
- Development of a food focus group which includes the corporate catering manager, residence chef, manager and residents and their representatives.
- Review of dining room service for lunch and dinner with the subsequent opening of an additional dining area in low care and removal of bain-marie service in high care areas due to safety concerns.
- Implementation of swipe key cards, key and Dect phone register for staff.
- Incorporation of fire panel training as part of the compulsory training day for staff held in October 2008 and February 2009.
- Purchase of nine sensor mats to assist in early detection of residents at risk of falls.
- Purchase of six personal pendant call bells to improve resident safety and security within the home.
- Purchase of a shower trolley to enable some high care residents to shower more effectively.
- Purchase of nine toilet slings to assist continence/hygiene management.
- Installation of new lighting in the car park in response to staff and relatives' concerns. Feedback indicates the new lighting has improved safety.
- Set up of raised garden beds for residents to engage in gardening activities.
- Sinking bores to enable maintenance of garden.

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

The home has a system for identifying and monitoring relevant legislation, regulations and guidelines relevant to the physical environment and safe systems. The home subscribes to a legislative update service, aged care industry and professional peak bodies. The kitchen has an independently audited food safety plan in place and the home demonstrates compliance with fire safety regulations and building certification codes. A safe working environment is provided and the home is appropriately applying infection control guidelines.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems and processes in place to assist staff to develop and maintain skills and knowledge relative to the physical environment and safe systems. Skills and knowledge are assessed through observation of practice, audits and feedback from residents. Staff are required to attend annual, mandatory training in relation to fire and emergency, infection control and manual handling delivered in a one day compulsory training program. These programs are offered through the corporate learning and development program throughout the year. Staff may attend these sessions at other facilities if more convenient.
Education in relation to physical environment and safe systems has included:

- Chemical training
- Infection control
- Handwashing
- Manual handling
- Food safety training
- Occupational health and safety
- Fire and emergency training
- Evacuation mats.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

The brand new home which was opened on 31 October 2008 is very spacious with a welcoming ambience and is pleasantly furnished with new, clean, comfortable furniture. Residents have access to tea and coffee making bays, comfortable living and dining areas with natural light and various smaller sitting areas for quiet times with visitors and friends. Residents live in their own rooms with an ensuite and heaters and air conditioners that allow them to adjust the temperature of their own rooms and have access to secure and shaded courtyards and gardens. Residents are encouraged to personalise their rooms with memorabilia and other favourite items and ensuites are fitted out according to care and safety needs. Systems are in place for physical maintenance, environmental inspections are regularly conducted and issues are addressed and followed up. Residents commented the home is peaceful and expressed considerable satisfaction with their living environment including the security and cleanliness.

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

Policies and procedures guide work practices and assist in maintaining a safe working environment. Staff inductions cover safe working practices, information is displayed, compliance is monitored and safety risk assessment are conducted if required. The home's occupational health and safety committee meets quarterly to discuss issues and includes a resident in addition to the trained health and safety representatives. A corporate committee supports the home's management and the occupational health and safety representatives. Current material safety data sheets are maintained. Issues identified through audits, incidents, observation, hazard alerts and improvement requests are discussed at regular staff meetings and actioned. Staff confirmed occupational health and safety training on induction and demonstrated understanding of safe work practices.

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

Systems in place to minimise emergency risks include fire detection and fire fighting equipment, clear exit signs, evacuation maps and accessible emergency procedure guidelines. All the fire alarm systems and fire fighting equipment are tested on a regular, scheduled basis, compliance is monitored and records are current. Evacuation kits with current residents' lists and mobility status, are maintained and updated as required. Emergency exit paths and the assembly area are clear and the building is secured in the evening. Chemicals are securely stored, annual testing and tagging of electrical equipment was most recently undertaken in July 2009. Staff confirmed compulsory training in fire and emergency procedures and knowledge of emergency procedures. Residents and their representatives expressed confidence in staff skills and knowledge in the event of an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

Data on infections is collected from each of the areas of the home and entered onto a computerised database. This information is analysed and acted on when necessary. Information is reported and discussed at relevant meetings. Infection control training is mandatory for all staff working at the home, and must be completed annually. Competencies are assessed regularly, including hand washing. Staff demonstrated awareness and knowledge of appropriate procedures to prevent transmission of infections. An immunisation program is offered to residents; management reported that the majority of residents have annual flu vaccinations. A gastroenteritis outbreak kit and blood skills kits are accessible to staff. Cleaning, catering and laundry infection controls are implemented including such items as colour coded cloths and mops, personal protective equipment and temperature records are kept. External food safety audits are complete, and contaminated waste is appropriately handled.

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 organisational hospitality manager oversees the catering, cleaning and laundry services. Residents express a high level of satisfaction with all hospitality services at the home. The home is clean, all residents commented on their satisfaction with the meals and laundry services. Meals were observed being served in a dignified, unhurried manner, with assistance given respectfully as required. All food is prepared freshly on site, a seasonal menu is provided and resident input actively sought. An independently audited food safety plan is in place. Fresh fruit and snacks are available and residents' independence during meal time is encouraged. Linen and residents' personal items are laundered on site, with the condition and marking of clothing monitored; missing items traced and clothing delivered to residents' rooms. Cleaning and laundry services are provided according to a schedule, and staff were observed to be providing a thorough service with regard to occupational health and safety guidelines and using proper infection control practices.