



Aged Care
Standards and Accreditation Agency Ltd

Glendale Aged Care

RACS ID 3130

1 Glendale Court

WERRIBEE VIC 3030

Approved provider: LL Aged Care Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 29 November 2015.

We made our decision on 11 October 2012.

The audit was conducted on 4 September 2012 to 5 September 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

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.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

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

Standard 3: Resident lifestyle**Principle:**

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

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

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.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Glendale Aged Care 3130

Approved provider: LL Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 4 September 2012 to 5 September 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 4 September 2012 to 5 September 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four registered aged care quality assessors.

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

Assessment team

Team leader:	Tamela Dray
Team members:	Karen Ray
	Leah Kane
	Margaret Edgar

Approved provider details

Approved provider:	LL Aged Care Pty Ltd
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Details of home

Name of home:	Glendale Aged Care
RACS ID:	3130

Total number of allocated places:	240
Number of residents during audit:	208
Number of high care residents during audit:	100
Special needs catered for:	Dementia specific unit.

Street:	1 Glendale Court	State:	Victoria
City:	Werribee	Postcode:	3030
Phone number:	03 9749 6042	Facsimile:	03 9749 6402
E-mail address:	Margaret.Grasso@llprimelife.com		

Audit trail

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

Interviews

	Number		Number
Management	5	Residents/representatives	29
Corporate management	2	Catering staff	3
Clinical care coordinators	4	Allied health and doctors	2
Nurses	5	Hospitality staff	6
Care staff	14	Maintenance staff	1
Lifestyle staff	2	Administration staff	1

Sampled documents

	Number		Number
Residents' files	35	Medication charts	21
Summary care plans	26	Personnel files	18

Other documents reviewed

The team also reviewed:

- Clinical observation and management documents including diabetic management plans, advanced care directives, restraint authorisations, risk assessments and wound charts
- Complaints documentation
- Continuous improvement register, forms and information
- Contractor documentation including induction package, schedule and folder
- Daily temperature logs
- Education documentation including matrices, training register, attendances and schedule
- Emergency procedure manual and evacuation lists
- Essential safety measures annual report, essential services folder and building compliance certificates
- External pest control inspection reports
- Food safety documents and compliance certificates
- Gastroenteritis outbreak documentation
- Organisational and Glendale Aged Care local policy manual
- Handover sheets
- Human resource documentation including recruitment procedures probation and annual performance appraisal documentation, position descriptions, duty lists and rosters
- Incident and risk documentation/analysis
- Infection control documents including manual, statistics and temperature logs
- Lifestyle and leisure information including calendar, records of attendance and evaluations

- Maintenance documentation including preventative and reactive maintenance folders
- Mandatory reporting register
- Meeting minutes, agendas and schedules
- Memoranda and communication diaries
- Menu, catering and dietary management documents
- Newsletters
- Occupational health and safety documentation
- Organisational policies
- Orientation seek and find assessment tool
- Police check register and statutory declarations
- Policies and procedures
- Professional registrations
- Regulatory compliance register
- Resident change of specified services letter
- Resident high care and low care agreements
- Resident welcome pack and information handbook
- Risk assessments
- Self-assessment
- Staff orientation pack, checklist and workbook

Observations

The team observed the following:

- Activities in progress
- Advocacy, external complaints process and other support service brochures on display
- Charter of residents' rights and responsibilities posters displayed
- Equipment, supplies and storage areas
- Evacuation packs
- Interactions between staff and residents
- Laundry and cleaning equipment and staff practice
- Lifting machines and mobility aids
- Living environment
- Kitchenettes, kitchen, meals and refreshment service
- Medication administration and storage
- Noticeboard information
- Notification of stakeholders of reaccreditation audit
- Quality improvement forms and suggestion box
- Sensory enrichment program
- Sign in/out registers

- Storage and administration of medications
- Waste storage areas

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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 findings

The home meets this expected outcome

Corporate management identifies opportunities for improvement which filter through to the home. The home's management actively pursues continuous improvement across all four Accreditation Standards through audits, complaints, meetings, "Quality Improvement" forms, education, hazard and incident reporting. Residents and representatives told us they are informed of changes made at the home and are welcome to make suggestions and give feedback. Staff said they are familiar with the systems for managing continuous improvement, and they are encouraged to communicate their suggestions for improvement. Management communicates results of improvements through meetings, memoranda or information displayed on notice boards.

Recent improvements relating to Standard one include:

- Management identified the need for a formal induction checklist to ensure agency staff were orientated to the home. A checklist was developed and implemented and memorandum sent to staff advising them of the checklist requirement. Evaluation indicates the checklist form is being completed and working effectively.
- Management identified the document archiving system required revision as it was time consuming and posed a manual handling risk. The existing system comprised a list of box contents placed on the front of the box. Management developed a spreadsheet which lists the name of each file or document and the corresponding storage box number. Management is able to quickly retrieve documents by searching the spread sheet for the relevant document or file. Evaluation indicated this system is more time efficient and requires less document box handling.

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 findings

The home meets this expected outcome

Management receives information regarding professional guidelines and legislative requirements through the organisation's subscription to a legal update service, membership of professional organisations, peer group networking and government notifications. Quality processes ensure regular review of policies and procedures in response to legislative information and changes. There are processes to monitor the currency of staff, volunteers and contractors' police check clearance and to ensure identification and renewal of professional registrations. Management monitors regulatory compliance through internal and

external reviews and actions identified matters as required through established management processes, meetings, forums and education systems. Residents and their representatives receive notification regarding re-accreditation audits and legislative information via letters, resident meetings and notices. Staff said they receive information regarding changes to regulations and demonstrated an understanding of regulatory requirements according to their scope of practice.

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 findings

The home meets this expected outcome

The home has systems to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. Management has developed an education program responding to requests from staff and the needs of residents. Training needs are identified through a variety of sources including performance appraisals, changing resident needs, training needs analyses and staff requests. Staff notification of education opportunities occur through a variety of methods including memos, notices and the education planner on the staff noticeboard. The home has a mandatory training program in place and staff attendance at all education sessions is recorded and monitored. The home also encourages staff to attend outside training deemed of benefit to the home as well as up-skilling courses. Staff expressed their satisfaction with the education available to them. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard one include:

- supporting staff to complete a "Certificate 3 in Business Management".
- "Leaders of Today" human resources course
- comments and complaints via the electronic learning system
- electronic care program management training.

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 findings

The home meets this expected outcome

Management has systems which facilitate access to internal and external complaints mechanisms. Quality improvement forms capture comments and complaints in a formal way and resident meetings and verbal feedback also provides residents with an opportunity to express their concerns. A resident advocacy committee, consisting of some current residents of the home, raises issues with management on behalf of the residents. Information regarding internal and external complaints systems is contained in documentation including resident handbooks and displayed brochures in public areas of the home. Residents and representatives said they feel comfortable raising issues of concern with staff and management and their concerns or issues are actioned in a timely manner.

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 findings

The home meets this expected outcome

The organisation has published the residential care service's strategic direction, values, goals and principals including a clear commitment to quality. Staff are actively encouraged to live and apply the core values in their dealings with all stakeholders through orientation and education. Management have documented the home's values in staff, visitor and resident handbooks. Management and staff said they are aware of the organisational values

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 findings

The home meets this expected outcome

Organisational policy provides the framework through which management ensure appropriately skilled and qualified staff are employed and available to meet the needs of the residents. Management screen new staff through a recruitment process to ensure they have the required skills, experience, knowledge and qualifications for the potential role. The orientation and education program provide the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for positions, schedules and work documents to guide staff in their day to day work. The staffing mix and levels are determined with reference to residents' needs, clinical monitoring data and feedback from staff and residents/representatives. Management demonstrated examples of adjustments to staffing levels as a result of feedback from stakeholders. Managers and coordinators monitor staff skill and knowledge through observation and competency assessments. Residents and representatives interviewed said they find staff helpful and knowledgeable.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management and staff use established systems to ensure stocks of appropriate goods and equipment are available and maintained. Incident and hazard reporting, observations, meeting forums, staff and resident input identify equipment requirements. Documented procedures, standard operating instructions and staff training accompanies all new equipment. Storage areas enable excess inventory and equipment to be stored safely when not in use. Management processes ensure maintenance of equipment in optimal condition and includes a preventative maintenance schedule and a reactive maintenance procedure. Staff, residents and representatives report they are satisfied with the appropriateness and quality of supplies and equipment used and stated maintenance occurs in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems to ensure all stakeholders have access to current information about the processes and activities of the home. Management keeps residents and representatives informed through case conferences, handbooks, meetings, letters and verbally. Processes to keep staff informed include policies, procedures and guidelines, handbooks, memoranda, meetings, handover and position descriptions. There are systems for information management including archiving, secure storage of resident and staff files, password protection and computer backup. Residents and staff confirmed management keep them informed and they have access to relevant information.

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 findings

The home meets this expected outcome

The organisation has contracts with a wide variety of external service providers including chemical supply, fire protection and pest control. Signed service agreements set out the scope and standard of the services required. Formal and informal feedback processes monitor the quality of services provided. External service providers, where required, are contractually obligated to meet regulatory requirements including the currency of police record checks of their staff. Staff and residents are satisfied with the services provided by external 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Recent improvements relating to Standard two include:

- Management identified that although the electronic document system will highlight resident weight loss of 2kg per month, it would not identify gradual weight loss. Management engaged a new dietitian contractor who provided software to management as part of the contract, which highlights weight loss or gain including gradual changes and missed weights. Management implemented the software at the home and evaluation undertaken by management determined there are no longer missed weights and weight gain or loss is identified more promptly and actioned accordingly.
- Corporate management identified documentation of resident wounds required improvement as it was paper based and not conducive to undertaking tending and analysis. Corporate management arranged for the rectification of issues with the electronic document management system to allow for electronic documentation of wounds. Management can now generate wound reports, upload photos of wounds, corporate management can create reports which benchmark, and trend wound rates between homes in the group. Evidence indicates the frequency of dressings has improved and there are no longer lost wound charts at the home.

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 findings

The home meets this expected outcome

Management ensures compliance with regulations and guidelines about health and personal care utilising policies and procedures, audits, staff education and competencies. Refer to expected outcome 1.2 Regulatory compliance for information regarding regulatory compliance systems and processes. Registered nurses manage medications and specialised nursing care. Medication is stored securely in accordance with regulatory requirements. There are systems for reporting and managing unexplained resident absences. Staff confirmed management provides information about regulatory changes and we observed staff conducting their duties within their scope of practice.

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 findings

The home meets this expected outcome

The home ensures its systems and process adequately monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. Management assists staff with external training and also conducts in-house training to educate staff in clinical topics. Refer to Expected outcome 1.3 Education and staff development for further details on the home’s education system and processes.

Examples of education and training provided in relation to Standard two include:

- registered nurse postgraduate program
- continence management
- supporting staff to complete “Certificate 4 in Personal Care Work”
- medication competency
- behaviour management training through Alzheimer’s Australia

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home ensures residents receive appropriate clinical care. Assessment of residents’ needs occurs upon entry to the home and the development of care plans takes place around these needs. Consultation occurs between the home and residents and their representatives where appropriate. The general practitioners and visiting allied health professionals contribute to an holistic approach to care. Review of resident care occurs regularly through the resident of the day program and in response to changing health status. Documentation ensures the monitoring of clinical care through charts, assessments, care plans and progress notes and uses electronic and paper based means. Registered and enrolled nurses oversee clinical care to residents according to their assessed needs and preferences. Residents and representatives stated their satisfaction with the clinical care provided. Staff confirm they are aware of residents’ needs and state appropriately qualified staff provide care.

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 findings

The home meets this expected outcome

Registered nurses and clinical care coordinators assess, plan, manage and review specialised nursing care needs. Specialised nursing care occurs in a number of areas including medication management, diabetic care, wound management, complex behaviour management, catheter care, stoma care and palliative nursing. Specialised nursing care occurs in consultation with specialist nurses from outside the home if required. Monitoring of specialised nursing care needs is through care plan reviews, the formal audit schedule and

feedback from residents and representatives. Residents and representatives are satisfied with 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 findings

The home meets this expected outcome

The home ensures the referral of residents to specialists and other health services as required and preferred. Medical practitioners visit the home regularly and residents can choose to retain their own doctor if they desire. The physiotherapist assesses residents when they enter the home and reviews all residents according to schedule, following a fall or if their health status changes. A podiatrist visits regularly and referral to the dietitian and speech pathologist occurs as needed. Optometry and dental technician services visit the home and assistance available for residents to attend other outside specialists if needed. Residents confirm their referral to specialists and allied health staff as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Registered and enrolled nurses manage and oversee medication administration. Competency tested care staff safely and correctly administer medication from dose administration aids. Current photos on their medication charts identify residents and the home has a policy for assessing and managing residents who wish to self-administer any medication. Pharmacy reviews of medication occur regularly and external pharmacist audits also occur. A medication advisory committee discusses any medication issues at regular meetings. The team observed general medications stored securely and controlled drugs stored with additional security. Residents and representatives confirmed medication administration occurs in a safe and timely manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home ensures residents’ pain management occurs appropriately. Assessment of residents’ for previous and current pain occurs on entry to home. Regular review of residents’ pain occurs as part of the resident of the day program and as changes in pain status indicate. The home implements a variety of pain management strategies and consultation with doctors ensures pain management is optimal. Additional pain consultation occurs during the palliative phase and involves input from local hospital outreach programs as appropriate. Residents said 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 findings

The home meets this expected outcome

The home accesses medical care for residents as necessary during the palliative care phase and seeks outreach support from local hospitals and palliative services as needed. Additional nursing care, spiritual and complementary care is available to residents and support is accessible to families at this time. Families are encouraged to contact staff at any time during the final phase of a resident’s life and visitors have access to assistance and support to stay at their loved one’s side for extended hours. Palliative care needs are available in conjunction with the resident’s and family’s wishes. Review of documentation indicates palliative care delivery occurs through 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 findings

The home meets this expected outcome

Care processes identify residents’ nutrition and hydration needs including specialised diets, allergies and individual preferences. Nursing staff complete an assessment for residents’ dietary needs and preferences on entry to the home and as required. There is a process to ensure the kitchen receives this information and any subsequent dietary changes. The home displays the daily menu and catering staff determine residents’ menu choices each day. Assessments and care plans identify allergies, details of required assistive devices, special dietary requirements, personal and cultural preferences and the need to monitor fluid intake. The care review includes monitoring of residents’ weight and nutritional status and the need for referral to other specialists. A speech therapist and dietitian manage care for residents with identified swallowing and nutrition concerns. Staff assist residents at mealtimes and provide adaptive cutlery and crockery to encourage independence when eating. Residents and representatives stated they are satisfied with the variety and presentation of food provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care protocols ensure the assessment and care planning for the management of residents’ skin integrity needs in consultation with the resident and/or representatives. Nursing staff complete assessments identifying skin integrity risks and the potential for pressure impairment and develop skin care plans according to residents’ needs and preferences. Strategies to promote skin integrity include the use of emollient creams, pressure relieving equipment, limb protectors and encouraging regular position changes. Reporting and review of residents’ skin incidents occurs. Registered nurses attend to wound care developing and evaluating wound care plans. Quality measures include monitoring of care plan information,

review of skin incidents and consulting with residents. Residents said they are satisfied with the care they receive to manage their skin and hygiene care.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents receive continence care appropriate to their needs that effectively manages their continence experience. Processes include an initial continence assessment, care planning and ongoing review of residents’ needs. Nursing staff identify suitable toileting regimes and effective aids detailing this information for staff in the residents’ ensuite. Processes ensure the identification and monitoring of urinary tract infections and strategies for bowel management. Care reviews occur two monthly and as required and include audits, observation of care practices, suitability of aids and obtaining feedback from residents and staff. Staff confirmed they have access to appropriate equipment and demonstrated an understanding of resident toileting regimes and personal needs. Residents said staff assist them in a timely and discreet manner.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Initial and ongoing care processes ensure residents presenting with challenging behaviours receive appropriate care to manage their needs. Nursing staff identify and assess residents’ behaviour patterns on entry to the home and complete additional monitoring and review as required. Assessments and care plans include the consideration of past history and clinical issues such as infection and pain, the type of behaviour and identification of behavioural management strategies. Staff consult other health professionals for support when developing care plans. There are effective systems to manage any care considered as having potential for restraint including the use of physical aids, medications and resident location monitoring devices. Lifestyle activities include consideration of residents’ behavioural and cognition needs. Management monitors the effectiveness of the care using audits of behavioural incidents, care plan reviews and feedback from residents, representatives and staff. Residents said staff manage the needs of residents with challenging behaviours in an caring and effective manner.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents have access to care and equipment to maintain optimum levels of mobility and dexterity. Physiotherapy and nursing staff assess residents for their needs and risks relating to mobility, dexterity and develop a care plan incorporating input from residents and/or their representative. Care plans include types of mobility aids, details for assistance and transfer needs, identification of falls risk and management strategies. Lifestyle programs include

exercise groups. Staff gave examples of falls prevention strategies including minimising clutter, correct footwear, change of bed height, movement sensor alarms and providing timely and appropriate assistance. Fall and near miss incidents are reported, actioned and reviewed in consultation with medical professionals, physiotherapist and residents and/or representatives. We observed staff assisting residents to mobilise using a range of aids and residents said they are satisfied with the care they receive to assist with mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents receive oral and dental care appropriate to their individual needs and preferences. Staff assess residents’ oral and dental health and care plans contain details of residents’ preferred routines, products to use and the level of assistance required. We observed dental aids in good condition and appropriate mouth care supplies. Staff assist residents to access their preferred dentist including provision for urgent care. Management monitors residents’ dental care using care plan reviews, audits and staff feedback. Residents confirmed staff assist them to maintain their oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Nursing staff identify the degree of residents’ sensory loss and develop strategies for effective management of identified deficits. Entry assessments include an assessment to identify concerns relating to the five senses. This contributes to the development of a care plan detailing specific individual strategies, the level of assistance required, care of aids and strategies to optimise sensory function. Staff assist with referral to specialists including audiologists, optometrists and preferred alternative therapist. Care strategies include the identification and management for residents who have adverse reactions to perfumes and chemicals. Lifestyle includes sensory enrichment programs to enhance the experiences of residents with sensory deficits or decreased cognitive function. Residents said they are happy with the care provided in relation to sensory needs

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Practices at the home assist residents to achieve natural sleep patterns. Nursing staff identify residents’ individual sleep regimes and preferences using assessments, observation and resident consultation. Care plans include strategies to calm and comfort residents prior to retiring and alternate strategies to minimise sedation use and to promote sleep. Progress notes and care plans describe interventions provided by staff to assist residents to settle if they are disturbed during the night. Quality activities, care plan reviews and resident feedback enables management to monitor the night environment and resident satisfaction. Residents said they usually sleep well and staff provide assistance as necessary.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about management’s system to actively pursue continuous improvement.

Recent improvements relating to Standard three include:

- In response to requests from residents, the resident advocacy committee, which had consisted of 1 person was increased to 4 people to provide more equal representation of residents. Residents who advocate on behalf of other residents at the home constitute the advocacy committee. The advocacy committee’s role has expanded with the addition of new residents to the committee. Committee member’s now welcome new residents to the home, have instigated changes to the home’s newsletter and arranged for a guest speaker, who is a resident, to tell their life story at each residents and representatives meeting. Feedback from residents has been positive around the changes to the resident advocacy committee.
- Management received a complaint regarding the external shopping service provider who attended the home with items for residents to purchase. The complaint related to the freshness of the items the provider was selling, the cost and inappropriate items (for example, selling sweets to residents with diabetes). Management cancelled the provider and the lifestyle staff set up and supervise the operation of two kiosks at the home. Feedback from residents indicates they enjoy buying from a “local shop”.
- Management identified there was a lack of opportunities for men to socialise and engage in common activities. Management purchased a billiards table and a weekly billiards club commenced. Evaluation demonstrates male residents attend the club and enjoy the billiards activities.

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 findings

The home meets this expected outcome

Management systems identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information regarding regulatory compliance systems and processes. Residents and representatives receive information regarding privacy and confidentiality, their rights and responsibilities and security of tenure on entry and as required. Brochures for the external complaint system and other aged care related information are readily available. Storage of documentation, archiving and document destruction occurs in a secure and confidential manner. There are policies and guidelines for staff regarding mandatory reporting.

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 findings

The home meets this expected outcome

The home has a system to ensure staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard three include:

- privacy and dignity
- assisting staff to attend a lifestyle and leisure course
- cultural diversity training
- promoting independence.

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 findings

The home meets this expected outcome

Management and staff support residents to adjust to life in their new environment and provide emotional support on an ongoing basis. Prior to entering the home, residents and their families are informed about the services available at the home, their rights and responsibilities and information about relevant fees and charges. On entry the resident is orientated to their room, the environment and amenities and introduced to other residents. Lifestyle staff ensure new residents are aware of the activities program and commence assessments which capture social, emotional needs and life histories. The members of the resident advisory committee welcome new residents and assist in providing emotional support. A social worker is available by referral to provide emotional support to residents and their families if required. Residents said staff are friendly, kind, caring and their emotional needs are met.

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 findings

The home meets this expected outcome

Management and staff support residents to be as independent as possible and to participate in their community. Lifestyle staff assess residents' needs and develop care plans which document strategies to maximise independence such as exercise programs and walking groups. Staff, representatives and volunteers assist residents to maintain their individual interests, to participate in outings, have control over their financial matters where appropriate and maintain their civic responsibilities. Continued links with local organisations are encouraged and incorporated into daily activities and local school children attend the home.

Residents confirmed they are satisfied their independence is encouraged, supported and respected.

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 findings

The home meets this expected outcome

Management ensures staff support and respect each resident's right to privacy and dignity. Staff receive information about privacy and confidentiality during orientation and on an ongoing basis. Documentation of resident preferences around privacy and dignity occur in self-expression and sexuality care plans. Staff knock and request permission before entering residents' rooms and close doors during personal care. Residents are encouraged to personalise their rooms with their own belongings. The home manages documentation securely and staff hold confidential conversations in private. Residents said staff are respectful and maintain their privacy and dignity at all times.

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 findings

The home meets this expected outcome

Management encourages and supports residents to participate in a range of activities and events both individually and in groups. Assessments capture past and current interests, preferences for social interaction and community links. Care plans including social and human needs document these choices and interventions which support interactions. Staff review and update plans to reflect changes in the individual needs of residents on a regular basis. Staff assist and encourage residents to attend outings, maintain individual hobbies and interests. The lifestyle program is responsive to resident input through surveys, monitoring of attendance records, program evaluations, meetings and informal discussions. Lifestyle staff have a sound awareness of individual residents' lifestyle needs and preferences. Residents confirmed staff invite them to the daily activities and they are satisfied with the variety of the lifestyle activities provided 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 findings

The home meets this expected outcome

Management provides services in a manner which values and fosters residents' cultural and spiritual lives and supports individual interests. Staff identify residents' cultural and spiritual preferences on entry and documents these in each resident's care plan. Staff ensure significant holidays and cultural celebrations are observed at the home and encourage participation of families and community members. Representatives from a number of different religious denominations regularly attend the home to undertake religious services. Staff are sensitive to residents' cultural and spiritual needs and demonstrated knowledge of

individual residents' requirements in this regard. Residents are satisfied with the way staff acknowledge and respect 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 findings

The home meets this expected outcome

Staff are committed to supporting and respecting resident choices and decisions ensuring the promotion and maintenance of independence. Residents have input into the services they receive including their personal care, choice of medical practitioner, rising and retiring times, food choices, and their level of participation in activities. Residents and their representatives are encouraged to provide feedback about the care provided via formal mechanisms such as meetings, quality improvement forms and surveys. Staff said residents are able to have a choice about everything in the home. Residents provided favourable comments regarding the opportunities for them to exercise choice and control over their individual lifestyle at the home.

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 findings

The home meets this expected outcome

Management provide information for residents and representatives on security of tenure and their rights and responsibilities in residents' agreements and handbooks. The resident agreement includes information for residents about complaints handling, fees and charges, their security of tenure, care and service entitlements and the process for the termination of the agreement. The business manager provides residents and representatives with information on complaints resolution processes including internal and external complaint mechanisms, and advocacy services. All residents or their representatives have the opportunity to sign an agreement on entry to the home. Management stated they discuss any movement of residents' accommodation with the resident and their representatives, and they support residents in their transfer as much as possible. Resident and representatives interviewed said they feel secure in their tenure.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about management’s system to actively pursue continuous improvement.

Recent improvements relating to Standard four include:

- Residents raised concerns around the wastage of fruit at the home. Staff placed fruit was on dining tables and residents took the fruit back to their rooms and often failed to eat the fruit. Management responded by purchasing fruit baskets so residents can select fruit as they want it. Feedback at resident and representative meetings indicates residents are satisfied with this improvement activity.
- Management received hazard alerts from kitchen staff stating they were experiencing pain from the repetitive opening and closing of the dishwasher. Management implemented interim measures including rotating staff after 5 dishwasher opening and closing sessions. Management arranged for the purchase and installation of a conveyer belt dishwasher. Evaluation indicates high level of staff satisfaction, no pain complaints due to repetitive movements and increased dish washing efficiency.

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 findings

The home meets this expected outcome

Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information regarding regulatory compliance systems and processes. Documentation confirms compliance with essential services, fire and safety regulations and food safety programmes. Staff participate in annual manual handling training and management processes ensures equipment is maintained and appropriate for use.

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 findings

The home meets this expected outcome

The home has a system to ensure management and staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and

safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard four include:

- fire and safety training
- chemical handling
- food service education
- incident debrief training
- manual handling.

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 findings

The home meets this expected outcome

Management and staff use systems and processes to maintain a safe and comfortable environment consistent with resident care needs. Glendale Aged Care has a number of courtyard gardens, with windows providing ample light and views. The living environment is clean and the home provides and maintains heating and cooling systems to ensure an optimal temperature for staff, visitors and residents. Staff maintain the grounds, building and equipment through a program of routine and preventative maintenance. Maintenance and other staff are involved in audits, hazard reporting, comments and complaints, incident/accident reports and daily walk around inspections. Residents and representatives say they are satisfied with the home's environment and can make suggestions or complaints about any environmental or other issue in the residents meeting or direct to staff.

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 findings

The home meets this expected outcome

The home's systems and processes work effectively to provide a safe working environment consistent with policy and regulatory requirements. There is a system for reporting hazards, managing identified risks and reporting and analysing accidents and incidents. There is a process to record, analyse and review resident and staff incidents. Staff orientation includes an introduction to environment health and safety and staff attend annual mandatory training in manual handling. Staff display an understanding of work health and safety requirements and their involvement in reporting hazards and maintenance issues supports this.

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 findings

The home meets this expected outcome

There are systems of work to promote the safety and security of residents, visitors and staff. We observed emergency and fire evacuation procedures and equipment, and noted documentation showing regular checking and maintenance of equipment by external contractors. Annual planner and education attendance records show annual compulsory education is in place for fire training/emergency evacuation. There are risk management features in the home such as emergency response flip charts in close proximity to telephones, sign in and out registers, evacuation egress plan on display, lock-up procedures and outdoor lighting. Staff receive regular training in emergency response, including bomb threat, security threat and other potential emergencies. Staff interviewed said they are confident they would know what to do in an emergency as a result of this training.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Glendale Aged Care has an effective infection control program. The clinical manager works with staff throughout the service to ensure staff know and practice safe infection prevention practices. Education consultants provide regular training for staff in infection control and hand washing. Staff have access to personal protective equipment and clothing in all areas of the home. The infection control program includes an outbreak management policy and kits, a food safety program, a vaccination program for residents and staff, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and we observed good infection prevention practices.

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 findings

The home meets this expected outcome

Hospitality services support residents' quality of life and enhance the environment for residents and staff. Catering staff have access to resident dietary information including specific dietary requirements and food preferences. A dietitian reviews the rotating seasonal menu and alternative meals and snacks are available. Processes ensure safe work practices and compliance with the food safety program and third party audits occur. Staff implement appropriate labelling and storage of food and stock rotation. Schedules ensure the regular cleaning of resident rooms, communal areas, hospitality areas and staff facilities and occur in accordance with chemical safety and infection control guidelines. The laundering of residents' clothing occurs on site by in house staff and linen is laundered offsite by an external contractor. Observation and staff interviews confirm laundry operations are in accordance with infection control guidelines, with the use of chemicals, high water temperatures and safe work practices. Staff confirmed they receive training in food safety, infection control and chemical and manual handling appropriate to their role. Resident and representatives indicate they are satisfied with the catering, cleaning and laundry services.

Residents state if they have any issues relating to these services they feel comfortable communicating them to management or staff.