Decision to accredit
Ottoman Village Aged Care

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

The Agency has decided that the period of accreditation of Ottoman Village Aged Care is two years until 6 November 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 period of accreditation will allow the home the opportunity to demonstrate the recent improvements in care and services are sustainable.

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.
<table>
<thead>
<tr>
<th>Details of the home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home’s name: Ottoman Village Aged Care</td>
</tr>
<tr>
<td>RACS ID: 3528</td>
</tr>
<tr>
<td>Number of beds: 30 Number of high care residents: 21</td>
</tr>
<tr>
<td>Special needs group catered for: Nil</td>
</tr>
<tr>
<td>Street: 66 Coleraine Street</td>
</tr>
<tr>
<td>City: Broadmeadows State: Victoria Postcode: 3047</td>
</tr>
<tr>
<td>Phone: 03 9309 7562 Facsimile: 03 9309 7047</td>
</tr>
<tr>
<td>Email address: <a href="mailto:ovac_1@bigpond.com">ovac_1@bigpond.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved provider: Broadmeadows Turkish Islamic Cultural Centre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team leader: Gerard Barry</td>
</tr>
<tr>
<td>Team member: Jennifer Thomas</td>
</tr>
<tr>
<td>Dates of audit: 16 August 2010 to 17 August 2010</td>
</tr>
</tbody>
</table>
### Executive summary of assessment team’s report

#### Standard 1: Management systems, staffing and organisational development

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

#### Standard 2: Health and personal care

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Assessment team recommendations</th>
<th>Agency findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
</tbody>
</table>
## Executive summary of assessment team’s report

### Standard 3: Resident lifestyle

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Assessment team recommendations</th>
<th>Agency findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.4 Emotional support</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.10 Resident security of tenure and responsibilities</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
</tbody>
</table>

### Standard 4: Physical environment and safe systems

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Assessment team recommendations</th>
<th>Agency findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
</tbody>
</table>
Assessment team’s reasons for recommendations to the Agency

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

<table>
<thead>
<tr>
<th>Name of home</th>
<th>Ottoman Village Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID</td>
<td>3528</td>
</tr>
</tbody>
</table>

Executive summary
This is the report of a site audit of Ottoman Village Aged Care 3528 66 Coleraine Street BROADMEADOWS VIC from 16 August 2010 to 17 August 2010 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 Ottoman Village Aged Care.

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 16 August 2010 to 17 August 2010.

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

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

Assessment team

<table>
<thead>
<tr>
<th>Team leader</th>
<th>Gerard Barry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member</td>
<td>Jennifer Thomas</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider | Broadmeadows Turkish Islamic Cultural Centre |

Details of home

<table>
<thead>
<tr>
<th>Name of home</th>
<th>Ottoman Village Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID</td>
<td>3528</td>
</tr>
</tbody>
</table>

| Total number of allocated places | 30          |
| Number of residents during site audit | 29          |
| Number of high care residents during site audit | 21          |
| Special needs catered for | Nil          |

<table>
<thead>
<tr>
<th>Street</th>
<th>66 Coleraine Street</th>
<th>State:</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Broadmeadows</td>
<td>Postcode:</td>
<td>3047</td>
</tr>
<tr>
<td>Phone number</td>
<td>03 9309 7562</td>
<td>Facsimile:</td>
<td>03 9309 7047</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:ovac1@bigpond.com">ovac1@bigpond.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Assessment team’s recommendation regarding accreditation**
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Ottoman Village Aged Care.

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility manager (registered nurse)</td>
<td>1</td>
</tr>
<tr>
<td>Assistant manager</td>
<td>1</td>
</tr>
<tr>
<td>Consultant</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>1</td>
</tr>
<tr>
<td>Enrolled nurses</td>
<td>1</td>
</tr>
<tr>
<td>Care staff</td>
<td>7</td>
</tr>
<tr>
<td>Lifestyle coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Chairman of the board of management</td>
<td>1</td>
</tr>
<tr>
<td>Member- board of management</td>
<td>1</td>
</tr>
</tbody>
</table>

### Sampled documents

<table>
<thead>
<tr>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents' files</td>
<td>10</td>
</tr>
<tr>
<td>Summary/quick reference care plans</td>
<td>10</td>
</tr>
<tr>
<td>Resident agreements</td>
<td>5</td>
</tr>
<tr>
<td>Complaints</td>
<td>20</td>
</tr>
</tbody>
</table>

### Other documents reviewed
The team also reviewed:
- Action plan (mandatory training)
- Activities attendance and evaluation tick sheets
- Activity calendar
• Asthma action plan
• Audit schedule and results
• Behaviour charting and folder
• Blood glucose monitoring schedule, charting and competencies
• Care staff education needs consideration
• Catheter management care plans
• Cleaning schedules
• Clinical assessments
• Clinical audits folder
• Competencies folder
• Competency training log
• Complex care folder
• Consent for outing forms
• Maintenance requests
• Daily documentation schedule
• Diabetes management folder
• Dietary notification forms
• Doctors communication folder
• Documentation – medication refresher workshop
• Duty lists
• Education calendar
• Education schedule, records of attendance and evaluations
• Emergency manual and essential services records
• Evaluation – lifestyle activities
• First aid updates
• Food safety program and catering records
• Hand washing audits folder
• Handover sheets
• Hypoglycaemia treatment flow chart and guidelines
• Incident monitoring records and analysis
• Infection control policy
• Infection control policy, register, checklists and monthly surveillance summary
• Initial assessment guide folder
• Lifestyle activity sheets
• Lifestyle and leisure program survey
• Lifestyle assessments
• Mandatory reporting file
• Material safety data sheets
• Medication administration practical assessments
• Medication assessments and management plans
• Medication competency questionnaire
• Medication management procedure folder
• Memoranda
• Menus
• Minutes of meetings
• Mission/vision/philosophy
• Monthly infection review
• Nutrition screening tool, risk protocol and weight loss guidelines
• Oral and dental assessments
• Lifestyle participation records
• Pathology results folder
• Personal files set up flow chart
• Physiotherapist communication sheets
- Physiotherapy care plans
- Plan for continuous improvement
- Police checks
- Policies and procedures
- Policy and procedure reviews
- Position descriptions
- Preventive maintenance schedule and records
- Professional registration checks
- Progress notes
- Quality statement
- Recruitment procedures
- Referrals to specialist services
- Refrigerator temperature charts
- Resident consent forms for photographs and outings
- Resident list
- Resident of the day review process
- Resident visual check form (24 hours)
- Residents at risk summary
- Residents’ information handbook
- Rosters
- Routine weight charts
- Scheduled medication signing register
- Sleep assessments and charting
- Specialised care folder
- Staff handbook
- Staff orientation pack
- Supplier agreements
- Table of compliments/comments/complaints
- Terminal wishes assessments
- Weekly weight monitoring charts
- Wound management charts

**Observations**

The team observed the following:
- Activities in progress
- Administration of medications
- Biohazard spill kit
- Books, videos and tapes (Turkish and English)
- Call bell system in operation
- Cleaner’s room
- Communal toilets
- Courtyard garden
- Dining/lounge and sitting rooms
- Equipment and supply storage areas
- External clinical support team on site
- Hairdressing salon
- Hand sanitisers around home
- Hypo treatment kit
- Infectious outbreak kit
- Infectious waste bins
- Interactions between staff and residents
- Kitchen
- Laundry
- Living environment
- Maintenance store
- Medication refrigerator
- Medication trolley
- Notice boards with displayed information
- Oxygen cylinder
- Personal protective equipment
- Pharmacy return box
- Prayer room
- Resident bedrooms and ensuites
- Resident meals
- Residents using mobility aids
- Scheduled medication locked cupboard
- Staff knocking on doors before entering
- Staff practices
- Staff room
- Staff work areas
- Storage of medications
- Treatment room
- Wound care trolley and stock levels
- Yellow infectious waste bins
Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement expecting all stakeholders to be involved in improving conditions for the residents. There is an internal audit schedule in place with audit results being linked directly into the continuous improvement plans. Incidents, complaints, risk assessments, minutes of meetings, surveys, analysis of monthly trend data and informal conversations are all used to gather information regarding potential improvements. Items are entered on the plan for continuous improvement register. An action list with details is created with timelines depending on the complexity and urgency of the improvement. Recent improvements include:

- Created a new position of assistant manager, appointed person to this position. Responsibilities include upgrading policies/procedures and continuous improvement.
- Appointed a new registered nurse position as clinical coordinator.
- Implemented a different form for recording medication incidents and trained staff in its use.
- Reviewed staff handbook to include mandatory reporting requirements and police checks. Issued to staff.
- Arranged for a Turkish speaking psychologist to visit the home every two months and informed residents and their representatives of this service. Feedback has been positive.
- Provided board of management with information on the Aged Care Standards and put in place a system to ensure the board are kept informed of changes to legislation/regulations.

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

Management is kept informed of legislative changes through its subscription to a commercial provider of update services, its membership with industry associations, coronial communiqués and information from Government departments. Staff and residents are informed of changes through letters, memoranda, training sessions and via the noticeboards. Policies and procedures are reviewed and updated to reflect any changes, training requirements are assessed and implemented as required and staff competencies are measured through skill tests and internal audits. Databases for staff criminal record checks and for continuing professional registration are maintained and monitored, reminders are sent to staff as renewal dates approach. The home monitors its continuing compliance regarding bullying and harassment, privacy and employment regulations.
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 home has an educational program in place extending over all aspects of care and services offered at the home to ensure that the staff are skilled and competent to perform their tasks. Records of attendance and evaluation of training sessions are maintained. Performance appraisals, competencies, meetings, the changing condition of residents, audit results and strategic planning are used to formulate future training needs. Different approaches to adult education are used including expert speakers, external training organisations and self development learning packages. Recent training includes: workshop on the Commonwealth funding tool, preparation for accreditation.

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 has a well documented system for addressing resident concerns or complaints explaining that system in a number of documents provided to each resident at the time of entering the home. Information regarding the external process for making a complaint is provided in that same documentation and also in multilingual brochures throughout the home. Complaints can be verbal or written. The team sighted evidence of complaints being investigated and actions taken with residents/representatives being informed of progress and the final results. The resident relative meeting also provides residents with the opportunity to express their concerns. Residents told the team that they were happy at the home with no complaints. Residents/representatives stated they were aware of the formal complaint systems but preferred to raise any concerns directly with management or at the resident meeting.

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

There is a voluntary board of management team that has documented the home’s mission, vision, philosophy and quality statement. The home’s management meets with the board to discuss continuous improvement programs and operational issues. The board is currently reviewing the strategic plan with respect to increasing the number of high care beds.
1.6 Human resource management

This expected outcome requires that “there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service’s philosophy and objectives”.

Team’s recommendation

Does comply

Staff interviews indicate that staffing is adequate and that minimum agency staff is needed. Following a review of rostered hours, a registered nurse is now on duty four shifts per week, supported by enrolled nurses rostered on all other shifts with a mix of medication endorsed care staff and personal care assistants. The lifestyle coordinator with a support staff member, about to undertake a lifestyle certificate, provides activities and support to residents. Position descriptions and nurse registrations were found in some staff files. Staff said rosters have regular set shifts but said management is flexible to staffing needs. Staff are encouraged to expand their professional development and are offered education sessions. As part of the orientation program, staff work one day as super nummery and are given time to read through the staff information package, policy and procedure manuals and must sign off to indicate they have read the policy and procedure reviews. Staff confirmed that appraisals are undertaken annually.

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 stocks of goods and equipment that support quality service delivery. An effective stock control system is in place; inventory is regularly checked and depletion initiates a re-order of supplies. Stock is stored safely in clean and secure areas. New equipment is trialled prior to implementation. There is a preventive maintenance schedule in place supported by a maintenance request system. Staff, residents and representatives confirm their satisfaction with the amount and quality of goods and equipment available to meet their needs.

1.8 Information systems

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

Team’s recommendation

Does comply

Management and staff have access to information that is accurate and appropriate to their roles. Confidentiality and security of staff and resident information is maintained at all times. Staff sign a confidentiality agreement when commencing work at the home and residents sign consent forms for the use of their names or images. The computer system is limited mainly to management but there are plans to expand the system to include staff and residents. Current computer systems include password protected, limited access to certain files and manual back up of computerised documentation. There are systems in place for reporting notifiable infections, mandatory reporting and changes in key personnel. Residents and staff reported that they are provided with information that is appropriate to their needs.
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

The home has systems in place to ensure the quality and suitability of externally sourced services. External contractors have signed service agreements specifying standards of service delivery, ongoing certification or registration and insurance requirements but not police checks. Allied health professionals have produced proof of criminal record checks. All contractors must sign in/out when on site. Staff have access to a list of approved suppliers and emergency contacts. All contracts are approved, negotiated, monitored and reviewed annually. Residents and their representatives 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 recommendation

Does comply

The system for continuous improvement is described in Expected outcome 1.1. Staff meetings and the ‘tell us about it’ form provide staff with the opportunity to have an input into the continuous improvement system. Data analysis occurs for: falls, infections rates and medication errors. Actions are recorded and if appropriate added to the homes’ continuous improvement plan. Internal audits are conducted over the clinical care documentation and practices. Recent improvements include:

- Reviewed all care plans especially those involving behavioural issues. Care plans have been updated, training provided and a Turkish speaking psychologist has commenced regular visits to the home.
- Following the physiotherapist making a recommendation for a new mattress for one resident the home conducted a survey and ended up replacing 20 mattresses.
- The home has commenced the charting of pressure care areas.

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 system for regulatory compliance is described in Expected outcome 1.2. The home monitors any changes in legislation such as medication management and alerts the staff through meetings, memoranda or training sessions. Drugs of dependence and other medications are properly stored and professional registrations are verified annually.

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

The system for education and staff development is described in Expected outcome 1.3. Training is viewed by management as a vital requirement for maintaining and enhancing the skills of its staff. Staff are encouraged to identify their own training needs during performance appraisals. Competency based questionnaires and practical observation are used by management to assess continued knowledge and skills and assist in planning future training needs. Recent training includes: better oral health, dementia update, continence management, medication administration refresher, bowel management, diabetic management, asthma management, wound management.
2.4 Clinical care

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

Team's recommendation

Does comply

The home has systems in place to ensure resident clinical needs are assessed, planned, implemented and evaluated. A registered nurse oversees and/or supervises clinical care for all residents, well supported by enrolled nurses and care staff. Comprehensive information is collected from residents and representatives on entry, assessments are undertaken and then this information is formulated into individual care plans. These care plans detail the resident care goals to be met and the interventions required by staff to implement the care. Staff state they use these care plans when providing daily care. Resident and representative feedback was positive about the clinical care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team's recommendation

Does comply

Registered and enrolled nurses, supervise and evaluate the specialised care needs of residents. Detailed specific care plans are implemented and contain additional information for staff to assist them to deliver current specialised care to residents. Flow charts provide clinical protocols for staff in relation to specialised care. Staff have access to education and guidelines on specialised care and have access to external specialist services if required for advice and management interventions. Residents and representatives said they are satisfied with the specialised care received.

2.6 Other health and related services

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

Team's recommendation

Does comply

Residents have access, via referrals to a number of allied health services according to their needs and preferences. Documentation, residents and staff confirm the availability of specialist external health practitioners. Residents and representatives stated they are consulted before referrals are made and are informed of the outcome following an appointment. They said they are satisfied with the services provided.

2.7 Medication management

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

Team's recommendation

Does comply

Registered nurses and enrolled nurses administer medication, with some assistance from medication competent care staff, from a blister pack system. Unpacked medications are highlighted on medication charts that staff sign to identify administration. Residents that self-administer medication are assessed to ensure safety then monitored regularly. Audits of medication charts are conducted and improvements identified and actioned to ensure medications are administered as safely as possible. Staff said they attend education sessions on medication management and undertake competencies to ensure they maintain
the skills to safely administer medication. Residents and representatives stated their medication is managed well.

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

Team’s recommendation
Does comply
Residents are assessed for pain and if pain issues are identified a comprehensive resident pain management care plan is implemented. Staff are aware of the importance of monitoring cognitively impaired residents for pain and use an observational tool with verbal and non verbal cues to assess pain. Entries in the progress notes showed staff offering pain management strategies to residents and the effectiveness of these interventions recorded. Pain management plans are reviewed as per schedule by a registered nurse who liaises with the resident’s doctor if the resident’s pain is not being adequately managed. The home provides education and educational resources on current pain management for staff. Resident and representative feedback indicates a high level of satisfaction with how pain is managed by staff.

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

Team’s recommendation
Does comply
Residents and representatives are asked to complete a ‘terminal wishes assessment’ form. The home encourages family conferences and a form is completed that includes the resident’s resuscitation status, all stakeholders sign these forms. Staff attend palliative care education sessions and the home provides additional resources as required. An external palliative care service is accessed as needed for staff support and resident management advice. Residents and representatives said staff respect individual cultural requests and wishes during this time.

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

Team’s recommendation
Does comply
Food is a high priority at the home and residents are offered the food and drinks they request. A detailed nutrition and hydration care plan is developed which highlights resident food and drink preferences, any food allergies and religious requirements. Staff told the team that the residents could have anything they want and are aware of each resident’s specific dietary needs. A dietary list is kept in the kitchen and residents are offered texture modified meals and high caloric drinks as ordered. A menu is displayed in the dining area. Residents are referred to a speech pathologist if swallowing difficulties are identified. A dietitian reviews the menu and residents are referred for review if weight gain/loss are identified. Feedback from residents and representatives was positive about the variety and amount of food served.
2.11 Skin care
This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s recommendation
Does comply

The home uses a specific skin integrity/risk assessment tool. Each resident with identified skin issues has a skin care plan in place. The plan outlines the protective equipment required and the creams to be used to protect the skin. Staff said they access an external skin care service, attend education sessions and have resources available to them to offer residents optimal skin care. The team observed residents skin to be clean. Residents said staff assist them to keep their skin clean and moisturised and attend to any wounds promptly.

2.12 Continence management
This expected outcome requires that “residents' continence is managed effectively”.

Team’s recommendation
Does comply

On entry residents have bladder/bowel assessments and toileting charts completed. If continence issues identified a continence management plan is implemented, the plan is reviewed monthly as part of the resident of the day care review process and as required. Information regarding continence aids is discreetly placed for easy staff access. Staff attend education sessions and said they apply this knowledge when planning residents’ continence daily care. Residents and representatives told the team they are happy with continence care program.

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

Team’s recommendation
Does comply

Residents with identified behaviour issues have behaviour assessment and charting carried out. A management plan is then documented for staff that describes the behaviours exhibited, identifies triggers to the behaviours, actions for staff to take to manage the behaviours and the outcome expected for the resident. Staff said they liaise with visiting psychiatric services and utilise this input to lessen the impact of resident behaviours in the home. Progress note entries confirm this approach by staff and feedback from stakeholders indicated satisfaction with how staff manage challenging behaviours.

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

Team’s recommendation
Does comply

Residents are assessed by the physiotherapist on entry and throughout their stay at the home. Individual exercise plans are developed that reflect the assessed needs of each resident and care staff ensure these exercises are carried out daily. Staff attend mobility education sessions including orientation with the physiotherapist and are aware of the importance in reducing resident falls. Residents have risk assessments undertaken and detailed, personalised risk management plans developed. Resident feedback indicated they
enjoy attending the daily exercise group and said staff give them assistance to maintain optimal mobility and dexterity.

2.15 Oral and dental care

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

**Team’s recommendation**

Does comply

Residents oral and dental needs are assessed on entry and their preferences recorded. A care plan is implemented that indicates to staff the level of assistance residents require to maintain their oral and dental health. Staff said they refer to this when planning resident’s hygiene activities each day. Following consultation with residents, representatives and general practitioners staff organise referrals to the visiting dentist or dental technician. Audits are undertaken and areas identified as requiring improvement logged into the continuous improvement program. Staff attend oral and dental education sessions. Residents expressed satisfaction with how their oral and dental care is undertaken.

2.16 Sensory loss

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

**Team’s recommendation**

Does comply

Following assessment residents with identified sensory loss have a detailed care plan developed including documented strategies to manage their sensory losses. The registered nurse reviews the care plan monthly. Audits are undertaken and improvements become part of the home’s continuous improvement system. Staff consult with residents and representatives requiring sensory loss review and can organise appointments to appropriately qualified practitioners if required. Residents said staff are aware of their sensory aids requirements and give assistance to fit and maintain cleanliness of the aids.

2.17 Sleep

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

**Team’s recommendation**

Does comply

Residents have a comprehensive sleep care plan formulated. This plan includes the residents retiring preferences and strategies for staff to use to enhance residents natural sleep patterns. Staff said they use therapies including music, gentle massage and offer residents warm drinks and snacks to assist them to sleep. Residents confirmed to the team that the evening and night time environment is calm, quiet and conducive to settling and sleeping. Residents told the team the staff are aware of their retiring routines and said they slept well because of the assistance given to them by staff.
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

The system for continuous improvement is described in Expected outcome 1.1. Resident lifestyle is monitored through scheduled audits with feedback being sought through resident satisfaction surveys and resident/relative meetings. Feedback to the team from residents indicates satisfaction with the lifestyle program. Recent and improvements include:

- The home conducted a resident survey involving residents and their representatives. The main outcome was an increase in the number of bus outings.
- Following a suggestion from the leisure and lifestyle coordinator the resident/relative meeting has gone from quarterly to monthly. Feedback has been positive but it is still too early to fully assess the success of the change.
- Arranged a Turkish speaking psychologist to assist residents or their families.
- Connected Turkish television channel to the television in the larger activity room. This resulted in more residents being able to watch the culturally specific channel as well as allowing for separate male and female interests.
- Set up a Karaoke system where residents now enjoy singing along to old Turkish songs.
- The home arranged for consultants from the elder support advocacy and cultural diversity to present training to staff.
- Following an internal audit the leisure and lifestyle coordinator has added two questions on social and religious needs to the resident survey. The survey has also been translated into Turkish.

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 system for regulatory compliance is described in Expected outcome 1.2. Information about the required specified care and services, security of tenure, complaint mechanisms, residents rights and responsibilities and the organisational mission and values statements are included in the residential agreement offered to residents as well as in information folders for residents and prospective residents. The mission and value statements and the charter of rights and responsibilities are displayed and brochures are available. There is a system in place for reporting elder abuse.

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
The system for education and staff development is described in Expected outcome 1.3. Performance appraisals and resident feedback through surveys and meetings are tools used
to identify training needs. Recent staff training includes: cultural awareness, elder abuse and elder advocacy.

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

**Team’s recommendation**

Does comply

The emotional needs of residents are documented on entry and monitored on an ongoing basis. The lifestyle coordinator ensures residents and their families and friends are welcomed into the home and monitors the ongoing emotional needs of all stakeholders and facilitates the support and assistance required as they settle into their new home. The home welcomes new residents by encouraging them to share meals with other residents in the dining room. Regular “one on one” sessions with the lifestyle coordinator includes visiting residents’ in their rooms for private discussions and to deliver the newsletter and activities program. Care plans and progress notes are updated to identify the changing emotional needs of the residents. An information pack is provided to residents detailing the support mechanisms both internally and in the wider Turkish community that are available to residents and families. The team observed staff to be supportive and using a caring approach with residents. Residents stated they are satisfied with the emotional support provided.

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

The home encourages residents to achieve maximum independence and maintain friendships within the home and local community. Community links are encouraged with residents attending external religious services and visiting local shops. The home actively supports these trips and arranges the appropriate taxi or transport as appropriate. Physical exercise features daily on the lifestyle program, promoting residents to maintain or improve their physical condition with appropriate mobility and meal assisting aids readily available. Families and the Turkish community are invited to participate in resident activities, with residents confirming that their independence is encouraged.

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

Residents’ privacy, dignity and confidentiality is recognised and respected by the home in accordance with residents’ individual needs and preferences. Accommodation consists of single rooms each with ensuites. Resident information is maintained in secure offices with resident agreements locked within the administration area and clinical information maintained in the locked care staff office. Residents are advised of information relating to the home’s policy regarding privacy, dignity and confidentiality, and this information is contained in the resident handbook. Staff practice observed by the team indicates that privacy, dignity and
confidentiality of residents is valued, with residents confirming satisfaction with respect they receive from the staff.

### 3.7 Leisure interests and activities

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

**Team’s recommendation**

Does comply

Residents are assessed on entry to the home with a detailed leisure interest profile prepared outlining past interests, hobbies, cultural and religious observations. Activities are reviewed monthly. Individual resident attendance records are maintained noting participation in the activities programs, and together with feedback gathered from an annual resident satisfaction survey and resident meetings, assists with the evaluation of the program. Care plans are reviewed in accordance with residents’ needs, with progress notes reflecting attendance at activities. Residents receive an activities calendar featuring the regular program and special events. Residents confirm that they are encouraged to participate and are satisfied with the activities available.

### 3.8 Cultural and spiritual life

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

**Team’s recommendation**

Does comply

The home is specifically for the Turkish community so is very focused on providing a meaningful cultural and spiritual life in the home based on Turkish values and customs. The lifestyle coordinator identifies and documents the individual cultural and spiritual needs of the residents and this information is recorded in the individual resident care plans. Significant days and festivals are celebrated by the home including the observation of fasting and daily prayer needs as preferred by residents. The non-Turkish residents have days of celebration according to their cultures. The lifestyle coordinator stated that Christmas, Easter and New Year are observed in an appropriate manner. Staff were observed to embrace the residents cultural and spiritual needs and to encourage resident participation, with residents confirming their cultural and spiritual needs are very well catered for by the home.

### 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’ preferences including likes/dislikes, cultural and social interests are assessed on entry to the home with information recorded in their care plans. Residents are encouraged to participate in menu planning and to provide feedback on meals to the kitchen. Residents meetings are the forum for residents to make decisions and choices on how they live in the home. Residents stated that they do not have to participate in activities; that there are always alternatives to the home’s activity program and meal services; that they have a choice of general practitioner or specialist they wish to see; confirming to the team choices are offered and provided. Staff stated that residents are encouraged to participate in the decision making process and are offered choices in service delivery.
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

Prior to entering the home the resident and/or their representatives are provided with an information pack and a tour of the home. Information provided to the resident/prospective resident includes a residential agreement. This agreement includes information relating to services provided, rights and responsibilities, fees and charges. Residents and representatives have access to information through meetings and discussions with management and staff. Notice boards around the home contain general information relating to the day-to-day operation of the home. Residents interviewed stated they feel safe at the home and understand their rights and responsibilities.
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 system for continuous improvement is described in Expected outcome 1.1. The physical environment and safe systems are monitored through scheduled audits and workplace inspections which are conducted to assess resident satisfaction and staff implementation of procedures related to Standard four. Incident reports are collated on an internal database, analysed for trends and actioned. Resident surveys are used to assess the level of satisfaction and also to highlight equipment needs. Recent improvements include:

- Changes in the menu have resulted from surveys and meetings with residents to ensure they are satisfied with the catering. Changes have been reviewed by the dietitian and care staff are consulted regarding the proposed changes and individual residents’ dietary requirements.
- The physiotherapist has been assigned the task of providing refresher training for staff regarding manual handling of lifting equipment.
- The home has worked with the physiotherapist and purchased new beds, commodes, shower chairs and sliding boards due to the changing conditions of residents.
- Supplied labels for representatives to use when bringing in food from outside.

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’s system for regulatory compliance is described in Expected outcome 1.2. Regulatory and legislative update mechanisms are operating to ensure the home generally meets requirements related to the physical environment and safe systems. Regular audits and workplace inspections are conducted to ensure that hospitality services meet the requirements. Current food safety certification is displayed and all catering staff have food handling qualifications. Material safety data sheets are stored at point of use around the home. Occupational health and safety representatives undergo training and task risk assessments are being initiated. Contractors perform regular monitoring and maintenance of essential services.

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 system for education and staff development is described in Expected outcome 1.3. Management has a schedule for training that includes in-service, learning packages and external courses or consultants. Mandatory training has been offered to staff but there has been limited uptake. Mandatory training consists of fire and emergency, manual handling,
food handling, infection control and occupational health and safety.

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

Ottoman Village Aged Care was initially established as a non profit home for aged persons from the Turkish community. Although culturally specific the home accepts residents of other nationalities when space is available. The home is classified as low care ageing in place where all residents have single bed rooms with private ensuite facilities. Residents have individual control of heating in their rooms while the common rooms and corridors of the home are centrally air conditioned. There is a central dining room an area set aside for morning tea and a number of comfortable sitting areas. There are preventive and corrective maintenance systems in place to ensure the continued upkeep of the building. Environmental inspections are conducted to ensure hazards are identified and rectified. The home has a range of well maintained gardens and courtyard including vegetable gardens for residents. Residents told the team that the home is comfortable and that they are happy to be living there.

4.5 Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements”.

Team’s recommendation
Does comply

The home has an occupational health and safety committee with a trained representative and work place representatives meeting quarterly to discuss: infection rates, incidents, training, regulations and hazards. Risk assessments of manual handling work practices is about to commence following training earlier in the year. Environmental audits are conducted to support the hazard reporting and maintenance systems. Staff told the team that they are aware of the forms used for reporting hazards and incidents, confirmed their training in manual handling/occupational health and safety and believe that management provides them with a safe work environment.

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

Team’s recommendation
Does comply

The home has an external contractor visiting regularly to monitor and inspect the essential services equipment. There is an emergency procedure manual in place that details the actions to take in the event of a range of different emergency situations including, fire, medical incidents and intrusion. There is a risk assessment process in place that assesses possible internal and external threats and has contingencies in place. The home is locked down from early evening to early morning for the security of residents and staff. There are sign in/out books at reception for residents and visitors to maintain safety and security. Residents told the team that they know they feel secure in the home. Staff are able to describe the actions to take in the event of an emergency and confirmed that emergency training occurs annually.
4.7 Infection control
This expected outcome requires that there is "an effective infection control program".

Team's recommendation
Does comply

The home has an effective infection control program that includes education, provision of personal protective equipment for staff and infection surveillance processes. An infection surveillance register is completed each time a resident infection is identified. The infection control representative offers staff additional support and information in relation to infection control procedures in the home. Staff confirm they have attended infection control education in the last year. The infection control representative also carries out fortnightly infection control audits and environmental inspections and observes staff practice. The team observed stock levels and staff said that they have enough stock to maintain infection control practices in the home. There are blood spill kits, an infectious management kit and yellow infectious waste disposal units located in the home. Staff hand-washing education and competencies is undertaken. There have been no recent infectious outbreaks. Staff are aware of standard precautions and infection control principles.

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

Team's recommendation
Does comply

Catering and personal laundry is performed by the home’s own staff while cleaning and laundering of linen is outsourced. Catering staff have access to resident dietary information including specific diets, allergies and food preferences. All meals are prepared fresh on site. Processes are in place to maintain food hygiene, to ensure safe work practices and compliance with food handling requirements and storage. A dietitian reviews the seasonal menus prior to implementation. Residents’ bedrooms are detailed once per week or more often if required, their ensuites are checked and cleaned on a daily basis. Public or common areas of the home are cleaned daily. Laundry requirements are met by trained care staff. Residents who are capable have access to a private laundry for personal washing if they choose to do their own. Residents and representatives stated they are very satisfied with the hospitality and domestic services provided by the home. Residents have input into the menu and provide feedback through the resident/relative meetings and surveys.