Bayview Gardens Nursing Home

RACS ID 2689
90 Annam Road
BAYVIEW NSW 2104

Approved provider: Aged Care Services 20 (Bayview Gardens) 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 20 July 2018.

We made our decision on 19 June 2015.

The audit was conducted on 19 May 2015 to 20 May 2015. 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	Quality 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	Quality 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	Quality 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	Quality 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

Australian Government
Australian Aged Care Quality Agency

Audit Report

Bayview Gardens Nursing Home 2689

Approved provider: Aged Care Services 20 (Bayview Gardens) Pty Ltd

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 19 May 2015 to 20 May 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Katrina Bailey
Team member/s:	Mark Chapman

Approved provider details

Approved provider:	Aged Care Services 20 (Bayview Gardens) Pty Ltd

Details of home

Name of home:	Bayview Gardens Nursing Home
RACS ID:	2689

Total number of allocated places:	73
Number of care recipients during audit:	61
Number of care recipients receiving high care during audit:	61
Special needs catered for:	Dementia specific unit

Street/PO Box:	90 Annam Road
City/Town:	BAYVIEW
State:	NSW
Postcode:	2104
Phone number:	02 9999 1591
Facsimile:	02 9999 1207
E-mail address:	bayviewgardensdon@acsagroup.com.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Assistant facility manager	1
Registered nurses	3
Care staff	7
Administration assistant	1
Catering staff	2
Quality Manager	2
Care recipients/representatives	11
Care recipient representatives	8
Physiotherapist	1
Laundry staff	2
Cleaning staff	2
Maintenance staff	2
RAO staff	2

Sampled documents

Category	Number
Care recipients' files	18
Resident agreement	2
Medication charts	14
Personnel files	5

Other documents reviewed

The team also reviewed:

- Admission care information - residential care admission checklist and privacy information

- Care information - care monitoring charting, progress notes, incident reporting, assessments, monitoring, wound care and care planning

- Cleaning – infection control procedures, cleaning schedules

- Comments, compliments and complaints – improvement logs, external complaints forms and advocacy brochures

- Communication systems – diaries, doctors and allied health professionals communication folders, documented handover processes, newsletters, memoranda, meeting schedule and minutes, faxes

- Continuous quality improvement – audits and surveys, improvement logs, plan for continuous improvement, incident and accident reports, medication incidents, infection statistics and the homes self-assessment documentation.

- Education matrix and training records, training attendance reports, mandatory training records, staff competencies

- Emergency procedures manual, emergency flip charts, disaster management plan, evacuation plans, evacuation kit and resident evacuation list

- Food safety program – cleaning schedules, dietary preference sheets, NSW Food Authority License, audit results, food safety plan, menu, food and equipment temperature records

- Human resource management – policies and procedures, orientation program, police record checks, professional registrations records, job descriptions, duty statements, reference checks, staff handbook, staff rosters

- Information systems – vision, values, philosophy and commitment, meeting minutes, staff handbooks, village newsletter, staff handbook and residents' handbook

- Lifestyle information - activity program/schedule, activity records, evaluation information and assessments

- Maintenance and external services –maintenance logs, planned maintenance schedule, electrical tagging equipment, external service agreements, service records, contracts and agreements

- Medication management information - medication refrigerator temperature monitoring charts, schedule 8 register and medication ordering processes

- Physiotherapy - pain management and mobility information

- Regulatory compliance – annual fire safety statement, compulsory reporting register, criminal record checks, NSW Food Authority License, professional registrations, residential care agreements, staff confidentiality agreements, policies and procedures and infection control manual

- Resident and relative handbook

- Visitors, residents, volunteers and contractors - sign in and out books

- Work health and safety policies and procedures, occupational health and safety policy statement, incident reports, safe work practices, hazard reports, safety data.

Observations

The team observed the following:

- Activities in progress and activities program displayed

- Australian Aged Care Quality Agency re-accreditation audit notice displayed

- Care files and associated documentation storage areas

- Charter of residents' rights and responsibilities displayed

- Chemical storage, cleaners' rooms, cleaners' information folder, colour coded mops and cloths, personal protective equipment

- Diabetic emergency kit

- Dining rooms during lunchtimes, morning and afternoon tea, staff serving/supervising/assisting residents with meals

- Equipment and supply storage areas including medication

- Evacuation egresses, assembly areas, emergency evacuation pack including residents' information

- Fire board, firefighting equipment checked and tagged, exit and emergency lighting, designated smoking areas, evacuation plans

- Food service area – colour coded equipment, preparation and wash up areas, labelling and rotation of stock, dry stores

- Gastro-outbreak kit and bio-hazard spill kits

- Hand washing stations and hand sanitiser dispensers, infection control flip charts and infection control practices observed, sharps containers, general and contaminated waste disposal systems, stocked infectious outbreak supplies room.

- Interactions between residents, medical and other health and related services personnel

- Interactions between staff, residents and representatives including short observation

- Internal and external comments/complaints forms, brochures on display

- Laundry – separate washing, drying and folding areas, labelling machine

- Living environment (internal and external, including residents' rooms, communal living, dining and lounge areas, gardens

- Maintenance store areas

- Medications being provided to residents

- Mobility equipment, pressure support equipment and furniture and equipment; bed rails in use, and equipment provided to residents in comfort chairs

- Notices of impending Accreditation Site Audit posted throughout the home and provided to residents/representatives

- Personal protective equipment available and in use

- Secure area on the first floor

- Sensory kit

- Staff clinical areas and work stations

- Staff room and notice boards displaying training calendar and WH&S information

- Waste management processes.

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 care recipients, 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

Bayview Gardens Nursing Home has an active quality management system which incorporates information gathered from a wide range of sources. This includes improvement logs, audits, incident/accident reports, and comments and complaints. Other mechanisms include hazard reports, feedback from staff, evaluation of education programs and issues raised during staff and resident meetings. A continuous improvement team meets monthly and includes staff from each work area. This team reviews and monitors progress on continuous improvement activities. Interviews and documentation review demonstrates that management is proactive in encouraging input into the continuous improvement system by residents/representatives and staff. Residents/representatives and staff confirm that they are able to make suggestions for improvements and consider that management is responsive to their suggestions.

Improvements undertaken at the home in relation to Standard One, Management systems, staffing and organisational development include:

- Staff feedback identified the need to improve communication at care staff shift handover. A new procedure has been introduced to ensure health and personal care information is accurately captured. Care information is recorded in a communication book available for registered nurses between each shift. The communication book now provides a readily available source of information and has been well received by care staff.

- An increase in resident care needs has been identified by management. In response additional care hours has been rostered. Feedback from residents and care staff has been positive since the additional hours were introduced.

- A review and upgrade of the information technology infrastructure and operating systems at the home has been undertaken. This has resulted in a centralised server for all digital information providing improved security and a document controlled environment where users at the home have access to the most up to date version of organisational information.

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

Organisational systems ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced through subscriptions to a legislative update service, through industry related newsletters, from peak bodies, state and commonwealth government departments, statutory authorities and via the internet. Changes to legislation are disseminated to the home's staff via memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Audits, surveys, quality improvement activities, staff supervision and support, ensure that work practices are consistent and compliant with legislative requirements.

Examples of regulatory compliance relating to Standard One include:

- Procedures are in place to:

- Monitor criminal history checks for staff, volunteers and contractors.

- Ensure information is provided to residents/representatives and staff about internal and external complaints mechanisms.

- Check currency of external contractors' registrations and insurances.

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

There are systems to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process clearly identifies the knowledge, skills and education required for each position. There is an orientation program for all new staff. The education program, including topics covering the four Accreditation Standards, is developed with reference to management assessment of training needs, performance appraisals and staff input. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff interviewed reported they are supported to attend relevant internal and external education and training.

Residents/representatives interviewed were of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard One include:

• Staff conduct and bullying

• Reportable incidents

• Conflict resolution

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

The home has systems to ensure residents/representatives have access to internal and external complaint resolution mechanisms. This includes displaying information about the home's and the external Aged Care Complaints Scheme throughout the home and providing complaints/suggestions logs at the entrance. The information is also contained within the residents' information handbook and package and residents care agreements. The home's newsletter clearly outlines the processes staff are to follow if a resident/representative wants to lodge a complaint. Documentation indicates all issues raised with management have been addressed satisfactorily. Resident/representative meetings also provide a forum where issues can be raised. Resident/representative interviews confirmed that they were confident about raising concerns directly with management through their open door policy.

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 vision, values, philosophy and commitment to quality are documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in information handbooks used in the home. Vision, mission and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

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

The home has a system to ensure there are sufficient and appropriately skilled and qualified staff. The system to manage human resources includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. Replacement staff are utilised from a permanent and casual pool.

Rosters reviewed demonstrated appropriate replacement of staff. Residents/representatives are satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set to meet the demands of residents, taking into consideration regulatory requirements, occupancy levels, residents' needs and the changing environment in which the home operates.

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

There is a system to ensure the home has adequate supplies of goods and equipment. Staff advised they are provided with sufficient supplies of equipment and goods to deliver appropriate care and quality services to residents. Staff informed us, if necessary new equipment is trialled to ensure its suitability prior to purchase. Suppliers of new equipment are required to provide education and training on the use of any equipment with the relevant staff. The home has a comprehensive preventative and reactive maintenance program to ensure that all equipment continues to work effectively.

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 for the creation, storage, archiving and destruction of documentation within the home. Confidential information such as residents and staff files is stored securely. Information is disseminated through meetings, notice boards, newsletters, memoranda, communication books and diaries, handover reports, information technology systems and informal lines of communication. The computers at the home are password protected and there are appropriate management and backup systems. There is a system of data collection, surveys and audits to provide information regarding residents and staff needs and the quality of care provided at the home. Staff stated they are 'kept informed and are consulted on matters that may impact them'. This is achieved through the display of information such as minutes of meetings, notices, memos, newsletters, policies and procedures and at various meetings and informal discussions.

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

Externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The home has a list of corporate approved preferred suppliers and individualised written agreements with the external providers. Management has a system for identifying non-conformance of suppliers when there is poor performance of the supplier. Residents and staff reported satisfaction with the quality of service residents receive from external service providers.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 regarding the continuous improvement system which exists in the home.

Examples of recent improvements in relation to Standard two include:

- In response to feedback from care staff a behaviour management project was undertaken. A review of all behaviour care planning and education of care staff was completed. The project has resulted in reduced incidents of aggression by residents and increased confidence by staff in managing difficult behaviours.

- Due to the increased acuity in care needs of residents being identified, new equipment including pressure relieving chairs, fall out mattresses and electric air mattresses have been provided to residents. This has led to increased comfort and safety for residents and staff. Resident/staff feedback following the introduction of the new equipment has been positive.

- Following feedback from care staff a pain clinic offering physiotherapy services four times a week has been introduced. The clinic has provided interventions identified as benefitting residents with chronic and/or complex pain. The results from the clinic will be subject to ongoing evaluation.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation's system to ensure the home complies with legislation and regulations relevant to residents' health and personal care.

Examples of Regulatory Compliance in relation to Standard Two include:

- The home maintains records of current professional registrations of all staff and visiting health specialists.

- The home's storage and administration of medication is in accordance with the relevant legislation.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the organisation's system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions and activities provided relating to Standard Two include:

- Dementia and severe behaviours

- Oral and dental care

- Wound management

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has systems, processes, policies and procedures to ensure that residents receive appropriate clinical care. On entry to the home each resident is assessed by the health and lifestyle teams to establish individual residents' needs. An initial care plan is completed on entry to the home to guide staff practice regarding individual residents' care needs for permanent and respite residents. Over the next few weeks the health care team review the

residents' care requirements subsequently documenting more detailed care plans. Review of care documents and interviews with staff, residents/representatives shows that review of care needs is regularly undertaken in consultation with the resident and their representatives. A resident of the day program enables care needs to be regularly reviewed. Communication of information across shifts is managed through a handover process where changes in resident care are verbally communicated. General observations are taken as required.

Incidents are reported, acted upon, referred if required, evaluated, trended and reviewed. Interviews with residents/representatives confirmed that they are extremely satisfied with the way their clinical care needs are managed.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

The home has a system to identify and meet residents specialised nursing care needs. The home utilises the expertise of registered nurses to assess and meet specialised nursing care needs. The home has registered nurse support 24 hours every day. The assistant facility manager together with the registered nurses overview clinical care; and manage specialised nursing care needs. This includes catheter care, wound care, PEG care and diabetes management. Specialised care treatments are performed, documented and reviewed by the registered nurse. Management are currently improving the wound care processes and systems. This includes the introduction of wound champions and reviewing the wound products and treatment protocols. Interviews with residents/representatives confirm that they are satisfied with the way staff provide for their specialised nursing care needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that residents are referred to appropriate health specialists consistent with residents' identified needs, and preferences. Residents are assessed by registered nurses and referred to their doctor for assessment as needed. Review of documents and interviews with staff and residents suggest that allied health services and after hour services can be accessed promptly. Urgent requirements such as following an incident; or if the resident is unwell, are managed effectively. The home has access to a number of external allied health professionals for example: psycho-geriatric, palliative care, dietary, speech pathology and podiatric practitioners visit the home. Optometry services are generally organised by the resident representatives. Registered nurses are responsible for appropriate assessment and referral to allied health services, as deemed necessary at that time. Interviews with residents/representatives confirm a high level of satisfaction with referral to appropriate health services.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home demonstrates that staff have the necessary knowledge and skills required to safely and correctly administer residents' medications. The home uses a dose administration aid system for packed medications. The home has appropriate access to pharmacy for supply of required medications. Schedule eight (drugs of addiction) registers are checked regularly. Medication incidents reports are completed as required and managed through the medication advisory committee. An external pharmacist undertakes regular reviews of residents' medications. There are systems in place for residents who may wish to self- medicate. Nurse initiated medications are identified within the home's policy, however these orders are not individualised. Audits are performed by management to ensure the integrity of the medication management system. Interviews with residents/representatives confirm satisfaction with medication management.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home demonstrates that it provides for assessment and management of individual resident's pain, ensuring all residents are as free as possible from pain. Each resident is assessed on entry to the home and on an ongoing basis for verbal and/or non-verbal signs of pain. The physiotherapist undertakes a pain assessment and provides alternatives to medication for relief of muscular, oedema and joint pain. The physiotherapist provides regular pain treatments through a 'pain clinic approach. Effective overall pain management strategies are developed through consultation with the residents and, their representatives and external specialists as required. Any resident experiencing pain has access to numerous medicated and non-medicated options for pain relief. Review of care documents shows that pain is assessed and managed as needed. Interviews with residents/representatives confirm that residents are as free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort, dignity and wishes of terminally ill residents are maintained and respected. Interviews with staff and management suggest that the home makes every effort to provide for individual end of life preferences in consultation with the residents and their representatives. Advanced care directives and terminal care wishes are documented for those who choose to utilise this palliative care tool. The home has access to the local palliative care specialist who is able to visit the home and assist as required. Interviews with residents/representatives

revealed that residents have a high level of trust in staff and management to provide for their palliative needs.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home demonstrates residents' nutrition and hydration needs are assessed and strategies are implemented to promote the residents' health. The home has access to a number of external allied health professionals who assist with the assessment and management of nutritional intake. Hydration is supported through a number of drinks rounds observed to be conducted throughout the day. Residents at risk of reduced intake are assessed and monitored through individualised plans. The home monitors the residents' weight (as applicable) and takes appropriate action if any weight loss is identified. Review of care documents and interviews with staff, residents/representatives confirms that nutritional supplements and dietician reviews are utilised as required. A review of catering and care documents confirms that information regarding individual and changing needs is communicated and acted upon. Interviews with residents/representatives confirm satisfaction with the nutrition and hydration services provided by the home.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home can demonstrate residents are provided with care and services, which promote health and wellbeing ensuring skin integrity is maintained. Each resident receives an assessment of their skin integrity on entry to the home. If any alteration to skin integrity is assessed it is reported. Review of wound progress, wound attendance and effectiveness of wound treatments are the responsibility of the registered nurse. The team observed a number of pressure relieving mattresses in use, and other skin protection equipment available for use. The home has access to appropriate skin protection treatments, limb protectors/tubular bandaging and skin care wound dressings. A podiatrist visits the home regularly. Interviews with residents/representatives confirm satisfaction with skin care treatments and management.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating residents' continence needs to ensure that residents' continence is managed effectively. Residents have an assessment completed on entry to the home and changing needs are documented. Continence aids are provided consistent with the assessed need. Interviews with staff and

review of care documents demonstrate appropriate continence assessment and review, including individual times for toileting. Observations confirm appropriate continence supplies, and staff assistance for residents with continence management. Bowel monitoring and management processes are in place. Residents/representatives interviewed said that that they are satisfied with the continence management provided by the home.

2.13 Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

The home ensures that the needs of residents with challenging responsive behaviours are assessed, monitored and managed effectively. On entry to the home residents undergo assessment and monitoring to identify any challenging behaviour and to identify triggers that may lead to challenging behaviours. The home has access to external psychogeriatric specialists as required. A secure dementia unit is situated upstairs. Review of care, medical and allied health documents shows that causes for behaviours are generally identified and plans are generally put in place to manage these behaviours. Individualised care plans show how best to manage the behaviours. Restraint assessment and management processes are in place. Other care needs that impact on behaviour such as diagnosis, pain management, continence, vision, and nutritional intake are considered when assessing suitable behaviour management strategies. Residents/representatives confirm that they are satisfied with the home's management of challenging/responsive behaviour.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents' mobility, dexterity and rehabilitation needs are assessed on entry to the home to ensure optimum levels of mobility and dexterity are achieved. The physiotherapy program includes pain management programs. Falls risk identification and management strategies are in place. Private physiotherapy services are also accessed for individual residents.

Individualised mobility plans are documented in the resident's files reviewed. Lifestyle staff facilitate small group exercises and walking programs as part of the lifestyle program.

Physiotherapy staff work with clinical and care staff to assess pain, and develop appropriate strategies for minimising this pain, and to maintain mobility and dexterity. Residents are encouraged and promoted to carry out exercises consistent with their level of dexterity.

Interviews with care staff, observation of residents and review of documents suggest that the home takes every opportunity to encourage mobilisation wherever possible. The home has access to an appropriate supply of mobility assistive devices. Main areas of the home are provided with handrails to assist residents with mobility. Interviews with residents/representatives indicated that residents are generally satisfied with the way they are assisted to maintain their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. The home undertakes an oral and dental needs assessment on entry to the home. Residents have access to dental treatments and visiting denture repair specialists as required. Staff interviewed demonstrated knowledge of the oral care needs for individual residents. Review of care documents shows individual strategies consistent with resident's health status and preferences for oral and dental care. Residents/representatives confirm they are satisfied with the oral and dental care provided by the home

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has a system to identify and effectively manage residents' sensory losses. Assessments of resident's sensory needs are completed on entry to the home and when a change in the resident's condition is identified. The home has access to a number of allied health professionals, who routinely visit the home, for assessment and management of sensory loss. For example:, swallowing assessments, heat and cold assessments, dietary assessments and dental treatments. The lifestyle, care and catering staff facilitate practices to assist residents' sensory loss; such as activities specifically tailored to the resident's needs. Interviews with staff and observations demonstrate that staff assist residents who have sensory loss. Interviews with residents/representatives show that they are satisfied with the way their sensory loss is managed.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents' needs and preferences. These include maintaining usual settling and rising times, pain relief, music, regular toileting or provision of night continence aid and night sedation. Staff are able to adjust the environment by keeping noise levels to a minimum, regulating heating, cooling and lighting to assist residents to have a good night's sleep. Residents' sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in the residents' progress notes. Irregular sleep patterns are followed up through assessments and clinical/medical review. The use of sedatives is monitored regularly. Residents interviewed reported general satisfaction with the assistance and care given including assisting with their settling and sleep requirements.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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 regarding the continuous improvement system which exists in the home.

Examples of recent improvements in relation to Standard Three include:

- In response to a suggestion from residents an internet kiosk for residents has been installed in the library. The kiosk allows residents to access the internet and communicate via email with family and friends unable to visit the home. Education sessions on how to utilise the kiosk have been made available for all residents. Feedback from residents/representatives has been very positive since the kiosk was installed.

- Following a suggestion from care staff a DVD player has been purchased for use in the first floor lounge room area. Residents can now watch movies without disturbing other residents in the dining room and has led to increased socialisation and interaction between residents.

- Following a request by residents for pets at the home, a bird (budgie) has been purchased. The bird has proven to be very popular with residents/relatives and staff and is cared for by the residents. A gold fish has also been purchased and is also very popular with the residents, promoting socialisation and interaction between residents.

- In response to a suggestion from care staff to use illustrations/pictures to help residents with cognitive impairment to identify the bathroom/toilets, illustrations of toilets have been printed/laminated and attached to bathroom doors. Staff advise residents are now more confident in locating bathrooms and there is less confusion.

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 care recipient lifestyle".

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's system to ensure compliance with legislation and regulations relevant to residents' lifestyle.

Examples of Regulatory compliance in relation to Standard Three include:

- Providing a system for the compulsory reporting and recording of alleged or suspected resident assaults in accordance with regulatory requirements.

- The Charter of Residents' Rights and Responsibilities is on display and is included within the resident handbook that is provided to each resident on admission.

- Systems are in place to protect each resident's privacy in accordance with the regulatory requirements.

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

For details of the home's system for ensuring management and staff have the appropriate knowledge and skills to perform their roles effectively, refer to expected outcome 1.3 Education and staff development.

Examples of education sessions offered relating to Standard Three include:

- Cultural diversity

- Privacy and dignity

- Grief and loss

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. The care staff, and leisure and lifestyle staff

provide additional one-to-one support to residents and representatives during the initial entry period and thereafter according to need. The new resident is provided with an orientation to the home including introductions to staff and residents. During the initial period, there is an assessment of each resident's social, cultural and spiritual support needs, and an individual care plan is developed. Residents are able to bring small items of furniture and other belongings to the home to personalise their rooms. Documentation reviewed and interactions observed between staff and residents indicate residents are assisted, comforted and supported emotionally. Residents/representatives said they felt supported and cared for by the staff when they first entered the home and also on an ongoing basis

3.5 Independence

This expected outcome requires that "care recipients 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

The home has a system to ensure that residents are assisted to achieve and maintain maximum independence and participate in the life of the community. Lifestyle and care staff assess residents' individual needs on entry to the home. Lifestyle staff work with the residents to promote their independence through access to community events and through participation in activities that promote their level of independence. Lifestyle staff promote outings to the community, bus trips and outdoor walks. Observations of meal time show that the home provides special cutlery and crockery to assist residents with dexterity issues, to maintain their sensory enjoyment and independence at meal times. Interviews with residents/representatives confirm they are satisfied with the assistance the home provides in relation to residents' independence and continuing participation in the life of the community both within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. Care documentation is secured appropriately. Observation of staff practices show that privacy and dignity are respected on an individual basis at each interaction. Interviews with residents/representatives shows how the home meets individual care recipient's behaviour, independence, and social and emotional needs, whereby promoting their dignity in the life of the home. Observations confirm staff understanding of individual behaviours and how to manage them for the privacy and dignity of all involved.

Interviews with residents/representatives demonstrates they are satisfied with the way their privacy, dignity and confidentially is respected.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

The home encourages and supports residents to participate in a range of interests and activities that are of interest to them. On entry to the home a detailed assessment of the resident's past and present interests is assessed and documented by lifestyle staff. Activities are then provided on a group or one to one basis depending on the assessed need of each care recipient. Lifestyle staff provide one to one activities to meet the individual preferences of residents. Review of care and lifestyle assessment and planning documents and observation of practices shows that the home provides activities to meet the individual needs of each resident. The team observed a number of residents in attendance at many activities during the site visit. Interviews with residents/representatives revealed that residents are generally satisfied with both the group and individual activities available to them.

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

The home demonstrates that care recipient's individual interests, customs, beliefs, cultural and ethnic backgrounds are generally valued and fostered. On entry to the home the lifestyle staff complete an individual assessment of the residents' cultural and spiritual preferences. A number of spiritual and religious services are available at the home. Visiting religious practitioners are able to visit the home as required. Residents' individual spiritual and cultural preferences are assessed by the lifestyle staff. Interviews with residents

/representatives show that they are generally happy with the attention given to their individual cultural and spiritual preferences.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Residents are encouraged to participate in choice and decision-making in all aspects of their care while not infringing on the rights of others. The home holds regular meeting forums for residents and their representatives to participate in the life of the home. Representatives are regularly kept informed of changes to residents' health. Review of care and lifestyle documents and interviews with staff, residents/representatives' shows that the home provides opportunity for residents to participate in physical activities of their choice, supported by staff.

Observation shows that residents are supported to exercise a degree of choice regarding their participation in the life of the home. Residents/representatives interviewed reported they are satisfied with the level of choice and control they exercise over the services and lifestyle at the home.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. Management is available to discuss relevant information about accommodation costs, care and services prior to a move into the home. All residents and/or their representatives are offered a residential agreement and handbook which outlines care and services, resident rights and complaints resolution processes. The home offers extra services for residents. Any room changes within the home are discussed and agreement reached prior to any moves being undertaken.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 regarding the continuous improvement system which exists in the home.

Examples of recent improvements in relation to Standard Four include:

- A review of the fire and emergency documentation at the home has been conducted. In response to findings new fire and emergency manuals have been developed and introduced to ensure the home complies with industry standards and regulatory requirements.

- Following feedback from residents for increased access to outdoor areas the central courtyard has been renovated and converted into an outdoor lounge area for residents/relatives to enjoy. Outdoor furniture including lounge chairs and a table has been provided. A water feature and sensory stimulating items such as lights and wind chimes have also been installed. Residents and relatives expressed their satisfaction with the improvements made to the courtyard.

- Following a Work Health & Safety review a bus safety plan for residents being taken on day trips was developed for the home. As a result the plan will reduce the risk of adverse incidents due to increased monitoring of high risk areas related to operating a resident's bus.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems, with specific regard to safety related issues.

Examples of regulatory compliance in relation to Standard Four include:

- The routine checking and testing of fire-fighting equipment and fire alarm systems.

- Undertaking annual food safety audits in compliance with the NSW Food Safety Act.

- Displaying safety data sheets in areas where chemicals are used and stored.

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

For details of the home's system for ensuring management and staff have the appropriate knowledge and skills to perform their roles effectively, refer to expected outcome 1.3 Education and staff development.

Examples of education sessions offered in relation to Standard Four include:

- Fire evacuation procedures training

- Manual handling

- Infection control

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Interviews with staff and residents/representatives and a review of documentation showed the home has systems to ensure they have a safe and comfortable environment.

Maintenance folders with improvement logs are located at the front reception desk and at each nurse's station. These logs alert the maintenance officer each day to any work that is required. The maintenance officer advised the folders are checked daily and any repair work prioritised. Qualified tradesmen are contacted for any necessary repairs of the building or equipment e.g. electrical or plumbing. There is a program of planned preventative maintenance to ensure the building is well maintained and equipment is routinely serviced.

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 has systems which demonstrate management is working to provide a safe working environment. There is a system for reporting hazards, managing identified risks and reporting and analysing accidents and incidents. The Workplace Health and Safety (WH&S) committee conducts a series of environmental audits throughout the year prior to their meetings. Staff interviewed display an understanding of the home's WH&S practices and of their role in maintain a safe working environment. Personal protective equipment is available throughout the home and staff were observed using this equipment when necessary

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 is a robust system in place to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarms and fire safety training for staff. A random check on various pieces of fire-fighting equipment confirmed they are inspected on a regular basis. The fire officer advised fire safety education is included in the orientation program for all new staff. Staff demonstrated knowledge of the location of emergency equipment and emergency procedures. Colour coded flip charts are located near telephones to provide staff members with a quick reference in the event of fire and other emergency situations such as bomb threats, missing residents, personal threat, or armed robbery.

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

The home has an effective infection control program. An infection control co-ordinator oversees the infection control program consisting of ongoing education and infection prevention strategies. There is provision for resident and staff vaccinations and systems for the disposal of contaminated waste and the handling of soiled linen. Management review infection surveillance data regularly and develop actions to address trends, minimise recurrence and ensure proper management. Staff demonstrated an awareness of infection control practices and stated personal protective equipment is readily available. The home follows guidelines for the management of influenza and gastroenteritis and has an allocated store room of equipment prepared should an outbreak occur. Staff described practices and procedures they would carry out when dealing with an outbreak. There is a program for stock rotation of food in the kitchen and temperature checks are conducted regularly on fridges, freezers, dishwashers and food. Staff were observed using various infection control strategies such as the regular washing of hands, use of hand sanitisers and the colour coded system is used during all aspects of cleaning.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained on entry to the home and is referred immediately to kitchen staff to ensure these needs and preferences are accommodated. A food safety system is in place, which ensures kitchen staff monitor the temperature of food through the delivery, storage, cooking and serving processes. There is a planned program for the routine cleaning of all areas of the home, including the routine spring cleaning of rooms. Laundering of residents' clothing and linen is carried out onsite. There is system in the laundry to eliminate the risk of cross contamination through separate clean and dirty areas. Residents/representatives spoke very favourably about the standard of meals, the laundry services and the cleanliness of the home.