



Australian Government

Australian Aged Care Quality Agency

Buckland

RACS ID 0571
39 Hawkesbury Road
SPRINGWOOD NSW 2777

Approved provider: The Buckland Convalescent Hospital

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 08 September 2018.

We made our decision on 28 July 2015.

The audit was conducted on 23 June 2015 to 25 June 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

Buckland 0571

Approved provider: The Buckland Convalescent Hospital

Introduction

This is the report of a re-accreditation audit from 23 June 2015 to 25 June 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 23 June 2015 to 25 June 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:	Richard Hanssens
Team member:	Sandra Daly

Approved provider details

Approved provider:	The Buckland Convalescent Hospital
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Details of home

Name of home:	Buckland
RACS ID:	0571

Total number of allocated places:	144
Number of care recipients during audit:	137
Number of care recipients receiving high care during audit:	94
Special needs catered for:	N/A

Street/PO Box:	39 Hawkesbury Road
City/Town:	SPRINGWOOD
State:	NSW
Postcode:	2777
Phone number:	02 4752 2500
Facsimile:	02 4751 2107
E-mail address:	liz@buckland-rv.com.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Facility manager	1
Care manager	1
Registered nurses	3
Enrolled nurses	2
Care staff	12
Dietician	1
Personal assistant to facility manager	1
Administrators/receptionist	3
General service officers	3
Residents	19
Representatives	16
Volunteers	3
Diversional therapists and recreational activity officer	3
Physiotherapist	1
Chef and catering staff	3
Laundry staff	1
Cleaning staff	2
Maintenance staff	1
Chaplain	1

Sampled documents

Category	Number
Care recipients' files	17
Summary/quick reference care plans	18
Medication charts	16
Personnel files including appraisals, orientation check lists, confidentiality agreements and HR records	3

Other documents reviewed

The team also reviewed:

- Audits and survey results
- Cleaning schedules, specific duty descriptions and daily checklist completed records
- Clinical care documents including assessments and reviews for palliation, behaviour monitoring and management, bowel and continence management, blood glucose level monitoring, dietary needs/preferences, meals and drinks, pain, weight monitoring, wound management/dressings and dietician reviews
- Compliments, comments and complaints folders
- Consolidated register
- Continuous improvement plan and documentation
- Contractors agreements
- Dietary requirements, preference sheets and dietician records
- Education and in-service flyers, education records and competencies
- Equipment inventory and register
- Fire evacuation plan (comprehensive), fire protection checklist
- Food safety program
- Handbooks; residents and staff and resident agreements
- Information systems, including meeting minutes, newsletters, memoranda
- Job descriptions/duty statements
- Kitchen records including menu, temperature records (Plant and food), incoming stock, stock rotation, dietary request forms, individual resident meal forms, sanitisation records and waste management records
- Lifestyle documentation including newsletter, assessments and activities programs, resident participation guide for activities, hairdressing, library service, and exercise programs
- Medication management including medication administration policy, medication charts, incident reports, clinical refrigerator monitoring records, pharmacy communications, drugs of addiction registers and 'as needed' (PRN) medications and medication advisory committee meeting minutes
- NSW Food Authority licence
- Nutrition and hydration documentation
- Police certificates staff and volunteers matrix and certificates

- Policy and procedures including recruitment
- Reactive maintenance records (electronic)
- Refrigerator (medication) temperature records
- Rosters
- Self-assessment report for re-accreditation
- Staff education training calendar
- Task lists
- Ticks sheets – personal hygiene

Observations

The team observed the following:

- Activities in progress, associated resources, photographs of past events
- CCTV system in operation
- Charter of Residents' Rights and Responsibilities and Mission statement/values
- Cleaning in progress, cleaning equipment storage areas and trolleys
- Current fire safety certificate
- Dining environment during lunch and beverage services with staff assistance
- Displayed notices including Quality Agency re-accreditation audit notices, charter of residents' rights and responsibilities, menu, activities calendar
- Doctors clinical area
- Hand washing stations in Donald Coburn Lodge and staff making use of them
- Environment, internal and external
- Equipment and supply storage areas including food, chemical, medication, linen and clinical supplies
- Fire doors, exits, evacuation plans
- Infection control guidelines around the site
- Infection control resources and equipment including spills kits, outbreak supplies, personal protective equipment, colour coded equipment, hand washing stations and hand sanitiser dispensers
- Information brochures on internal and external complaints system and advocacy services
- Kitchen and food storage areas

- Laundry and laundry chute in operation
- Libraries and private seating areas
- Manual handling and mobility equipment
- Medication administration and secure storage
- Notice boards including WH&S, staff, residents, clinical and local activities
- Raised garden beds outside lounge with sensory plants
- Safe oxygen storage
- Safety data sheets wherever chemicals in use
- Secure storage of confidential information
- Short group observation of residents while in dining room
- Sign in/out books
- Staff handover and practices and staff work areas
- Staff practices and interactions with residents and visitors

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

The home and its organisation demonstrated it has an active quality management/continuous improvement system across all four Standards and results of these has improved resident care and services. Management, staff, residents and the Buckland community are involved and encouraged to put forward and develop continuous improvement ideas and strategies relevant to the home. Regular quality improvement meetings and continuous improvement plan ensures actions are current, documented and completed. Continuous improvement is a standing agenda item at meetings and actions are also communicated by memos, changes in practices or procedures and education. A range of sources feed into continuous improvement such as resident and staff feedback, audits, clinical data, incident and hazard reports and a range of surveys. The management team reviews and monitors progress on continuous improvement activities. Residents/ representatives and staff said they are able to make suggestions for improvements and management are responsive to their suggestions.

Improvements at the home relating to Accreditation Standard One include:

- Following changes to legislation action was taken to ensure all residents specified care and services were provided as required. All residents impacted by the change were surveyed and their care/service needs reviewed to identify preferences. As a result of this, those wishing to have soap and shampoo provided as part of their care package have had shampoo and soap dispensers mounted in their ensuites. Residents expressed their satisfaction with receiving their specified care and services.
- Staff identified the need for greater access to additional computers in order to complete clinical and service needs in a more efficient and timely manner. This also was to manage the increased use of Buckland's intranet and the internal communication system (Kwiklook) and electronic data base programs. A review of use has resulted in a further three computer terminal ports in staff rooms and two in each of the nurses' stations. Staff expressed satisfaction with this initiative saying it has freed up more time for them to provide residents with more direct care and services.
- Buckland has developed its internal intranet system to better support the range of work and operational practices. This includes staff being able to access the intranet email system for all staff (Kwiklook), policies and procedures, educational materials and the reactive maintenance system. Staff also can now access live streaming of the Aged

Care Channel through this system and Buckland aims to add to this system to enhance staff training/education options. Overall, management said this initiative has increased efficiency in information flow and management and allows for a centralised system of monitoring 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

The organisation’s Chief executive officer is responsible in ensuring the home is compliant with all relevant legislation, regulatory requirements and professional standards and guidelines. They subscribe to ANSTAT (legislation service) and are a member of Leading Aged Care Services. Further information is sourced through industry related newsletters, state and commonwealth government departments, and relevant statutory authorities.

Changes to legislation are communicated to staff by memos, email and intranet, meetings and education sessions. Policies and procedures are reviewed and updated in line with any new legislation. Audits, surveys, quality improvement activities, staff supervision and support ensure work practices are consistent and compliant with legislative requirements.

Examples of regulatory compliance relating to Standard One include:

- A system is in place to monitor police certificates for staff, volunteers and contractors.
- Residents and their representatives were informed of the reaccreditation site audit within the required time frame.
- The home has a system to ensure 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

Management demonstrated they and staff have the appropriate knowledge and skills required to perform their roles effectively. All staff have access to internal and external education/training opportunities and the home has an allocated education budget to support this. A range of electronic learning is also available and being further developed to allow for greater access to educational resources for staff. On commencement of employment staff complete a broad range of competencies and some of these are repeated annually. Training attendance and outcomes is recorded in individual records and staff are asked to complete an annual education needs survey. Education is evaluated and forms part of the annual performance appraisal for all staff. Staff and management said that the education provided to them meets their needs.

Education provided relating to Accreditation Standard One includes:

- Aged care funding instrument (ACFI)
- Documentation
- Understanding the Accreditation Standards
- Using electronic data base systems including intranet

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. Complaints and comments are captured by a system that includes internal (customer liaison service) feedback forms, resident and relative meetings, audits, case conferences and verbal feedback. Brochures from external complaints bodies are on display in public areas throughout the home. The information is also contained within the residents' information handbook and agreements. Documentation indicates issues raised formerly with management are actioned and most have been addressed satisfactorily. Residents and resident/representatives were able to describe how to raise their concerns and were confident if they did raise concerns these would be addressed.

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

Buckland is a stand-alone registered charity providing care to its community. The home has documented the mission and philosophy statements and has communicated these to residents, representatives and staff. The resident handbook and the staff handbook document the mission and philosophy of the organisation. We observed the mission and philosophy on display in the home.

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 demonstrated it has sufficient and appropriately skilled and qualified staff. There is a system to manage human resources that includes policies and procedures, staff appraisals, duty statements, selection and recruitment processes, orientation, a clear rostering system and a targeted education program. 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. Staff said they have sufficient time to complete their duties. An employee assistance program is in place. The home has a system to replace staff on leave, has access to casual staff and uses agency staff when necessary. Residents/representatives said overall there are sufficient staff to meet their needs. However, they said they were very pleased with the personal and clinical care and services provided by staff to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a comprehensive system to ensure there are stocks of appropriate goods and equipment. These are monitored electronically and an inventory system feeds into this to ensure adequacy of supply. A stock rotation is used to ensure freshness of supply. There is a quality checking system in place including audits and stock take and a procedure to return goods which are faulty or not of the required standard. This system was seen to be effective and storage areas showed the home maintains sufficient stock to meet the ongoing needs of its residents. A reactive and preventative maintenance program ensures that equipment is regularly checked and serviced. Residents/representatives and staff said they are satisfied

with the provision of stock and the maintenance, fixing or replacing of equipment as and when required.

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 and intranet and informal lines of communication. Computer records for resident personal and care information is password protected. 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 through the display of information such as minutes of meetings, notices, memos, intranet, 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 uses its approved preferred suppliers and has individualised written agreements with all external providers. It has a policy to deal with providers/contractors wherever practicable within its local community. Management has systems such as audits and staff and resident feedback to identify 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:

- It was identified the paper based weight monitoring system was not as effective as it could be. The CEO in discussion with the dietician negotiated a contract to introduce a weight tracking electronic program. The dietician said this allows them to monitor weights as they are entered including any clinical information regarding weight variations from off site. They then follow this up by reviewing residents when they do their monthly visit or sooner should this be required by the changes tracked. Overall the data is reviewed monthly and adjustments can be made to diet or implementation of supplements. The dietician is also able to monitor their instructions are being followed in individual resident care. Management confirmed this has greatly benefited resident care by providing ongoing tracking and regular review based on current weight and nutrition information.
- On a review of the use of appropriate beds and mattresses for residents requiring palliative care, it was identified that manual turning of residents undergoing palliation could be invasive and compromise their comfort and dignity. Research identified a programmable, pressure management system of turning beds. Buckland trialled one and staff said this equipment made a significant difference to the care and comfort of the palliating resident. It was also identified as easier for staff to use reducing work, health and safety concerns as well as reducing risk of skin tears to the palliating resident. The home purchased one of the beds and will shortly purchase a second bed.
- The home identified there was a role to enhance the scope of enrolled nurses (ENs) in its clinical care system. This would allow registered nurses to focus on their role in residents' specialised nursing care needs. The care manager reviewed the ENs scope of practice and developed more specific competencies and duty statements reflecting their professional roles. This included catheter care and more specific medication administration tasks. The relevant policies and procedures were amended and ENs working in the home completed relevant competencies to enhance their role. This has increased EN satisfaction with their work role and enhanced clinical care provided to residents.

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 relevant staff.
- 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:

- Bariatric care
- Food allergies
- Managing skin tears
- Pain recognition
- “Troubled Waters” Managing urinary tract infections

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 provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has systems that enable

residents/representatives to exercise control over the care they receive and to provide input into residents' care planning. The care manager and registered nurses review and evaluate residents' individual plans of care every three months or when required. Relevant staff are informed of any alterations/exceptions to the usual care required by the resident at handovers, case conferences, meetings, verbally and through communication diaries.

Residents' weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of resident incidents, such as falls, skin tears and behaviours of concern. Staff demonstrated knowledge of residents' care needs ensuring that residents' clinical care is being met.

Residents and representatives interviewed are satisfied with the timely and appropriate assistance given to residents by care staff.

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

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. The home has an adequate staffing skill mix to ensure residents' specialised nursing care needs are met by appropriately qualified and skilled personnel. This includes registered nurse input into assessment, management and care planning for residents. The home currently provides specialised nursing care for residents requiring diabetic management, wound care, catheter care, PEG feeds and pain management. Staff are provided with education in implementing specialised nursing procedures. Staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives are satisfied with the level of specialised nursing care offered to residents by nursing, medical and/or other health professionals.

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

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrate timely referrals for residents are arranged as required with appropriate health specialists. The care manager and registered nurses have regular access to a physiotherapist, podiatrist, speech pathologist, dieticians and community clinical nurse consultants. Regular review and evaluation of residents' health and well-being and referrals are carried out by the care manager and registered nurses in collaboration with care staff and medical officers. Effective monitoring is achieved through handover of key resident information to relevant staff. When required, residents' medical officers are alerted and consulted. Residents/representatives stated residents are referred to the appropriate health specialists in accordance with residents' needs and preferences.

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 has processes to ensure residents’ medication is managed safely and correctly. These include policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administer medication using a prepacked medication system and the care manager and registered nurses oversee the home’s medication management system and processes. All prescribed medications are recorded in the paper based medication chart. Review of residents’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, residents’ photographic identification, allergies and medication allergy status. The home has a medication advisory committee that ensures safe medication practice is carried out. All staff who administer medications are assessed according to the home’s medication policy through annual or as required skills based assessments. Residents/representatives said they are satisfied with the home’s management of residents’ medication.

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

All residents are assessed to identify their pain history and presence of pain. Strategies to alleviate and/or minimise and manage pain levels are documented in the resident’s care plan and provided to staff. Pain re-assessments are completed to determine the effectiveness of interventions and care plans are updated as required. A multidisciplinary approach involving the residents’ medical officer, nursing staff, physiotherapist and recreational activities officers supports the resident’s pain management program. Staff are knowledgeable about the many ways of identifying residents who are experiencing pain. Pain management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with residents’ medical officers and physiotherapists. Residents are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapy. Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

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 home has a suitable environment and culture to ensure the comfort and dignity of terminally ill residents is maintained. Where possible, residents’ end of life wishes are identified and documented on entry to the home or at an appropriate time thereafter, through case conferencing and the assessment process. The home has specialised clinical and

comfort devices to ensure and meet residents' palliation needs and preferences. The local clergy visit and are available to provide emotional and spiritual support. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care.

Residents/representatives said the home's practices maintain the comfort of terminally-ill residents.

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 has processes to provide residents with adequate nourishment and hydration. Residents are assessed for swallowing deficits and other medical disorders, allergies, food intolerances, likes and dislikes, as well as cultural or religious aspects relating to diet.

Provision is made for residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a resident's nutrition and hydration form and sent to the kitchen. Residents are provided with assistance at meal times and assistive cutlery and crockery are available. The home monitors nutrition and hydration status through staff observations and recording of residents' weights with variations assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with nutrition. Residents and representatives are satisfied they are able to have input into menus and residents' meals.

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 has a system to ensure residents' skin integrity is consistent with their general health. Initial assessment of the resident's skin condition is carried out along with other assessments relating to and influencing skin integrity. Residents have access to nutritional support, podiatry, hairdressing and nail care according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and included in the clinical indicator data set. The home has a range of equipment in use to maintain residents' skin integrity.

Care staff help to maintain the residents' skin integrity by providing regular pressure care, by applying skin guards and by using correct manual handling practices.

Residents/representatives are satisfied with the skin care provided to residents and report that staff are careful when assisting residents with their personal care activities.

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 continence is managed effectively. Processes are in place for the distribution of residents’ continence aids and informing staff of residents’ continence aid needs. Residents are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet resident’s needs and they provide residents with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example: regular drinks, aperient medications if necessary and a menu that contains high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home’s continence supplier provides ongoing advice and education for staff and residents. Feedback from residents and representatives shows satisfaction with the continence care provided to residents.

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 needs of residents with challenging behaviours are managed through consultation between the resident/representative, staff, medical officers and allied health professionals. Care staff and the recreational activities officers implement a range of strategies to effectively manage residents with challenging behaviours. Residents’ behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff are able to recognise the triggers and early warning signs exhibited by some residents and put in place appropriate strategies to manage behaviours. The team observed the environment to be calm and residents well groomed. Residents’ representatives said staff generally manage residents’ challenging behaviours well.

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 are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by residents for transferring and mobility. Resident’s mobility status and falls risk is assessed by a registered nurse when the resident moves into the home, after a fall and as their needs change. This is followed by a physiotherapy review if necessary. Individual treatments include massage, heat treatments and exercises. Falls prevention strategies include the completion of risk

assessments. Interventions noted include group exercises and the provision of specialised equipment such as mobility aids and handrails. Staff are able to discuss individual residents' needs and were seen assisting residents to mobilise within the home. Residents said they are satisfied with the program and assistance they receive from staff.

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. Residents' dental needs are identified through assessment and consultation with the resident/representative on a resident's entry to the home and as their needs change.

Appropriate dental health is planned and staff are informed of the residents' needs. The resident's medical officer is consulted if there are any needs and referral may be made to a specialist, dentist or dental technician if needed for further assessment or treatment. Ongoing oral care needs are identified by a dental nurse on staff who assesses all residents oral care needs fortnightly. Staff are also informed about oral care needs through feedback, staff observation of any discomfort, or reluctance to eat and any weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Residents and representatives said they are satisfied with the oral and dental care provided to residents.

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 assesses residents' eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing residents' nutritional needs, dexterity and interest in activities. These are documented on residents' care plans/summary care plans to prompt and instruct staff on how to care and engage residents appropriately. The home's activity program features activities to stimulate residents' sensory functions. Staff described types of group and individual activities which encourage active participation from residents with sensory deficits. Staff said they employ various strategies to assist residents with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance resident participation, adapting the environment to ensure it is conducive to maximising residents' enjoyment and participation in the chosen activity. Residents/representatives said they are satisfied with the home's approach to managing residents' sensory losses.

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 assists residents to achieve natural sleep patterns through a sleep assessment, care planning, offering a choice of time for going to bed and rising, and providing staff support at night. Staff are able to explain the various strategies used to support residents’ sleep, for example: offering warm drinks or snacks, appropriate pain and continence management, and providing a comfortable bed, repositioning and night sedation if ordered by the medical officer. Residents can use the nurse call system to alert night staff if they have difficulties sleeping. Residents state they sleep well at night. Resident/representatives are satisfied with the home’s approach to residents’ sleep management.

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:

- Residents said equipment in the hairdressing salon was no longer comfortable or easy for them to use. In consultation with the hairdresser and residents it was identified how changes could be implemented which met resident needs and work, health and safety requirements. As a result the area was refurbished and freshened. Buckland bought shampoo chairs, hydraulic salon chairs and wall mounted hair dryers. Residents and the hairdressers say this is a much more functional and enjoyable place for hairdressing.
- Buckland has a chaplain who provides both pastoral care and support to residents, families and staff as required. A need was seen to formalise and enhance the role and to include the use of volunteers. This led to the development of a volunteer code of conduct to ensure volunteers provide real value to residents, maintain confidentiality of resident information and understand the scope of their role. A process has been established for the chaplain to monitor volunteer duties through clear guidelines and policy. This change was seen to be working effectively and provides more options to support residents at Buckland.
- The home had paid television channel access for some residents in the home. The management team decided to introduce this so all residents could access this service and at no cost to the resident. The contract with the provider was re-negotiated allowing all residents to access paid television and included two further channels. This has been well received and the home is looking to upgrade to include a further movie and English program channel package.
- A raised garden bed was created outside the main lounge area of the upper part of the home. This area was seen to be under-utilised and the raised garden bed planted with sensory plants has provided something which is both visually attractive and stimulating. Activity staff said this is a good area for residents with dementia to enjoy stimulating touch and smell.

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 care recipients’ lifestyle.

Examples of regulatory compliance in relation to Standard Three include:

- Buckland has 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 residents’ rights and responsibilities information is included within resident handbooks and packages that are provided to each resident on entry to the home.
- 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:

- Dementia dynamics toolkit
- Leisure and lifestyle conference
- Mandatory reporting and protecting older persons from abuse
- Residents’ rights

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

Residents and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to their new life. Staff ensure residents are introduced to each other and the other staff and they explain daily happenings. Staff encourage residents to join in with social activities as they feel comfortable to do so. Residents are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they are made to feel welcome by staff. Staff interviewed reported knowledge of strategies used for meeting individual residents' emotional needs. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interacting with residents during the re-accreditation audit showed warm and respectful relationships.

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 systems to assist residents to achieve maximum independence, maintain friendships and participate in the community. The home-like environment provides a welcome place for visiting resident representatives where residents are afforded opportunities to exercise independence and choice on a daily basis. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimens. Participation in the local community is promoted through outings and visiting entertainment. Residents can listen to radios and televisions in their rooms. Staff describe a variety of strategies to maintain residents' independence in accordance with individual abilities. Residents say they are encouraged to maintain their independence and contacts within the local community.

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

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of their personal information. On admission residents sign consent forms for the release of information to appropriate parties and on appointment staff sign confidentiality agreements. The home's environment promotes privacy in the provision of single rooms and comfortable outdoor areas for residents. Shift handovers are conducted away from the hearing of residents and visitors to the home. Staff demonstrate an awareness of practices which

promote the privacy and dignity of residents, including closing resident doors and window curtains when providing personal care. Residents say staff are polite, respect their privacy, and knock on doors prior to entering and close doors and curtains during care provision.

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 has systems to ensure residents are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of residents are identified on entry. Each resident has an individualised care plan that identifies specific resident care needs. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. The activity program is displayed and includes a range of options such as physical exercise, mental stimulation and general social interaction. Activity programs are evaluated via resident feedback, meetings and review of activity attendance records. Residents told us there is a variety of activities provided and whilst they are encouraged to participate their decision not to do so is respected. Residents and representatives expressed their enjoyment of and satisfaction with the activity staff.

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 has systems through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, cultural needs, and religions. The menu is flexible and can accommodate preferences of residents from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are recognised and celebrated. Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by various religious denominations and a chaplain is on staff for all residents, representatives and staff to speak to on a one to one basis. Residents/representatives are satisfied with the home's approach to the cultural and spiritual program and the support it provides to residents.

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

The home encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, personal care regimes and diet preferences, bed times and whether they wish to participate in activities. Staff were observed providing residents with choices in a range of activities of daily living. There are mechanisms for residents/representatives to participate in decisions about services including, access to management, resident meetings, case consultations and complaint processes. Where residents are unable to make choices for themselves, management said an authorised decision maker is identified for the resident. Residents' choices are recorded where relevant and are accommodated whenever possible. Residents/representatives say they speak up without hesitation and the home enables residents to make choices of importance to them.

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

All potential and new residents/representatives are provided with an information package prior to entry to the home providing an overview and information on security of tenure, and residents' rights and responsibilities. A resident agreement is given to each resident/representative to formalise occupancy arrangements and they are encouraged to seek their own advice regarding its terms and conditions. The agreement includes fees and charges for care and services, complaints handling, their security of tenure and the process for the termination of the agreement. Residents/representatives reported they are satisfied with the information the home provides regarding security of tenure and in outlining their rights and responsibilities.

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:

- It was identified it was not always possible to monitor the flow of visitors and residents in and out of the home. Particularly in the area of Donald Coburn Lodge which has multiple entry/exit points. Following consultation with a range of stakeholders including residents, the home introduced a CCTV security system which allows 24 hour appropriate monitoring. Management said this has greatly increased the security of the home. The home has ensured no on site camera intrudes on resident privacy. In practical terms it assisted where a new resident with wandering behaviours was able to exit the home and provided a clear image to the police of what the resident was wearing to assist with locating the missing resident in a timely fashion.
- Staff identified access to hand washing facilities in Donald Coburn Lodge could be improved. Additional dedicated staff hand-washing stations have been introduced in particular in dining areas with serveries. These include soap and barrier cream dispensers and glove racks. Management said staff are washing their hands in these areas more regularly. This was observed to be the case during this visit.
- Laundry staff identified care staff were at times, over-filling linen laundry bags creating a work, health and safety issue for laundry staff having to move the heavier bags. Smaller bags were purchased to prevent over-filling. These are working well and laundry staff said they are easier to move and process and do not put them at risk of sustaining an injury.

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 and currency of certification.
- Undertaking annual food safety audits in compliance with the NSW Food Safety Act and currency of certification.
- 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:

- Safe food handling
- Work health and safety
- Manual handling
- Infection control
- Fire and emergency and evacuation plan

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

The home was able to demonstrate it has systems and processes to maintain a safe and comfortable environment. Residents are accommodated in large, spacious single rooms with ensuites. Residents are actively encouraged to personalise their rooms with furnishings, pictures and ornaments. Residents said their rooms were comfortable, clean and well maintained. Residents can access call bells for assistance and said these were answered in a timely manner. The interior of the home is light and spacious with many areas to meet, socialise or which provide places for quiet retreat. Temperatures are well maintained. The outer area has a number of garden areas. The home is situated in bushland and is surrounded by mature trees. Residents said how much they enjoy their living environment and feel safe living in the home.

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 developed work, health and safety (WH&S) policies, practices and procedures to support the safety of staff, residents and visitors to the home. Work, WH&S is included in staff orientation and is an agenda item across all meetings. Relevant equipment is trialled for suitability before being purchased. Risk assessments are undertaken on specific tasks and equipment to ensure safe work practices can be maintained. Lifter tracks and lifters are in use to assist staff with resident mobility and transfers. Staff workplace incidents are reported to management and investigated and actioned to prevent further incidents reoccurring. Staff receive manual handling and chemical handling training. Staff were able to describe the actions they would take to report a hazard and were knowledgeable as to how WH&S supports their work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Systems to minimise fire, security and emergency risks include the regular maintenance of fire equipment, checks of plant and panels, alarms, fire exits and is conducted by an external contractor. Staff receive mandatory fire training and the home's fire and emergency policies and procedures inform staff of what to do in an emergency. Fire equipment and emergency response procedures flip charts were sighted in strategic areas. The home has a comprehensive emergency response procedures plan covering a range of contingencies and a

specific plan to manage bush fires. Residents are reminded about the home's emergency procedures through meetings and documentation such as handbooks. There is a CCTV system in place and security lighting around the building and car park areas. Residents said they feel secure within the home and ably supported by staff in this.

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 infection control program consists of ongoing education, infection prevention strategies, and the tracking of infection rates and audits. Strategies include the offering of vaccinations to staff and residents, the use of colour coded cleaning equipment and systems for the management and disposal of contaminated waste. There are procedures and supplies for the management and prevention of outbreaks. Staff interviewed are familiar with infection control practices and confirm personal protective equipment is readily available. Staff described and demonstrated the use of various infection control strategies including the colour-coded system used during all aspects of cleaning, the use of personal protective equipment and the food safety practices in place.

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

Catering:

The home has an onsite main kitchen where all food is prepared and then served in a number of locations around the home. The kitchen has systems in place to ensure food is prepared and delivered safely. This includes Food Safety and HACCP procedures and currently has an "A" certificate rating. The kitchen prepares a range of meals with special dietary requirements and has a system to ensure information regarding allergies, likes, dislikes, dietary preferences and needs are kept up to date. Changes are made to the menu in response to feedback from residents. Generally residents were very complimentary about food and noted there was always a choice and they have regular access to drinks and snacks.

Cleaning:

Comprehensive cleaning schedules ensure all rooms, ensuites and communal areas are regularly cleaned and cleaning audits check on the effectiveness of this. Staff were able to describe specific cleaning strategies for different situations and the use of their colour coded equipment. Cleaners said their training includes infection control, chemical handling and occupational health and safety. Residents and resident/representatives said the home is always very clean and fresh smelling.

Laundry:

The home has a large, spacious onsite laundry. There is a clear system in place to manage the flow of laundry with separate contaminated laundry and clean laundry areas. The laundry

plant is well maintained and includes a commercial ironing press and mangle. Staff described what actions they would take to manage laundry in the event of an infection outbreak and said they have received infection control and chemical training specific to their role.

Residents and resident/representatives said they were very satisfied with the quality of laundering and were observed to be wearing clothes which appeared fresh and well maintained.