



Australian Government

Australian Aged Care Quality Agency

Elizabeth Jenkins Place Aged Care Plus Centre

RACS ID 0414
8 Homestead Avenue
Collaroy NSW 2097

Approved provider: The Salvation Army (NSW) Property Trust

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 26 August 2017.

We made our decision on 03 July 2014.

The audit was conducted on 03 June 2014 to 05 June 2014. The assessment team's report is attached.

After considering the submission from the approved provider including actions taken by the home, the Quality Agency had decided the home does now comply with expected outcome 2.10 Nutrition and hydration.

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

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Audit Report

Elizabeth Jenkins Place Aged Care Plus Centre 0414

Approved provider: The Salvation Army (NSW) Property Trust

Introduction

This is the report of a re-accreditation audit from 03 June 2014 to 05 June 2014 submitted to the Quality Agency.

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

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

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

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

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 2.10 Nutrition and hydration

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 03 June 2014 to 05 June 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Greg Foley
Team member/s:	Catherine Shands

Approved provider details

Approved provider:	The Salvation Army (NSW) Property Trust
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Details of home

Name of home:	Elizabeth Jenkins Place Aged Care Plus Centre
RACS ID:	0414

Total number of allocated places:	154
Number of residents during audit:	106
Number of high care residents during audit:	63
Special needs catered for:	Dementia care

Street/PO Box:	8 Homestead Avenue
City/Town:	Collaroy
State:	NSW
Postcode:	2097
Phone number:	02 9454 0407
Facsimile:	[Home Fax]
E-mail address:	dawn.parry@ae.salvationarmy.org

Audit trail

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

Interviews

Category	Number
Care services executive	1
Organisational managers and quality consultants	5
Centre manager	1
Acting centre manager	1
Care manager	1
Quality/education manager	1
Registered nurses	5
Care staff	10
Physiotherapist	1
Physiotherapy aide	1
Pharmacist	1
Residents/representatives	18
Diversional therapist	1
Recreational activity officer	1
Chaplain	1
Fire protection services contractor	1
Catering area manager	1
Catering staff	3
Cleaning/laundry contracts manager	1
Laundry staff	2
Cleaning staff	1
Maintenance supervisor	1

Sampled documents

Category	Number
Residents' files	12
Summary/quick reference care plans	6
Chemical restraint authorisations	3
Resident meal preference forms	4
Wound management charts	3
Self-administration of medications	11
Pain monitoring charts	5
Medication charts	10
Accident/incident forms	6
Bowel charts	6
Nurse initiated medication charts	6
Service/supplier agreements	8
Resident agreements	3
Personnel files	3

Other documents reviewed

The team also reviewed:

- Admission notification forms
- Advanced care directives
- Asset register
- Behaviour monitoring charts, behaviour advisory reports
- Business continuity and disaster plan manual
- Case conference records
- Cleaning/laundry procedures, schedule, training and inspection records
- Clinical indicator data
- Communication books
- Complaints log and trending register
- Consent to use your personal information, decline list

- Contractor handbook and checklist
- Diabetes care plan with medical officer instructions
- Duty statements
- Education calendar, attendance records and resource manual
- Emergency contacts list
- Fire safety inspection/maintenance records and annual fire safety statement
- Food safety program, records and NSW Food Authority audit report
- Handover sheets
- Job descriptions
- LMO requests
- Maintenance program and records
- Mandatory reporting register
- Medication signing sheets, medication profiles, daily delivery sheets, nurse initiated medication consent forms, medication signature register, medication reviews, medication fridge temperature monitoring charts, schedule 8 drug register, nurse initiated medication charts, warfarin communication sheets, medication administration history sheets
- Meetings schedule, meeting minutes and attendance sheets
- Memos and directives
- Menus, dietary assessments, meal preferences, nutrition data forms, nutritional summaries, weight tracker spreadsheets, drinks lists and daily meal choice sheets
- Mobility and transfer guides, physiotherapy aide one on one therapy sheets, treatment sheets
- Newsletters
- Orientation program, workbooks and employee induction checklist
- Oxygen cylinder in use monitoring form
- Pad allocation sheets, additional pad charts
- Pain monitoring tools, pain management register, physiotherapy pain management intervention records, non-verbal pain monitoring tool
- Plan for continuous improvement
- Police certificate register
- Policies and procedures

- Progress note schedule
- Quality program including audit schedule and reports
- Re-accreditation self-assessment
- Record of professional registrations
- Resident flu vaccination list, staff flu vaccination list, pathology results
- Resident handbook
- Resident leisure participation sheets, activity evaluations, risk assessment for resident outings, outings list, activity programs, volunteer handbook, volunteer police check database, suggestions forms for activities,
- Resident preference lists for showers, sleep and toileting
- Resident/relative satisfaction survey
- Residents' information package
- Risk safety assessments
- Skills competency assessments
- Spiritual needs assessment forms, Thursday chapel roster, activity planning sheets, chapel attendance sheets
- Staff appraisal schedule
- Staff roster and allocation sheets
- Supplier and contractor list
- Urinary charts, observation charts, fluid intake charts, catheter and line management charts
- Wound management charts, wound treatment plan and evaluation of care

Observations

The team observed the following:

- Activities in progress and activity resources
- Archives
- Charter of residents' rights and responsibilities on display
- Comments and complaints forms, brochures and notices throughout the home
- Equipment and supply storage areas
- Feedback forms during dining experience and feedback box

- Fire warning system and fire-fighting equipment throughout the home
- Hair dressing salon
- Interactions between staff and residents
- Kitchen dietary requirements board, modified food and fluids chart
- Living environment
- Lunch time meals in progress with staff assisting residents
- Manual handling equipment: lifters, walking belts, commodes
- Medication rounds, medication fridges
- Mission, vision and values on display
- Notice boards for residents, staff
- Privacy notice displayed
- Security system
- Short group observation in dementia specific unit
- Sign in/out register for residents, visitors, contractors
- Staff handover
- Staff work areas
- Storage of medications, emergency medication stock supplies
- Wound management trolleys

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home belongs to a large organisation which provides a management structure and quality framework for the pursuit of continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: feedback/suggestion forms, regular meetings, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a plan for continuous improvement that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the mission and leadership committee which meets regularly. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below.

- At the suggestion of the care manager an ‘on the spot’ education form was introduced to record the completion of education provided to staff on the floor and on a day to day basis. This provides a means of capturing education that happens on a one to one basis and in forums, other than formal training sessions, such as handover or staff meetings. This has helped management better track and record these elements of staff education.
- Due to the increasing numbers of residents, as places at the home are being filled, management has been monitoring the need for furniture and equipment. To assist in this process an audit was carried out in April 2014 of all furniture and equipment available for use. The need for further purchases was identified and extra furniture and equipment have been acquired. An asset register has also been established to better manage these resources.
- The internal comments and complaints system has been reviewed. To simplify the process one form is now used for compliments, suggestions and complaints. It is called ‘Your matters matter’ and is available throughout the home along with suggestion boxes to receive the forms. The policy for handling feedback and complaints was also revised to ensure the process of response suitably addresses all issues raised.
- In response to feedback regarding communication between relatives and management the care manager has moved to an office located near the entrance of the home. The new location is much more accessible to relatives who appreciate the improved opportunities for communication with the care manager.

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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is forwarded to management by the organisation and then disseminated to staff through updated policies and procedures, regular meetings, memos and ongoing training. Relevant information is provided to residents/representatives through resident/relative meetings, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s quality management system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- Criminal history record checks are carried out for all staff.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards, and include criminal history record checks for contractors visiting the home.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles 2013.

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 is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position. There is a comprehensive orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. There is an education program which is developed with reference to training needs analysis, regulatory requirements, staff input and management assessments. It includes in-service training by senior staff, training by visiting trainers and suppliers, on the spot training, and access to external training and courses. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through

work supervision and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training.

Education and training relating to Accreditation Standard One included such topics as: an overview of aged care and legislation; the mission, vision and values of the organisation; code of conduct; comments and complaints mechanisms; uncompromising commitment; electronic communication system; and documentation and reporting.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all comments and complaints and we noted issues raised are addressed in a timely manner to the satisfaction of complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives say they are aware of how to make a comment or complaint and management are responsive to their concerns.

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 mission, vision, values and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Mission, vision and values are an integral part of the training during the orientation program. All staff are also required to abide by a code of conduct that is aimed at upholding the rights of residents and the home's mission, vision, values and commitment to quality. Feedback from residents/representatives and staff and observations of staff interaction with residents demonstrated the vision and values of the home underpin the care provided to the residents.

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

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program, outlined in expected outcome 1.3 Education and staff development, provide the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. There are processes to ensure any vacancies that arise in the roster are filled. The performance of staff is monitored through appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives report they are generally satisfied with the care provided by the staff.

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 demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. The organisation has a purchasing and procurement officer who sources and contracts suppliers for the home. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. Responsibility for ordering goods is delegated to key personnel in each department and is overseen by the centre manager.

Maintenance records show equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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 information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. A password protected computer system facilitates electronic administration, care documentation and access to the organisation's policies, procedures and quality system. Policies, procedures and job descriptions outline correct work practices and responsibilities for staff.

Residents/representatives receive information when they come to the home and through meetings, case conferencing and notices. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, communication books, handover sheets, feedback and reporting forms and notices. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on them.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing and allied health professionals. The services provided are monitored by management at a local and organisational level through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers.

Residents/representatives, staff and management interviewed say they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below.

- Management identified the need for more consistent distribution of continence aids. A continence champion was selected and training provided by the continence aid supplier. The continence champion has responsibility for the allocation of continence aids. Individual reference cards were also introduced. This has resulted in more efficient and consistent allocation and distribution of continence aids.
- Following feedback from residents/representatives about the timeliness of medication administration the responsibility for medication administration has been extended. Select care staff who have the Certificate IV in Aged care have been trained to administer medications. They have had their competency tested and are now sharing the responsibility with the registered nurses. This has reduced the workload on the registered nurses and ensures that residents receive their medications on time.
- After discussions between doctors and staff a call bell was installed in the nurses' stations. Doctors have been given access to the nurses' stations and can use the call bell to alert staff to their arrival. This has improved communication between doctors and staff and there has been positive feedback from the doctors.
- In April 2014 the physiotherapist conducted an analysis to identify areas of risk relating to falls. Clinical data was examined, footwear was reviewed and individual strategies and interventions were put in place. Education was provided to staff on awareness and preventions of falls. Management said this special focus on falls prevention has been successful in reducing falls.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these incidents.

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 details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Two included such topics as: clinical documentation, pain management, continence management, heat pack therapy, medication administration, dysphagia and nutrition, palliative care, and bed and room sensors.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to assess, identify, monitor and evaluate residents’ individual care needs to ensure they receive appropriate clinical care. After an initial assessment period comprehensive care plans are formulated, reviewed and monitored by a registered nurse three monthly or more often if required. Care is planned in consultation with residents/representatives, the resident’s doctor and allied health professionals. Clinical

reassessments are completed if a resident's condition or care needs change. Clinical performance is monitored through regular audits and staff have an understanding of the clinical care process. There is a system for recording and reviewing accidents and incidents. The home has appropriate supplies of equipment and resources are maintained in good working order to meet the ongoing needs of residents. Residents/representatives expressed satisfaction with the care residents receive stating it is appropriate and meets their needs and preferences.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

There are systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified staff. A registered nurse reviews and updates care plans which document residents' specialised nursing care needs and guide staff in the provision of care.

The specialised nursing care needs of residents are identified when they first enter the home through clinical assessments conducted by a registered nurse, review of their medical history and consultation. Staff said they have access to external specialised services using a referral system including wound care and palliative care. Resource materials on specialised nursing care were observed and staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives say they are satisfied with the nursing care provided for specialised needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Clinical assessments, the resident's medical history and consultation with residents/representatives provide information on the resident's needs to access specialists or other health related services. Examples of health specialists visiting the home include podiatry, dietetics, speech pathology and a psycho-geriatrician. Referrals to external appointments are arranged and staff said residents are accompanied by their representative or other transport arrangements are made if required. The residents' care plans and progress notes include health specialists' recommendations and ongoing care interventions.

Residents/representatives are satisfied with the access and availability of other health specialists and related services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has policies and procedures for the safe and correct management of medication and all staff responsible for administering medications are appropriately trained. Staff complete medication rounds using sachet packaged medications supplied by the pharmacy. Medication charts are accessible to staff via an electronic medication management system linked with the home’s electronic documentation system and laptop computers are used at the point-of-care. Observation identified staff store medications safely and correctly. Staff report medication incidents which are documented, investigated and followed up by management. A pharmacist conducts medication reviews and results are provided to the resident’s doctor for review. Regular audits of the medication system are undertaken to ensure safe and correct administration. Residents/representatives said they are satisfied with the home’s management of the residents’ medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management plans are developed. Staff use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows staff provide a range of strategies to prevent and manage residents’ pain including clinical and emotional needs. Alternative approaches include massage, heat packs, regular repositioning and use of pressure relieving devices. Staff liaise regularly with doctors and allied health personnel to ensure the effectiveness of pain management interventions are followed up and referrals to other services are arranged as needed. Residents/representatives expressed satisfaction with pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home provides end of life care for residents which respects their privacy and dignity and ensures their comfort. An assessment and care planning process supports staff to identify the residents’ needs and preferences for end of life care in consultation with residents/representatives. Strategies and interventions vary depending on resident’s wishes, diagnosis and condition. The chaplain is available to provide emotional and spiritual support and arrangements can be made for other clergy to visit and provide support as needed. The home discusses end of life care with residents/representatives during family case conferences

and further discussion takes place when appropriate. Staff have access to a palliative care team for advice and assistance and access to specialised equipment as required.

2.10 Nutrition and hydration

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

Team’s findings

The home does not meet this expected outcome

The home is not able to demonstrate that residents receive adequate nourishment and hydration. There is a lack of consistent information to guide staff in providing residents with their specific nutrition and hydration requirements. The residents’ care plans and other relevant information do not always reflect the residents’ current care needs. There is a lack of monitoring of staff work practices and staff interviews confirm they are not always informed of residents’ changing needs and how these should be managed.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health through initial and ongoing assessments and care planning. Care staff observe and report changes such as redness, skin tears or bruising to the registered nurse. The registered nurse has oversight of the provision of skin and wound care management. Care staff confirmed they assist residents to maintain their skin integrity by using equipment such as pressure relieving devices, repositioning use of emollients and safe manual handling practices. Podiatry and hairdressing services are available at the home. Monitoring of accidents and incidents including wounds, skin tears and bruises are captured through the incident reporting system. Residents/representatives say they are satisfied with the skin care provided at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of residents. Continence assessments provide information for care planning including toileting programs, dietary interventions and the use of continence aids and equipment as needed. The effectiveness of continence and bowel management programs is monitored on a shift-by shift-basis by care staff who report any anomalies to the registered nurse for follow up. The home’s continence aid supplier can be accessed as required and provide training to staff in continence management and the correct use and fitting of continence aids. Staff confirmed there are adequate supplies of continence aids available. Residents/representatives say they are satisfied with continence management provided by the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Clinical assessments, consultation with residents/representatives and monitoring of behaviour identifies triggers and interventions to ensure the needs of residents with challenging behaviours are managed effectively. The home has a secure dementia specific environment and a dementia specific recreational program including music therapy is provided to residents. Acts of aggression are reported and reviewed to identify causes and the effectiveness of ongoing treatment strategies. Documentation shows there are referrals to specialist services to assist with managing challenging behaviours. The dementia specific area was observed to have staff interacting with residents in a calm and patient manner.

Residents/representatives generally say the needs of residents with challenging behaviour are effectively managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents are assisted to maintain optimum mobility and dexterity for as long as possible. A physiotherapist provides assessment and therapy planning for new residents and the review of residents whose condition has changed.

Individual programs are implemented by the physiotherapy aide and include gentle exercise and massage. Group exercise classes are conducted each week day and separately in the dementia specific house on Fridays. Documentation shows falls incidents are reviewed, monitored and reported as part of the quality clinical indicator program. Equipment to assist residents to mobilise is maintained in good working order and the physiotherapist provides education for staff. Residents/representatives are satisfied with the attention to the mobility and dexterity of residents.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ oral and dental health is maintained. Residents’ needs and preferences are assessed and care plans developed and evaluated on a regular basis and as required. Staff arrange appointments and can provide transport for residents to access dental services in the community. Swallowing difficulties and pain are referred to the residents’ doctor or allied health services for assessment and review. Oral care products are provided by the home and staff assist residents to maintain oral and dental care in accordance

with their needs and preferences. Education is provided for care staff and residents/representatives say they are satisfied with residents' oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has a system to assess, monitor and evaluate residents' senses to ensure they are managed effectively. Documentation shows assessments identify deficiencies and consultation with residents/representatives provides additional information for care planning to effectively manage any sensory losses. Staff are able to explain the necessary care provision for residents who have visual or hearing loss including the cleaning and fitting of glasses and hearing aids. The home supports residents with the use of resources such as sensory cushions and large print activity games. Residents/representatives say staff are supportive of residents' with sensory loss and promote independence and choice as part of daily care.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Strategies are implemented to assist residents to achieve natural sleep patterns. Clinical assessments identify individual sleep patterns and residents are encouraged to maintain their usual bed time and to rest through the day if they choose. The registered nurse reviews residents who experience sleep disturbances and medications to assist with sleeping are prescribed at the discretion of the resident's doctor. Residents who are unable to sleep are offered a warm drink and quiet environment to help them settle. Residents/representatives say they are satisfied with the way sleep is managed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- In response to resident/representative feedback the leisure and lifestyle program was reviewed. A diversional therapist was employed in January 2014. A greater variety of activities is now provided and the program is more in line with residents’ interests. Monthly bus trips were introduced. There is also a special program for residents in the dementia specific unit. Residents/representatives are satisfied with the updated program.
- Management introduced music therapy to the home in January 2014 after identifying that it was successfully used at another home within the organisation. It involves a program for one day per week in the dementia specific unit providing both group and individual activities. Residents were observed enjoying the music and staff and representatives say it engages the residents, improves socialisation and settles behaviours.
- In response to requests from residents/representatives an iron and ironing board was purchased for use by residents/representatives. This provides an opportunity for choice and independence for residents and also supports their dignity. The residents/representatives are satisfied with the result.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to residents/representatives in the resident handbook and the resident agreement regarding residents’ rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of residents’ rights and responsibilities is included in the resident agreement and displayed in the home.
- Staff are trained in residents’ rights and responsibilities in their orientation program and follow a code of conduct. They also sign a confidentiality agreement to ensure residents’ rights to privacy and confidentiality are respected.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register for these incidents. Training has been provided for staff on the mandatory reporting of elder abuse.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Three included such topics as: person centred care; dignity and respect; customer service; compulsory training on mandatory reporting; and privacy and confidentiality.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. Information regarding the resident's cultural, spiritual and other interests is obtained soon after entry and assists residents to settle into the home. Visiting families and friends are welcomed, birthdays are celebrated and outings are arranged. Residents are encouraged to decorate their room with personal items to help create a homelike atmosphere. Staff provide residents with emotional support such as one to one visits and visits from the chaplain and religious representatives of their choice.

Residents/representatives interviewed are satisfied with the way they are assisted to adjust to life at the home and the ongoing caring support they receive.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintain friendships and participation in the community. The home-like environment and the design of the building provides opportunities for residents to exercise independence and choice on a daily basis. Staff assist with mobility and leisure activities that actively seek the involvement of residents and promote mobility and independence. Relatives, friends and entertainers frequently visit the home and bus trips enable residents to undertake activities outside the home. Contact with the local community is maintained through bus outings, entertainers, volunteers and access to newspapers. Residents/representatives say they are satisfied with the assistance the home provides in relation to residents' independence and continuing participation in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Permission is sought from residents for the disclosure of personal and the display of photographs. Staff education promotes privacy and dignity and staff sign confidentiality agreements. Residents have single rooms with en-suite bathrooms and lockable storage is available for them. Staff handovers and

confidential resident information is discussed in private and resident files are stored securely. We observed staff being respectful of residents' privacy and dignity as they attended to care needs. Residents/representatives are satisfied with how privacy and dignity is managed at the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home demonstrates residents are encouraged and supported to participate in a range of interests and activities of interest to them. Residents' activity needs, interests and preferences are assessed on entering the home and on an ongoing basis. The home has lifestyle officers who provide the activities with assistance from volunteers. The activities program includes a separate program for the dementia specific house, Long Reef. The programs include special events, bus outings, sing-alongs, craftwork, cooking and card making, movies, musical entertainment, exercises, word games and quizzes. Documentation shows evaluation of the activities programs ensuring relevance and identifying changes in residents' interests. Residents who choose not to attend activities enjoy individual visits from staff. Residents/representatives are informed of the activities by receiving an individual program and through display on noticeboards throughout the home and are satisfied with the activities provided 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

Residents' cultural and spiritual needs are fostered through the identification and communication of residents' individual interests, customs, religions, ethnic backgrounds and end of life wishes during the home's assessment processes. The home recognises and celebrates culturally specific days with festivities consistent with the residents residing in the home. Chapel is held by the Chaplain every Sunday and on Thursdays other religious clergy run services on a rotating basis. The home celebrates residents' birthdays and welcomes involvement from families. Residents say their customs and beliefs are supported and fostered by the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home demonstrates each resident participates in decisions about the services the home provides and is able to exercise choice and control over their lifestyle through consultation about their individual needs and preferences. Documentation demonstrates residents' personal preferences are identified on entering the home. Management has an open door policy to interact with and residents/representatives when needed. Observation of staff practice and staff interviews demonstrate residents have choices available to them including waking and sleeping times, shower times, meals and activities. Resident meetings are conducted to enable them to discuss and provide feedback about the services provided by the home. Residents are able to decorate their own rooms with personal belongings.

Residents state they are satisfied with the support of the home with regard to their choice and decision making processes.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

All residents/representatives are provided with an information pack prior to coming to the home. This includes a resident handbook which gives detailed information about all aspects of life at the home and outlines the rights and responsibilities of the resident. A resident agreement is offered to all residents and fully details all services provided, fees and charges, and their rights and responsibilities including security of tenure. The Charter of Residents' Rights and Responsibilities is also displayed in the home. Residents/representatives say they are satisfied with the information the home provides and understand residents' rights.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- Prior to the commencement of a new hospitality services manager a standard menu was in place across all the homes within the organisation. The menu has now been reviewed in consultation with residents to customise it to meet their needs and preferences. A trial menu was developed for the home and was introduced in May 2014. Further feedback will be sought before the menu is finalised.
- In response to feedback from residents/representatives an additional call bell was installed in the courtyard. The new call bell is easily accessible, clearly visible and provides extra safety for residents. Management say it has been used effectively.
- Following matters identified by management regarding the disposal of contaminated waste new contaminated waste bins have been purchased. Further education was also provided to staff on the correct procedures for the disposal of contaminated waste. This has resulted in improved infection control.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, staff have fulfilled the mandatory fire awareness and evacuation training and the annual fire safety statement is on display in the home.
- The home has a disaster management plan in accordance with the NSW Healthplan as required for all hospitals and health care facilities.
- The home has a food safety program and a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme.

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

Refer to expected outcome 1.3 Education and Staff Development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Four included such topics as: mandatory training in fire safety and evacuation, infection control, manual handling; training in safe chemical handling by the chemical supplier, workplace health and safety, incident reporting, and food safety.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

The home is new being commissioned in 2013 and the living area is organised into a number of separate houses including one house caring specifically for residents who are living with

dementia. Each house accommodates 18 residents and has its own lounge and dining area and access to outdoor areas. All residents are accommodated in individual rooms with ensuite bathrooms and residents have personalised their own rooms. There are also communal areas available for all such as the central courtyard, gardens and chapel. There is adequate and appropriate furniture, the internal temperatures are kept at a comfortable level and there is adequate ventilation and natural lighting. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through safety audits, resident/representative feedback, incident/accident reports and observation by staff. Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs and the residents/representatives interviewed express their satisfaction with the living environment.

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 an occupational health and safety management system to provide a safe working environment that meets regulatory requirements. The safe practice and environment committee has regular meetings to oversee work health and safety within the home. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment and supplies are available for use by staff so they can carry out their duties safely. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by the management and staff. The staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

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 system to provide an environment and safe systems of work that minimise fire, security and emergency risks. A trained fire safety officer oversees fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate fire fighting equipment and warning systems and inspection of the external contractor records and equipment tagging confirms the fire fighting equipment is regularly maintained. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. The home is fitted with a security system and there is also a business continuity and disaster plan for the site. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and residents say they feel safe in the home.

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

There is an effective infection control program which minimises infections. The program is monitored through the reporting of all infections, trend analysis, audits and benchmarking.

A vaccination program for residents and staff is implemented. Infection control training and hand washing education are provided during orientation, during mandatory annual education and as needed for all staff. Outbreak management plans and equipment are in place. The home has a food safety program and systems for managing contaminated linen. Personal protective equipment, spill kits and hand washing facilities and sanitising stations were observed throughout the building. Food temperature monitoring programs are in place and cleaning schedules are followed throughout the home. Staff interviewed had a good understanding of their role in infection control.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. There is a rotating menu that provides choice and variety of meals and all meals are cooked fresh on site. The menu has been assessed by a dietician and caters for special diets and for the individual needs and preferences of residents. Residents provided input into the preparation of the menu and their feedback is encouraged on an ongoing basis.

The home is cleaned by full time contract cleaners. The cleaning is carried out according to a schedule and the quality of the cleaning is monitored by the management and staff of the home and the contractor supervisor. We observed the home to be clean and residents/representatives state they are very satisfied with the results. Personal clothing and linen is laundered at the home six days a week. Clothing is labelled to minimise any losses and there is a system in place for the management of misplaced clothing. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives say they are satisfied with the hospitality services provided.