Australian Government
Australian Aged Care Quality Agency

Fairlea Aged Care @Penshurst

RACS ID 2132
9a-11 Hawk Street
PENSHURST NSW 2222

Approved provider: Oreison Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 15 August 2018.

We made our decision on 29 June 2015.

The audit was conducted on 26 May 2015 to 27 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Audit Report

Fairlea Aged Care @Penshurst 2132

Approved provider: Oreison Pty Ltd

Introduction

This is the report of a re-accreditation audit from 26 May 2015 to 27 May 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 26 May 2015 to 27 May 2015.

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

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

Assessment team

Team leader:	Sue Kelly
Team member/s:	Kathryn Powell

Approved provider details

Approved provider:	Oreison Pty Ltd

Details of home

Name of home:	Fairlea Aged Care @Penshurst
RACS ID:	2132

Total number of allocated places:	72
Number of care recipients during audit:	71
Number of care recipients receiving high care during audit:	70
Special needs catered for:	Chinese cluster and dementia

Street/PO Box:	9a-11 Hawk Street
City/Town:	PENSHURST
State:	NSW
Postcode:	2222
Phone number:	02 9570 8912
Facsimile:	02 9586 2182
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Facility director	1
Care manager	1
Registered nurses	4
Care staff	7
Catering staff	4
Recreational activities officer	1
Recreational officer	1
Care recipients/representatives	17
Volunteers	1
Laundry staff	1
Cleaning staff	2
Maintenance staff	1
Maintenance manager	1

Sampled documents

Category	Number
Care recipients' files	7
Residents' lifestyles and activities plans	14
Medication charts	20
Personnel files	7
Residents' agreements	7

Other documents reviewed

The team also reviewed:

- Accreditation self-assessment report

- Activities program including newsletters, calendars, attendance forms

- Audits schedule, audits and audit evaluations, clinical indicator report, staff survey and action reports

- Clinical care documentation including: communication with specialists and allied health; communication books; clinical monitoring records and needs assessment; family conference documentation; and handover/daily reports.

- Continuous improvement, complaints, comments and compliments

- Education resource material (training records, manuals and evaluations, competency assessments)

- Employee pack including staff handbook

- Human resource information (job descriptions)

- Incident/accident/hazard (reports)

- Mandatory reporting folder

- Manual handling instruction information

- Medication management documentation: medication audits; medication incident folder; temperature logs for medication fridges; Schedule eight drug registers; resident medication plans; medication signing sheets; and medication management (external) reviews

- Pain management documentation including: pain management charts; pain management programme evaluation; and pain management programme records

- Physiotherapy assessments; care plans, exercise programs, falls risk assessments

- Podiatry assessments and review

- Policy and procedure manuals (Accreditation Standards)

- Privacy and consent forms (staff and residents)

- Residents' information package (application, handbook, brochure, bonds fees charges, information booklet)

- Stakeholder satisfaction surveys

- Various committee meeting minutes and agendas including management, staff, resident and relatives

- Visitor sign in book

Observations

The team observed the following:

- Access to telephones

- Activities program displayed; residents' group and individual leisure and lifestyle activities in progress, photographs of residents engaged in activities

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

- Brochures and posters on display

- Charter of Residents' Rights and Responsibilities

- Cleaning in progress

- Dining and recreational areas during lunchtimes, morning and afternoon tea

- Education information displayed on staff notice boards

- Educational digital video discs (DVDs)

- Electronic clinical documentation system

- Emergency drug supplies

- Equipment and supply storage areas

- Hairdressing room

- Hand washing facilities

- Handover in progress

- Handrails in corridors and bathrooms

- Hypoglycaemia kits

- Infection control resources including: hand wash basins; sanitising gel; personal protective equipment; colour coded equipment; spill kits; sharps' containers; outbreak box; and waste management

- Information on internal and external complaint mechanisms (in English and Chinese) displayed; forms displayed for making suggestions and compliments

- Interactions between staff and residents

- Internal and external living environment

- Lifting equipment and manual handling aids

- Lunch and beverage services with staff assistance; daily and rotating menus displayed

- Medication administration rounds

- Mission, Values and Vision and organisational structure available

- Notice boards (staff and resident areas)

- Nurses' stations and treatment rooms

- Personal protective equipment (PPE) and infection control practices in place, sharps containers, general and contaminated waste disposal systems

- Recreation officers' leisure equipment and resources

- Resident and staff noticeboards

- Secure storage of resident and staff files

- Security systems including CCTV, electronic swipe cards and nurse call system

- Storage of goods and equipment in use

- Storage of medications

- Visitor's 'sign in and out' book at the entrance to the home

- Wound management and clinical supplies and equipment

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 is part of the Fairlea Group. The Fairlea group (group) supports the home via a range of organisational supports and quality assurance mechanisms relevant to each Accreditation Standard. The home has a continuous improvement policy in place that provides structure to achieve the groups' mission. The home has effective systems and processes to implement positive change for residents/representatives. Stakeholders are consulted and encouraged to make suggestions. The home's staff are proactive in their approach to continuous improvement and readily identify improvement opportunities. The management team regularly collect, collate, implement and review information from a number of sources including: meetings, satisfaction surveys, comments, suggestions and complaints, audit schedules, and internal and external reviews.

A review of the home's Continuous Improvement Plan and discussions with stakeholders demonstrate that improvement activity is achieving ongoing positive outcomes for residents.

Examples of improvements that have occurred in relation to Accreditation Standard One - Management systems, staffing and organisational development, include:

- The staff at the home identified a need to improve the quality of the home's education planning. In January 2015, the home implemented the 2015 education calendar, designated full day compulsory education, monitoring of education records and the requirement that staff complete 12 sessions per year of in-service training. The management team advised there is improved compliance with staff attending mandatory training and in-service training. Staff report high levels of satisfaction with the range and availably of training available.

- The staff at the home identified the need to improve and promote the home's comments and complaints mechanisms to generate more feedback. The comments and complaints process has been publicised in the residents/relatives social meeting and during staff meetings. Residents and relatives express high levels of satisfaction with the home's comments and complaints system and high levels of confidence in the management team's responsiveness.

- The staff at the home identified the opportunity to improve the home's inventory and equipment lists. A review of the major equipment and inventory list is underway. New forms are under implementation and are designed to be more user friendly.

- The management team have increased the staffing hours of staff in Faith Wing to align with the changing needs of residents. Staff and residents report this has improved the ability for staff to respond to residents' needs in a more timely manner.

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 home has systems to ensure regulatory compliance. The home is a member of the relevant peak bodies and subscribes to a wide variety of information sources to ensure policy and procedure is updated to reflect regulatory compliance, legislative change and best practice. The home receives notifications from the group regarding all relevant changes including resource materials and training as appropriate.

A review of practice demonstrates changes in legislation are promptly actioned and disseminated to relevant stakeholders. The home evaluates the implementation of change to ensure the consistent application of staff practices. The regulatory compliance system is achieving results across each Accreditation Standard.

Examples of regulatory compliance related to Accreditation Standard One - Management systems, staffing and organisational development, include:

- Accommodation bonds and resident agreements have been updated to reflect legislative change

- Adherence to prudential requirements and due diligence

- National police checks

- Processes to inform residents/representatives of the dates for the onsite Accreditation process

- Residents and representatives have access to comments and complaints mechanisms

- Workplace code of conduct for staff.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a planned approach to education and staff development. There is an annual education plan developed from identified training needs, staff and stakeholder feedback, changes in legislation and best practice research. Staff education is reflective of the changing care needs of residents. There is a mandatory training program and all staff are required to attend. There is a central register to capture all staff training, track staff attendance and evaluate training outcomes. Staff competency levels in key areas are routinely assessed. Education and development opportunities are inclusive of on the job training, internal and external training. The home readily identifies high performers and offers opportunities for

development. Staff skills gaps are addressed in a proactive manner. This system is achieving results across each Accreditation Standard.

The home's education and training framework is relevant to each Accreditation Standard.

Examples of education relevant to Accreditation Standard One - Management systems, staffing and organisational development, include:

- Anti-bullying prevention

- Accreditation standard 1

- Full day compulsory education

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 and processes that ensure residents/representatives have access to internal and external complaints mechanisms including complaints forms that can be completed anonymously. Stakeholders are aware and encouraged to raise comments and complaints with management and/or external bodies through their preferred method including; verbal feedback, formal written complaints and discussion at the home's resident and representative meetings. Management confirm they have an open door policy and quickly address concerns to avoid escalation. We reviewed the home's complaints forms and found complaints received are recorded and prioritised as appropriate. There is provision of confidential and mandatory reporting. Details of the investigation conducted and action taken to resolve complaints in a timely manner is evident. Feedback to the complainant is demonstrated. Residents and representatives interviewed confirm they are satisfied with the home's complaints management system and provided examples of satisfactory resolutions to their requests. Staff interviewed confirm they can raise concerns on behalf of a resident or themselves and see improvements occur.

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 home has a well-publicised vision, mission, and values statement. The intent of the information is clear and underpins staff culture. The group's mission is to, "*to provide the highest quality of care and services for aged loved ones in a loving and family-orientated environment'.* The group's values include compassion, respect, safety, teamwork and trust.

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

Appropriately skilled and qualified staff ensure services are delivered in accordance with the needs of residents, the group's vision, values, mission statement and the Accreditation Standards. This is underpinned by the implementation of human resource policies and procedures. These cover staff recruitment, orientation, performance appraisals, a competency assessment program, and the monitoring of staff records that include job descriptions, duty lists, registration details and reference checks. Management advise the staffing budget meets the specific needs of the site, and staffing levels are monitored and adjusted on an ongoing basis. A review of documentation and the team's observations demonstrate the home's roster and skill mix are meeting the needs of residents. Residents and representatives interviewed were highly complimentary of staff and management. Staff are highly complimentary of the home's management team.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management and staff interviews and observation confirm there are adequate stocks of goods and access to equipment for the delivery of quality services at the home. Budgeted replacement processes ensure goods and equipment are suitable for the purpose and meet the specific needs of residents. There are ordering processes and stock rotation systems for consumable and perishable items. Designated team members assume responsibility for monitoring stocks and ordering necessary supplies. Monitoring processes include risk assessments, hazard reporting and audits. Preventative and reactive maintenance programs are in place. Generally new equipment is trialled prior to purchase. Staff are trained in the use of all equipment. Review of documentation and interviews with staff and residents indicate all equipment maintenance is prioritised and responded to in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an effective information system that monitors the development, use, storage, dissemination and archiving of records as appropriate. Electronic records are password protected and staff have access relevant to their role. The team saw evidence that the home disseminates relevant information to all stakeholders via staff and resident and representative meetings and other forums. Information relating to legislation and resident care is accessible as appropriate. This is achieved through memoranda, noticeboards, resident clinical records,

information packages, resident and staff handbooks, education sessions and policy and procedure manuals. Residents and representatives confirm they are kept well informed about matters of interest to them. Staff interviewed have a sound understanding of the information system and confirm that information relating to their role is readily assessable. Documentation maintained is clear and concise and all issues occurring in the care environment are transparently recorded and tracked to ensure a successful outcome is achieved.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has effective systems and processes to ensure all externally sourced services are provided in a way that meets residents' needs and quality goals. Contracts and/or service agreements are in place with suppliers and external service providers, such as fire maintenance services, pharmaceutical and food supplies. The home and group maintain external service provider details and copies of current signed external service provider agreements and insurances. The maintenance officer maintains records of services provided to the home and uses a schedule to monitor external service provisions. This system assists the home and group to track problems with suppliers so this information is available at the time of reviewing contracts. Each area is proactive in sourcing the most efficient and cost effective service and provision. Residents and representatives and staff interviewed indicate high levels of satisfaction with the services the home provides.

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

The home demonstrates the active pursuit of continuous improvement through a systematic evaluation and improvement of service quality and outcomes. Refer to expected outcome 1.1 Continuous improvement for details of the home and group's continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources that provide examples of ongoing improvement.

Examples of improvements that have occurred in relation to Accreditation Standard Two - Health and personal care, include:

- The staff at the home identified the need to provide more variety in the home's exercise program. A seated dance program has been introduced. The activity is attracting residents. There are indications of improved mobility outcomes for residents.

- The staff at the home identified the opportunity to provide complementary pain management therapies. The home has purchased a number of heat pads. Registered nurses are now providing therapeutic massage and the physiotherapist is providing residents with access to a TENS machine. Residents now have a range of pain management options available to them.

- The staff at the home identified that the sensory stimulation program required improvement. The home has purchased a mobile garden trolley and a range of potted plants. Residents can now participate in gardening activities whilst seated in the communal areas of the home. Staff report the activity is popular.

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

The home's regulatory compliance system ensures compliance in relation this Accreditation Standard. Refer to expected outcome 1.2 Regulatory compliance for details of the home and group's regulatory compliance system.

Examples of regulatory compliance relevant to Accreditation Standard Two - Health and personal care, include:

- Adherence to the *Poisons and Therapeutic Goods Act 1966*

- Links to industry clinical research and guidelines to ensure the delivery of best practice clinical care

- Safe storage, administration and disposal of medications

- The home maintains professional responsibility information for registered staff.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has effective policy and procedures in place including an ongoing education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems.

Examples of recent education relevant to Accreditation Standard Two - Health and personal care, include:

- Depression in the elderly

- Oral care

- Stoma care

- Unconscious management

- Incontinence

- Accreditation standard 2

- Pain and dementia

- Medication administration.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Residents and representatives interviewed were extremely complimentary about the care provided to residents by staff. The home has systems and processes which are implemented to ensure residents are provided with appropriate clinical care and these were described by staff. Information collected from the assessment process is used to generate care plans which contain specific interventions for each resident. These are updated as needs change and are evaluated third monthly or more often if required. Care conferencing is undertaken on admission, annually and whenever a concern arises. There are registered nurses on duty 24 hours seven days per week and emergency medical support is available including access to the geriatric flying squad attached to the local hospital. Change of shift handover was observed to be comprehensive and staff said they are always kept informed of change to a resident's care needs. Clinical care practices are monitored through the home's auditing program, staff appraisals, education and competencies and residents' satisfaction surveys.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

The home has documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents' specialised care needs. Residents' specialised care needs including necessary interventions are documented on their care plans. Specialised nursing care needs provided to residents include complex pain/palliative care, catheter care, oxygen therapy and complex wound care. Referrals are made to specialised services as required. Registered nurses manage the care planning for residents and liaise with other health professionals to manage residents' specialised care needs. There is also a system to ensure appropriate stock is available.

Residents and representatives said they are satisfied with the way staff provide specialised nursing care to residents.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. Ongoing assessments and regular reviews of residents' care needs help to identify residents requiring referral to other health and related services. Some of the services being accessed by the home include podiatrist, speech pathologist, physiotherapy, dentist, optometrist and audiologist. Referrals to health and related specialists and the outcomes of the consultations are documented in residents' files with appropriate changes made in assessments and care plans. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents and/or representatives. Assistance may also be provided in arranging transport for appointments. Residents and representatives said residents are referred to medical and allied health services and staff assist with the care recommended by the health and other related services.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' medication is managed safely and correctly. This includes secure and correct medication storage, incident reporting and actioning. The home uses a blister packed medication system and all medications are administered by registered nursing staff and suitably trained staff who have completed medication competencies. Photo

identification with clear information relating to known allergies and special requirements is evident on the residents' medication charts. All medications are securely stored and there is a system to ensure safe administration and accountability of schedule eight (S8) medications. Residents' medication regimes are reviewed by their medical officers on a three monthly basis. A clinical pharmacist provides education related to medication management and administration and also undertakes medication audits including psychotropic and night sedation. Residents and representatives said they are confident the staff administer residents' medications safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are as free as possible from pain. Assessment of verbal and non-verbal indicators of pain and strategies for its relief are recorded on entry to the home and reviewed as indicated by the registered nurse. When a resident develops pain, they are commenced on a pain management program and staff complete a pain assessment, management and flow chart. This identifies the scale of pain being experienced, the times and treatments given and the effectiveness of these treatments. A care plan is developed in consultation with residents/representatives, medical practitioner and allied health professionals as required. The home consults other allied health services as necessary and staff use a range of strategies or treatments which include analgesia, gentle exercises, cold and heat packs, massage and transcutaneous electrical nerve stimulation (TENS) machine. Treatments are regularly evaluated for effectiveness and referrals to the palliative care team and geriatric flying squad are organised as required. Residents and representatives said pain management provided meets residents' needs and pain relief is accessed as required.

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 systems to ensure the comfort and dignity of terminally ill residents is maintained. An advanced care directive is offered to residents and/or representatives as part of the admissions process. Residents are supported to remain at the home during palliation and family/friends are also supported during this stage of the resident's life. Families have opportunities for case conferencing and spiritual support is available for those residents who request it. The home has a range of appropriate equipment to assist with resident comfort.

Staff said they are adequately supported in issues of grief and loss and advised they receive education relating to palliative care. Residents and representatives said they are comfortable with the home's approach to maintaining residents' comfort and dignity, and the knowledge their wishes would be considered and respected.

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 systems for ensuring adequate levels of nourishment. There is an initial and ongoing assessment of each resident's likes and dislikes, allergies, cultural, religious, nutritional and hydration needs, and medical requirements. There is also a process for monitoring each resident's nutritional status by monthly weights (more frequently if indicated). Residents are referred to the dietician if there has been a significant weight loss and if required meals are fortified or supplements provided. Adapted crockery and cutlery and meals of varying consistency including thickened fluids as well as special diets are also available. Residents' swallowing ability is assessed by a speech pathologist if indicated. Care staff promote adequate fluid intake and residents' intake and output is recorded if necessary. A range of meal choices are available. Staff supervise and assist residents with their meals as necessary. Residents and representatives advised residents have a choice of meals and they generally enjoy the meals provided.

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 status. Residents' skin is assessed on entry to the home and as necessary in order to maintain skin integrity. Tools used include risk assessments and regular review of care documentation. Treatments required for residents' specific skin, hygiene, continence, hair and nail care needs are documented and referrals to appropriate specialists and allied health professionals are undertaken if needed. Pressure relieving mattresses are used and residents are given special nutritional support to promote healing when necessary. Skin integrity statistics are collated and presented at appropriate meetings and there are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents' skin integrity. Residents and representatives advised they are satisfied with the management of residents' skin care needs.

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 systems to ensure that residents' continence is managed effectively, including the completion of a summary care within the first week of entry to ensure consistent quality of care is provided. The resident's care plan is developed following the completion of assessment documentation, with their continence needs and interventions clearly defined in their care plans, which are reviewed three monthly. The home's external continence aid supplier can be

accessed as required for advice and the provision of staff training. Bowel management programs include the provision of high fibre diets and encouragement with fluids. Monitoring is via daily recording and this information is reviewed by registered nurses; action is taken as required. Urinary tract infections are monitored and preventive strategies are implemented when indicated. Residents and representatives advised residents are satisfied with the home's approach to continence management.

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 identified and met. Care plans and management strategies, are regularly reviewed to ensure the care and safety for all residents and staff at the home. Residents are regularly reviewed by their medical officer and when required referred to specialists such as the dementia behaviour management and advisory service which can be contacted at any time to assist with behaviour management. The home's environment was observed to be calm and residents well groomed. Residents and representatives expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are managed.

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

A physiotherapist visits once a week to assess the mobility, dexterity and balance of residents on entry to the home and as necessary. Changes in mobility are identified and documented as part of the care planning process. The physiotherapist instructs the physio aide, registered nurses, certificate IV, and care staff on residents' mobility and dexterity needs so staff at the home can continue the mobility programs at other times. Staff talked about some residents whose mobility had improved since admission to the home and through participating in the physiotherapy program. Manual handling and falls risk assessments are completed for all residents. Falls statistics are collated and presented at appropriate meetings. Residents and representatives said residents are satisfied with the mobility program and the 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

On entry to the home residents' oral and dental health is assessed and there are processes to ensure their oral and dental health is maintained. This is achieved by ongoing assessments and the development of care plans to address oral hygiene. Access to dental professionals is

available to residents as and when required. Residents are assisted to access the mobile dental service which visits as required or dental and oral care services of their choice outside the home. Care staff assist or prompt residents with teeth and denture cleaning and report any changes in oral health to a registered nurse and this is documented in the care planning system. Residents and representatives advised residents' oral and dental health is maintained.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has a system to assess, monitor and evaluate residents' senses to ensure they are managed effectively. A review of clinical documentation and care plans showed the home liaises with providers of ophthalmic, audiometry, and speech therapy services. Staff monitor residents to ensure they are wearing their spectacles and that hearing aids are functioning correctly. The activities program provides opportunities for a range of sensory stimulation activities including cooking. Adequate lighting and large screen televisions assist residents with sensory impairment to maintain enjoyment, independence and safety. Large print books are available as necessary. Residents expressed satisfaction with the management of their sensory loss.

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

There is a system to assess sleep patterns on entry to the home in consultation with the resident and their representative. An individual care plan is developed and regularly reviewed. Residents' rising and retiring times are documented and staff interviewed report residents are assisted to settle for the night. Medications to assist with sleeping are prescribed at the discretion of the resident's medical officer. Staff are able to discuss non pharmacological strategies used such as offering drinks, extra blankets and pillows and toileting residents. Residents interviewed said the home is quiet at night and they generally sleep well.

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

The home demonstrates the active pursuit of continuous improvement through a systematic evaluation and improvement of service quality and outcomes. Refer to expected outcome 1.1 Continuous improvement for details of the home and group's continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources that provide examples of ongoing improvement.

Examples of improvements that have occurred in relation to Accreditation Standard Three - Care recipient lifestyle, include:

- The staff at the home identified opportunities to improve the way the home welcomes new residents. The home has introduced an orientation program to better assist residents with their transition to living in the home. A new admission checklist has been developed and the residents' handbook has been updated. Staff ensure residents are welcomed and introduced to the other staff and residents. New residents/representatives confirm staff were very welcoming and compassionate and that they were provided with ample information about what to expect when entering the home.

- The residents from Chinese backgrounds requested culturally appropriate afternoon tea items. The home has introduced a monthly special afternoon tea serving traditional deserts. Residents' express high levels of satisfaction with the activity.

- Staff identified a number of residents displaying some signs of depression. These residents are now participating in one on one emotional support with the Chaplain. Staff report the residents are enjoying the additional one on one attention and advised that the residents feel special.

- The residents / representatives identified they would like more variety of music that they can relate to. The home has purchased additional DVDs with lyrics to encourage residents to sing along. Staff report the residents are engaging in and enjoying the activity.

- As a result of the resident survey the home identified that residents/representatives wanted to have more photographs of the activities they participate in on display. There is a range of photos now on display. Staff report this is assisting residents to remember recent activities and serves as a good conversation starter when family visit.

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

The home's regulatory compliance system ensures compliance in relation this Accreditation Standard. Refer to expected outcome 1.2 Regulatory compliance for details of the home and group's regulatory compliance system.

Examples of regulatory compliance relevant to Accreditation Standard Three - Care recipient lifestyle, include:

- All new residents and representatives are offered a resident agreement on entry to the home which includes information according to current legislative requirements. The resident and relative handbook also provides information on the security of accommodation.

- Residents and representatives are advised of the home's privacy policy which references privacy legislation for the collection, use, and disclosure of personal information of residents for the purpose of providing residential aged care.

- Management at the home complies with the legislative requirements for any mandatory reporting incidents, which may occur. The home maintains a register of incidents meeting the mandatory reporting criteria.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has effective policy and procedures in place including an ongoing education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems.

Examples of recent education relevant to Accreditation Standard Three - Care recipient lifestyle, include:

- Accreditation Standard 3

- Caring for the care giver

- Advanced care planning

- Person centred care

- Loss and grief responding to grieving people

- Protecting older people from abuse

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 life in the home. Staff ensure residents are introduced to each other and other staff and explain daily happenings at the home. Staff encourage residents to join in with social activities as they feel comfortable. Residents are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and said they feel welcomed by staff. Staff interviewed reported knowledge of strategies used for meeting individual residents' emotional needs. Residents said they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and empathy.

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 with residents being 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 entertainers. Residents can have radios, televisions and telephones in their rooms. Staff describe strategies to maintain residents' independence in accordance with individual abilities. Residents said they are encouraged to maintain their independence and contact with 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 residents' personal information. Residents' sign consent forms for the release of information to appropriate parties and staff sign confidentiality agreements. The home's environment promotes privacy, including the provision of single, double, triple and quadruple rooms and 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. These include closing resident doors, and window curtains when providing personal care. Residents said staff are polite, respect their privacy, knock on doors prior to entering and close doors and privacy screens 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

There are systems to encourage and support residents' participation in a wide range of interests and activities, consistent with the resident's individual needs and preferences. On entry to the home the resident's lifestyle interests are identified through a number of lifestyle assessments and life history taking. This information migrates into residents' comprehensive care plans which are reviewed and changed according to the wishes of the resident. The

activities provided to residents such as art therapy, quizzes, bingo and entertainment cater for their various levels of physical and cognitive abilities. The home provides residents with a weekly calendar of upcoming events and activities. An A3 program of the month's activities is on the residents' notice boards and residents are also reminded on a daily basis of the activities for that day. Residents and representatives said residents are very satisfied with the range of activities on offer, are asked for their ideas and can choose whether or not to participate.

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 the preferences of residents from culturally and linguistically diverse backgrounds. This is reflective of the high numbers of residents from a Chinese background. Specific cultural days such as Chinese New Year, the Moon Festival, Australia Day, St Patricks Day, Anzac Day and 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 providing services. Residents and representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided 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 to participate in activities. Staff were observed providing residents with choice 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/relative 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 and representatives said 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

Each new resident or their representative is given a resident agreement, resident information pack and handbook. Information about the Charter of residents' rights and responsibilities is included. Prior to and on entry, residents and their representatives have the opportunity to ask questions regarding the rights of the resident. The agreement/handbook includes relevant information such as the right to occupy a place in the home, the circumstances under which a resident may be asked to leave and the complaint process. Resident room changes other than at a resident's request are negotiated with the resident or their representative and only occur with consent and in accordance with legislative requirements. Residents / representatives are satisfied with information provided to them regarding residents' rights and responsibilities and are confident the resident is secure in their tenure.

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

The home demonstrates the active pursuit of continuous improvement through a systematic evaluation and improvement of service quality and outcomes. Refer to expected outcome 1.1 Continuous improvement for details of the home and group's continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources that provide examples of ongoing improvement.

Examples of improvements that have occurred in relation to Accreditation Standard Four - Physical environment and safe systems, include:

- The home and group have a range of internal auditing mechanisms that monitor quality assurance and identify continuous improvement initiatives. In response to feedback from residents and their representatives regarding dissatisfaction with the home's menu a number of strategies have been put in place. A dietician has reviewed the menu. The kitchen roster has been changed so that the cook now prepares fresh lunch and dinner rather than breakfast and lunch. A commercial deep fryer has been purchased. Residents have been consulted and more culturally diverse menu items are available. Management report increased levels of resident satisfaction. Residents/representatives express satisfaction with the menu.

- In response to a security concern management have improved the safety and security of the home. A CCTV system has been fitted in the external entry points and communal areas of the home. Security keypads have been installed in Grace Wing. Staff now have improved capacity to identify people entering and exiting the premises.

- In response to staff and resident feedback a number of air conditioners have been installed in the foyer and communal areas. Staff and residents report they are satisfied with the temperature of the home.

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

The home's regulatory compliance framework is relevant to each Accreditation Standard. Refer to expected outcome 1.2 Regulatory compliance for an overview of the system.

Some examples of regulatory compliance relevant to Accreditation Standard Four - Physical environment and safe systems, include:

- Material safety data sheets (MSDS) sheets are located in key areas

- The home and group have a food safety program in place

- The home is fire safety certified

- The home maintains fire safety and emergency equipment servicing in line with regulatory compliance

- The home conducts thermostatic valve testing

- The home maintains routine pest control in all catering areas.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has effective policy and procedures in place including an ongoing education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems.

Examples of recent education relevant to Accreditation Standard Four - Physical environment and safe systems, include:

- Chemical safety

- Infection control

- Food safety practices

- Falls prevention

- The home maintains mandatory training in infection control, elder abuse, manual handling and fire safety and emergency evacuation procedures.

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

Residents' needs are identified on entry and residents and representatives are advised of care and services available at the home. Mechanisms such as residents' surveys, suggestion forms, residents' meetings and case conferences, allow residents and representatives to have input into the living environment. The home provides accommodation in two sections, Grace wing and Faith wing. Grace wing has accommodation of single and multi-bedded rooms, with shared bathrooms. Faith wing has accommodation of single rooms each with an ensuite bathroom. There are a number of lounge and dining areas, entertainment rooms and outdoor areas for residents to socialise. Residents/representatives interviewed said that the home is safe and comfortable and management always considers their suggestions for improvement to the home. A review of documentation and discussion with management demonstrates they are actively working to provide a safe and comfortable 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

Management is actively working to provide a safe working environment that meets regulatory requirements. Management and staff indicated the home has systems to help ensure the provision of a safe working environment for staff, visitors and residents. There are systems to help promote work place safety and awareness. These include education during staff orientation and on an ongoing basis, manual handling training, discussion of work, health and safety issues at meetings, environmental audits, hazard and incident and accident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely manner.

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

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and fire-fighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Staff confirmed they attend compulsory education for fire training and management monitor their attendance. The home has appropriate security measures such as lockup procedures and keypad entry to 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

The home has an effective infection control program with a system for identifying, managing and minimising infections. The program includes staff education, audits, discussion of infection issues at meetings and evaluation of resident infection data. Staff monitor temperatures in fridges and freezers, use and understand colour coded equipment and wear protective clothing when required. Adequate hand washing facilities are available throughout the home. There are formal cleaning schedules and processes for the removal of waste to maintain hygiene levels. Staff demonstrated an understanding of, and commitment to, infection control principles and guidelines. The home has equipment for handling an outbreak of infection. Staff described the strategies to prevent infections at the home.

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

Processes are in place at the home to ensure hospitality services enhance the residents' quality of life and the staff's working environment. All meals are cooked fresh on site and the cook is responsive to suggestions and the changing needs and preferences of residents.

There is a rotating menu that caters for special diets and provides choices of two meals for lunch and dinner for residents. Meal choice includes provision for culturally specific food for all residents. Designated laundry staff explained the laundry processes, including the collection, storage and management of linen and personal clothing. Cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. There are clear instructions for the cleaning staff relating to the cleaning processes at the home. Residents and representatives stated they are satisfied with the cleaning, meals and laundry service.