



Australian Government

Australian Aged Care Quality Agency

Jesmond Aged Care

RACS ID 2175
81-85 Albert Road
STRATHFIELD NSW 2135

Approved provider: Jesmond Aged Care 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 10 October 2017.

We made our decision on 03 September 2014.

The audit was conducted on 28 July 2014 to 30 July 2014. 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



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Audit Report

Jesmond Aged Care 2175

Approved provider: Jesmond Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 28 July 2014 to 30 July 2014 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 28 July 2014 to 30 July 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:	Allison Watson
Team member:	Christine Logan

Approved provider details

Approved provider:	Jesmond Aged Care Pty Ltd
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Details of home

Name of home:	Jesmond Aged Care
RACS ID:	2175

Total number of allocated places:	99
Number of care recipients during audit:	93
Number of care recipients receiving high care during audit:	93
Special needs catered for:	Tamil speaking

Street/PO Box:	81-85 Albert Road
City/Town:	STRATHFIELD
State:	NSW
Postcode:	2135
Phone number:	02 9746 6562
Facsimile:	02 9763 7360
E-mail address:	kieran.e@jesmondcare.com.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Executive director of care	1
Director of nursing	1
Deputy director of nursing	1
Registered nurses	5
Care staff	8
Physiotherapist	1
Leisure and lifestyle staff	2
Residents/representatives	12
Director of cleaning services	8
Laundry staff	2
Cleaning staff	2
Maintenance officer	1
Fire safety officer	1
Physiotherapy aide	1

Sampled documents

Category	Number
Residents' files	10
Manual handling charts	4
Resident administration files including resident agreements	8
Medication charts	10
Personnel files: including letter of appointment, orientation program, confidentiality agreement, position description, police certificates, appraisals, satisfaction surveys	8

Other documents reviewed

The team also reviewed:

- Activities program including newsletters, weekly calendars, activities records and evaluations, attendance forms meeting minutes, assessments, care plans and evaluations
- Catering documentation including four week rotating menu, daily menu, food safety documentation including chlorine testing, temperature checks, pre-operational checklist, cleaning records, resident menu choices
- Checklist for hospital transfers
- Clinical and care assessment documentation including assessments for initial and ongoing resident care needs and preferences such as resident dietary and observation charts including weights, continence, behaviours, sleep, skin integrity, pain, mobility, fall risk, toileting, wound assessments and case conference information
- Committee and forum schedule
- Communication books and diaries
- Continuous improvement logs with comments and complaints
- Contractor master list, contractor orientation handbook, police certificates, certificates of currency, service agreements
- Education documentation including in-house and external staff training calendar, training opportunities, educational needs analysis, monthly in-service, attendance records, education feedback, registered nurse competencies, assistants in nursing competencies
- Fire and emergency documentation including, emergency manual, fire safety certificate, flip-charts, contingency plan, maintenance records
- Food safety program
- Handover sheets and communication book
- Incident and accident statistics
- Infection incident rates, incident and accident indicators
- Inventory and equipment register
- Maintenance documentation with request logs, preventative maintenance program – internal and external
- Mandatory reporting register
- Manual of safe cleaning instructions, cleaning program, cleaner's duty list
- Material safety data sheets

- Medication management folder including medication management information and medication policy and procedure
- Meeting and forum minutes including management and quality improvement, professional practice, care and services, general staff, medication advisory committee, residents and representatives
- Organisational chart
- Policies and procedures
- Position descriptions and duty lists
- Product and supplies database
- Quality program with audits, clinical indicators, audit action sheets
- Register of health practitioners with contracts of agreement for visiting providers
- Resident location and behaviour monitoring charts
- Resident newsletter
- Residents' information handbook
- Restraint authorisations and release records
- Rosters
- Staff and community visitors' police check records
- Staff handbook
- Work health and safety manual

Observations

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities, philosophy, vision, mission statement and values displayed
- Cleaning in progress
- Complaints and advocacy brochures and posters displayed including Tamil and Hindi
- Equipment and supply storage areas
- Fire and emergency equipment, evacuation back-pack
- First aid kits

- Infection control resources - outbreak kit, hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, spill kits
- Information on noticeboards – staff, residents
- Interactions between staff and residents
- Internal and external living environment including prayer room, garden and gazebo,
- Kitchen communication board with special dietary requirements
- Living environment - internal and external
- Meal service - lunch with staff assisting
- Medication rounds and securely stored medications
- Mobility equipment in use and in storage
- Outbreak kit
- Quality Agency notices displayed
- Resident and visitor sign in/out books
- Safe chemical storage
- Safe food storage
- Secure storage of resident and staff information
- Spills kits
- Spring-loaded laundry trolleys and colour-coded laundry bags
- Staff handovers
- Waste and contaminated waste disposal

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

Jesmond Aged Care has a framework to actively pursue continuous improvement across all Accreditation Standards. The management and quality improvement committee (MQIC) consisting of representatives from management and staff meet regularly to monitor the quality of care and services being provided. The MQIC identifies opportunities for improvement through audits, surveys, forums, meetings, staff appraisals, improvement logs, comments and complaints and the analysis of incidents and accidents. Areas of improvement and ideas for solutions are discussed at all meetings and input from staff, allied health and residents/representatives is gained via discussion groups, newsletters and continuous improvement forms. Feedback is provided through meetings, forums, notices, newsletters, education and memoranda. Staff, residents and representatives state management are responsive to their comments and suggestions for improvement which was evident in documentation.

Examples of recent improvements in relation to Accreditation Standard One – Management systems, staffing and organisational development include:

- The chief executive officer (CEO) has been in this position since 2012 and recently purchased another aged care facility in the area. He recognised the importance of reviewing, standardising and monitoring clinical systems at both homes to ensure residents receive a high standard of care. A suitably qualified person was recruited to the new position of executive director of care services for both homes. The appointee has already initiated a number of changes in clinical systems, documentation and monitoring. The CEO feels comfortable this role will help ensure clinical care is of a high standard and documentation follows regulatory requirements.
- The CEO realised information systems could be improved with the introduction of computers and intranet access. Computer terminals have been installed at the four nurses’ stations. Registered nurses have access to these and each have an email address. Clinical management forms are available and can be printed as needed as well as manuals and policies and procedures. Registered nurses feel this has improved communication and access to resources. They feel using emails assists in recording and coordinating activities throughout the home.
- A web-site is being developed by the CEO with a focus on presenting the home to reflect the Federal Government’s Living Longer Living Better reforms. The CEO believes the web-site will promote the home and improve communication with families and the public. The home’s mission, vision, values and commitment to quality care are highlighted with information about the process of choosing and entering the home clearly outlined. The new fee schedules introduced in July 2014 are explained and the costs involved for residents entering Jesmond Aged Care simply presented. We observed the web-site to be a clear, easily negotiated interface. The CEO said the web-site is in its early stages and will evolve to include more information particularly as a system to communicate with families.

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 a system for identifying relevant legislation, regulatory requirements, professional standards and guidelines and has mechanisms for monitoring compliance. Notifications of directives and changes in policy are received from NSW Health, the Department of Social Services and other related government and non-government agencies through subscriptions and automated e-mailing advice. This includes access to an Australian legislation database providing changes in legislation and regulations. Relevant information is communicated from the home’s management to staff through meetings, education, memoranda and staff notice boards. Policies and procedures are reviewed and modified in line with legislative changes. Documentation, management and staff confirmed policies, procedures, relevant legislation, regulations and standards are available and easily accessible for staff.

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

- A system to ensure all staff, volunteers and contractors, as necessary, have national criminal history checks and these are monitored for renewal.
- Residents/representatives were advised of the accreditation site audit visit as per requirements under the Aged Care Act.
- The home maintains records to ensure compliance with the compulsory reporting requirements of the Aged Care Act.

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 system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The deputy director of nursing is responsible for staff learning, development and education. All new staff complete an orientation program to ensure duty of care obligations are met and key information relating to policies, legislation and communication processes are covered. Staff are expected to attend compulsory education sessions covering topics such as fire prevention, manual handling, infection control and mandatory reporting. There is a system to follow up non-attendance at these sessions. The approved provider financially supports internal and external education. Staff training needs are reviewed annually and on a needs basis. Staff stated they are encouraged and supported to attend education and training courses and attendance records are maintained.

Examples of education sessions and activities relating to Accreditation Standard One include:

- Certificate IV in Frontline Management
- Case conferencing and resident satisfaction
- Bullying and harassment
- Conflict resolution

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

The home's complaints management process and external mechanisms for complaints are well documented and communicated for example through the resident's handbook and information and displays. Information regarding external complaints processes is also displayed with culturally appropriate translations available. Improvement forms are used to gather feedback and are widely available and used by residents, representatives and staff. All residents and representatives we interviewed could describe their approach to raising complaints should they have one, usually through direct contact with staff and management. Complaints and comments are logged along with the actions taken and follow up feedback, all of which is regularly reported to management and staff committees. The home demonstrated its responsiveness to any complaints received and its approach to close off any issues or complaints identified. We noted that feedback had driven several improvement initiatives in the home.

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

Jesmond Aged Care is a privately owned home recognised as providing care to the Sri Lankan and Indian communities. Their mission is to provide quality services to those in need irrespective of religious, cultural or national origin. The home's philosophy, vision, mission, values and commitment to quality service has been well documented. This information is published in the residents and staff handbooks, staff position descriptions and is reflected in notices placed around the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There is a system to ensure there are appropriately qualified and skilled staff sufficient to provide services in accordance with the Accreditation Standards and the home's mission and values. Staff are provided with position descriptions and guidelines to duties that clearly define positions, roles and responsibilities. Staffing requirements are rostered in accordance with resident needs and staff input and are amended as needs change. Staffing at all levels and from all service areas are monitored through meeting outcomes, comments and complaints and workplace inspections. Residents and representatives interviewed reported care was delivered competently in a happy, supportive atmosphere by dedicated, caring staff. Staff expressed satisfaction with their employment and skill development in the home. Residents and representatives commented on the positive attitude of staff and several mentioned staff always greeted them with a smile.

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

Stocks of appropriate goods and equipment are available for the delivery of quality services. The home's system includes effective purchasing and assets management procedures with a maintenance program to ensure equipment is safe for use and a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and/or contamination. New equipment is researched and purchased as required. Staff, residents and representatives stated there are satisfactory stocks of goods and equipment available at all times to enable quality service delivery. Employees appreciate the prompt response from management when requests are made for extra supplies or equipment.

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 and representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for appropriate care. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Information is distributed to management and staff through handbooks, memorandums, noticeboards, communication books, meetings and associated minutes, education and training and policy and procedure manuals. Residents and representatives receive information when they move into the home and ongoing through meetings, handbooks, notice boards, case conferencing and newsletters. Care, staff and archived files are securely stored and in accordance with privacy legislation. All staff sign confidentiality agreements. Staff and residents and 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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Contractors are selected according to the needs of the home and in keeping with the organisation's philosophies. Service agreements are entered into with contractors for the provision of services and external service providers are required to have current licences, insurances, professional registrations, and comply with relevant legislation and regulatory requirements. The approved provider supports the home with mechanisms to monitor and ensure compliance with the service agreement. Any non-compliance identified is acted upon. Residents, representatives and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to the home.

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

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Examples of improvements relating to Standard Two include:

- After internal audits of clinical documentation the executive director of care and director and deputy director of nursing realised an updated care plan was needed which more reflected residents' conditions, needs and wants. They recognised the care plan should correlate all changes in the resident's condition with information from progress notes, medical and allied health notes and any accident/incident reports. A new care plan template was developed and thirty plans completed at the time of our visit. The management team continue to evaluate the care plan documentation and are planning to include clinical assessments as an integral part of the procedure.
- The director of nursing wanted to improve communication between registered nurses. A new weekly handover sheet template has been developed which includes a brief summary of residents' care needs. Registered nurses said this document helps create a more holistic picture of residents' daily care and is a useful communication tool.
- After discussion at care staff meetings it was suggested a 'special care day' be introduced to ensure each resident's care and health needs are observed and reviewed. A schedule has been developed with residents being allocated a day once a month when aspects of their well-being such as vital signs, skin integrity and the condition of finger and toe nails are observed and assessed. The director of nursing is pleased with the way staff have embraced this new duty which has resulted in improved care for residents and the creation of a more balanced work flow for care teams.

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

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of

the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- The home has a system to monitor and record registered nurses, allied health professionals and medical practitioners have current authorities to practice.
- Registered nurses are responsible for the care planning and assessment processes and specialised nursing services implemented for residents.
- The home ensures residents are provided with services, supplies and equipment as required under the Quality of Care Principles.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3. Education sessions management and staff attended relating to Accreditation Standard Two include:

- Oral and dental care
- Pain management
- Non-pharmaceutical pain management
- Dementia management
- Clinical competencies for registered nurses and assistants in nursing

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Staff described the processes which are implemented to ensure residents are provided with appropriate clinical care. Information collected from assessment is used to generate care plans which contain interventions for each resident. These are updated as needs change and are reviewed four monthly. Family care consultation meetings are conducted with families and/or residents to discuss care needs. The home's communication systems enables nursing staff, allied health and visiting doctors to identify issues and be informed of the care being provided to residents. There is a system for after-hours medical support and medical officers' contact details are readily available. Clinical care practices are monitored through the home's auditing program, staff appraisals and competencies and residents' satisfaction surveys.

Residents and representatives interviewed were very complimentary about the care provided to residents by staff, they also said they have opportunities for input into the care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has documented policies and procedures relating to specialised nursing care. Registered nurses with medical officer and/or allied health professional input oversee the management of specialised nursing care. Residents’ specialised care needs are documented on the care plan and necessary interventions included. Specialised nursing care needs provided to residents include management of diabetes, pain management, Parkinson’s disease, catheter care, oxygen therapy and complex wound care. Referrals are made to specialised services as required. 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 with one resident commenting their wound has improved due to the appropriate care given by staff

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

The home has systems to ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. 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 residents include podiatrist, speech pathologist, physiotherapy, optometrist and audiologist. Referrals to health and related specialists and the outcomes of the consultations are documented in residents’ files. 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 “residents’ 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 pre-packed medication system and all medications are administered by registered nurses and care staff that have completed medication competencies. Photo identification with clear information relating to known allergies 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. There is also a system for complimentary

medications used in the care of the resident and these are recorded on the medication chart. A medication advisory committee comprising the home's pharmacist, external pharmacist, registered nurses and management meets regularly. Residents' medication regimes are reviewed by their medical officers on a three monthly basis and annually by an external pharmacist. Residents and representatives said they are confident staff administer residents' medications safely and correctly.

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

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 chart. This identifies the scale of pain being experienced, times and treatments given and the effectiveness of these treatments. A care plan is developed in consultation with residents/representative, 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 massage, gentle exercises, re-positioning, heat packs and diversional therapy. Treatments are regularly evaluated for effectiveness and referrals to the palliative care team are organised as required. Residents and representatives said pain management provided to residents 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 residents 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. Where possible residents' end of life wishes are identified and documented. 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 “residents 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, eating, and medical requirements. A range of meal choices are available including for residents from including Sri-Lankan\South Indian and Australian backgrounds. Provision is made for the dietary preferences of residents from Sri-Lankan, Indian and Anglo-Celtic backgrounds and there is also a process for monitoring each resident’s nutritional status through regular measurement of weights. Residents are referred to the dietician if there has been a weight loss. When 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 provided. 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. Staff supervise and assist residents with their meals as necessary. Residents and representatives advised residents have a choice of meals and residents said they enjoy the meals provided.

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 status. Residents’ skin is assessed on entry to the home and as necessary in order to maintain skin integrity. 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 “residents’ 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 assessment on entry to the home and evaluation of management strategies such as scheduled toileting and the use of continence aids. The home’s external continence aid supplier can be accessed as required for advice and the provision of staff training. Bowel management programs including the provision of high fibre diets and encouragement with

fluids. Monitoring is via daily recording and this information is reviewed by registered nurses and action is taken if 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 residents with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed through assessment processes, care planning and strategies implemented by staff. Care strategies are identified in consultation with residents/representatives, medical officers and/or mental health specialists when the need is identified. Residents are provided with a range of recreational activities to support their individual needs, including sensory activities for residents with significant cognitive impairment. A one-to-one program has been developed and is conducted seven days per week with residents involved receiving an individualised one-to-one program. The home's environment was observed to be calm and residents well groomed. Physical and chemical restraint are seen as a last resort and if used are monitored and reviewed by the management team. Restraint authorities are reviewed and reauthorised on a six weekly basis. 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 residents".

Team's findings

The home meets this expected outcome

A physiotherapist visits three days (two hours each day) 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. Individual physiotherapy programs developed are carried out by two trained physiotherapy aides. Staff talked about some residents whose mobility had improved since admission to the home and their participation in the physiotherapy program. Manual handling and falls risk assessments are completed for residents at risk of falling. Staff have been provided with education on manual handling and maintaining mobility and dexterity. 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 “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Residents’ oral and dental care is maintained through initial assessments, care planning and evaluation processes. Residents’ ongoing oral and dental care needs are monitored through staff observations and resident/representative feedback. Residents can access the dentist of their choice outside the home and staff will arrange appointments as necessary. Care staff assist or prompt residents with teeth and denture cleaning and report any changes in oral health to the registered nurse and this is documented in the resident’s progress notes.

Residents and representatives advised residents’ oral and dental health is maintained.

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. A review of 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 hearing aids are functioning correctly. Residents were observed sitting in the front garden with their family when they visited. The activities program provides wide 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. Residents and representatives expressed satisfaction with the management of residents’ sensory needs.

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

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 officers. Staff are able to discuss non pharmacological strategies used such as offering drinks, extra blankets and pillows and toileting residents. Residents interviewed said they generally sleep well at night.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Examples of improvements relating to Standard Three include:

- The leisure and lifestyle staff responded to suggestions from residents and introduced a trial cooking program into their activity program. These sessions proved very popular and are now part of regular monthly activities. Residents prepare food that is reminiscent of those they cooked at home. Staff related anecdotes of residents bringing their freshly baked cakes to share with them and taking items to other residents who had not participated.
- Resident focus groups have been introduced which are scheduled into the activity program. These provide opportunities for residents to provide direct feedback in a comfortable and safe environment. Topics of interest and resident choice are discussed at each forum. Attendances are increasing particularly as the forums are also proving a popular social gathering.
- In response to feedback from residents extra Hindu and Christian services have been scheduled. We observed these services in progress which were well attended by residents. Management regard the spiritual well-being of residents as a vital feature of life at the home and said they will continue to respond to the spiritual needs of residents.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

- All residents are offered an accommodation agreement which complies with legislative requirements.
- Information is provided to residents/representatives in the resident guide and other material regarding their 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 displayed in the home and is documented in the resident agreement and guide.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3. Education sessions management and staff attended relating to Accreditation Standard Three include:

- Certificate IV in Leisure and Lifestyle
- Grief and loss
- Cultural diversity
- 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

Residents and representatives advised they were satisfied with the ways in which staff provided information prior to entry, assisted residents to adjust to life within the home and for ongoing emotional support. The home has systems to ensure each resident receives initial and ongoing emotional support through the entry processes (including the provision of a residents' handbook), assessments, care planning, and the evaluation of the care provided. Visiting families, friends, visitors and volunteers are welcomed. The majority of residents speak Tamil and the home employs mainly bilingual (Tamil and English) speaking staff to assist with emotional support. Representatives were extremely complimentary regarding the staff and their interactions with residents. Recreational activity staff advised they provide residents with emotional support, such as the provision of one-to-one visits, the compilation of a newsletter and visits from local religious denominations.

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

Strategies to enable residents' independence to be maximised are identified in individual care plans. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. The home welcomes visits from resident representatives and residents are encouraged to participate in life outside the home when possible. Staff are provided with education on how to assist residents to maintain their independence and mobility aids are readily available. Residents are encouraged to achieve independence in health care choices, participation in decision-making, and personal care. There is a physiotherapy program to assist residents to maintain or improve independence through individual exercise programs. Residents and representatives said residents are encouraged to be independent and are able to participate in the community as they wish.

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 recognises and respects each resident's privacy, dignity and confidentiality. There is a range of single and shared accommodation options with shared bathrooms. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs, and residents understand their consent is required before treatments are carried out. An awareness of privacy and dignity issues is evident in daily practices, such as calling

residents by their preferred name and drawing privacy screens around beds for privacy. New staff sign confidentiality agreements and confidential resident records and belongings are stored securely. Residents and representatives commented staff speak to residents in a respectful manner and they are satisfied with the way residents' privacy, dignity and confidentiality is maintained.

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 has systems to encourage and support residents to participate in a wide range of activities of interest to them. Comprehensive assessments are completed within a month of entry to the home these include emotional, leisure and health needs, sensorial stimulation, family, spiritual and cultural profiles. An individual care plan which captures this information is developed and evaluated forth monthly. The activities program offers a wide range of activities which caters to the needs of residents with challenging behaviours, dementia, sensory loss and/or limited mobility. Activities take place seven days a week and include bus outings, music therapy, concerts, entertainers, digital video discs, craft, cooking, and celebration of cultural days. Residents are informed of activities via noticeboards and verbal prompts. Participation in activities is monitored and leisure and lifestyle staff said identifying residents who have not participated in group activities provides them with the opportunity to spend one to one time with these residents. Residents said they are 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

Residents receive cultural and spiritual care appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' cultural practices and spiritual needs. Residents said their individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Regular religious services are held within the home, we observed residents participating in a Hindu (pooja) service and additional Christian services are conducted by ministers from different denominations. Provision is made for the celebration of special national, cultural and religious days, for example, Deepavali (festival of lights), Poongul, ANZAC Day, Christmas, Easter and Mothers and Fathers days. Other cultures are respected when identified and the needs of these residents are met where appropriate. Residents said they are satisfied with the way staff actively encourage them to maintain their cultural and spiritual links ensuring their backgrounds are valued and fostered.

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

Personal preferences, needs and choices are identified on entry to the home using a comprehensive range of assessments, and consultation with health care providers and residents and/or their representatives. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, meetings, the comments and complaints process, and direct communication to staff and management. Information on residents' rights and responsibilities is displayed in the home.

Resident/relative meetings are held bi-monthly and residents are encouraged to exercise choice and control regarding all aspects of their care. Residents and representatives said they are provided with sufficient up to date information to assist with the choice and decision regarding resident care and lifestyle at the home

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

There are processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and residents' rights is discussed with residents and/or their representative prior to, when possible, and on entering the home. All residents are offered an accommodation agreement and guide which outline care and services and the rights and complaints resolution processes. Room moves only occur with prior consultation and consent from the resident and/or their representative. The Charter of Residents' Rights and Responsibilities is on display in the home. The home has an 'open-door' policy and ongoing communication with care recipients/representatives is encouraged through scheduled meetings, forums, individual case conferences and notices. Residents and representatives indicated satisfaction with their security of tenure at the home and an awareness of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvements relevant to Accreditation Standard Four are:

- At staff meetings the CEO discussed ideas to improve the environment. It was suggested a gazebo with ramp access and new garden furniture would enhance the manicured garden and improve access for residents and visitors. These have been installed and are proving popular areas for residents and visitors particularly during warmer months. Residents and representatives said they appreciate the effort and they now enjoy the garden areas particularly when children visit the home.
- The home does not have areas which are secure for exit-seeking residents. To provide a least restrictive environment for all residents, alert bracelets have been purchased. These are used by residents assessed as not having the capacity to leave the home safely and independently. Wandering and location charts are also completed. A family member said they are pleased these alerts are available and feel their parent is in a safe environment.
- After feedback from residents a dietician was engaged to review the menu. There are now Indian and Australian choices available for both lunch and dinner and residents makes a choice the day before rather than weekly. That choice can be changed when the meal is served. Evening snacks have also been introduced and are available for care staff to give to residents having difficulty sleeping particularly those with dementia. Residents discussed the improvement and their satisfaction with food at recent focus groups.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is displayed.
- A review of staff training records and interviews with staff indicate staff have fulfilled the mandatory fire awareness and evacuation training.
- The current NSW Food Authority licence is displayed in and a food safety program has been implemented as required by the NSW Food Safety Authority.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions management and staff attended recently relating to Accreditation Standard Four include:

- Certificate II Food safety handling
- Certificate III Hospitality and catering
- Fire safety officer training
- Safe operation of laundry equipment
- Work, health and safety workshop

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

Jesmond Aged Care is a two storey facility combining a heritage building with contemporary additions. Rooms are comprised of a combination of single, double and triple beds, some with en-suite bathrooms. Communal areas are comfortably furnished and there is a landscaped front garden with attractive gazebo and garden furniture. The living environment is clean, well-lit, free of clutter and malodour and there are regular inspections to identify safety risks. Call bells are installed in rooms and living areas. Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Maintenance requests are responded to promptly and a routine maintenance program is implemented. Residents and visitors were seen to be enjoying the internal and external communal areas and expressed 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

Management is actively working to provide a safe working environment that meets regulatory requirements. Matters relating to work, health and safety are discussed at the management and quality improvement committee meetings. This committee meets regularly and assists in developing, monitoring and reviewing work health and safety (WH&S) procedures to ensure safe environments and work practices. All staff receive WH&S training. WH&S issues are identified through audits or incident and hazard reports and are addressed through maintenance or risk management processes. Equipment and supplies are available to support safe work practices. Workplace incidents are reported and actioned and a trained staff member is available to support injured staff return to work. Staff said management are responsive to staff suggestions and requests relating to WH&S.

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 fire and safety systems are maintained and monitored to provide an environment and safe systems that minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and compulsory training at orientation and annually for staff on fire safety procedures, use of equipment and evacuation drills. There are a number of trained fire safety officers on site. Emergency information flip charts are easily accessible and include fire and other emergencies such as bomb threats, medical emergency, internal and external emergencies. Emergency exits are clearly marked, well lit and kept free from

obstruction. Evacuation plans are appropriately positioned. Exit doors are secure with key pad entry/exit and the home is securely locked at night. There are nurse call activators in all residents' rooms and in communal areas which are regularly checked by the maintenance officer. Staff demonstrated knowledge of the location of emergency equipment and emergency procedures and residents said they feel safe and secure 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

The home has an effective and efficient infection control program in place. The program includes surveillance and reporting processes, hazard risk management, waste management and a food safety program. Preventative measures include orientation and ongoing training, audits and competencies for staff and the provision of protective personal equipment.

Cleaning, food safety and vaccination/immunisation programs are in place. Infection control indicators are collected and results are monitored for trends then systems and practices reviewed as necessary. The laundry is sanitised by a combination of chemical and thermal disinfection. An outbreak kit is available and emergency supplies available on-site and sharps and other contaminated waste are disposed of appropriately. Documentation, observations and staff confirm the home has an effective infection control program.

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

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The home offers a four-week rotating menu of meals cooked in the home with Indian or Australian choices offered to all residents. Residents' dietary information and likes and dislikes are recorded on moving into the home and updated regularly. Residents and representatives were very satisfied with meals and felt comfortable to complain or request an alternative when necessary. Cleaners follow a set daily schedule which ensures all residents' rooms and common areas are cleaned regularly. All laundry is undertaken in the home's laundry with a clear definition between dirty and clean areas. Staff are trained in the use and storage of equipment and chemicals and there are procedures for cleaning and laundry management if an outbreak should occur. Residents and representatives said the home is always clean, their personal requests are addressed promptly and laundry services are satisfactory.