Opal Maitland

RACS ID 2711
Broughton Street
RUTHERFORD NSW 2320

Approved provider: DPG Services 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 02 June 2018.

We made our decision on 14 April 2015.

The audit was conducted on 10 March 2015 to 11 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Australian Government
Australian Aged Care Quality Agency

Audit Report

Opal Maitland 2711

Approved provider: DPG Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 10 March 2015 to 11 March 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 10 March 2015 to 11 March 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:	Christine Logan
Team member/s:	Rosemary Crawford

Approved provider details

Approved provider:	DPG Services Pty Ltd

Details of home

Name of home:	Opal Maitland
RACS ID:	2711

Total number of allocated places:	80
Number of care recipients during audit:	76
Number of care recipients receiving high care during audit:	76
Special needs catered for:	N/A

Street/PO Box:	Broughton Street
City/Town:	RUTHERFORD
State:	NSW
Postcode:	2320
Phone number:	02 4932 6688
Facsimile:	02 4932 3226
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Facility manager	1
Regional manager	1
Care manager	1
Quality coordinator/educator	1
Registered nurses	2
Care staff	6
Administration officer	1
Receptionist	1
Care recipients/representatives	14
Lifestyle coordinator	1
Catering supervisor	1
Catering staff	1
Maintenance officer	1
Laundry staff	1
Cleaning staff	1

Sampled documents

Category	Number
Care recipients' files	13
Care profile/summary care plan - electronic	13
Care recipient agreements	8
Medication charts	20
Personnel files	7

Other documents reviewed

The team also reviewed:

- Assessments and other documents electronic and hardcopy: resident profile and care plans, case conference documents; nutrition and hydration assessments; continence assessments; sensory and sleep assessments, medication charts, falls risk

assessments, personal preference forms, spiritual, privacy and dignity assessments, swallowing assessments

- Behaviour management including behaviour assessments, behaviour monitoring records with triggers and interventions - electronic; behavioural care plans and evaluations, restraint authority and restraint policy.

- Care recipients' information handbook

- Catering documentation including residents' dietary matrix, daily menu with choices, NSW Food authority certificate, food safety manual, cleaning, temperature and sanitising records, food supply and monitoring records, recipes

- Cleaning log and schedules

- Clinical and environmental audits

- Clinical monitoring records, "appointments" which include clinical actions to be attended by care staff and observations monitoring records; care assessment schedules, care plan tracking document and training records for all levels of staff in electronic care documentation system.

- Comments and complaints documentation including confidential complaints

- Continence management including continence assessments, management plans, daily bowel monitoring records, continence aid allocation list

- Contractor sign-in register

- Documents showing actions while team on-site: memo, staff task schedules and meeting agenda.

- Education documentation including annual matrix, monthly calendar of events, needs analysis, attendance records

- Fire and emergency procedures, annual fire safety statement , emergency evacuation documents

- Flow charts

- Infection control manual

- Information folder for assessors; layout of the home, continuous improvement plan, activity plan for March 2015, resident handbook.

- Information systems including electronic information, organisational intranet/Village site; electronic policies and procedures, case/family conference records, care staff electronic handover reports, information flyers, menu displayed.

- Job descriptions

- Lifestyle/activity documentation including lifestyle, social history and spiritual assessments, life style plans, activity attendance records, lifestyle program and events evaluations, electronic and hardcopy

- Maintenance management systems including requested maintenance log, planned maintenance matrix, essential services, outsourced service records, contractor and supplier agreements, contractor service and audit reports,

- Material safety data sheets

- Medication management including medication policy, medication incident reports, diabetic medication, management and monitoring records, medication reviews, clinical refrigerator monitoring records, Drugs of Addiction registers with corrections.

- Meeting minutes including continuous improvement, staff, WHS & infection control, residents and relatives

- Memoranda

- Mobility documentation including physiotherapy assessments, mobility assessments, mobility care plans, falls risk assessments, manual handling guidelines and physiotherapy consultations.

- Newsletter

- Nutrition and hydration management including resident dietary requirements recorded on the dietary matrix including: texture modified diets, diabetic diets, drinks preferences, thickened fluids, high energy-high protein diets (used prior to the use of supplements); specialised services referrals and reports for allied health consultations which were uploaded to the electronic care plan system; care monitoring records and weight monitoring records

- Pain management including pain assessments, pain management plans and evaluation of effectiveness of pain relief.

- Palliative and pain management care policies; end of life care pathway/advanced care plan and after-life care forms.

- Personnel files with applications, reference checks, offers of appointment, consent to obtain personal information, criminal history and statutory declarations, position descriptions, probation and annual appraisals

- Plan for continuous improvement

- Policies and procedures

- Regulatory compliance information including privacy policy, mandatory reporting and regulatory compliance folder, criminal history certificates, professional registrations, medication management policies

- Resident agreements and administration files with fee schedules, advance care directives

- Resident clinical and medication incidents

- Residents' handbook, information documentation and surveys

- Self-assessment report for re-accreditation and associated documentation

- Skin integrity including wound assessments, wound care plans and records, wound products,

- Staff handbook

- Staff rosters

Observations

The team observed the following:

- Activities in progress

- Charter of residents' rights and responsibilities displayed

- Cleaning in progress, trolleys and supplies, wet floor signage in use, cleaning supplies and equipment

- Equipment and supply storage areas including clinical, linen and continence aids

- Evacuation egresses unobstructed, evacuation signs and diagrams

- Fire panel, fire equipment, sprinkler system, evacuation plans, annual fire safety statement, evacuation bag

- Hand sanitisers and hand washing facilities located throughout the home

- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment, waste management

- Information notice boards

- Interactions between staff, resident and their representatives

- Internal and external complaints and advocacy information displayed

- Internal and external living environment with an accessible courtyard

- Isolation trolley

- Laundry with clean-dirty defined areas, spring-loaded trolleys, labelling equipment, cleaning schedule, safe chemical management

- Lunch, morning and afternoon tea being served with staff assisting when necessary

- Medication administration and secure storage

- Menus displayed

- Mobility equipment including walk belts, four-wheeled walkers, shower chairs, mobile transport devices, mechanical lifters and handrails

- Notices of accreditation visit displayed

- Residents utilising pressure relieving and skin protection equipment

- Safe chemical and oxygen storage

- Secure storage of confidential resident and staff information, archive room

- Security systems including key pad exit from the home.

- Short group observation in the lounge room

- Spill kits

- Staff notice boards with education and work, health and safety information

- Staff work areas and work practices including administration of medication, clinical care, catering, cleaning, laundry and maintenance

- Vision and values displayed

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

Opal Maitland has a framework to actively pursue continuous improvement across all Accreditation Standards. A staff member is employed as the quality coordinator/educator to monitor the quality of care and services being provided. Opportunities for improvement are identified through audits, surveys, meetings, improvement logs, comments and complaints and the analysis of incidents and accidents. Input from staff, allied health and residents/representatives is gained directly through meetings and case conferences. Areas of improvement and ideas for solutions are discussed at management and committee meetings and feedback is provided through meetings, forums, notices, newsletters, education and memoranda. Staff and residents/representatives state management are responsive to their comments and suggestions for improvement and this was evident in documentation.

Examples of recent improvements in relation to Accreditation Standard One include:

- The organisation used Opal Maitland as part of a pilot program to introduce an electronic clinical software system throughout their homes. Recognising some staff were unfamiliar with computers all staff were given the opportunity to participate in 'foundation training' to familiarise them with computer use and technology. Staff with computer skills supported and assisted their colleagues during this training. The system went 'live' in October 2014. We observed the system to be used proficiently and management continue to monitor and audit the accuracy and consistency of documentation. Management from the organisational level are very pleased with the outcome and plan to introduce the system to all their homes.

- The quality coordinator/educator supported by the organisation reviewed training needs at the home. Following feedback from staff, mandatory training courses are now offered monthly to make it easier for staff to attend. There is a greater focus on the value of 'toolbox talks' which provide responsive, focused and personal skills training. The organisation is developing this style of education and has introduced monthly topics with posters and information available for staff, residents and families. The educator said a recent topic on skin integrity has encouraged communication between care staff and registered nurses.

- An audit which included conversations with residents and families identified the understanding of 'continuous improvement' was limited. A standard item in the

newsletter has been introduced where ideas and the implementation of improvements are discussed. Management said this has helped communicate initiatives and also improved discussion between staff, residents and 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 organisation 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 data base providing changes in legislation and regulations. Relevant information is communicated from the home's facility manager to staff through meetings, attachments to pay slips, 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 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. 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 including mission, vision and values, customer service, fire safety, workplace health and safety, infection control, compulsory reporting and manual handling. There is a system to follow up non-attendance at these sessions. A registered nurse is responsible for education and quality management. Staff training needs are reviewed and evaluated regularly. 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:

- Registered nurse development day

- Respectful workplace

- Policy and procedures

- Assessment of the elderly resident and documentation

- Certificate IV training and assessment

- Discrimination and harassment policy

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's complaints management process and external mechanisms for complaints are well documented and communicated for example through the resident handbook and information and displays. Information regarding external complaints processes is also displayed. 'We value your feedback' forms are used to gather feedback and are widely available and used by residents, representatives and staff. All residents/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 of 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

The home's vision, values and commitment to quality service has been well documented. This information is published in the resident and staff handbooks and is reflected in notices placed around the home. The organisation has strategic plans that provide direction and structure for future improvements for the organisation. The values of the organisation – respect, compassion and accountability are emphasised in staff orientation and training.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are appropriately qualified and skilled staff sufficient to provide services in accordance with the Accreditation Standards and the home's mission, vision 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/representatives 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.

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 and residents/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 new 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/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 an intranet portal, handbooks, memoranda, noticeboards, clinical records, communication books, meetings, forums and associated minutes, education and training and policy and procedure manuals.

Residents/representatives receive information when they move into the home and ongoing through meetings, handbooks, notice boards, case conferencing and newsletters. Resident, staff and archived files are securely stored and in accordance with privacy legislation. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

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: 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

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:

- A clinical audit in January 2015 identified five residents with unplanned weight loss. Commercial dietary supplements were being used but some residents were not enjoying them. A dietician was consulted who suggested ideas for high energy diets. Cream, full cream milk and butter are being added to mashed potatoes, vegetables and sauces for all residents who are not on restricted diets. Full cream fruit yoghurts and ice-cream are encouraged and identified residents offered a second dessert. The last weight loss audit showed two of the five residents have put on weight and the other three have stabilised. Other residents commented on the improved flavour of meals.

- Following feedback from a family member who found it difficult to get their parent to an external wound clinic, the facility manager engaged a clinical nurse consultant (CNC) wound specialist and consulted the Australian Wound Management Association. New products were purchased including a first aid skin tear kit and all wounds were reviewed by the CNC. The CNC provided bed-side tutorials for nursing staff, product advice and best practice procedure development. Visits from the CNC initially occurred monthly to monitor all wounds, staff skills and training needs. They now visit when needed if residents arrive at the home with more complex wounds.

- A menu review by a dietician identified some areas where the existing menu was not meeting best practice recommendations. A new menu was developed with greater variety and nutritional value. Residents are now offered a choice of two hot meals at lunchtime and a hot meal at night. Following resident feedback a hot breakfast is also offered daily and sandwiches included as an option in the evening. Residents commented on the quality of the food provided and appreciate the efforts made to accommodate their personal preferences.

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 (1997).

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 Three include:

- First aid certificates and cardiopulmonary resuscitation

- Medication - theory and practical

- Wound care

- Clinical software documentation

- Falls management

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Residents of the home receive appropriate clinical care. Their preferences are assessed from preadmission through to the development of the care plan and include information from the residents and conference meeting with their representatives. Residents/representatives interviewed expressed satisfaction with the care provided. They said they are consulted regarding assistance and care required and the preferences for the resident. Care requirements are reviewed regularly and the care plans updated through evaluation of the care plans which are monitored by the clinical manager and registered nurses, using the care plan tracking tool. Reassessments are performed as the need is identified. Family care conferences occur for each resident. Changes in care needs are communicated through the electronic handover to care staff and through a verbal process with the registered nurses meeting with direct care staff. Evaluation and update or reassessment of care needs occurs each three months or as required as the resident's needs change. The assessment process is guided by the home's policies and procedures and is overseen by the clinical manager with the care coordinator. Assessments include physical needs and assistance with personal care, emotional, spiritual and social needs; lifestyle and activity preferences.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Residents and their representatives are consulted regarding specialised nursing needs and plans are in place to provide this care. The home provides policies and procedures to guide staff in the delivery of specialised nursing care and ensures the care is delivered by appropriately qualified staff in consultation with doctors and specialised services when this is required. Protocols and communication systems are included in the 'appointment' process which schedules clinical and other tasks to be attended by any care staff. These were observed to be scheduled for follow up of monitoring programs for specialised nursing needs such as blood pathology results and pain management/effectiveness. Parameters are set by the doctors for blood glucose monitoring. Additional care plans were viewed for oxygen therapy, pain management by registered nurses and wound management.

Residents/representatives said they were happy with the management of these care needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Documentation shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. A physiotherapist is on site one day each week. Several allied health professionals visit the home on an "as required basis" including a podiatrist, speech pathologist, pathology services and dietician. Residents/representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents/representatives are satisfied with the way referrals are made and the way changes to care are implemented.

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

Care recipients' medication is managed safely and correctly by registered nurses and care staff who have achieved medication competency. Residents' photographs are available on the charts to assist identification. Care staff were observed making appropriate checks, administering medication and providing assistance to residents. "As required" (PRN) medications are approved and followed up by a registered nurse. Policies and procedures guide the safe delivery of medication. The medication advisory committee reviews legislation changes, medication and pharmacy issues. Regular medication reviews are completed by a consultant pharmacist and medication incident data is collated as part of the quality clinical indicators. These are reviewed and actioned by the clinical manager and the registered nurses. Nurse initiated medications lists are reviewed and authorised by the doctor for each resident. Residents/representatives are satisfied residents' medications are managed in a safe and correct manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

All residents are assessed for pain on entry to the home and as needed. A pain program is run by registered nurses who provide rubs, massage and heat-packs to assist relief of the residents' pain. Pain is also assessed daily as medication is administered and referred to the registered nurse for monitoring of effectiveness. The care team provide feedback to doctors to ensure the comfort of residents. A physiotherapist visits the home once each week and assesses all new admissions to the home. The physiotherapist reassesses residents following a fall or significant event. Residents and their representatives report residents are as free as possible from pain and staff respond in a timely manner to requests for pain control.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained. Feedback from families through comments as well as letters of appreciation indicate the care was provided with concern and respect appropriate to the comfort needs of the resident. An end of life care pathway is completed for residents in consultation with their representatives and at the appropriate discussions with medical officers. There is an after-life care document with the resident's choices described for staff and funeral directors to follow. Residents and their representatives consult with the care staff, their doctor, and spiritual support is provided through the visiting ministers of religions as requested by the residents. Ministers of several religions visit the home. Staff ensure the resident's wishes and comfort are observed while delivering palliative care.

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

Residents and their representatives confirm they are satisfied with the home's management of the nutrition, hydration and associated support needs. Meals are cooked at the home and the menu is reviewed by a dietician. Details of special dietary needs are documented on admission and communicated to the kitchen staff. Preferences, allergies, special diets and high energy/high protein diets are recorded on the Dietary Matrix available to care staff and catering staff. Residents and their representatives said they/their relative, enjoyed the choice available and the meals are well balanced. Quality controls are monitored through auditing systems. Residents' weights are monitored monthly and variations investigated and addressed. Dietary high calorie/high protein supplements are available and are initiated only after the high energy diet is trialled as required and following consultation with the doctor and/or a dietician. There are processes to vary the nutritional preferences of residents and food charts monitor intake in the event of weight loss.

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

Residents and their representatives confirm they are satisfied with the care provided in relation to the resident's skin integrity. Skin integrity assessments and risk of impairment to skin integrity, are conducted on entry to the home and reviewed as necessary including at care review and evaluation. Assessed risk guides the pressure area care as residents' mobility; nutrition status and cognition potentially decline. Residents with specific skin conditions are

closely monitored and treatments applied as directed by the doctor. Referrals are made to specialist services as required. Wound monitoring and wound charts show regular review of wound management and improvement strategies. Pressure relieving mattresses and cushions are available for those residents who are identified at risk of skin breakdown.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Residents and their representatives confirm continence needs for urine and bowel function are being met. On entry resident's continence needs are assessed. The history is obtained from the resident, their representatives, doctor referral and pre-admission assessments by community nurses. Flow charts are initiated, voiding times and bowel evacuation patterns are recorded for three and seven days respectively, to enable assessments to be made. Care plans are developed and reviewed at regular intervals including consultation with residents and their representatives. Staff continence education includes toileting programs, bowel management and includes the relationship to privacy, dignity and choice for residents. The registered nurses implement and oversee the bowel management programs and observe management protocols to ensure residents' bowel health.

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

There are systems to effectively manage residents with challenging behaviours. Documentation and discussions with staff show residents' behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or their representatives and other specialist services.

Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has access to health professionals including the mental health team. Staff were observed to use a variety of management strategies and resources to effectively manage residents with challenging behaviours and to ensure the resident's dignity. Residents/representatives interviewed said they were satisfied with the way staff manage challenging behaviours and their communication with families regarding these behaviours.

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

Each resident has their mobility and dexterity assessed by the registered nurse and a visiting physiotherapist. Information is gathered from the residents, their representatives, transfer information and community nursing notes. Mobility information and the residents' need for assistance are detailed in the summary and information is detailed for each resident in a document stored in their room, inside their wardrobe. Programs are instigated by the physiotherapist to optimise the mobility function. An exercise program is conducted by the lifestyle staff. There is a system to indicate the level of assistance required with mobility.

Residents/representatives said they are satisfied with the assistance and therapy provided.

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

Each resident's oral and dental health needs are assessed by the registered nurse on entry to the home and thereafter by care staff. The resident's needs, preferences and interventions are recorded on the resident's care plan. The care plan is reviewed regularly and adjusted as necessary to the oral health needs of the resident. The home has access to external dental services, which can be arranged if the resident is able to visit an external provider. Oral and dental problems are reported to the resident's medical officer who will refer to the appropriate service provider. Care staff organise the appointment and escort, when the family are unable to attend.

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

Each resident's sensory loss assessments are overseen by the registered nurses, who ensure the completion of the admission assessments and the specific sensory assessment. This occurs in consultation with the resident and their representative. The methods for communication and compensation for sensory losses are also located on the care profile plan. Strategies to assist residents, who have declining cognition, include speaking clearly and slowly, making eye contact, using simple statements and speaking with warmth, caring and using gestures when this is helpful. Referrals are made to specialist services where consultations can be arranged as necessary.

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

Residents and their representatives confirm residents are able to achieve natural sleep patterns. Information about resident's sleep patterns is entered in to the assessment. Observations by care staff are recorded in the resident's progress notes to ascertain their normal sleeping pattern. Sleep assessments are reviewed as required. Disturbance of residents is kept to a minimum at night. Activity is provided for those residents who go to bed late or rise early. Hot milk and flavoured drinks are provided for supper to help promote sleep and staff validate the resident's timeframes to help them feel settled.

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

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 administration officer is responsible for assisting new residents with their admission forms and providing orientation to the home. To provide comfort during what can be a difficult time this staff member suggested a 'welcome tray' be introduced. The new resident and their family are served tea or coffee from an attractive old fashioned tea service. On the tray is a specially designed 'welcome' card with the resident's name and the names of key personnel the resident may be in contact with. The administration officer said this personal approach has helped settle the resident in their new home and also provided an opportunity for her to familiarise herself with the resident and the family.

- In consultation with Alzheimer's Australia a review of residents living with dementia showed incidents of exit-seeking wandering and agitation increased in the evening. The shifts for the lifestyle team were changed so a staff member was on duty until 7 pm. This allowed activities to be programmed in the evening that target the needs of specific residents. Care staff report these residents are more settled and the environment is calmer for everyone.

- The facility manager in consultation with Alzheimer's Australia is adapting the home to accommodate residents with dementia. To create a least restrictive environment and optimise residents' independence all external doors have been fitted with keypads. Two global positioning system (GPS) devices have been purchased and trialled. The manager believes these initiatives have allowed residents to age in place with dignity when their needs escalate. A family member said they appreciate these modifications as their parent is very settled living in the home and it would be difficult for them to transfer to a new facility.

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

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 a resident agreement which complies with legislative requirements.

- Information is provided to residents/representatives in the resident handbook 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 handbook.

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:

- Dementia care

- Privacy and dignity

- Dementia care workshop

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' emotional status and needs are identified and supported. Residents and their representatives confirm the support provided by the staff of the home is appropriate and meets

the residents' needs and preferences. Discussions with the residents and their representatives, provides the home with information related to their needs for emotional support. Staff introduce new residents and their representatives to residents and encourage their socialisation and participation in activities according to their interests. Residents are provided with the opportunity to discuss their issues with ministers of religion who regularly visit the home and assist staff with these areas of support.

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

Residents are assisted to achieve maximum independence, maintain their community friendships and continue to participate in the community within and outside the home.

Residents and their representatives confirm they are satisfied with the assistance provided by the home in relation to the resident's independence, maintaining friendships and participating in community life in accordance with their individual needs and preferences. Information is shared with families and visitors through newsletters and the activities programs displayed on notice boards. Residents are supported to continue their memberships in the community when they wish to do so. The lifestyle and care staff assess the needs and preferences of residents and make adjustments to their plans for participation as the resident's needs change.

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

There are systems within the home, to ensure the residents' privacy and dignity is respected in accordance with their individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Permission is sought from residents for the display of photographs. Staff education promotes privacy and dignity and staff sign to acknowledge confidentiality of residents' information. Staff handovers and confidential information is discussed in private and residents' files are securely stored.

Staff practices respect privacy and dignity. Residents/representatives said they are satisfied with how staff manage their privacy and dignity.

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

Residents of the home are encouraged and supported to participate in a range of interests and activities of interest to them. This occurs through assessments and discussions on admission. Residents are provided with the assistance required to participate in their choices of activities. Residents' representatives confirm they are supported in these activities and interests appropriate to their needs and preferences. Each resident is assessed on admission regarding their social history, interests and capabilities. The program covers a range of activities of interest to both the ladies and the gentlemen in the home.

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 individual interest, customs, beliefs, cultural and ethnic backgrounds of residents are valued and fostered within the home and by the staff. Residents and their representatives confirm they are satisfied the home values and fosters residents' individual interests, customs, beliefs and ethnic backgrounds. Specific cultural activities occur within the activity program.

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

Each resident or their representative, is included in the assessment process for care and lifestyle within the home. Residents and their representatives confirm they participate in decisions about the services the resident receives and they are able to exercise choice in relation to the resident's needs and preferences. Assessments are conducted on entry and incorporated into care plans, to ensure staff have knowledge of the resident's choices and preferences regarding cares and lifestyle choices. In the event that the resident's ability to confirm those choices declines, their representative acts on their behalf to ensure their choices are met. Residents and their representatives are informed of resident meetings in newsletters and notices. Minutes are taken of these meetings and actioned to rectify concerns as they arise.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents have secure tenure within the home and residents understand their rights and responsibilities. The admission officer is available to discuss relevant information about accommodation, fees, care and services prior to a move into the home. All residents and their representatives are offered a residential agreement and information package which outlines care and services, rights and complaints resolution processes. The service manager advised that any room changes within the home are discussed and appropriate and informed processes are followed according to the guidelines.

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

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:

- Care staff discussed with the facility manager the difficulties they experienced with the number of residents using wheelchairs in the dining room. Work, health and safety problems were evident. A compact mobility standing aid was purchased which can be used by residents who have the ability to stand with support. They can be transferred easily to the dining room chairs. Staff observe using fewer wheelchairs has improved the safety and aesthetic appearance of the dining room. Residents said they feel safe being transferred using this piece of equipment. As a result of the success of this mobility aid another has been ordered.

- The facility manager attended a training course on outbreak management. She reviewed the equipment available at the home and purchased a specially designed 'isolation cart' to improve the storage and accessibility of infection control equipment. The yellow cart is easily identifiable and indicates to all staff where infection control procedures are being carried out.

- Residents and their families are encouraged to wear clothes which can be safely washed in the home's commercial laundry equipment however some knitted and delicate items still get damaged. The laundry staff suggested a domestic machine be purchased. This is now used for woollens and delicate garments that can safely be washed in cold water on a gentle cycle. Resident and family members appreciate this additional service.

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:

- Safe food handling

- Outbreak management

- Creating enriched environments for dementia care

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

Opal Maitland is a single level building combining a mixture of single and multi-bedded rooms with ensuite bathrooms. Communal areas are comfortably furnished and there are landscaped gardens and an internal shaded courtyard. The living environment is clean, well- maintained, 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 utilising the internal and external communal areas and said the home is always clean and well looked after.

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. A Work Health and Safety Committee meets regularly to assist 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. All registered nurses are trained fire wardens. 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 residents' rooms and in communal areas which are regularly checked by the maintenance staff. 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 has sanitisers incorporated in the supplied chemicals. An outbreak kit is available with emergency supplies 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 care recipients' 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 choice of fresh meals cooked in the home. Residents' dietary information and likes and dislikes are recorded on moving into the home and updated regularly. Residents/representatives praised the variety, flavour and high standard of food provided by the home. 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 clear definition of clean and dirty separation. Labelling of residents' clothing is undertaken by the home. 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/representatives said the home is always clean, their personal requests are addressed promptly and laundry services are very efficient.