



Australian Government

Australian Aged Care Quality Agency

Queanbeyan Residential Care Facility

RACS ID 2542
7 Campbell Street
QUEANBEYAN NSW 2620

Approved provider: Farad Nominees 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 08 July 2018.

We made our decision on 27 May 2015.

The audit was conducted on 21 April 2015 to 23 April 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



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Audit Report

Queanbeyan Residential Care Facility 2542

Approved provider: Farad Nominees Pty Ltd

Introduction

This is the report of a re-accreditation audit from 21 April 2015 to 23 April 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 21 April 2015 to 23 April 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Allison Watson
Team member/s:	Richard Scott Victoria Oakden

Approved provider details

Approved provider:	Farad Nominees Pty Ltd
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Details of home

Name of home:	Queanbeyan Residential Care Facility
RACS ID:	2542

Total number of allocated places:	178
Number of care recipients during audit:	117
Number of care recipients receiving high care during audit:	113
Special needs catered for:	Dementia (10 at the moment)

Street/PO Box:	7 Campbell Street
City/Town:	QUEANBEYAN
State:	NSW
Postcode:	2620
Phone number:	02 6297 1811
Facsimile:	02 6299 1274
E-mail address:	dongacf@tpg.com.au

Audit trail

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

Interviews

Category	Number
Director of Nursing	1
Deputy Directors of Nursing	2
Registered nurses	4
Assistants in nursing	8
Administration assistant	1
Catering staff	6
Physiotherapist	1
Care staff	3
Recreational activities officers	2
Care recipients/representatives	18
Pharmacist	1
Laundry staff	2
Cleaning staff	7
Maintenance staff	2
Work Health & Safety representative	1
Diversional therapy coordinator	1
Pharmacy dispenser	1

Sampled documents

Category	Number
Care recipients' files	20
Summary/quick reference care plans	15
Resident agreements	7
Medication charts	45
Personnel files	8
Individual menu plans	13

Other documents reviewed

The team also reviewed:

- Activities program including newsletters, monthly calendars, activities evaluations, attendance forms
- Accidents and incidents folders - residents and staff, including post fall investigations
- Administration policies manual
- Admission checklist
- Allied health referral folder
- Annual fire safety statement
- Asset register
- Audits and surveys
- Call bell system reports
- Cleaning schedules and processes
- Clinical care and observation folders including assessments, treatments, complex health care directives, restraint records, catheter management, bowel care, resident care folders, physio program folders, continence aid and fluid balance checks
- Continuous improvement plans
- Daily maintenance request folders
- Education plans and attendance lists including those for the aged care channel and compulsory education
- Emergency/disaster plan
- Environmental surveys
- Equipment/services/consumables/supplements ordering folders
- Fire safety and emergency disaster plan
- Food safety program
- Individual diet preferences folder
- Individual likes and dislikes folder
- Infection control manual, infection control surveillance data and monthly reports
- Laundry cleaning schedules
- Laundry manual

- Mandatory reporting registers – Non-reportable, Reportable
- Medications: folders, nurse initiated medications, schedule eight drug register, fridge temperature and cleaning records
- NSW food authority licence
- Nutritional assessments, dietary requirements, preference sheets and menus
- Physiotherapy prescribed interventions and referrals folder
- Planned preventative maintenance program folders
- Police checks register
- Policies and procedures
- Policy and procedure manuals
- Privacy and consent forms (staff and residents)
- Re-accreditation self-assessment document
- Resident and staff handbooks
- Resident satisfaction summary report and surveys
- Service agreements folders
- Staff memos folder
- Various committee meeting minutes and agendas including management, staff, resident and relatives
- Verification food safety folders – including fridge temps and calibration
- Work, health and safety manual

Observations

The team observed the following:

- Activities in progress, program displayed; residents' group and individual leisure and lifestyle activities in progress, photographs of residents engaged in activities
- Charter of residents' right and responsibilities on display
- Cleaning in progress with appropriate signage
- Clinical spill kits
- Comments and complaints forms, brochures, notices and suggestion box
- Dining service – including staff assisting as required

- Displayed care recipients advocacy brochures and “rights and responsibilities” posters
- Emergency and disaster boxes
- Equipment – including lifters, wheelchairs, pelican belts, walkers and scooters
- Equipment and storage areas for chemicals, linen and clinical supplies
- Equipment and supply storage areas including manual handling equipment
- Fire evacuation plans and fire safety equipment including fire blankets, extinguishers, hose reels, and sprinklers in newer part of facility
- Fire sprinkler system notice on display
- Food supplies dated, with rotation reminders
- Hand washing facilities, hand sanitisers and personal protective equipment located throughout the facility
- Interactions between staff, residents and visitors
- Living environment – internal and external
- Living environment including residents’ art and craft work on display
- Menu choices on display and individual texture requirements
- Noticeboards for residents and staff
- Outbreak kits
- Safety data sheets in appropriate locations
- Secure storage of resident files
- Security system, including proximity alarm at front door
- Sign in/out records for residents and visitors
- Staff work areas including kitchen, serveries, clinic/treatment rooms, and nurses stations
- Storage and administration of medications
- Vision, mission, and philosophy 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

The organisation actively pursues continuous improvement through a range of activities and systems involving residents, representatives, staff and management. These systems include monitoring of clinical indicators, audits and surveys, accidents/incidents reports, staff and resident meetings, and through feedback. Improvements may also be identified through management observations, improvement log forms, and as a result of regulatory changes.

Residents/representatives and staff said they are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

Examples of recent improvements relating to Standard One, Management systems, staffing and organisational development include the following:

- In preparation to opening a new dementia specific wing in the home, management employed the services of a clinical nurse specialist from the local Dementia Behaviour Management Advisory Service, as an Assistant Director of Nursing, to assist plan, implement, and oversee the new wing.
- In conjunction with Medicare local, an initiative was undertaken by management, to review the communication and assessment forms utilised when transferring residents between the home, hospital, or outpatient's visits. These new forms contain crucial resident data to assist medical officers with their enquiries, and also assist ambulance officers when transferring residents.
- Management recently consulted with various stakeholders and staff in the creation of a new enterprise agreement, to replace their previous award system. Management ensured that staff received education from all entities involved with the process; and staff said they felt supported and informed about the entire process.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with relevant requirements. Information is provided to management by an industry peak body and directly from regulatory agencies. Legislation, regulatory compliance, standards and guidelines are reviewed for their relevance and policies are amended, if necessary, by the organisation.

Staff are informed of regulatory matters relevant to them through memorandum, meetings and education. Residents/representatives are informed of regulatory matters relevant to them through notices, meetings and correspondence sent to the individual.

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Standard One, management systems, staffing and organisational development include:

- Residents/representatives were informed of the re-accreditation site audit and notices of the impending audit displayed prominently throughout the home. Residents and representatives interviewed during the site audit were aware of the process.
- Criminal history record checks are carried out for all staff and volunteers.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

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

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

- Medicare website
- Entering residents into the computer
- New employees
- Team work
- Preventing and responding to workplace bullying
- Accreditation and continuous improvement

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems and processes that ensure residents/representatives have access to internal and external complaints mechanisms including complaints forms that can be completed anonymously. Stakeholders are aware and encouraged to raise comments and complaints with management and/or external bodies through their preferred method including verbal feedback, formal written complaints and discussion at the home's resident and representative meetings. Management confirm they have an open door policy and quickly address concerns to avoid escalation. The complaints folder showed forms and complaints received are recorded and prioritised as appropriate and feedback to the complainant is demonstrated. There is provision of confidential and mandatory reporting. Residents and

representatives said they are satisfied with the home's complaints management system and provided examples of satisfactory resolutions to their requests. Staff advised they can raise concerns on behalf of a resident or themselves and see improvements occur.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home has a well-publicised vision, mission, and values statement. The intent of the information is clear and underpins staff culture. The part of home's mission is to "provide care focused on the holistic view of an individual and facilitate residents' freedom of choice with the upmost respect". We observed the values of the home were reflected in day-to-day interactions between staff and residents over the course of the re-accreditation audit.

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 are systems and processes to ensure that the home has appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies and procedures which guide human resource practices are accessible to all staff. Recruitment processes include professional registrations, visa work arrangements, criminal record checks and reference checks. Orientation and 'buddying' is conducted when new staff commence at the home and all staff participate in annual performance appraisals. Relief arrangements include the use of permanent part time and casual staff and a review of the rosters showed absent staff are replaced. Staffing levels are flexible and are monitored in line with residents' specific care needs and related dependencies. Staff were enthusiastic and motivated about their work, expressed appreciation of the education available to them and acknowledged the support of the management team. Residents and representatives commented they are satisfied with the care provided and stated the staff are respectful in their approach to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The organisation has systems to ensure appropriate stocks of goods and equipment are available at all times. The results of our observations, interviews and document review,

revealed the maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved. This is achieved through the implementation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance. Staff confirmed they have sufficient stocks of appropriate goods and equipment to care for residents.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an effective information system which monitors the development, use, storage, dissemination and archiving of records as appropriate. Electronic records are password protected and staff have access relevant to their role. Documentation review confirms relevant information is disseminated to all stakeholders via staff and resident/representative meetings, and other forums. Information relating to legislation is accessible as appropriate. This is achieved through memoranda, noticeboards, resident clinical records, information packages, resident and staff handbooks, education sessions and policy and procedure manuals. Residents and representatives advised they are kept well informed about matters of interest to 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

All externally sourced services are provided in a way that meets the home's needs and service quality goals. The results of our observations, interviews and document review, revealed the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services. In addition, the performance of major or regular suppliers' is measured against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services such as fire system maintenance, food suppliers, pharmaceutical and continence supplies. There are mechanisms to track and resolve ongoing problems with suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of recent improvements relating to Standard Two, Health and personal care include the following:

- In response to numerous enquiries and demand from the local community, management recently opened a new 29 bed dementia specific wing at the home. Suitable staff were identified and approached, additional dementia specific training was organised, and equipment, materials, and living environment was prepared, prior to accepting new residents to the wing. Populating the wing with new residents has been gradual, with 10 residents accepted thus far. Management stated this new service is being constantly evaluated, and is progressing well.
- A commonwealth initiative to support residential aged care with end of life pathways has seen the home evaluate current processes and implement a new palliative care toolkit. This end of life pathway has enhanced the home's previous palliation strategies, providing additional tools in identifying candidates amongst palliating residents, for end of life interventions. The end of life pathway provides clear and concise instructions in one location, for initiating and conducting case conferences, and ensures all applicable processes for supporting staff, family and the resident are in place. Evaluation of the new process has taken place with 33 residents completed to date. Family feedback has been positive.
- Recently a respite resident expressed a desire to return from hospital, with a new complex dressing not previously managed at the home. This negative pressure wound therapy required specialised training and skilled nurses to treat and re-apply as required. Management liaised with the hospital to conduct the training of key staff onsite and provide materials to allow the home to continue the resident's treatments in the home. The resident's wound has since improved with further treatment provided by the home and he stated he was happy with the result.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Standard Two Health and personal care include:

- A record is kept of the current registration of registered nurses.
- Management has procedures to ensure notification of unexplained absences of residents is reported according to legislation.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Personal care
- Collecting urine specimens
- Pain in dementia
- Washing showering residents
- Orientation to dementia care
- Wound management and documentation
- Schedule eight medication 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

Queanbeyan residential care facility’s systems and processes ensure residents receive appropriate clinical care. Initial assessments on entry to the home identify current care needs and resident preferences. A comprehensive set of assessments is completed as each resident settles into the home over the first few weeks, resulting in an individualised plan of care. Care plans are evaluated regularly by a registered nurse in consultation with the care team, residents and representatives. Review of clinical care documentation confirms this.

Interviews with assistants in nursing confirmed they are aware of residents’ individual needs and preferences. Residents and representatives confirm they are satisfied with the clinical care and support provided by staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Queanbeyan residential care facility has systems in place to identify specialised nursing care needs and have appropriately qualified staff to meet these needs. Registered nurses are on duty 24 hours a day to manage and deliver specialised care including diabetes management, stoma care and management, catheter care, enteral tube feeding and complex wound care. Care plans include specialised aspects of care required. The home accesses specialist advice from local service providers if required for complex wound care, palliative care and behaviour management. Staff confirm they have the knowledge and skills to provide specialised nursing care to residents. Residents and representatives confirm they are satisfied with the specialised nursing care provided at the home.

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

Residents are referred to appropriate health specialists in accordance with their needs and preferences. The home engages the services of a range of health professionals including podiatry, speech pathologist, dietician, dentist and optometrist. Documentation confirms some residents are referred to and seen by a specialist behaviour management service, mental health service providers, and specialist geriatrician services. Referrals are made by the resident’s visiting medical officer or the registered nurse as required and include results of investigations and response from specialists. The home consults with local palliative care services when required. Documentation including assessments, care plans, and progress notes confirms ongoing reviews and that appropriate changes are documented and

implemented. Residents and representatives confirmed they are satisfied with the care services and referrals provided by the home.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home’s systems and processes ensure residents’ medications are managed safely and correctly through ordering, storage, administration, documentation, disposal and review of medications. Qualified nurses administer all medications. Internal audits are regularly completed by senior staff to ensure best practice medication management. Medications are administered from original containers and the local supplying pharmacies ensure new or changed medications are supplied promptly. Residents may choose their supplying pharmacists who attend the home regularly. Weekly stock audits ensure sufficient quantities are available and an emergency stock of common medications reduces the risk of medications being unavailable. Competency assessments are undertaken to ensure currency of practice of staff administering medications. The team observed safe storage and systems in use to manage schedule eight medications. Medication incidents are regularly reviewed and action taken where indicated. Residents and representatives confirm they are satisfied with the way their medications are managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure residents’ pain is identified and managed so they are as free as possible from pain. Residents’ pain is assessed on entry to the home and as indicated using verbal and non-verbal pain assessment tools. The visiting physiotherapist is involved in pain management and completes instructions for staff to assist residents in managing pain. Pain is monitored frequently and a range of pain management strategies are used including acupuncture, heat packs, transcutaneous electrical nerve stimulation (TENS) machine and massage. Assistants in nursing assist residents in managing pain through individual exercise programs, and the registered nurses apply heat packs and massage as per individual plans. Strategies are evaluated to ensure pain management is effective. Care staff described their role in pain management, including identification, reporting and monitoring, and provided examples of positive outcomes as a result of early identification of pain. Residents and representatives confirm they are satisfied with the way pain is managed at the home for residents.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure the comfort and dignity of terminally ill residents and support for their families. Representatives are included in all aspects of care planning to ensure that physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. Some residents have advanced care directives. A single room is available if required and family can stay with their relative during the dying process. All registered nurses have completed training on syringe drivers and are able to provide palliative and end of life care in the resident’s home reducing the need for transfer to hospital. A qualified palliative care nurse provides specialist support to nursing staff at the home when a resident requires care at end of life. The home has recently implemented the End of Life pathway following its introduction as part of the Palliative Care Toolkit.

Representatives confirm they are informed of residents’ conditions, are involved in care planning and regularly updated when there is a change in a resident’s health status.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nourishment and hydration through a 21-day rotating menu. The home cooks all meals and snacks onsite. Individual food preferences and dietary needs are assessed on entry to the home and this information is forwarded to the catering department and updated by registered nurses and the dietician as changes occur. Likes and dislikes are captured on an individual basis through regular visits by the deputy director of nursing to each resident. These preferences are transferred through to the kitchen and alternative options are always available should a resident choose. Care plans identify the specific needs of residents who require a modified diet that includes thickened fluids, texture modified foods as well as diabetic, high fibre and high protein diets. Residents are weighed regularly, with variance noted and addressed with interventions that include nutritional supplements prescribed for weight loss. The home has access to speech pathology and dietician services as required. Resident documentation confirms recent visits by specialist services. Residents and representatives confirm they are satisfied with the food and drinks provided by the home, and have input into menu planning.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure residents’ skin integrity is maintained and consistent with their general health. Each resident has a skin assessment on entry to the home to identify the risk of pressure injuries, skin tears or complications such as diabetes, reduced mobility, medications and continence. The assessment process also identifies specific skin care regimes or preferences including hair and nail care. The home monitors accidents and incidents including wound infections and skin tears and acts appropriately on trends identified. Registered nurses are responsible for wound management and have access to sufficient supplies of appropriate equipment and resources. Progress notes and wound care plans demonstrated ongoing care, and evaluation of wounds are effectively managed and monitored. A podiatrist attends the residents for assessment and care on a regular basis. Care staff are aware of the signs of poor skin integrity and said they would always notify the registered nurse if they were concerned. Residents and representatives are satisfied with skin integrity management at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to monitor and manage bladder and bowel continence and constipation effectively. Each resident has bladder and bowel continence assessments during the first weeks at the home to identify continence issues and needs. Continence histories are taken and form part of the individual care plan. Specific continence management needs are identified, aids provided, and referrals made to specialists where indicated. Bowel charts are observed to be maintained by care staff and are used to monitor requirements for aperients/high fibre supplement. Fluid balance charts are commenced where the registered nurse identifies the need for monitoring of resident intake and output. Care staff informed us that a resident’s unusual behaviour may be related to the need to void, a urinary tract infection, constipation or other abdominal discomfort. We observed adequate supplies of linen and continence products. Residents and representatives are satisfied with continence management at the home and we observed continence issues to be managed effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to manage the needs of residents with responsive behaviours. Residents’ behaviour management needs are assessed on entry to the home to identify the frequency and nature of responsive behaviours. Assessments include observations that are

recorded by care staff using behaviour charts. Care plans are developed and include strategies and interventions for managing behaviours. Residents on the recently-opened memory support wing are encouraged to mobilise freely within their ability. Residents are encouraged to participate in the home's activity program during the day and supported to join group activities or assisted in individual activities. Staff articulated requirements around use of restraints, and were observed interacting with residents with respect and dignity. Residents and representatives indicate they are satisfied with the way in which behaviour is managed.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings

The home meets this expected outcome

Systems ensure optimum levels of mobility and dexterity are achieved for all residents. All residents are assessed for risk on entry to the home and reassessed after a fall. The physiotherapist develops a directive including instructions for care staff to follow. Summary care plans located in resident rooms guide staff on the mobility needs of residents. We observed a range of mobility aids, residents using mobility aids and being assisted by staff. The home collects and monitors data/trends on residents' falls for internal clinical indicators and care plan reviews. Residents and representatives expressed satisfaction with the way the home assists residents to maintain their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home ensures residents' oral and dental health is maintained through initial and ongoing assessment of residents' oral and dental needs, and self-care ability. The home has implemented the seasonal toothbrush program where new toothbrushes are provided to every resident three-monthly. Ongoing care needs are identified through resident feedback and staff observation of evidence of any discomfort or reluctance to eat. The day-to-day care is attended as per residents' individual care plans and care staff encourage residents to brush their own teeth or dentures to maintain their independence and optimum oral and dental care. Oral care strategies include mouth swabs, dry mouth products and lip moisturisers. Residents are referred to a local dentist if dental problems arise. Staff said they report swallowing difficulties and pain to the registered nurse. Residents and representatives are satisfied with residents' oral and dental care.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure that residents’ sensory loss is identified and managed effectively. The initial assessment identifies sensory impairments and a care plan is developed incorporating identified needs. Residents have access to specialist services including speech therapy, audiology and optometry. Care and lifestyle staff identify different activities and strategies to stimulate touch, taste, smell and hearing. The team observed examples used by the home to manage residents’ specific sensory losses including a sensory activity in progress using fibre-optic equipment accompanied by music. Staff implement a variety of programs and resources to stimulate and accommodate residents’ individual sensory needs. Care staff ensure hearing aids and glasses are properly fitted and maintained. Residents and representatives indicated they are satisfied with the way in which sensory loss is managed.

2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents are able to achieve natural sleep patterns. Residents’ sleep patterns are assessed on entry to the home, and when sleep difficulties are identified. Each resident is encouraged to maintain an evening routine to assist them in settling at night, and the home generally provides a quiet environment. A range of support strategies are implemented if someone is experiencing a disturbed sleep pattern including warm drink, assistance with continence, pain management and emotional support. Residents and representatives stated they are generally satisfied with noise levels in the home at night and that staff provide care and individual support if they are unable to sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements relating to Standard Three Care recipient lifestyle include the following:

- In response to resident feedback in regards to not liking certain menu choices; management fine-tuned a special menu for a resident. This involved going through the current menu and identifying menu selections the resident disliked, and changing those selections to ones they did. This resulted in an individual menu plan and a positive dining experience for this resident. Evaluation of this change has resulted in individual menu plans for several residents being implemented, and these are now located in the kitchen, and attached to meal tray trolleys for staff to refer to.
- To enhance the living environment and provide a more homelike feel, management has purchased, and continues to procure, older style furniture in good serviceable condition to place throughout the home. This includes a hall stand and dresser in the entry foyer, old style lounges, tables, and crockery cabinet in the visitor’s room, and a dresser in the main corridor. Also small items in hallways, cabinets, and handmade items such as quilts, framed needlepoints, tapestries, and wall hangings have been placed on corridor walls. These items, as well as the repainting of walls and new linoleum have enhanced the ambiance of the home, and resident and visitor feedback has been complimentary.
- Management recently implemented beauty therapy afternoons for the residents in response to feedback from residents. Also a new hairdressers chair and stool were purchased to also assist residents to feel pampered and special within the home. This has resulted in positive feedback from residents.
- To assist residents to maintain links to the community, management and staff assist residents in holding a spring fete annually. Along with local musicians providing musical entertainment during the day, staff and management donate their free time and talents in holding this annual event. Residents and staff prepare for this event months in advance, making various things for sale at the fete. Residents enjoy this event, and local visitors to the fete also provide positive feedback.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Standard Three, Care recipient lifestyle include:

- Information is provided to residents and representatives in the resident information package and the residential agreement regarding residents’ rights and responsibilities including security of tenure.
- A system is in place for the compulsory reporting of alleged and suspected reportable assault and/or abuse as required under amendments to the Aged Care Act 1997.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Caring for forgotten Australians
- Focus on depression
- Mental health, defining dementia, depression and delirium
- Protecting older people from abuse
- Challenging behaviours
- Dementia: Everyday care
- Diversional therapy 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 and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Staff ensure residents are introduced to each other and other staff and explain daily happenings at the home. Staff encourage residents to join in with social activities as they feel comfortable. Residents are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and said they feel welcomed by staff. Staff were able to demonstrate the strategies used for meeting individual residents' emotional needs. Residents said the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the community. The home-like environment provides a welcome place for visiting resident representatives with residents being afforded opportunities to exercise independence and choice on a daily basis. A range of individual and general strategies are implemented to promote residents' independence. These including the provision of services and equipment for resident use, an activity program and regular mobility and exercise regimens. Participation in the local community is promoted through outings and visiting entertainers. Staff describe strategies to maintain residents' independence in accordance with individual abilities. Residents said they are encouraged to maintain their independence and contact with the local community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff working the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Residents sign consent forms for the release of information to appropriate parties and staff sign confidentiality agreements. We observed staff promoting residents privacy by knocking on the door of residents' rooms before entering, the use of privacy curtains and notices on residents' doors. Shift handovers are conducted away from the hearing of residents and visitors to the home. Staff demonstrate an awareness of practices which promote the privacy and dignity of residents.

Residents said staff are polite, respect their privacy, and knock on doors prior to entering and close doors during care provision.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are systems to encourage and support residents' participation in a wide range of interests and activities, consistent with the resident's individual needs and preferences. On entry to the home the resident's lifestyle interests are identified through a number of lifestyle assessments and social history taking. This information is used to develop care plans which are reviewed and changed according to the wishes of the resident. Activities such as puppet theatre, quizzes, bingo and entertainment are provided to residents and cater for their various levels of physical and cognitive abilities. The home provides residents with a weekly calendar of upcoming events and activities. An A3 program of the month's activities is on the residents' notice boards and residents are also reminded on a daily basis of the activities for that day. Residents and representatives said residents are very satisfied with the range of activities on offer, are asked for their ideas and can choose whether or not to participate.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The home has systems through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of residents from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are recognised and celebrated. Freedom of choice

with religious and cultural beliefs is respected. Pastoral care is delivered by various religious denominations providing regular services and one to one visits from pastoral care workers. Residents and representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided to residents.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

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

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation demonstrated that residents and representatives have been provided with information about security of tenure and residents understand their rights and responsibilities. Residents, including respite residents, are offered a residential care service agreement on entry to the home. This residential care service agreement also provides information about residents' rights and responsibilities, and is also given to each new resident or their representatives. Residents and/or their representatives are informed of the fees and charges. Resident and representative interviews demonstrated residents feel secure in their tenure in the home and are made aware of residents' rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of recent improvements relating to Standard Four Physical environment and safe systems include the following:

- As the numerous shared bathrooms were old, worn, and becoming difficult to look clean and fresh; management undertook a program of renovating shared bathrooms throughout the home. So far 11 bathrooms have been renovated, and residents said they look great.
- Prior to opening the new dementia specific wing, a full review of the homes equipment requirements, and safety and security protocols was conducted. New beds, lifters, and bathing equipment were purchased, along with various alterations to the existing wing. This included the erection of higher and stronger balcony railings, secure fire extinguishers, various protectors, and locks and safety latches. Installation of a pool gate to the food service lift, and coded keypad lock to the lift, and installation of bolt stoppers to existing windows and glass sliding doors help provide a safer environment for the residents.
- To help maintain a comfortable living environment in the home, management purchased and installed several new reverse cycle air conditioning units in the kitchen, and Sapphire wing lounge and corridor.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Standard Four, Physical environment and safe systems include:

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display in the home.
- The home has a NSW Food Authority licence and has a food safety program in place.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Chemical safety
- Infection control
- Follow basic food safety practices
- Falls prevention
- Falls: Managing risk
- The home maintains mandatory training in infection control, bullying and harassments, manual handling and fire safety and emergency evacuation procedures.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with residents' care needs and expectations. There are a number of communal areas and lounge rooms as well as balcony's, outdoor area, and garden. The living environment is clean, well-furnished and free of clutter. The home has several items of older style furniture to assist residents to feel at home. It is well lit and has a heating/cooling system to maintain a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident and representative feedback, incident and accident reports, audits and observation by staff. Residents and representatives 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 and staff work to provide a safe working environment that meets regulatory requirements. A work health and safety committee has been established, and meets regularly to discuss issues and results or plans of environmental audits. Staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an ongoing basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. Risk assessments and training is provided for new equipment as necessary. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through workplace inspections, regular audits, hazard reporting, incident/accident reporting and daily observations by the management and staff. Staff demonstrated they have a knowledge and understanding of safe work practices, and were observed carrying them out.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's fire and safety systems are maintained and monitored to provide an environment that minimises fire, security and emergency risks. The home is fitted with appropriate fire-fighting equipment and warning systems and inspection of the external contractor records and equipment tagging, confirms the fire-fighting equipment is regularly maintained. The current

fire safety statement is on display. Emergency flipcharts and evacuation plans are displayed throughout the home and a current resident list and photographs of all residents is maintained in case of evacuation. There is a system using internal and external procedures to maintain security at the home. Staff wear identification badges authorising them to be on site, and a sign in/sign out book is maintained for visitors and contractors.

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 systems and processes to demonstrate that there is an effective infection control program in place. Quality data includes monthly collection, monitoring and identification of infection trends. We observed infection control practices including the use of personal protective equipment, hand washing, sanitising liquids, the use of colour coded equipment, a dirty to clean flow in the laundry and cleaning and maintenance programs. An influenza vaccination programme is in place for residents and staff. A food safety system is in place which ensures kitchen staff monitor the temperature of the food through the delivery, storage, preparation, cooking and serving processes. The home has systems for the disposal of waste that includes contaminated waste, a process for handling soiled linen and the disposal of sharps. Staff demonstrated an understanding of the home's infection control procedures.

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

The hospitality services provided are meeting the needs of the residents and enhancing their quality of life. All residents are assessed for their dietary preferences and needs when they move into the home. There is a seasonal menu that has been assessed by a dietician and caters for special diets. Meals are cooked fresh on site, an effective food safety system is in place, and staff confirm they undertake training in food safety practices. Individual menu plans have been developed for residents unsatisfied with the current menu options. All cleaning is conducted in accordance with a schedule and the quality of the cleaning is monitored by the management and staff of the home. We observed the home to be clean and residents and representatives state they are very satisfied with the results. Laundry services are provided on-site. The service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents and representatives say they are satisfied with the hospitality services provided.