



Aged Care
Standards and Accreditation Agency Ltd

Lake Macquarie Retirement Village

RACS ID 0219
10 Gibson Street
BELMONT NSW 2280

Approved provider: The Frank Whiddon Masonic Homes of New
South Wales

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 5 October 2015.

We made our decision on 20 August 2012.

The audit was conducted on 17 July 2012 to 18 July 2012. The assessment team's report is attached.

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

This home is a 2014 Better Practice Award winner. [Click here](#) to find out more about their award.

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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Lake Macquarie Retirement Village 0219

Approved provider: The Frank Whiddon Masonic Homes of New South Wales

Introduction

This is the report of a re-accreditation audit from 17 July 2012 to 18 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 July 2012 to 18 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Sandra Heathcote
Team member/s:	Kathryn Mulligan

Approved provider details

Approved provider:	The Frank Whiddon Masonic Homes of New South Wales
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Details of home

Name of home:	Lake Macquarie Retirement Village
RACS ID:	0219

Total number of allocated places:	53
Number of residents during audit:	50
Number of high care residents during audit:	41
Special needs catered for:	20 bed dementia specific unit

Street/PO Box:	10 Gibson Street	State:	NSW
City/Town:	BELMONT	Postcode:	2280
Phone number:	02 4945 0300	Facsimile:	02 4945 0526
E-mail address:	i.vansevenant@fwmh.com.au		

Audit trail

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

Interviews

	Number		Number
Director of Care services	1	Residents/representatives	10
Deputy director of care services	1	Catering staff	2
Clinical risk manager	1	Laundry/cleaning staff	1
Registered nurses	2	Maintenance staff	1
Care staff	7	Recreational activity officer	1
Physiotherapist	1	Art therapist	1
Physiotherapy aide	1	Therapy engagement program therapist	1
Administration assistant	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
Personnel files	7		

Other documents reviewed

The team also reviewed:

- Accident/incident reports and follow up including medication incidents
- Activity program: monthly planner, evaluations, attendance records,
- Cleaning service duty statements and schedule
- Clinical care assessment, care planning documentation, progress notes, medical notes. medical specialists reports, allied health reports, pathology results
- Clinical monitoring charts including weights, temperature, pulse, blood pressure, blood glucose levels, pain, wound, fluid/food intake/output and bowel charts
- Clinical quality and practice manual
- Comments and complaints log
- Communication books, memorandum and shift handover reports
- Consolidated record of reportable incidents
- Continuous improvement log register, continuous improvement audit schedule and framework, monthly audits and survey result
- Contractor information list, external contractors agreements, information handbooks including contractors, employees, volunteers
- Education records: education folders, education calendar, education records, compulsory competency assessments, staff education needs analysis results and mandatory training requirements

- Fire protection maintenance records and inspection reports, emergency evacuation program – reviewed May 2012, annual fire safety statements, visitor and contractor sign in and out registers
- Food safety program, temperature records - food, equipment NSW Food Authority licence, food regeneration temperature logs, daily kitchen / servery charts, food delivery receipts, goods received and corrective action and follow up reports
- Human resources documentation - recruitment information, employee orientation checklist, staff handbook, duty statement, performance appraisals, staff electronic national criminal history checks and renewal system
- Infection control audits and infection incidence/prevalence monitoring form, infection control folders
- Maintenance service records, preventative and corrective maintenance program, maintenance requests, warm water system records, appliance test and tag records, service reports, pest control service reports
- Master roster
- Medication refrigerator temperature records, schedule eight drug register
- Meeting minutes and memoranda
- Newsletters
- Policies and procedures
- Registered nurses professional registrations
- Regulatory compliance: register of compulsory reporting of incidents, register of police certificates, police check records for staff and volunteers, NSW Food Authority Licence, professional registration records, consent forms for the collection and handling of personal information and record retention procedures
- Resident dietary preferences, thickened fluids instructions
- Residents' information package, handbook and residential agreements, letters to residents/representatives moving from low care to high care showing specified care and service entitlements
- Safe work practice procedure manual
- Self assessment for re-accreditation report
- Staff education planner, mandatory and non-mandatory attendance records, skills competencies
- Work health and safety (WHS) information including inspection reports, risk assessments

Observations

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display
- Activities in progress, activities calendar on display and activity resources
- Aged care complaints scheme and advocacy service brochures, information pamphlets on display
- Annual fire safety statements, fire safety plans, equipment and evacuation information
- Archive room
- Automatic chemical dispensers catering, cleaning and laundry

- Charter of residents' rights and responsibilities displayed
- Cleaning in progress, trolleys, 'wet floor' signage and stores
- Colour coded catering and cleaning equipment
- Comments and complaints and "I have a great idea" forms with locked receptacle at reception for completed forms
- Equipment and supply storage areas including chemicals, linen, clinical supplies, continence aids
- Fire and safety including fire board, equipment, evacuation egress plans, emergency evacuation backpacks, emergency procedures flip charts located throughout the home, coded keypad locks
- Hairdressing facilities
- Infection control resources including notices, hand wash basins, sanitising hand gel, personal protective equipment, colour coded equipment, spill kits, sharps' containers, outbreak resources, waste management
- Information notice boards
- Interactions between staff/residents/representatives
- Kitchen information - resident dietary needs whiteboard
- Laundry services for residents to attend personal clothing, stocks of linen, delivery of linen from external provider
- Living environment internal and external
- Meal service, staff assisting residents where required
- Medication system: packs, storage, expiry dates, opening dates, administration rounds
- Menu on display
- Mission statement and philosophy of care on display
- NSW Food Authority licence displayed
- Resident clinic
- Resident nurse call system
- Safe chemical storage, material safety data sheets (MSDS)
- Secure storage of resident and staff information

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home is committed to continuous improvement with a focus on the provision of quality care and services for residents. The organisation, The Frank Whiddon Masonic Homes of NSW, developed a quality framework which is implemented by the home. This includes identifying opportunities for improvement, actioning of improvements, monitoring the progress of improvements implemented and evaluating their effectiveness. The system includes the use of benchmarking, discussion of continuous improvement activities during meetings and quality improvement log/register. Opportunities for improvement are identified through internal and external audits, surveys, key performance data, comments/complaints, meetings, observation and verbal feedback. Residents, representatives and staff contribute to suggestions for improvement. Feedback is provided to residents and their representatives and other stakeholders during meetings, via documentation, verbally or individually by management.

Examples of improvements specifically relating to Accreditation Standard One include:

- To improve communication for the residents, the director of care services implemented a memo system to communicate any changes within their home. The memo is placed on the residents' dining room table. This has resulted in increased communication between residents and management.
- The communication of after hours information with management has been improved through the use of an after hours report and security check form. The report is completed by both evening and night shift and submitted to the director of care services. The director of care services reports this information has improved the clinical follow up of residents.
- In response to an audit conducted on progress note reporting, the home implemented a daily report writing schedule. Management allocated shift responsibilities for progress note reporting on the resident handover sheet. This has improved documentation and communication of residents needs and their current health status.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to receive, identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Information on changes or new legislation is received by the director of care services. This is via electronic communication from peak bodies, government departments and the organisations head office. Information is then forwarded to relevant staff verbally and via policies/procedures, memorandum and meeting minutes. Residents and their representatives are informed of relevant changes during meetings, via displayed notices and verbally by management. The home monitors compliance with legislation through observation of staff practices, review of key performance indicators, audit results and feedback from residents and their representatives.

Specific examples of regulatory compliance relating to Accreditation Standard One include:

- Residents/representatives were advised of the re-accreditation site audit as per the requirements under the Aged Care Act 1997.
- Procedures for police checks for staff and contractors are in place. Interviews and documentation confirm these have been completed.
- The home has a system whereby external contractors’ registrations and insurances are checked to ensure they are current.

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 systems ensuring staff have appropriate knowledge and skills to perform their roles. A staff needs analysis is conducted annually and a calendar of education sessions is developed. Included in the education calendar are both mandatory and general training sessions. Education and training requirements are also identified through staff performance appraisals and internal audits. Management is very supportive of staffs’ attendance at both internal and external courses. Staff indicate they are provided with training as part of the home’s orientation process and have access to on-going education at all times throughout the year.

Examples of education and staff development relating to Accreditation Standard One include:

- The home undertakes facility based orientation sessions for new employees.
- Topics undertaken by management and staff include effective workplace relations, working in a challenging workplace and the aged care funding instrument.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Information about internal and external complaints' mechanisms is provided to residents and representatives on entry to the home through the resident handbook and the residency agreement. Information is communicated to residents and their representatives at regular meetings. Staff are made aware of these mechanisms through the orientation process, policies and procedures and at staff meetings. Comments and complaints forms and "I have a great idea" forms are available in the home. Brochures about the external complaints mechanism are also displayed. Staff are aware of the home's comments and complaints handling process and of their role in assisting residents to raise issues if necessary. Residents and their representatives are aware of the home's comment and complaint process. Review of comments and complaints indicates management is responsive to issues raised and responds in an effective and timely manner.

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 mission and values are well documented in the resident's handbook and displayed throughout the home. The home's mission, values and philosophy of care form a part of the staff orientation program, resident handbook and the home's overall management.

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 provides appropriately skilled and qualified staff sufficient to deliver care and services according to the Aged Care Standards and their own objectives. The home's roster has the flexibility to allow management to increase or decrease staffing hours in accordance with the resident's needs. Management recruit new staff to positions in line with the requirements and residents' changing needs. Staff members are provided with position descriptions and duties are clearly outlined before commencement of employment. New employees undergo orientation and are then buddied with a staff member. Performance appraisals are conducted and identify opportunities for education and professional development. Residents and their representatives stated they are satisfied staff have the appropriate skills and knowledge to provide care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are appropriate stocks of goods and equipment are available at all times. Maintenance of appropriate stocks of goods is achieved through the implementation of an effective process of budgeting, delegated purchasing and inventory control. This includes medical supplies and equipment, food, furniture and linen. The director of care service is responsible for the approval of all stocks and goods purchased. Maintenance of equipment is through a corrective and/or annual planned preventative maintenance program.

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 is a system to ensure information is communicated across the home. Information is communicated through notices, handbooks, routines, policies and procedures, meeting minutes, memorandums, individually with stakeholders and the communication diary. The home has systems and procedures in place for the reporting of notifiable infections, assault and absconding residents. Residents stated they are informed and updated about the life of the home. Staff believe they are listened to by the management and are kept well informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home sources external services in a way that meets the home's needs and quality goals. A list of suppliers of external services used by the home is available. Contracts and service agreements with the external providers are maintained. Performance of external service providers in the home is monitored and reviewed. Records of contractors' onsite are maintained in the home. Some external contractors contribute to the home's education system by providing staff training in the areas of their expertise, such as continence training, and chemicals safety training. Procedures are in place to contact external providers after hours. Residents and staff are satisfied with services offered by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of specific improvements relating to Accreditation Standard Two include:

- Management identified there was a need to have a residents' clinic room where staff and external health providers could perform their clinical duties. As a result, an under utilised area was refurbished and is used for podiatry services, wound care and doctors clinics. Feedback from practitioners and residents has been very positive.
- In response to an increase in residents' falls and the number of residents with chronic pain, the home has contracted a physiotherapist to visit weekly. The physiotherapist assesses residents and develops a falls management mobility program. The physiotherapist commenced in May, 2012 and progress has occurred in the assessment and implementation of mobility and pain programs. Positive feedback has been received from residents and staff.
- Management identified an increase in medication errors and decided staff involved in the medication errors would have to retake their skills package. If the staff member is involved in more than one medication error, a full competency assessment is attended. The home also implemented staff who administer medication are to wear "do not disturb" aprons. As a result, there has been a significant decrease in medication errors.

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 1.2 Regulatory compliance for sources of evidence and further information related to this expected outcome. Evidence there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard two includes:

- The home monitors nurse registrations to ensure they are current.
- The registered nurse is responsible for care planning and the assessment processes implemented for all high care residents.

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

For details of the home’s systems for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development relating to Accreditation Standard Two include:

- Incontinence management, palliative care and dementia, understanding the importance of nutrition and bowel management, skin care prevention and management and depression, delirium and dementia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and their representatives said the home provides residents with appropriate clinical care. The home has a process to assess residents on entry. Staff gather information from the medical practitioner, the Aged Care Assessment team report, residents and their representatives to identify the residents specific care needs and preferences. A range of assessments are used to prepare individual care plans. The registered nurse reviews the care plans every three months. Consultation with residents and representatives occurs on entry, on condition change and through regular verbal updates from staff. Regular reviews are conducted by the resident’s medical practitioner and in emergencies residents are transferred to hospital. Staff practice is monitored through the review of incident /accident data, quality audits and the comments and complaints mechanisms.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Specialised nursing care needs are identified and appropriate qualified staff deliver care to meet residents’ needs and preferences. Registered nurses are rostered to work seven days per week during business hours. The management team are on call after hours to provide support and direction. The registered nurses assess residents’ needs for specialised nursing care and undertake or oversee any specialised nursing treatments. Residents are referred to a range of allied health professionals and other specialists to assist the home manage residents’ complex and specialised needs. Residents and representatives said they are satisfied the home’s staff know how to provide specialised nursing care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home ensures residents are referred to appropriate health specialists in accordance with their needs and preferences. The home has processes to refer residents to a wide range of services such as physiotherapy, speech pathology, dietetics, podiatry, dental and ophthalmology. In addition the home can access services from the local area health service for palliative care and psycho geriatric review. Residents are assisted to access external services through transport provided by the residents’ representatives or as arranged by the home. Information and recommendations made by health professionals are referred to the medical practitioners and actioned where necessary. Residents said they are referred to specialists as the need arises.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has effective systems to manage ordering, storage, administration and review of medications to ensure medications are managed safely and correctly. Blister pack systems are delivered weekly and checked by the registered nurse prior to use. New or altered packs are supplied on request. Medications are stored securely and are administered by care staff who are provided with education and have their competency tested annually. Medication charts are legible, current, have photo and written resident identification and are signed by staff. Regular pharmacological reviews are undertaken and medications adjusted accordingly in consultation with medical practitioners. Staff demonstrated correct administration of medications and an understanding of the medication management system within the home. Residents said they are satisfied with the home’s management of medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

To ensure residents are as free from pain as possible all residents are assessed for pain on entry to the home and ongoing pain assessments are conducted to monitor their pain. Consultation with the resident, their medical practitioner and the physiotherapist is undertaken. The specific management strategies devised to relieve the resident’s pain are recorded on their care plan. Staff provide pain relieving treatments such as administering regular and PRN (as required) medications, heat therapy and massage. The effectiveness of interventions is evaluated to ensure pain relief treatments remain effective. Residents said they are satisfied with how the home manages their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the comfort and dignity of terminally ill residents is maintained. Staff described a range of interventions employed by the home when caring for terminally ill residents to ensure their pain is managed and their comfort is maintained. Where palliative care is required all care and treatment is discussed with the resident/representative. Emphasis is placed on providing care which ensures residents’ care needs and preferences are met by staff including their physical and emotional needs, promotion of privacy and dignity and alleviation of symptoms especially pain. The home has access to palliative care services, if needed. Religious clergy are contacted on request to provide spiritual support.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive adequate nutrition and hydration. Assessment of residents’ dietary preference and requirements are recorded in consultation with the resident and or their representatives. Special dietary requirements or alterations to diets are specified in the care plan and communicated to the catering department. Residents’ nutritional and fluid intake is monitored by the care and catering staff. To maintain resident hydration the home provides extra fluids at and between meals. Water coolers are available throughout the home for residents to access. Preferred drinks are offered to residents to encourage their fluid intake. Residents and their representatives confirm residents are satisfied with the manner in which the home manages nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has an effective system to ensure residents’ skin integrity is consistent with their general health. Assessments are conducted to identify skin care needs and management strategies are incorporated into the resident’s care plan. To assist in maintaining skin integrity the home provides assistive devices such as pressure relieving mattresses and sheepskins. They also use strategies such as regular repositioning and applying emollients to maintain residents’ skin condition. The home has a podiatrist who regularly visits the home to assess and provide care to the residents. Residents’ wounds are managed appropriately, sufficient supplies are available and referrals are made as required. The home monitors accidents and incidents including wound infections and skin tears. Residents report satisfaction with the way the home manages their skin care needs

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure resident continence is effectively managed and data is collected to ensure this is monitored on an ongoing basis. The home has a continence nurse who oversees the delivery of resident continence care. On entry to the home residents are assessed for their continence needs. Strategies to assist residents maintain their continence are recorded in the resident’s care plan. Aids to manage and support residents with continence care include a range of continence pads, dietary supplements and medications. Continence management programs and charts are in place and monitoring is by daily recording by care staff. Residents said they are satisfied with the way in which their continence needs are managed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents said the needs of residents with challenging behaviours are managed effectively. Specialist advice is available from the dementia behaviour assessment and management service whose team includes a psycho geriatric nurse who is contactable via phone or able to visit the home. Behaviour management methods at the home encourage a restraint free environment. The care staff report when residents exhibit challenging behaviours they try a number of interventions to decrease the resident’s distress. Interventions such as offering food and fluids, toileting the resident, changing the resident’s continence aid, checking for pain, repositioning or providing the resident with extra warmth are tried. If these strategies are not successful they contact the registered nurse for advice. We observed staff engaging with residents in a warm and caring manner.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes assessment of residents’ mobility needs and the development of individual care plans. Strategies used by the home to prevent falls includes the assessment of a resident’s risk of falls, review of footwear, supervision by staff and encouraging residents to use mobility aids. The home has recently contracted a physiotherapist to work at the home one day per week. The physiotherapist is currently assessing all residents and developing individual care plans and manual handling instructions. The physiotherapist is working with the assistance of the physiotherapy aide and is implementing planned exercise programs. A group exercise class is run by the activity officer and residents are encouraged to attend. The environment is kept safe to decrease the risk of falls, including the provision of hand rails and adequate lighting. Residents and their representatives stated they are happy with the mobility program

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Assessment is undertaken and care plans are developed to ensure resident's oral and dental health is maintained. The day-to-day oral care is attended as per residents' individual care plans with residents being encouraged to brush their own teeth or dentures to maintain their independence. Care staff identify problems such as mouth ulcers, chipped, broken or ill fitting dentures; any problems are reported to the registered nurse. Referrals to dentists are organised when needed. Residents confirm they are satisfied with the oral care provided at the home.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has systems to identify and address individual resident's sensory loss. An initial assessment identifies any sensory impairment and a management plan is developed incorporating these needs. Residents said staff assist them in the maintenance of sensory aids including the cleaning of glasses, fitting of hearing aids and replacement of batteries. The physical environment is set up to assist residents with sensory impairment and includes safe walking areas, clear wide corridors, good lighting, hand rails along the corridor and grab rails in the bathrooms. The recreation activity team is involved in providing interactive exercises and activities such as hand massage, relaxing music and cooking to provide sensory stimulation. An art therapy program is conducted at the home which includes sensory activities using a number of different art products. The therapy engagement program also provides additional sensory stimulation. Residents said they are satisfied with the manner in which the home identifies and manages sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements, sleep assessments and the implementation of recognised, individualised strategies which assist residents to achieve sleep. These include appropriate continence management, warm drinks, snacks and repositioning. Night sedation prescribed by a medical practitioner may be used if this assists residents to achieve restful sleep. Residents have their own individual rooms and the home actively works to provide a safe and quiet night-time environment. Residents said they generally sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- The home’s organisation implemented a therapy engagement program conducted by a therapist/player. It is designed to be first line intervention for residents with dementia or depression. The home trains and educates care staff who have an interest in this therapy to be a therapist/player. Ten residents were selected to participate in this twelve week program. Management and staff report residents are happier and engaging more in life.
- Management identified there was a need to improve the choice of activities provided to residents. The director of care services liaised with the management of another local Frank Whiddon Masonic home in order to combine and share resources. This has improved the choice of activities for residents and increased interaction with the wider community. Residents are appreciative and satisfied with the activity program and the interaction between the aged care homes.
- A psychologist visits weekly for small group or individual resident sessions. As a result, residents have an avenue to discuss any issues that are causes of emotional concern. Staff report residents look forward to the visit and an increase in happiness has been noted in some residents.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to 1.2 Regulatory compliance for sources of evidence and further information related to this expected outcome. Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard three:

- Resident agreements are offered to all residents according to legislative requirements.
- Department of Health and Aged Care Complaint Scheme information brochures are available in the home’s entrance foyer.
- The home has a policy, procedure and education regarding mandatory reporting and maintains an appropriate reporting register.

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

For details of the home's systems for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development relating to Accreditation Standard Three include:

- Privacy and confidentiality, Therapy engagement program and guardianship.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home actively works to support residents to adjust to life in the new environment and provides residents with emotional support on entry to the home and on an ongoing basis. On arrival at the home residents are orientated and introduced to other residents and staff. The activities team gather information relevant to the residents' life history which can assist with identifying ways the home can provide appropriate emotional support. Residents' rooms were observed by the team to contain personal items and residents described their rooms as homely. Residents said they are provided with appropriate emotional support and feel the staff are supportive in helping them to adjust to their new life within the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' are assisted to maximise their independence maintain friendships and participate in the life of the community within and outside the residential care service. The entry process includes gathering information from the resident and their representative to identify residents' specific needs and preferences. These are documented in individualised care plans which are evaluated regularly. Strategies to promote independence include equipment for resident use, resident laundries for those residents who wish to wash their personal clothes and enabling residents to manage their own medications. Residents said they participate in meetings and enjoy going out to events or visits in the local community. Residents keep in contact with family and friends via the telephone and family members are welcome and encouraged to attend activities and special events held in the home. Residents interviewed expressed satisfaction with the way the home assists them to maximise their independence and keep in touch with family, friends and the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home actively works to support each resident's right to privacy, confidentiality and dignity. Residents have their own room with en suite bathroom. There are also several private communal areas located within the home. Staff were observed knocking on doors and calling out before entering residents' rooms. Residents said they are addressed by their name of choice and staff treat them with respect and consideration. Residents with dementia or compromised cognitive ability are sensitively monitored by care staff to ensure the appropriateness of appearance, hygiene, clothing and behaviour. We noted staff are very compassionate in their interactions with residents with dementia and they ensure the residents' dignity is maintained and protected. Residents advised their privacy, dignity and confidentiality is respected and staff practices take into account their individual preferences.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home actively works to ensure its residents are encouraged and supported to take part in a wide range of activities which are stimulating, interesting and of interest to them. On entry to the home residents' activity and leisure interests are assessed. The assessment helps identify cultural background, family history, work life and lifestyle. Leisure interests and activity programs are documented, including attendance and evaluation to assess the suitability of activities offered. Programs include both group activities such as concerts, quizzes, carpet bowls and one-to-one contact. Activities are modified as necessary to optimise residents' enjoyment and participation. Information obtained from surveys and residents' meetings is also used to plan and evaluate activities on offer by the home. Residents and their representatives said residents enjoyed the group activities which are held of a morning and an afternoon.

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

During its initial assessment of residents the home identifies any cultural or spiritual requirements each resident may have including values, customs, interests and beliefs. The home did not have any residents from non English speaking backgrounds at this time. Specific cultural days celebrated in the home include Christmas, Easter, Australia Day, St Patrick's Day, Anzac Day and Melbourne cup day. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held at the home. Residents' birthdays are recognised and celebrated. Church services are conducted weekly at the home. Residents said they are encouraged and supported to continue with their own interests, customs and beliefs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents stated they are satisfied with the choices available to them at the home. Following their entry to the home residents' likes and preferences are identified during the assessment process. Residents advised staff know their preferred time for personal care routines. The daily menu is displayed in the dining rooms. Residents' choices of medical practitioner and allied health professionals are respected. Participation in activities is the choice of the individual resident. Resident rooms are personalised with memorabilia and their own possessions including small pieces of furniture. The home has a number of mechanisms for residents/representatives to participate in decisions about the services the resident receives. These include resident satisfaction surveys, resident/relative meetings and through the comments and complaints system.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents rights and responsibilities is discussed with prospective residents and their representative prior to and on entering the home. The resident handbook and agreement outline the care and services provided by the home and associated costs are discussed at the time of entry. Security of tenure is also addressed in the resident agreement and handbook and any room changes within the home are only done after consultation with the resident and/or their representative. A letter is sent to a resident or their representative showing the specified care and service entitlements for a high care resident when a resident moves from low to high care. Residents indicated they feel secure in their tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for the details of the home’s continuous improvement system. Examples of continuous improvement relating to Accreditation Standard Four include:

- Management purchased a clinic chair which has decreased work health and safety risks to staff and increased comfort and safety to residents.
- After attending a corporate director of care service meeting, the emergency evacuation program was reviewed. This included giving residents the opportunity to participate in the education process as well as in a mock evacuation procedure. Resident feedback was they enjoyed the process and have a greater understanding of their role if an evacuation was required.
- Meals being transported to the dementia specific area were not maintaining their temperature. The home is trialling a bain marie which has ensured residents’ meals are served hot. Management are planning to purchase the equipment once the trial period is over.

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 1.2 Regulatory compliance for sources of evidence and further information related to this expected outcome. Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Four:

- A current annual fire safety statement is on display.
- The home has a licence from the NSW Food Authority for Food Preparation and Service for Vulnerable Populations.
- The home maintains a system to consult with staff regarding work health and safety. An occupational/work, health and safety committee has representation across all work groups.

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development relating to Accreditation Standard Four include:

- Fire prevention and first attack, manual handling, infection control, safe work practice, risk management to prevent infection.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's management is actively working to improve the environment for residents to ensure it is safe and comfortable and consistent with the residents' care needs. The home accommodates all residents in single rooms with ensuites. Residents are encouraged to personalise their rooms with photographs, mementoes and approved items of furniture. There are lounge areas, dining rooms, courtyards and garden areas and laundries for residents' use. All sections of the home have regular inspections for cleanliness, prevention of clutter and maintenance issues. A combination of the home's maintenance staff and external contractors maintain a system of preventative and reactive maintenance on all areas of the home. The home was clean, suitably furnished and of a comfortable temperature. The residents and their representatives stated residents are satisfied with their living environment and felt safe and secure.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The home's management is actively working to maintain a safe working environment for all staff. Organisational policies and procedures, risk assessments and scope of practice statements, guide and direct staff practice. The home also has a system for hazard identification, risk management and reporting in place. There is an Occupational/Work, Health and Safety Committee which meets quarterly and has staff representation from all designations of staff and shifts. Staff injury prevention practices are promoted through training and the home has a minimal staff injury rate. Monitoring systems include environmental audits, workplace inspections and supervision of staff practice. Safety checks are also conducted and plans of action developed by the committee. Staff have a sound awareness of occupational/work, health and safety practices and stated management is proactive in providing a safe environment.

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

Management and staff actively work towards providing an environment that is safe and minimises fire, security and emergency risks. There is disaster equipment for use in any form of emergency. Fire safety is part of orientation and is scheduled as part of the mandatory annual education. Fire equipment is in place and is regularly inspected by an external fire safety contractor. Emergency procedures are displayed at each telephone. Lockup procedures are implemented by staff and a security service checks the home three times every night. Staff said training is provided to them and residents state they feel safe and secure.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has an effective infection control program. The deputy director of care service has the responsibility for the day to day infection control surveillance within the home. Infection data is collected, collated and evaluated by the deputy director of care service. Infection control education forms part of all staff orientation and mandatory training. Staff practices observed includes personal protective equipment in use, hand washing occurring and colour coded equipment used in catering, cleaning and laundry procedures. Outbreak management cupboards, stock of personal protective equipment and spill kits are available. Staff demonstrated a sound knowledge of the home's infection control practices and outbreak management strategies.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems to provide and monitor catering, cleaning and laundry services for residents as well as the maintenance of a safe working environment for staff. Meals are cooked off site and regenerated on site. Menus are developed in consultation with a dietician, taking into consideration any special resident dietary requirements. Residents' meal choices are obtained by catering staff weekly and communicated to the external service provider. Cleaning services are provided by the home's cleaning staff. Laundry services are outsourced to an external service provider. Residents are provided with the opportunity and equipment to attend their own personal clothing if they choose. Staff are provided with education on cleaning chemicals and food handling. Management monitors the home's hospitality services and staff practices through regular audits, surveys, meetings, and other feedback mechanisms. Residents and their representatives reported satisfaction with the hospitality services provided at the home and commented on the cleanliness of the facility. Staff provided positive feedback about their working environment.