



Aged Care
Standards and Accreditation Agency Ltd

Narraburra Lodge Nursing Home

RACS ID 2795
180 Kitchener Road
TEMORA NSW 2666

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 19 August 2015.

We made our decision on 11 July 2012.

The audit was conducted on 4 June 2012 to 8 June 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

Narraburra Lodge Nursing Home 2795

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

Introduction

This is the report of a re-accreditation audit from 4 June 2012 to 8 June 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 4 June 2012 to 8 June 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:	Rosemary Chaplin
Team member/s:	Rodney Offner

Approved provider details

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

Name of home:	Narraburra Lodge Nursing Home
RACS ID:	2795

Total number of allocated places:	40
Number of residents during audit:	38
Number of high care residents during audit:	38
Special needs catered for:	Dementia

Street/PO Box:	180 Kitchener Road	State:	NSW
City/Town:	TEMORA	Postcode:	2666
Phone number:	02 6977 1022	Facsimile:	02 6978 0409
E-mail address:	g.lynch@whiddon.com.au		

Audit trail

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

Interviews

	Number		Number
Director of care services	1	Servery staff	1
Deputy director of care services	1	Laundry staff	1
Clinical risk manager	1	Cleaning staff	1
Registered nurses	4	Recreational activities officer	1
Catering staff	1	Maintenance staff	2
Administration officer	1	Workplace health and safety chairperson	1
Care staff	4	Residents/representatives	18
Physiotherapist	1		

Sampled documents

	Number		Number
Quality logs	20	Duty lists	12
Quality improvement committee minutes	5	Personnel files	8
Residents' files including care plans/assessments/progress notes/medical and allied health notes	4	Hazard report forms	3
Medication charts	9	Wound assessments	7
Incident forms	15	Minutes of meetings	20
Service agreements	8		

Other documents reviewed

The team also reviewed:

- Accident/incident reports and follow up including medication incidents
- Cleaning: staff signing sheets, cleaning schedules, cleaning manual
- Client agreement
- Client information admission pack
- Client information handbook
- Clinical assessment guide
- Clinical form reports generated from electronic care documentation including wound reviews, technical nursing forms and falls progression management forms
- Clinical position statement information and procedures

- Communication books for care staff, physiotherapy, stores, pharmacy and medical officers
- Consolidated record of reportable incidents
- Contracts information
- Education records: education folders, education calendar, education records, compulsory competency assessments, staff education needs analysis results and mandatory training requirements
- Fire safety and emergencies documentation: annual fire safety statements, service reports, resident evacuation information, fire equipment testing log records, emergency response flip charts and evacuation signs, visitor and contractor sign in and out registers, emergency procedure manual
- Food safety program: food safety program, food safety monitoring records, food safety audit results, food services cleaning and duty schedules, equipment and food temperature checks, NSW Food Authority Report, residents' diet requirements folder, residents' special meal requirements
- Hand over reports
- Human resource management: personnel files, duty lists, allied health personnel professional registrations, training and development plan, staff meeting minutes, employee handbook, staff information, workplace skills assessment tool, orientation manual, human resource manual, staff orientation checklist, training attendance records, staff competency assessments, staff roster folder
- Infection control: infection control folders, cleaning manuals, outbreak information, infection control audit results and trends, incidence of infections
- Information handbooks including contractors, employees, volunteers
- Leisure and lifestyle information including activities calendar, diversional therapy leisure manual, lifestyle assessments, recreational activity daily records, events calendar, bus outing records, volunteers handbook
- List of contractors
- Maintenance records: maintenance schedules, preventative maintenance records, corrective maintenance request books, service reports and pest reports
- Manual handling, exercise and continence care plans in residents' wardrobes
- Medication management documentation including schedule 8 drug register, medication audits, pharmacy delivery/communication sheets, refrigerator temperature recording, information for staff, residents' medication reviews and authorisations for as required medications
- Meeting minutes including staff, registered nurses, medication advisory, residents, catering
- Memoranda to staff
- Quality management system: quality framework, system diagram, resident survey results, complaints mechanism, reporting sheets for complaints, comments and compliments, quality log documentation, benchmarking network results, quality committee meeting minutes, workplace inspection results
- 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

- Self-assessment for re-accreditation and associated documentation
- Work Health and Safety system including: risk assessment methodologies, incident and hazard reports, monthly trend analysis reports, occupation health and safety meetings, safe work procedures manual, material safety data sheets, incident management assessment reports, maintenance program and workplace inspection schedule and results

Observations

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display
- Activities in progress, activities calendar on display and activity resources
- Annual fire safety statements, fire safety plans, equipment and evacuation information
- Charter of residents' rights and responsibilities displayed
- Comment, complaint and compliment forms, advocacy brochures on display and suggestion box
- Emergency evacuation kit, emergency procedures flip charts located throughout the home
- Equipment and supply storage areas including chemicals, linen, clinical supplies, continence aids
- Hair dressing salon
- Infection control resources: hand washing facilities, hand sanitisers and personal protective equipment located throughout home, spill kits, sharps containers, outbreak kit
- Interactions between staff/residents/representatives
- Laundry collection and distribution
- Living environment internal and external
- Lunch time meal service
- Medication administration round
- Menu on display
- Mission, values and philosophy of care statements displayed
- Mobility and manual handling equipment
- NSW Food Authority Licence displayed
- Pressure relieving equipment including alternating pressure mattresses, gel cushions and specialised care chairs
- Resident call bell system
- Safe storage of medication
- Secure storage of resident and staff information
- Staff amenities
- Staff work areas and practices

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 utilises a continuous improvement system which includes quality management and performance review mechanisms. Improvements are identified through a number of avenues including residents and representatives meetings, staff meetings, audits, surveys, comments, complaints and suggestions, accidents and incidents and staff performance appraisals. Part of this system also includes ensuring compliance with the Accreditation Standards through the audit program which covers a significant number of expected outcomes. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents and representatives together with staff report they have opportunities and are encouraged to participate in the home's continuous improvement activities through providing feedback and making suggestions for improvement through the home's feedback mechanisms.

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

- The organisation undertook a strategic human resources system review in accordance with its workplace plan 2009-2012 which resulted in the establishment of a capability framework. The implementation of this capability framework it is envisaged will result in staff being more competent to undertake their required duties and responsibilities.
- Management identified the need to refine and ensure the organisation's regulatory framework was effectively implemented and as such has put in place the required systems to ensure this occurs within the home.
- Management identified the need to put in place a more effective care documentation system and as such implemented an electronic care documentation system in September 2011. The result of this improvement is the home is utilising a more effective and efficient care documentation system.
- Management identified the need to put in place a more comprehensive orientation manual and information package so new staff could more readily understand their roles and responsibilities and what the organisation required of them. Consequently a new orientation manual was developed together with a DVD containing appropriate information.
- Management identified the need to improve the communication process between management and staff and one way to improve this process was the installing of staff pigeon holes whereby relevant information for individual staff members can be placed for them to pick up and read.

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

There are systems to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through subscription to legislative update services, from government departments, attendance at professional meetings and seminars and accessing the internet and other sources. Management communicates changes to staff by memoranda, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of instructional manuals on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for police checks for staff, volunteers and contractors are in place. Interviews and documentation confirmed these have been completed.
- The home has a system to ensure nurses’ registrations are current.
- 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 calendar of education sessions is developed which includes mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and some are competency based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management supports staff to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home’s orientation process and have access to on-going education.

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

- The home regularly undertakes orientation sessions for new staff.
- There is a calendar of education sessions which has been developed through a consultative needs analysis between managers and staff.
- Staff received training on the topic areas of elder abuse and mandatory reporting, effective workplace relations, electronic care information system, leadership development and charter of learning and development rights.

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 complaint mechanisms is provided to residents and/or their representatives on entry to the home through the client information handbook, in the resident agreement and as part of residents' orientation to the home. Information is also communicated on a regular basis through resident meetings and information displayed throughout the home. Staff are made aware of these mechanisms through instructional documentation and staff meetings. Feedback forms and suggestion boxes are available in various locations throughout the home. Brochures about the external complaint mechanisms are also displayed. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if necessary. Residents and representatives interviewed are aware of the home's comment and complaint process. Review of comments and complaints as well as other relevant documents indicated issues raised are responded to 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, values and philosophy of care statements are well documented and on display in the home. This information is also available in a number of documents including the client information handbook and other publications by the home. The home's mission, values and philosophy of care statements form a part of the staff orientation program and are discussed at meetings.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There is a system to ensure there are enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Management reviews the home's staffing requirements to ensure sufficiency of human resources. Management reports factors considered to ensure the adequacy of the home's staffing levels and skill mix include, but are not limited to, residents' care and lifestyle needs, quality performance indicators, feedback from staff, residents and representatives, the layout of the home and workplace health and safety requirements. The home has a flexible rostering system responsive to the changes in residents' needs. There are processes for staff orientation, education and performance management. Recruitment policies and procedures ensure the best possible match between candidates and roles is achieved. Job descriptions, selection criteria and reference checks are used by management to increase the effectiveness of the process. Staff are provided with position statements and duty lists. Performance appraisals are conducted and results

are fed into the home's human resource management system. Observations, documentation and interviews revealed there are sufficient appropriately qualified staff to ensure services are delivered in accordance with the Accreditation Standards and the home's objectives.

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 stocks of goods and equipment supporting quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request logs are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

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 an information management system providing relevant information to stakeholders. The home's communication system includes meetings, resident and staff handbooks, newsletters, noticeboards, orientation and training sessions, staff handover meetings, a clinical documentation system and management's open door policy. The home utilises these communication channels to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has instructional documentation covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised personnel. Backup of the home's electronic information system occurs on a daily basis. Observations demonstrate resident and staff files are stored securely. Staff confirmed they receive and have access to relevant information allowing them to perform their roles effectively. Residents and representatives stated they are well informed regarding care and all other matters appropriate 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

The home's externally sourced services are arranged primarily through the organisation by way of specified contract agreements. There is a designated process whereby specific

criteria must be met in relation to services to be supplied and references, insurance and police checks are made. All major contracts are reviewed regularly through feedback by the home to the organisation's management group and/or the home's senior management team. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor a list is maintained at the home and updated as required, and staff are kept informed of appropriate matters relating to the provision of services by external contract suppliers.

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 the need to improve the processes and care interventions for those residents who have frequent falls. Consequently a fall's progression folder has been developed which includes details of residents' falls, care interventions and outcomes achieved.
- Management identified the need to improve wound care for residents when there was an increase in wounds during July 2011 and consequently the home appointed additional staff to attend to residents' wounds with the result wounds heal in a timely manner.
- In order to more effectively assess residents' pressure sore risks, the home has implemented the Braden Scale methodology and has also purchased pressure relieving mattresses for residents requiring them.
- Management identified the need to decrease the confusion of residents who have dementia when they are trying to locate their room. Consequently the names and photos of residents has been placed outside their rooms making it easier for them to identify which are their rooms.

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 details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The monitoring of nurse registrations to ensure they are current.
- There are instructions and education regarding mandatory reporting and an appropriate reporting register is maintained.

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

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

Examples of education relating to Accreditation Standard two include:

- blood glucose levels,
- oral hygiene,
- skin and wound care,
- colostomy care,
- clinical skills required for respiratory devices,
- clinical skills required for hearing aids and blood pressure,
- witnessing administration of schedule 8 drugs and other medications,
- appropriate care planning and documentation.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

There are systems at the home to ensure residents receive appropriate clinical care. Information is collected from residents/representatives prior to entry to the home and initial assessments are carried out once residents have moved in. After settling in residents undergo a period of comprehensive assessment where all aspects of care needs are reviewed in consultation with residents/representatives, medical officers and other allied health professionals. Care plans are developed by registered nurses and reviewed on a regular basis. Observations and staff interviews confirm staff are aware of individual residents' needs and preferences. Residents/representatives state they are generally satisfied with the care provided and staff know residents' needs and preferences.

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

Residents' specialised care needs at Narraburra Lodge Nursing Home are identified and met by appropriately qualified staff. Documentation and staff interview confirmed residents' specialised nursing needs are identified on entry and on an ongoing basis as required. Registered nurses develop care plans and deliver specialised nursing care such as complex wound management, diabetes management and catheter care. Residents are referred to specialists such as clinical nurse consultants when required. Residents/representatives state

they are satisfied staff are aware of residents' specialised nursing needs and they are satisfied with the delivery of 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 has systems to ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. Review of documentation including residents' files demonstrates residents are referred to medical specialists and other allied health professionals such as dietician, speech pathologist, podiatrist, behaviour management specialists, physiotherapist and audiology and optometry services as required. Referrals are made in consultation with residents/representatives and medical officers. External providers of specialist services visit residents in the home or residents are assisted to attend appointments outside the home. Residents/representatives state that the home refers residents to specialist care providers when necessary.

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

Residents' medication is managed safely and correctly at Narraburra Lodge Nursing Home. Medication needs and preferences are assessed and reviewed regularly. Registered and endorsed enrolled nurses administer medication which is prescribed by medical officers and dispensed by a pharmacist using a blister package system. Residents' medications are regularly reviewed by a pharmacist and the home has a medication advisory committee which meets to communicate such issues as legislative requirements and current best practice. Observation and staff interview demonstrates medication is stored safely in locked areas and dispensed in accordance with policy. Review of documentation confirmed medication incidents are addressed in a timely manner. Residents are satisfied with the management of their medication.

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

Residents at Narraburra Lodge Nursing Home are assessed on entry and on an ongoing basis to ensure they are as free from pain as possible. A variety of tools are used to assess pain including assessments for non verbal and cognitively impaired residents. Care plans are developed and interventions are reviewed regularly and as needs change. Documentation review reveals a variety of pain management interventions are used such as repositioning, aromatherapy, gentle exercise, massage and music therapies. Residents receiving prescribed analgesia for pain are reviewed for the effect of the medication in a timely manner. Residents are satisfied with the way staff manage 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

Residents who are terminally ill are regularly assessed in consultation with their representatives and medical officer to ensure their comfort and dignity is maintained. On entry to the home residents are offered an opportunity to provide information regarding end of life wishes and advanced care directives if they wish. Interviews demonstrate staff are aware of maintaining the respect and dignity of residents who are terminally ill and of supporting their families. The home liaises with the local hospital if extra support is needed for residents receiving palliative care. Music and aromatherapy are utilised in conjunction with medical and nursing interventions to maintain comfort. Residents’ emotional and spiritual needs and preferences are included in the care planning for terminally ill residents. We observed supplies of equipment used for palliative care including specialised pressure relieving equipment, electric beds and mechanical lifters.

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 nourishment and hydration including initial and ongoing assessments. Care plans are developed and reviewed regularly and as required. Residents’ intake is monitored and weights are recorded regularly. Staff confirm residents are referred to medical officers, dieticians and speech pathologists as required in a timely manner. The home has systems for identifying residents requiring dietary supplements and modified diets or fluids and ensuring their needs are met. Residents are assisted with meals and fluids as required and a variety of special equipment such as lipped bowls and large handled cutlery is available for residents with impaired dexterity. Residents’ needs and preferences are communicated to the kitchen and updated as required. Residents/representatives are complimentary about the meals provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is assessed on moving into the home through the initial assessment process. Care staff interviewed confirm they monitor residents’ skin as part of daily care and report any changes in skin integrity to the registered nurse for review and referral as appropriate. Complex wound management is carried out by registered nurses. Wounds are assessed regularly using comprehensive wound assessment charts including photographs if required. Skin tears and infections are recorded and data is reviewed by management. Observation confirmed a variety of supplies and equipment is available for staff to use in managing resident’s skin integrity. A podiatrist and hairdresser attend the home on a regular basis. Residents are satisfied with the management of 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

Initial and ongoing assessments ensure residents’ continence needs are managed effectively. Continence care plans are developed and reviewed regularly or as needs change. Care needs are communicated to care staff through easily accessed guides in residents’ wardrobes. Observation confirmed stocks of continence aids are available to staff and residents who require them. Staff are aware of residents’ needs and preferences regarding toileting and continence management. The home collects data related to continence such as incidence of urinary tract infections. This information is included in the home’s quality clinical indicators. Residents are satisfied their continence is managed effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours at Narraburra Lodge Nursing Home are managed effectively through initial and ongoing assessment in consultation with residents/representatives and residents’ medical officers. Appropriate referral is made to external services such as behavioural management specialists and psychologists. Care plans are developed and implemented and include documented triggers for behaviours and strategies for care staff to use. Staff are aware of underlying causes for residents’ behaviours including physical and emotional discomfort, pain and infection. Residents/representatives are generally satisfied with residents’ pain management.

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

The home has systems to ensure residents achieve their optimum levels of mobility and dexterity. On entry and on an ongoing basis residents are assessed for their mobility and dexterity needs including a physiotherapist assessment. Care plans are developed and reviewed regularly and as required. A quick reference guide to manual handling and exercise programs is placed in residents’ wardrobes for care staff to access and integrate into residents’ daily activities. Falls are monitored and reviewed and residents at risk are identified through falls risk assessments. Strategies to reduce the incidence of falls include sensor mats, high low beds, grab rails and the use of mobility equipment such as walking frames. Regular exercise programs for residents are carried out by a physiotherapy assistant and are included in leisure activities. Residents expressed satisfaction with their mobility and dexterity management.

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

Narraburra Lodge Nursing Home has systems to ensure residents’ oral and dental health is maintained. Oral and dental needs and preferences are assessed on entry to the home and on an ongoing basis. Oral care plans are formulated in consultation with families, medical officers and appropriate allied health professionals. Review of care plans occurs regularly and as needs change. Residents are assisted to visit dentists and dental technicians of their choice. Staff are aware of residents’ oral and dental needs and the assistance required to maintain oral hygiene. Residents/representatives are satisfied with the oral and dental care provided.

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

On entry to the home residents’ sensory loss is identified and included in the care planning process. Residents are referred to audiologists, optometrists and speech pathologists as required. Sensory loss is addressed in recreational activities such as special celebrations with food, talking newspapers, large print books and tactile activities. Staff are able to describe the care required for residents’ visual and hearing aids. Residents are satisfied sensory needs are identified and managed.

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 has systems to ensure residents are able to achieve natural sleep patterns. Assessments on entry to the home include residents’ usual sleeping patterns and known strategies to help sleep. Care plans are developed and implemented by staff and reviewed regularly and as needs change. Interventions to assist residents sleep include offering snacks and warm drinks, providing a calm, quiet and temperature controlled environment at night. Staff state residents are able to choose their own times for rising and going to sleep. Alternatives to sedatives are considered when planning cares and include aromatherapy, calming music and gentle massage. Residents are satisfied they achieve natural sleep patterns.

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:

- Management identified the need to improve information provided to prospective residents and/or their representatives when they are making enquiries concerning the home. Consequently a new brochure containing information specific to the home was developed and is now included in the pre-admission information pack.
- The home has created a men’s shed where the leisure interests and activities of male residents can be identified and met.
- Management and staff have developed and promoted a working relationship with students from the local high school and students now come to the home every Tuesday and take residents out on a walk weather permitting.

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 expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The Charter of residents’ rights and responsibilities is displayed.
- The resident agreement outlines security of tenure and is based on applicable legislation.
- Department of Health and Aged Care Complaint Scheme information brochures are available.

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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrated staff have knowledge and skills relating to resident lifestyle.

Examples of education related to Accreditation Standard Three include:

- focus on holistic personal care including massage and aromatherapy,
- dementia care,
- music therapy
- scrapbooking.

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 has systems to ensure each resident receives support in adjusting to life in the new environment and on an ongoing basis. On entry to the home residents are introduced to staff and other residents and orientated to the environment. Initial assessments include residents' lifestyle, cultural, social and spiritual support needs. Care plans are developed and regularly reviewed to ensure residents' emotional needs are met on an ongoing basis. Observation of staff interactions with residents confirmed residents are appropriately comforted and emotionally supported. Residents informed us staff are kind and caring.

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

Residents state they are satisfied with the support they receive to achieve independence, maintain friendships and participate in the life of the community within and outside the home. On entry to the home and on an ongoing basis, residents' needs and preferences are assessed. Care plans are developed to include residents' individual needs to maintain independence. Strategies implemented to maximise independence include mobility programs and planned activities to include families and the wider community. Local groups from nearby schools visit regularly to assist with activities and provide entertainment. Staff are aware of residents' needs and informed us they incorporate residents independence needs in their daily care as much as possible. Residents/representatives state residents are assisted to be as independent as possible and visitors are made welcome.

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

Residents' right to privacy, dignity and confidentiality is recognised and respected. Information on residents rights and responsibilities is included in the hand book given to residents on entry to the home and is displayed through out the facility. Resident documentation is stored securely and archived appropriately in a secure area. Staff are aware of privacy and dignity for residents and confirm they sign a privacy and confidentiality agreement on commencement of employment. Observation confirmed staff observe residents' rights by knocking on doors before entering and addressing residents by their preferred names. Residents' state staff are respectful and treat them in a dignified manner.

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

Narraburra Lodge Nursing Home encourages and supports residents to participate in a wide range of activities of interest to them. On entry to the home residents' lifestyle and activity needs and preferences are assessed. Ongoing assessment occurs through monitoring of activity enjoyment, participation and individual requests. An activity plan is formulated by recreational staff and includes a variety of group and individual activities for residents. Activities include craft groups, music and singing, walking groups, men's shed and bus outings. Information obtained from surveys, resident meetings, informal and formal consultation with residents is used to evaluate and plan activities. Staff informed us they assist residents to attend activities. Residents are satisfied with the activities offered at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate residents' individual interests, customs, beliefs, and cultural and ethnic backgrounds are valued and fostered. Residents' specific needs, customs and beliefs are assessed on entry to the home and on an ongoing basis. Information is incorporated into care plans and evaluated regularly. The home holds regular church services conducted by representatives from a variety of denominations and assists residents to attend services outside the home if preferred. Special religious and cultural days are celebrated including ANZAC day, Christmas and Easter and each resident's birthday. During our visit the residents were celebrating the Queen's Jubilee. Residents expressed satisfaction with the support given for their cultural and spiritual needs.

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

Systems at the home ensure residents and/or their representatives participate in decisions about the services the resident receives and residents are enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. Residents/representatives are kept informed and given opportunity to provide input into the home through processes including case conferencing, resident and relative meetings, surveys, comments and complaints and informal discussion. Residents are provided with choices in their day to day care including shower times, meal choices, end of life choices, choice of medical officer and medical care. Residents are satisfied with the support provided to maintain their right to make choices and decisions.

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

Relevant information about security of tenure and residents' rights and responsibilities is provided and discussed with prospective residents and their representatives prior to and on entering the home. Information about care and services, residents' rights and complaints and feedback mechanisms is outlined in the client agreement and the client information handbook. Posters and brochures regarding complaints mechanisms and rights and responsibilities are displayed. Any room changes within the home involve consultation with residents and/or their representatives. Residents interviewed by the team feel secure of residency within the home and confirm awareness of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected Outcome 1.1 Continuous improvement for further information relating to the home’s continuous improvement system.

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

- The organisation, together with management from the home, has undertaken a review of food suppliers to ensure the quality of products, safety and compliance standards are achieved and will be maintained.
- The home has undertaken a refurbishment of some bathrooms as well as the dining room and harmony lounge. The result for residents being the creation of a more comfortable and safe environment consistent with their care needs.
- Management identified the need to improve security and as such there was an increase of the security fencing.
- In order to improve access to the home the entrance driveway has been replaced and resealed and new signage has been erected.

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 details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
- The home has current fire safety statements displayed.

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

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

Examples of education relevant to Accreditation Standard four include:

- food safety training,
- manual handling,
- infection control,
- fire safety training, and
- emergency evacuation.

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 can demonstrate it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is situated in a pleasant bushland setting with attractive outside areas. The home has a number of furnished communal areas and smaller sitting areas. Residents are accommodated in single rooms with en-suite facilities. The home consists of a number of wings which are connected to the hospitality services area. A preventative and reactive maintenance program is in place, including recording of the warm water system temperatures; regular workplace inspection audits are undertaken. Residents may personalise their rooms with items from their previous home and residents and representatives stated they are very satisfied with residents' individual and communal 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

Systems and processes enable the home to demonstrate management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular workplace inspection audits. The home takes effective and efficient action to resolve any incidents, accidents and hazards. Incidents are rated according to risk criteria assisting to ensure appropriate corrective action is taken. There is compulsory education for all staff in workplace safety including manual handling. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at

point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities and the team observed safe practices in operation.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are evening lock-up procedures and regular testing of external security lighting and alarm systems. Fire evacuation plans, emergency services flip charts and exit signs are located throughout the home. Monitoring and maintenance of all fire equipment is undertaken and reports provided. Fire equipment is located throughout the home and there is evidence this is regularly serviced and tested. Fire safety and evacuation training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. An emergency evacuation kit is maintained which includes resident identification badges. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

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 established policies and practices supporting an effective infection control program. Staff receive training at orientation and on an ongoing basis. Hand sanitisers and hand washing facilities are located throughout the home. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures and disposal of waste. A vaccination program is in place. The home follows State and Federal guidelines for the management of influenza and gastroenteritis outbreaks. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. Information on infections is collected, analysed and discussed with staff. Observation demonstrates staff comply with infection control practices including the use of personal protective equipment.

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

Residents and representatives expressed a high level of satisfaction with the hospitality services provided at the home. Comments included "the food is fine", "the place is kept beautifully clean" and "my clothes are looked after by the laundry".

Catering

Residents' dietary needs and choices are assessed and documented on entry to the home and relayed to the catering and servery staff who maintain a list of food preferences and special diets, including supplements or modified meals. Food is prepared and cooked by another aged care facility close by which is part of the organisation. Food is delivered in hot boxes to the home's servery and then served in a pleasant dining room area. A food safety program is in place and the home has a current NSW Food Authority licence. The home has a four week rotating menu with input from a dietician. Observation demonstrates food preparation; service and staff practices reflect the appropriate food safety guidelines, including infection control requirements. Catering and servery staff have undertaken training in relation to appropriate food handling and infection control.

Cleaning

The home presents as clean, fresh and well maintained. Cleaning staff are guided by documented schedules, work practices and results of inspections. All equipment is colour coded and chemicals securely stored. Staff are trained in the use of equipment, infection control, outbreak management procedures and manual handling. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.

Laundry

There is an on-site laundry and dirty laundry from the home is collected in appropriate coloured linen bags and there are procedures and work practices for the collection and handling of laundry. Staff described the processes for the collection and transportation of dirty laundry and distribution of clean laundry to residents. Staff confirmed they receive training in infection control, manual handling and safe work practices.