



Aged Care
Standards and Accreditation Agency Ltd

Arthur Webb Court

RACS ID 0242
81 Belmont Road
GLENFIELD NSW 2167

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 2 March 2015.

We made our decision on 16 January 2012.

The audit was conducted on 5 December 2011 to 9 December 2011. 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

Site Audit Report

Arthur Webb Court 0242

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

Introduction

This is the report of a site audit from 5 December 2011 to 9 December 2011 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 5 December 2011 to 9 December 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four 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:	Alexander Davidoff
Team member/s:	Jill Bicknell
	Delia Cole
	Jennifer Morrow

Approved provider details

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

Name of home:	Arthur Webb Court
RACS ID:	0242

Total number of allocated places:	47
Number of residents during site audit:	42
Number of high care residents during site audit:	37
Special needs catered for:	N/A

Street/PO Box:	81 Belmont Road	State:	NSW
City/Town:	GLENFIELD	Postcode:	2167
Phone number:	02 9827 6666	Facsimile:	02 9829 1516
E-mail address:	Drcs@femh.com.au		

Audit trail

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

Interviews

	Number		Number
Director of care	1	Residents/representatives	8
Deputy director of care	1	Leisure office manager	1
Assistant director of care	1	Leisure officers	3
Maintenance manager	1	Art teacher	1
Hospitality services supervisor	1	Head chef	1
Clinical/care staff	7	Volunteers	2
Hospitality staff	3	Allied health/occupational health	2
Administration assistant	1	Pastoral carer	1

Sampled documents

	Number		Number
Residents' care files (including clinical notes, progress notes, clinical assessments, case conferences, care plans, observations, weight and medication reviews, physiotherapy and manual handling assessments)	7	Medication charts	10
Residents' files (selected sections reviewed)	5	Weight charts	3
Wound charts	2	Blood sugar level charts	2
Accident and incident forms	5	Nutritional assessments	5
Summary/quick reference care plans	5	Personnel files	17

Other documents reviewed

The team also reviewed:

- Accident and incident reports and results
- Activities documentation
- Annual fire safety statement
- Audits and benchmarking reports
- CALD program resource folder
- Care manuals
- Care plan review list and other clinical record checklists schedules
- Central kitchen temperature records for food and appliances
- Cleaners' duties list
- Cleaning schedules

- Clinical and care assessment documentation
- Clinical audit results and clinical benchmarking results
- Clinical nurse specialist duty statements
- Clinical position statement
- Communication book
- Community News and Views Folder
- Compliment, comment and complaint folder
- Consolidated log
- Continuous improvement action plans
- Dental treatment records
- Dietician summer menu review and recommendations
- Dining room feedback book
- Diversional/Leisure manual
- Duty statements
- Education records
- Evacuation and disaster management plans
- Falls risk assessments
- Fire equipment service logs
- Food for Thought 2011 – Aged Care Catering and Activities Folder
- Food safety plan
- Gastro and influenza information packs
- Hazard forms, hazards logs register and hazards reports
- Incident and infection report summary
- Incidents investigations manual
- Incidents of infection documentation form
- Indigenous photograph/video/audio/DVD release form
- Infection control data collection, summary reports, incidents of infection forms and pathology reports
- Intimacy and sexuality policy – created with University of Sydney
- Job descriptions
- Language identification chart
- Legislative changes alerts
- Leisure activities program
- Leisure and lifestyle audits
- Maintenance log
- Maintenance operations flow chart
- Maintenance request forms
- Material safety data sheets
- Medication fridge monitoring records
- Medication management documents
- Memoranda
- Menu and food preference records
- Minutes of meetings
- Monthly cleaning service surveillance tool
- Monthly fire safety inspection report
- Monthly workplace inspection audits, internal and external
- NSW Food Authority licence
- OHS manual
- Orientation workbook
- Osteopaths records
- Pamper pack for relatives
- Pandemic and miscellaneous emergency procedures folder
- Pest control contractor folder

- Pets as Therapy Folder
- PLAY UP workbook and DVD
- Police checks register
- Policies and procedures
- Privacy consent form for photographs
- Resident consent for use of Information
- Resident information handbook
- Resident room fire alarm notices
- Resident satisfaction survey results
- Residents immunisation records
- Residents' information package and handbook
- Risk assessment management process tool
- Risk restraint register
- Safe work practices descriptions
- Satisfaction survey of activities
- Servery temperature records
- Service agreements
- Spills kits monthly check record
- Staff appraisals
- Staff communication books; staff communication diary and handover sheets
- Staff handbook
- Staff immunisation records
- Staffing rosters
- Summer menu
- Supervisors reports
- Supplement lists
- Thermostatic mixing valves temperature and maintenance records
- Welcome pack for residents
- Wound assessments and management plans, summaries and photos

Observations

The team observed the following:

- Activities in progress
- Activities program on display
- Central kitchen and food storage areas and the servery
- Central laundry and residents' laundries
- Charter of resident rights on display
- Cleaners' room
- Clinical record keeping systems – paper and computer based
- Complaints information and suggestion boxes
- Equipment in use and in storage
- Fire equipment, fire exits and evacuation charts
- Hand wash stations and hand sanitiser
- Interactions between staff and residents
- Living environment internal and external
- Medication rounds and medications storage
- Menu displayed in dining room
- Notice boards
- Notices about the Accreditation site audit
- On site banking facility
- Osteopath and podiatry clinics
- Outbreak management kit (site)
- Residents at midday meal

- Secure storage of residents' files
- Spills kits, sharps disposal and contaminated waste disposal
- Staff handovers

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

Arthur Webb Court’s management and staff are actively pursuing continuous improvement across all four Accreditation Standards within the home. Review of relevant documentation, interviews with management, and staff confirm that the continuous improvement program operates. It includes mechanisms to monitor and evaluate the home’s processes, practices, and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, compliment, comment and complaint forms, incident systems, audit results, surveys, general observations, strategic planning days and verbal discussion. The home’s continuous improvement plan identifies improvements across all accreditation standards and from all stakeholders. Interviews conducted indicate stakeholders are provided with feedback on improvement actions planned and taken.

Examples of improvements in relation to Accreditation Standard One include:

- The home’s management team recognised the need to develop stronger recruitment and retention systems. Development of pre interview questionnaires has assisted in getting the right people for the right job. All employees attend a two day orientation and complete a minimum of three ‘buddy shifts’. A permanent roster of replacement staff has been developed so that leave is guaranteed to be replaced. The staff employed for this roster are also available as an ‘extra’ if there is no leave replacement required throughout the homes on the Easton Park site. Management state this has significantly reduced the amount of overtime worked and staff turnover has halved since these changes have taken effect.
- In April 2011 the home developed a critical incident checklist for the assistant directors of care to use when dealing with this sort of event. Management and staff stated this has been of great assistance in ensuring all steps are completed when reporting and reviewing a critical incident.
- In September 2011 regular on site clinical governance meetings commenced. All assistant directors of care are paid to attend and the meeting provides a forum for clinical managers to meet and discuss care. Management stated this improvement is still being reviewed but it has enhanced communication with the assistant directors of care who work afternoons, nights and weekends.

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’s management ensures they remain current with changes in relevant legislations by holding a membership with a regulatory notification service and various aged care best

practice bodies. The management ensures they meet regulations through writing and implementing appropriate policy, communicating and educating staff about the resulting system, and review of the efficacy of the processes. All staff and contractors have a police check prior to commencing work at the home and there is a system in place to ensure these remain current. Professional registrations are monitored. Documents are archived and destroyed at appropriate time frames. The home has incident reporting systems in place that include compulsory reporting. Attendance at mandatory education is monitored and acted upon if staff do not attend. Residents and representatives were informed of the accreditation site audit by individual letters. The team sighted notices of the accreditation audit on noticeboards and residents were aware of the reason behind the team's visit.

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

Documentation, observation and interviews confirmed the home has systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally. Knowledge and competency assessments are used to monitor staff learning. An annual education program includes compulsory training requirements and sessions based on trend analyses of clinical indicators, audit results, resident care needs, and legislative changes. Training and education is offered onsite, participation is recorded and programs are evaluated. Staff attendance at external certificate and tertiary programs is supported and a scholarship programme is available. Education and training attended in relation to Accreditation Standard One includes orientation, Certificate IV in Aged Care, legal documentation, administration staff who work in aged care, and the accreditation process. Residents and representatives interviewed said they believe the staff have the skills to provide appropriate care as needed.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has internal and external mechanisms for feedback. These mechanisms are outlined in the resident handbook and agreement, and all new residents and their representatives are made aware of them on entry. Compliment, comment and complaint forms are on display throughout the home and suggestion boxes are located in Arthur Webb Court. All verbal, email and written complaints are handled confidentially and are consolidated in a folder, a written response is provided to these issues. Feedback is collated and analysed monthly and may be transferred to the continuous improvement plan if requiring further action. Staff interviewed demonstrated awareness of complaints procedures. Residents and representatives interviewed said that if they had any concerns they would raise them with staff and management. Residents and representatives interviewed who have provided feedback said actions taken were appropriate and to their satisfaction.

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 corporate body and site specific management have documented their vision, mission and values. These are promoted and communicated through Arthur Webb Court publications. This information is provided to residents and representatives on entry to the home, and to staff on commencement of employment. In addition, staff are made aware of the organisation's philosophy through the home's recruitment, orientation and education processes. An organisational chart of key personnel is available. The home's commitment to quality is evident through the quality improvement initiatives, strategic planning activities, and through policies that guide staff practices.

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

Interviews, documentation review and observation confirm the home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Recruitment is supported by specific orientation programs. A minimum certificate III level qualification is preferred and staff must complete an orientation including 'buddy' shifts. Policies, position descriptions, and duty lists guide staff in their roles. Annual performance appraisals are completed. Staff practices are monitored by observation, feedback and competency results. Staff rosters are managed and adjusted according to resident needs. Registered nurses are available within the Easton Park complex 24 hours a day to provide clinical support to the Arthur Webb Court staff. Relief staff are available for leave replacements. Staff stated that they enjoy working at the home and they expressed a commitment to the home's residents and management. The residents and representatives interviewed are generally satisfied with the care given and said they are generally assisted in a timely manner.

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

Documentation and interviews confirm the home has systems to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are monitored, maintained and ordered by management staff in the home. Preferred suppliers are used and services are regularly evaluated. The preventative maintenance program ensures equipment is monitored and replacement needs are identified. Purchases are decided following consultation with staff and management. All storage areas viewed showed that there are adequate supplies and there is a stock rotation policy. Staff and residents interviewed said there are adequate supplies of goods and equipment available for use.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to disseminate information to staff, residents and representatives relating to management of the home, clinical care, residents' lifestyle and the physical environment. Mechanisms to ensure all stakeholders receive current information include but are not limited to resident and staff handbooks, resident agreement, newsletters, orientation programs, information on noticeboards, education sessions, e-mail, and meeting minutes. Staff use assessments, care planning and progress notes to record and communicate resident care needs. Handovers and communication books ensure residents' needs and preferences are identified, interpreted and supported with consistency. There are secure systems for the generation, storage, archiving, and destruction of documentation to ensure residents dignity, privacy and confidentiality are maintained. Electronic information is backed up daily, password protected and restricted to authorised personnel. Disaster recovery systems are in place to ensure the protection of electronic information. Residents and representatives interviewed believe they are kept informed and up to date.

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 has systems and processes to ensure external services are provided to meet the care and service needs of residents. Service agreements or contracts are in place to assist this process. Documentation review and interviews confirm that appropriate authorities and qualifications are held and insurance and registration details are in place. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Changes are made when services received do not meet expected requirements for the needs of residents or the home. Staff interviewed stated they are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

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 regarding the continuous improvement system which exists in the home.

Examples of improvements in relation to Accreditation Standard Two include:

- The home's management and staff have been transferring all resident care documentation onto a computerised system. In May 2011 a project officer was appointed and training of staff commenced. Computerised progress notes and care charts were commenced for all residents within the home. Assessments are being completed as new care needs are identified or current care needs change. Care plans are developed in line with the assessed need. Management stated evaluation of the system has identified the need for further training and education for registered nurses and enrolled nurses particularly in relation to care plan development and individualisation of the generic template. This training is planned for February 2012.
- All staff have been involved in person centred care training and a clinical nurse specialist has been appointed to work three days per week to assist residents with mental health concerns. The clinical nurse specialist assesses residents, plans care interventions and organises consultations as needed. Management state this has significantly reduced the aggressive incidents recorded and benchmarking statistics support the trend. Staff stated the training has given them the skills and awareness to manage residents' needs and reduce their anxiety.
- The home has been involved in a dental health program and currently all residents who wish to participate are being reviewed by a dentist. This program will be enhanced by the oral and dental health training provided to the staff in 2011.

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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The home has a system to monitor and record professional and allied health staff registrations and authorities to practice. Medication management practices are monitored and reviewed for compliance. A system is in place to manage unexplained absences of residents in accordance with regulatory requirements. Residents' needs are assessed and care is planned. Staff interviewed were able to explain their role in meeting relevant legislative and regulatory requirements related to health and personal care.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure the staff have the appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care. Examples of education and training attended by staff in relation to Accreditation Standard Two include: clinical decision making, advanced assessment skills, pain management, palliative care, medication management, continence care and delirium in dementia. Residents interviewed stated the staff know what they are doing and they have confidence in them.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has systems and policies in place to ensure residents receive clinical care appropriate to their needs. A comprehensive program of clinical assessments is undertaken in the first four weeks by a clinical review team which is comprised of registered nurses, enrolled nurses and certificate four carers. A care conference with care staff is then conducted to ensure that all relevant information and preferences are incorporated into the residents care plan. The care plan is developed after consultation with the resident/representatives during the assessment period. The registered or enrolled nurses review the care plans every three months or as the residents' clinical needs change. A range of care based audits, clinical indicators and resident surveys are used to monitor the quality of care. Residents are referred to other health professionals as their care needs indicate. Care staff are provided with current resident clinical care information through the handover process and handover sheets, communication diaries, care plans and progress notes. Staff reported that they have appropriate equipment, resources, education and supervision to ensure residents receive quality clinical care. Residents/representatives said they "would not be anywhere else" and "the staff are very kind and caring".

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure residents specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on care plans by a registered nurse when residents move into the home. Changes are noted in the progress notes, clinical charts and care plans. Care plans are regularly reviewed and a comprehensive evaluation of care during the previous three months is documented. Case conferencing with the staff/resident/representative is held one month after admission and then as required and includes discussion on any specialised nursing care needs. Registered or enrolled nurses attend to residents' specialised care and equipment is supplied as necessary to meet identified needs. Nursing specialists are accessed as required. These include wound care, continence, diabetic and a palliative care nurse specialist. The home also has access to a mental health nurse specialist who provides

a review and coordinating service with other mental health practitioners such as psychogeriatricians, psychiatrists and community based mental health teams. The staff interviewed said that they have the appropriate skills, resources, equipment and support from management to provide specialised nursing care for residents.

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 identify and assist registered nurses to identify, assess and refer residents to the appropriate health specialists when necessary. Some health and related services include mental health specialists, geriatricians, physiotherapy, speech pathology, optometry, dental, podiatry and wound specialists as well as specialist clinics at local hospitals. A review of documentation shows residents needs and preferences are assessed when they move into the home and referrals are arranged in consultation with the resident/representatives and relevant staff as needed. The team reviewed a wide range of information documented in residents’ medical notes, progress notes, care plans, allied health records and communication diaries and confirmed that residents are regularly referred to specialists as clinical needs dictate. Residents/resident representatives said that they are consulted or informed when referrals to health specialists are required. They also said they are happy with the support from staff to access these services and with the referral process.

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 a system in place for the storage and administration management of residents’ medication. Endorsed, enrolled nurses and senior carers with a certificate four in aged care administer medications and monitor the medication management systems. Registered nurses administer schedule eight medications, insulin and other injections. The home monitors the medication administration systems and staff practices to ensure medication management is as safe as possible. Care staff who administer medications have undertaken education in medication administration and are required to demonstrate competency with medication management annually. Internal audits and reviews of medication management are conducted and a multidisciplinary medication advisory committee meets to review policy and procedures, medication incidents and other related issues. Residents are able to self administer medications if assessed as safe to do so and they are approved by the treating medical officer. Residents/representatives said medications are managed well by the care staff and that they receive them in a timely manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure all residents are as free as possible from pain. Residents’ cognitive abilities are taken into account and the home uses a variety of tools to assess and manage pain. Initial assessments by the osteopaths and registered nurses identify any pain a resident may have and a care plan is developed based on the individual

needs of the resident. Staff are trained in pain prevention and management and use a range of strategies to help manage residents' pain including medication, osteopath manipulation, massage, exercise and heat and cold packs. The osteopaths have a treatment room set up in the adjoining hostel where residents can access a range of treatments, or have their pain management reviewed. Treatments and exercise programs are also conducted in residents' rooms if they are unable to attend the osteopath treatment room. Pain management measures are followed up for effectiveness and referral to the resident's medical officer and other services are organised as needed. Residents/representatives reported that staff respond promptly to residents' pain and offer interventions in line with residents' preferences and needs.

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 that all residents' palliative care is managed effectively and sensitively in consultation with residents/representatives and the medical officer. Review of documentation and interviews with staff show that the needs of residents when receiving palliative care are assessed and considered in care planning. A palliative care plan would be developed that includes interventions for managing pain, oral and skin care and any other specialised care or equipment needs. Residents are able to complete an "end of life care directive" if they wish to guide staff on the specific wishes of the resident in relation to palliative care. The home can provide accommodation for relatives if they wish to stay with the resident. Residents are generally able to remain in their own rooms to receive palliative care as their rooms are large enough for manual handling equipment to be used if required. Staff receive regular education about the palliative care needs of residents and have access to appropriate health professionals for advice and assistance. The home has close links with the local hospital and palliative care team. All staff interviewed expressed sensitivity and understanding of the needs of palliating residents. Residents/representatives are encouraged to participate in case conferences and discussions relating to end of life decisions.

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 and processes in place to ensure residents receive adequate nourishment and hydration. The home can demonstrate that residents receive adequate nutrition and hydration through an initial consultation and ongoing feedback about residents likes and dislikes. The registered nurse, clinical nurse specialists and assistant director of care identifies residents at risk of weight loss and malnutrition by monitoring monthly weight records. A dietician attends the home on request and reviews residents with special needs. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, resident's preferences and special requirements. Residents/representatives have input into menu planning through resident meetings, comments and complaints mechanisms and informal discussions with staff. Residents are offered daily choices of meals and the daily menu is written on the board in the dining room. Residents said that they are happy with the choice and quality of the meals.

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 systems and practices in place to ensure that each resident’s skin integrity is protected and skin care is appropriate for their needs. Regular and ongoing assessments occur in consultation with residents/representatives and other health professionals as required. A review of documentation including audits, accident and incident forms and clinical documentation demonstrates that residents’ skin integrity is monitored daily by trained care staff and registered nurses. Any changes are reported immediately to the registered nurse for review and referral to the medical officer as needed. A range of skin protective devices are used, if needed, including pressure relieving mattresses, hip protectors, skin emollients and protective bandaging. These are available to all residents and are consistent with individual care plans and identified resident needs. Skin infections are monitored and strategies are in place to manage these. Residents wound care requirements is managed and reviewed regularly by registered and enrolled nurses. The residents have access to a podiatrist treatment room in the co-located hostel which has been equipped with a specialty treatment chair or they can be treated in their own rooms. There is a mobile beauty care service that can provide nail care for those who wish it. Residents/representatives said that they were happy with the way staff look after their wound care and provide first aid treatment if they have a skin tear. Residents are provided with appropriate skin care products and equipment when a need is identified.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident, if required, following initial assessment. Personal care staff said they assist residents with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet the needs of the residents. Residents said the “staff help me to the toilet regularly through the day and check on me at night”. Staff were observed being considerate of residents’ privacy and dignity at all times.

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 home has systems to effectively manage residents with challenging behaviours. On entry to the home residents undergo assessments and monitoring to identify any challenging behaviour and to identify ‘triggers’ that may lead to challenging behaviours. All new residents with any identified depression or challenging behaviours are referred to the mental health clinical nurse specialist, who is based in the adjoining hostel, for review. The clinical nurse specialist will then liaise with the local mental health team, psychogeriatrician or other relevant specialists to ensure that appropriate care is received. Plans of care are then

developed, implemented and reviewed regularly. Residents are referred to their medical officers and psychogeriatricians for ongoing clinical review, pain management and assessment when necessary. Behaviour related incidents are recorded and addressed in a timely manner. Staff receive ongoing education in managing challenging behaviours and work as a team to provide care. The activity staff provide programs suitable for residents with a wide range of challenging behaviours. Representatives, relatives and residents who were interviewed said the home manages the needs of residents with challenging behaviours well.

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 can demonstrate that all residents are assessed by a qualified osteopath and registered nurse on admission and as their needs change. A treatment and mobility program is developed, if indicated, or residents are encouraged to attend group exercise classes conducted by the activity staff. The exercise and walking programs are monitored by the osteopath. The osteopaths have a treatment room set up in the adjoining hostel where residents can access a range of treatments or have their mobility needs reviewed. The residents can receive treatment in their own rooms if unable to attend the osteopath's clinic rooms. Documentation and discussions with staff show all residents are assessed on moving into the home for mobility, dexterity and transfers. The therapy and exercise programs are implemented by the osteopaths and physiotherapy aides and these are regularly reviewed and evaluated by the osteopaths. Care staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as hip protectors, walking frames, pelican belts, mechanical lifters and wheelchairs are available. All falls incidents are documented, analysed and benchmarked by the organisation. Residents said they are very happy with the assistance given by staff.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has strategies in place to ensure residents' oral and dental health is maintained. A review of documentation shows that residents' oral and dental health is assessed when they move to the home and individual care plans are regularly reviewed and evaluated to meet the changing needs of the residents. Diet and fluids are provided in line with residents' oral and dental health needs and preferences and specialist advice for residents with swallowing problems is sought as needed. Dental appointments and transport are arranged in accordance with residents/representatives needs and preferences or residents can attend a mobile dental service that visits the home with a specially converted van. Staff have received education in oral and dental care. Residents/representatives said staff provide assistance with oral and dental care as required, or as requested. Residents who had attended the mobile dental service said that "it was a very good service".

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

Initial assessment of resident’s sensory loss is identified when they move to the home as part of a general communication assessment. Management strategies are implemented, regularly reviewed and evaluated in consultation with the resident/representatives and referral to specialist services is arranged as needed. Residents/representatives said they are assisted with activities if required, including newspaper reading and bingo. Residents said that staff are attentive to their individual needs, including the care of glasses and hearing devices. Regular services are provided by an external optometry service and hearing services are accessed as needed. Aromatherapy and massage are also available if indicated. The team observed the environment to have adequate lighting and that rooms and corridors are audited to ensure that they facilitate resident safety. Staff education includes topics on sensory loss. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence.

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

Residents’ sleep patterns, including their history of night sedation are assessed when they move to the home and their care plans are regularly reviewed and evaluated. Residents’ preferences for rising and retiring are accommodated by staff wherever possible. A review of documentation and discussions with staff show residents are offered massage, snacks, warm milk, emotional support and toileted to assist them achieve natural sleep patterns. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are subdued at night. Residents interviewed said they were not disturbed at night by staff or other residents and “staff check on them at night”.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home.

Examples of improvements in relation to Accreditation Standard Three include:

- The home’s residents have been involved in the development of a new program called ‘Play up’. This program is an extension of the ‘Smile within’ program and involves a play up partner engaging residents one on one in activities individually suited to them. The activities can be expanded into a small group. The activities are entirely dependent on the resident’s participation and response ensuring the resident is in control. Staff and resident feedback has been very positive. Participation rates are high and statistical information indicated a reduction in participants’ level of anxiety. The program will continue and expand as the demand increases.
- The home’s activities staff have implemented an art program; a qualified artist is employed to assist residents “find the artist within”. A number of residents have been involved in an art show and their works have been sold. Feed back from residents is very positive.
- The home’s management and staff have created a café. This has provided a central place for all residents to entertain their families and guests and mix with residents from other homes within the Easton Park complex. The café has become a social hub within the organisation and was observed to be constantly used by residents, their guests, and staff.

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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. New residents receive a resident agreement which includes information such as security of tenure and residency rights and responsibilities. A system is in place for obtaining resident’s consent to collection of information and a privacy agreement is signed. A system is in place for compulsory reporting of suspected or alleged resident assault. Staff were able to explain their role in meeting relevant legislative and regulatory requirements related to resident’s rights.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Three: Resident lifestyle. Examples of education and development attended by staff in relation to Accreditation Standard Three include: elder abuse and mandatory reporting, emotional support, privacy dignity and confidentiality, refusal of care, and independence.

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 supports residents in adjusting to life in their new environment; for example, the home encourages a pre-admission interview and tour of the home. The residents' handbook and welcome pack provides prospective and new residents with information about the home and the services which are offered. New residents are orientated to their physical surroundings, accompanied to meals and activities and are introduced to staff and other residents. The admissions clerk communicates to care staff extra support needed and conducts follow-up visits during the settling in period. The leisure officers spend time with the resident and their representative to obtain a social and cultural background as well as activities of interest before preparing care plans. Care plans are updated regularly as new or changed needs and preferences are identified. Residents are encouraged to participate in activities of interest. During the site audit the team observed helpful and responsive interaction between residents and staff. Residents and representatives confirmed that they are supported when residents move into 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 encourages residents to achieve maximum independence. They are assisted to maintain friendships and interests, and to participate in community activities in accordance with their individual abilities and preferences. Residents' level of independence and need for assistance are assessed when they move into the home and are regularly reviewed. The home arranges bus trips for shopping, to clubs and community events for those residents that can and want to participate. Residents' independence is also encouraged through access to an on site voting booth for elections, on site banking facility, newspaper reading and telephone. Resident meetings provide an opportunity for residents to raise issues and provide feedback. Family and friends can visit at any time and residents were observed entertaining visitors in their rooms and in communal areas of the home. Residents confirmed that they are encouraged to maintain friendships and interest.

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 has systems in place to ensure that each resident's privacy and dignity is respected and that their confidentiality is maintained. For example, photographs are not taken or displayed without written consent by the resident. Computers are password protected and access is restricted according to designation and need. Staff are required to sign confidentiality agreements and are required to conduct themselves in a manner which ensures that residents' rights, privacy, confidentiality and dignity are maintained at all times. Residents and representatives stated that staff are respectful and maintain residents' privacy when carrying out care and treatment; for example, ensuring that doors are closed when attending to the resident.

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 leisure officer visits all residents when they move into the home to discuss their leisure, lifestyle activities and social interaction needs before preparing care plans. Individual resident programs are created in consultation with the resident and through case conferences involving other allied health professionals. The activities program is reviewed regularly to ensure that it continues to meet residents' changing capabilities and preferences, information is obtained from audits, attendance records, activities evaluations, resident meetings, individual resident feedback and residents' satisfaction surveys. Large print and audio books available for the sight impaired. A varied and flexible program includes bus trips, exercise, board games, reminiscence, entertainment, social celebrations, art, music, quiz session. Residents enjoy cultural days, Delta Dog Pet Therapy, Humour Therapy – Play Up, Kindi Farm and monthly family BBQ, on site cinema, mens' group, art classes and gardening. Community volunteers also visit residents on a one-to-one basis. The team observed residents enjoying a range of activities during the audit.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems in place to identify and meet the cultural and spiritual beliefs and interests of residents by way of individual interviews by the leisure officer, case conferences and assessments. The home's paper based documentation system for cultural and spiritual life has comprehensive individual care plans for residents. The information is currently being transferred to the computer based program. The home has spiritual preferences and beliefs documented at the time of admission and these are included in care planning. Various church denominations conduct regular church services at the home and residents wishing to participate are encouraged and assisted to attend. Residents celebrate culturally significant days such as Anzac Day, Australia Day, Christmas and Easter and other cultural days as part of the activities program. The home's catering provides culture specific menus where

appropriate. Residents and representatives are satisfied that their cultural and spiritual needs are met, and appreciate one to one visits from the pastoral carer and ministers of religion.

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 are encouraged and assisted to participate in choice and decision making about their care, lifestyle and environment. Residents and representatives are consulted regarding their preferences and are invited to take part in care planning, review and evaluation. The residents' handbook provides information which supports resident choice. Choice and decision making are encouraged through the complaints system, audits and surveys, residents' meetings and by direct feedback to staff and management. Residents have a choice of medical practitioner and allied health services. Interviews with residents and representatives confirmed staff discuss residents' care with them and their wishes not to participate in activities are respected.

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

Management ensure that residents/representatives in the home are provided with information about security of tenure and residents understand their rights and responsibilities. Documentation provided to all new residents and/or representatives includes the residential care agreement which explains the conditions under which a resident may be transferred, conditions for ending the agreement, and complaints resolution procedures. The agreement includes the Charter of Residents' Rights and Responsibilities and the Charter is also displayed in the home. Information is provided to residents and their representatives if a resident's care needs change and the resident requires a higher level of care. Interviews with residents and representatives confirm that they feel secure and are happy living at the home.

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 information regarding the continuous improvement system which exists in the home.

Examples of improvements in relation to Accreditation Standard Four include:

- Resident feedback about the meal service has resulted in the implementation of a new menu, the introduction of feedback books in each dining room and review of servery procedures for ordering of provisions. A new chef has been employed to work weekends and the head chef attends resident meetings to provide information and feedback about requests. Feedback from residents was generally positive in relation to these changes, Management stated they were continuing to take suggestions and review the menu accordingly.
- An imprest system has been developed in each servery to ensure supplies of food and fluids are always available for residents. Residents stated that they get plenty to eat and drink and they only have to ask if they want more.
- As a result of feedback from residents and representatives, the laundry service has had an upgrade to include a steam cycle in the hot wash to increase infection control and ensure the linen is clean and free from stains. Management report that feedback received indicates residents and representatives are now happy with the cleanliness of the sheets.
- The home’s fire alarm system has been upgraded so that e-mail alerts are sent to all senior management if an alarm is isolated or a fault occurs. This can then be acted upon immediately should the need arise. The manager stated this has been a positive change as they are notified every afternoon that the fire system is operating correctly.

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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Annual compulsory education is provided for fire safety and manual handling. The maintenance system ensures regular testing of warm water systems. Guidelines exist for the use of restraint. The annual fire safety statement is current and on display. A food safety program and a current NSW Food Authority licence are held. Staff were able to explain their role in meeting relevant legislative and regulatory requirements related to maintaining a safe environment.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Four: Physical environment and safe systems. This includes mandatory training in fire awareness and evacuation procedure, occupational health and safety/risk management, infection control manual handling, food safety, chemical safety, fire officer training, first aid, emergency procedures and OH&S.

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

Residents in the home are accommodated in single rooms with ensuites, located over three levels. The floors are connected by a lift and resident rooms and common areas are air conditioned. Residents are encouraged to furnish their rooms according to their personal taste. The home has a dining room and several lounge/sitting areas, with the common room opening onto an external garden. The home is generally pleasantly and comfortably furnished. The home has corridors with level floor surfaces, good lighting and handrails, and all common areas are easily and safely accessible to residents. The home was noted to be well maintained, clean, free from odour and with low level of noise. A lockdown check is in place in the evening and security staff patrol the grounds at night. The site has a maintenance manager and a maintenance officer and maintenance request logs are in place. Assessment of safe and comfortable environment in the home includes regular environment audits and resident/representative surveys. Residents/representatives interviewed are satisfied with the living environment in the home.

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 has systems in place to provide a safe working and living environment for residents and staff. An occupational health and safety (OHS) policy is in place and the site has an OHS committee with trained members, including staff from the home. Annual manual handling training is mandatory for staff, the home has an accident/incident documentation system, environmental audits are completed and material safety data sheets are in place. The home has safe work practices descriptions and a hazards documentation system. Staff said that the home has adequate stocks of equipment and supplies to ensure occupational health and safety when providing resident care. New equipment is assessed for OHS risks and staff are provided with training in the use of equipment. Staff interviewed are satisfied with the safety of the working environment in the home.

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

Fire safety systems in the home include designated fire officers on the site, annual fire safety training which is mandatory for all staff, and an emergency procedures manual. Fire equipment is regularly maintained by external contractors and its location and the locations of the emergency exits are clearly marked and were observed to be free from obstructions. Evacuation charts are displayed throughout the home. Emergency instructions flip charts are located at telephone stations. Staff interviewed by the team were able to describe the required actions in case of a fire emergency. The home is in the process of developing a resident education DVD on fire emergency and this will be broadcast on the resident TV network. Fire safety and environment audits assist in maintaining a secure and safe environment in the home. Residents interviewed feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control system which includes policies and procedures including outbreak management procedures, audits, staff orientation and the use of personal protective equipment. Mandatory annual infection control education and hand washing skills assessment is provided to staff. Spills kit, sharps disposal containers, contaminated waste disposal and an outbreak management kit are in place. Incidents of infection are documented, analysed and benchmarked through an external service. Staff interviewed demonstrated that they are aware of infection control procedures. Staff also stated that they are given adequate education on infection control and have access to adequate stocks of personal protective equipment. A food safety plan is in place in the central kitchen which services the site and the temperatures of delivered foodstuffs, cooked meals and kitchen appliances are monitored, and prepared food items are dated. Catering staff are provided with safe food handling education. The laundry has designated areas, programmed washing cycles and chemicals dispensing. Cleaning duty statements are in place for the cleaning staff and chemicals dispensing is in place in the cleaners' rooms. Colour coded equipment is used in cleaning and in catering. The home uses services of a pest control contractor.

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

Meals in the home are cooked fresh on site in the central kitchen according to a seasonal (quarterly) rotating four week menu which is reviewed by a dietician. The menu provides a choice of two dishes for the main meal, and further alternatives may be provided if requested. Special meals are provided to residents with particular requirements such as diabetic, gluten free, texturing of meals and thickening of fluids, and for those with other requirements such as cultural and religious. Cooked breakfast options are provided daily and choices are available for the evening meal. Modified crockery and cutlery is available to promote resident independence as needed. Residents have meals in the pleasantly appointed dining rooms or are provided with tray service in their own rooms. Resident

feedback on catering service is obtained through direct contact with catering staff, the resident and representatives meetings, resident surveys, the comments and complaints system and the feedback books located in the dining areas. Residents interviewed by the team are satisfied with the catering service in the home. Residents personal items are washed by the central laundry located on the site, and are returned ironed on hangers or folded. The home provides labelling of clothing to minimise the incidence of missing items. The home's cleaning is done by the home's own staff and comprise daily room clean and scheduled deeper cleaning. Residents interviewed by the team are satisfied with the laundry services, and said that the cleaning of their rooms and communal areas was "very good".