Reconsideration Decision

Blacktown Nursing Home RACS ID: 2533

Approved Provider: Budumu Pty Ltd

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on	1 February 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 24 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 13 September 2015 to 13 July 2019.
Reason for decision	Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'. The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program. The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.
This decision is effective from	1 February 2018
Accreditation expiry date	13 July 2019

Australian Government
Australian Aged Care Quality Agency

Blacktown Nursing Home
RACS ID 2533
190 Stephen Street
BLACKTOWN NSW 2148
Approved provider: Budumu Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 September 2018.

We made our decision on 24 July 2015.

The audit was conducted on 23 June 2015 to 25 June 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

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

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

Standard 2: Health and personal care

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

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

Standard 3:   Resident lifestyle

Principle:

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

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

Standard 4:   Physical environment and safe systems

Principle:

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

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

Audit Report

Blacktown Nursing Home 2533

Approved provider: Budumu Pty Ltd

Introduction

This is the report of a re-accreditation audit from 23 June 2015 to 25 June 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 23 June 2015 to 25 June 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Veronica Hunter
Team member/s:	Daniel Mitroussidis

Approved provider details

Approved provider:	Budumu Pty Ltd

Details of home

Name of home:	Blacktown Nursing Home
RACS ID:	2533

Total number of allocated places:	134
Number of care recipients during audit:	130
Number of care recipients receiving high care during audit:	128
Special needs catered for:	

Street/PO Box:	190 Stephen Street	State:	NSW
City/Town:	BLACKTOWN	Postcode:	2148
Phone number:	02 9622 1966	Facsimile:	02 9831 3184
E-mail address:	blacktown@hardiagedcare.com.au		

Audit trail

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

Interviews

	Number		Number
General manager quality control	1	Care recipients/representatives	16
General manager education	1	Laundry staff	1
Facility manager	1	Cleaning staff	3
Assistant facility manager	1	Maintenance manager	1
Clinical manager	1	Certificate IV staff	3
Registered nurses	4	Care staff	11
Physiotherapist	1	Diversional therapist and leisure and lifestyle staff	3
Physiotherapy aide	1		

Sampled documents

	Number		Number
Care recipients' files	14	Medication charts	17
Residential care service agreements	5	Personnel files	6

Other documents reviewed

The team also reviewed:

- Accident/incident reports including resident clinical and staff, monthly clinical indicator reports and trend analysis reports

- Care related documentation including daily schedules, handover reports, current restraint authorities

- Cleaning and laundry manuals and schedules

- Comments and complaints including register

- Communication diaries

- Continence management documentation including extra aid usage book, continence aid distribution chart.

- Continuous improvement documentation including continuous quality improvement plans, improvement logs, audit schedule and results

- Education records: orientation program, education needs surveys, calendar, attendance sheets and evaluations

- External services: contracts, approved contractor register, schedules and records

- Fire security and other emergencies: fire safety equipment service records, audits, fire panel monitoring records, emergency plan and resident evacuation information and identification

- Food safety program: manuals, licence certificate, change in diet sheets, temperature records, cleaning logs

- Hospitality: cleaning, laundry and catering schedules, menu and diet analysis sheets and dietary preference lists

- Human resource management including staff handbook, visa status, position descriptions, duties lists, signed code of conduct and confidentiality of information statements, performance appraisals, rosters, orientation lists

- Infection control information including manual, outbreak management information and outbreak box, monthly infection control reports and trend analysis, pest control reports

- Information systems including organisational chart, strategic plan, policies and procedures, meeting schedule, agendas and meeting minutes, newsletters, memoranda, surveys, communication diaries, handover sheets

- Inventory and equipment including maintenance request books, planned preventative maintenance schedule, equipment service reports, electrical testing and tagging, repair and maintenance register, asset register, purchase requisitions, contracts and service agreements, ordering and delivery processes

- Leisure and lifestyle documentation including monthly activities calendars, weekly activities calendars. Information folders for: assessment and evaluation of activities, bus outings, budget, postal voting, activities, entertainments, correspondence, resource, multicultural.

- Maintenance: daily, preventive, essential service manuals, electrical testing and tagging records and equipment service reports

- Medication related documentation including S8 drugs of addiction registers, assessment for self-medicating resident, fridge temperature charts, nurse initiated medication charts.

- Occupational health and safety: hazards, incidents and accidents, summary reports and data

- Organisational structure: vision and values, codes of behaviour and certificates of appreciation

- Pain recording charts

- Regulatory compliance: criminal history checks, professional registrations, mandatory reporting register and reporting guidelines, residential care service agreements

- Resident information package, resident and accommodation agreement, resident handbook

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

- Staff education including training calendar, orientation program and checklist, mandatory and non-mandatory education attendance, education evaluations, competencies, resources

- Workplace, health and safety (WH&S) information including environmental audits, workplace inspections, hazard identification and risk assessments.

Observations

The team observed the following:

- Activities in progress

- Aged care complaints scheme, advocacy, feedback forms, posters on display,

- Availability of manual handling and mobility equipment such as hand rails, mobile walking frames, walking sticks and walk belts.

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

- Dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including residents seating, use of assistive devices for meals and care recipients being assisted with meals in their rooms

- Displayed notices including Quality Agency re-accreditation audit notices; activity programs; Charter of residents' rights and responsibilities

- Equipment and supply storage areas including supplies of clinical stocks, continence aids and linen stock in sufficient quantities

- Evacuation egresses unobstructed, emergency evacuation packs

- Fire fighting equipment checked and tagged, fire indicator panel, sprinkler system, fire evacuation diagrams

- Indoor and outdoor living environment

- Information notice boards

- Interactions between staff, residents and representatives

- Kitchen environment, NSW Food Authority licence on display

- Laundry practices

- Medication round levels 2 and 3 and secure storage of medications

- Mission and values statements on display

- Notice boards and information centres for staff and residents/representatives

- Nurse call system and staff response, security cameras

- Safe chemical and oxygen storage, material safety data sheets (MSDS) at point of use

- Secure storage of resident information

- Sharps containers, outbreak kit, contaminated waste bins, spills kits.

- Sign in and out registers – care recipients, visitors and contractors

- Small group observation in level 3 lounge/dining room

- Staff work areas including nurses' stations, treatment/utility rooms, staff room, reception and offices.

- Storeroom for clinical equipment and incontinence aids

- Wound care trolleys and supplies

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

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's findings
The home meets this expected outcome

The home actively works towards improving the care and services provided for residents, the working environment for staff, and reviewing care and services. The quality system includes audits, resident and staff feedback, resident/staff meetings, complaints and suggestions and incident reporting. Management analyses data and this information is communicated to staff. Feedback about the outcome of improvement activities is discussed in management, resident and staff meetings. Staff are aware of improvement activities and are able to describe the benefits for residents and staff.

Examples of improvement initiatives implemented in relation to Standard 1 include:

- Introducing an easy learning program for staff education. The home wanted to increase the compliance rates with education. A training room was established with additional computers to provide convenient access for all staff. Feedback from staff is positive. Management report most staff enthusiastically complete the training modules as they are released. The outcome has been improved documentation, reduced adverse events and reduced complaints from residents.

- Establishing an electronic signing system for visitors and contractors. The previous system for signing in and out is being phased out as it is not always possible to determine if someone has signed in. The new system allows visitors or contractors to sign in electronically which instantly produces an identity badge that they need to display or wear while they are on site. The new badges are easily recognisable. Staff and residents can also better identify visitors to the home.

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 subscribes to a legislative update service and receives newsletters and information from aged care industry associations and relevant government departments. Changes to legislation are communicated to staff via memoranda, at staff meetings and on a corporate level. Management review any impact these changes may have on work practices. The home uses its internal and external auditing processes to monitor staff compliance with legislation, regulatory requirements, professional standards and guidelines. When relevant, education sessions are arranged. Policies and procedures are reviewed and updated with review dates.

Examples of regulatory compliance specific to Standard 1 include:

- All staff and volunteers undergo regular criminal history checks in accordance with Australian Government legislation. There is a process to ensure that checks are up to date.

- The home monitors external contractors to ensure that they meet their responsibilities under the relevant legislation and regulatory requirements; when relevant this includes criminal record checks and professional registrations.

- The home provides information to residents/representatives and staff about internal and external complaints mechanisms.

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 appropriate systems to ensure that management and staff have the knowledge and skills to perform their roles effectively. The results of observations, interviews, and document review show that staff knowledge and skills is supported by an orientation and education program. The orientation program provides information for new staff on the home's policies and procedures. There are planned and informal education sessions provided for all staff disciplines on a range of issues. These education sessions are relevant to the staff's area of work in the home and within the requirements of the four Accreditation Standards. Records of attendance are maintained and sessions evaluated. Effectiveness of education provided is monitored through competency skills testing and formal staff performance appraisals. Staff are satisfied with the training and education opportunities provided by the organisation and the home. Residents and representatives are satisfied staff have the skills and knowledge to perform their roles effectively.

Examples of training provided relevant to Standard 1 include:

- accreditation workshop
- bullying and harassment
- mandatory reporting

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

Team's findings
The home meets this expected outcome

Residents, representatives and other interested parties have access to internal and external complaint mechanisms, which is receptive to their needs. The home provides information on the internal and external complaint mechanisms through internal documents such as the resident handbook, and makes available public documents such as pamphlets and posters. The home has established procedures to investigate and respond to complaints when they are received and to ensure confidentiality is preserved. Management use a register to log complaints and all records are stored confidentially. Residents and representatives are

satisfied with the access to complaint mechanisms and with the response when a complaint is made.

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 organisation has vision, mission, and values statements documented and displayed throughout the site. The commitment to quality is reflected in these statements. The commitment to quality has also been documented in policy and procedure documents pertaining to quality management.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Position descriptions define staff qualifications and roles and responsibilities required to undertake specified roles. There is a process for the recruitment, selection and orientation of new staff. Staffing levels and skills are monitored through staff and resident feedback and annual performance appraisals. The education program provides staff with the opportunity to increase their knowledge and skills relevant to their areas of work. Staff advised of support provided by management. Residents/representatives are satisfied staff have appropriate skills and knowledge.

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 processes to ensure that appropriate stocks of goods and equipment are available at all times. Results of interviews, observations, document review show that maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved. This is managed through processes for purchasing, inventory control, assets management and maintenance. There is a system for daily maintenance requests and preventative maintenance, with staff, representatives and residents reporting that they are happy with the maintenance work. All items are stored appropriately.

1.8 Information systems

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

Team's findings
The home meets this expected outcome

There are processes to ensure key information is available to management, staff and residents/representatives. This information includes: assessment and planning of care needs, lifestyle activities, quality improvement, performance monitoring, education and competency assessments, staff and resident communication, a safety system, complaint mechanisms and administration records. Results of interviews, observations, and document review show the home effectively circulates information to management, staff and residents/representatives regarding changes in legislation, changes in care, organisational information and other matters that are of interest to them. This is accomplished with electronic data management, memos, noticeboards, meetings, education sessions, meeting minutes and policy and procedure manuals. Management continues to review how information in either hardcopy or electronic form is stored in ways that provide access to authorised personnel and ensures security. Staff are satisfied that they are provided with all information required and they are consulted in relation to issues which affect them and their work practices.

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 negotiates all contracts and agreements with external suppliers. The quality of services supplied by external contractors is monitored via feedback from staff and residents, usually through informal discussions or during staff meetings. Terms and conditions and expectations about quality service are detailed in service agreements. Review of the agreements is done either formally or informally and is conducted once agreements have expired or when management decides to review the service. Management and staff reported that products and services from external suppliers meet their needs and those of the home.

Standard 2 – Health and personal care
Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of improvement initiatives implemented in relation to Standard 2 include:

- Following a suggestion from staff and residents, the home introduced a new liquid thickener that has pleased residents. The residents with swallowing difficulties and who also require thickened fluids did not like the taste of the previous mixtures. A new product was trialled and approved. Staff received education on the pump pack and mixing of the thickener. Staff are satisfied with the new product and residents are happier with the taste.

- Following a review of medication storage practices, the home purchased three new fridges specifically for the storage of vaccinations. Now each level of the home has a new dedicated fridge for easy access to the vaccines which are located at the nurses' stations and treatment rooms. Temperatures are recorded three times daily to ensure an even temperature is maintained to preserve the vaccines in optimum condition

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's system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 2 include:

- The home routinely monitors professional registrations of registered nurses, allied health professionals and visiting medical officers.

- The home meets the requirements in relation the provision of care and specified services for high care residents. Residents are advised of scheduled services on entry to the home.

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 for information about the home's education and staff development systems and processes.

Training undertaken by staff in Standard 2 includes;

- incontinence
- pressure ulcers
- speech therapy swallowing
- pain management
- tracheostomy care
- dementia.

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

Team's findings
The home meets this expected outcome

Residents/representatives said management and staff provide quality clinical care and residents' individual needs and preferences are met. Initial clinical care planning is overseen by the clinical manager and completed in consultation with residents/representatives using the results of clinical assessments, input from the healthcare team and information from the resident's comprehensive medical assessment. All documentation is electronic and care plans are regularly reviewed and updated and any changes are communicated to staff. Staff practice is monitored by management to ensure it is consistent with current care plans and procedures. Education is provided for staff. There is a clinical audit schedule in place to identify areas for improvement. Residents' clinical care is regularly reviewed and evaluated by management and the organisation's clinical governance framework to ensure it is effective, appropriate and based on best practice.

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

Team's findings
The home meets this expected outcome

The specialised nursing care needs of residents are identified through review of their medical history, clinical assessments and discussion with residents/representatives. The clinical manager oversees the clinical care system and supervises the provision of specialised nursing care. Specialised nursing care is provided by appropriately qualified nursing staff who have access to internal and external education and are competency tested. Electronic care plans are regularly reviewed to ensure they reflect the specialised nursing care needs of residents. Specialised nursing care provided includes diabetic management, catheter care, oxygen therapy, peritoneal dialysis, percutaneous endoscopic gastroscopy feeding and

wound management. The home has access to external specialist services and equipment as needed. Residents/representatives said they are very happy with the specialised nursing care provided and management's response to any concerns or suggestions for improvement.

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

Team's findings
The home meets this expected outcome

Referrals to appropriate health specialists are organised in a timely manner in accordance with resident's assessed needs and preferences. Correspondence received from specialists or health professionals is followed up by the resident's medical officer and staff. Care plans are updated to reflect any changes to care and there are systems in place to ensure staff are informed of any changes. Staff practice is monitored in the use of assessment tools and methods of facilitating referrals to appropriate health specialists. Management monitors referral mechanisms to ensure they are current, appropriate and effective. Resident/representatives said they are satisfied with the referral systems, timeliness of referrals to specialists and feedback received.

2.7   Medication management
This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings
The home meets this expected outcome

Residents/representatives said they are satisfied with the way medications are managed. There are processes in place to ensure medication orders are current and resident medication needs, including allergies and administration needs are identified and met. Residents' medications are regularly reviewed by the resident's medical officer and changes in medications are communicated and supplied in a timely manner. Medications are ordered received, stored, administered, documented and discarded safely, in line with policy and procedure and regulatory requirements. Medications are administered by registered nurses and certificate IV staff. The medication management system is monitored, reviewed and improved through regular audits, pharmacy reviews and input from the medication advisory committee. Staff administering medications receive regular education and are competency tested to ensure medications are managed safely and correctly.

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

Team's findings
The home meets this expected outcome

Residents are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any resident identified with pain including residents at risk of pain are assessed and have a pain management plan. The plan is monitored and regularly evaluated for effectiveness by the registered nurses and physiotherapist in consultation with the resident/representative and healthcare team. Medication and alternative approaches to manage pain are used including massage, the provision of emotional and spiritual support, exercise, re-positioning, music, and the use of pain relieving equipment including heat packs

and transcutaneous electrical nerve stimulation (TENS) machines. Staff receive education in pain management and staff practice is closely monitored by management. Residents/representatives expressed a high level of satisfaction with residents' pain management.

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

Team's findings
The home meets this expected outcome

Management has practices in place to ensure the comfort and dignity of terminally ill residents is provided and families are supported. Advanced care directives are discussed with residents/representatives and their families soon after entry to the home depending on care needs and then as needed. Palliative care planning incorporates a multidisciplinary approach with access to palliative care specialists and specialist equipment. The chaplain is available three days each fortnight to support residents, their families and staff. Staff practice is monitored to ensure it is consistent with resident needs and preferences and staff have access to internal and external training in palliative care. Residents/representatives said management and staff are caring and the dignity and comfort of terminally ill residents is maintained.

2.10   Nutrition and hydration
This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings
The home meets this expected outcome

Residents' dietary needs and preferences are obtained when they move to the home and communicated to catering staff to ensure individual needs and preferences are met. Nutrition and hydration plans are regularly reviewed and any changes are communicated to relevant staff in a timely manner. A speech pathologist is available to assess and manage resident's swallowing difficulties. The menu is reviewed by a dietician, fresh food is prepared at the home and special diets are catered for. Extensive consultation with residents regarding the menu is undertaken. Nutritional supplements are introduced as required to assist weight and wound management. Social interaction is encouraged at meal times and staff are responsive to resident's needs for assistance. Appropriate assistive devices are used to promote resident's independence and dignity. Staff practice is monitored by management and education provided. Resident/representatives said management is responsive to any changes and suggestions they may have in regard to meals and drinks provided at the home.

2.11   Skin care
This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings
The home meets this expected outcome

Residents/representatives said they are satisfied with the way skin care is managed. The skin integrity of each resident is assessed when they move to the home and

resident/representatives are involved in care planning to ensure any concerns relating to skin care are identified and met. Appropriate skilled and qualified staff provide wound care. Care plans are regularly reviewed by the healthcare team and appropriate referrals to specialist services are made. Changes to skin care are documented and communicated to care staff in a timely manner. The physiotherapist provides staff training on manual handling. A hairdresser visits the home regularly. Massage, emollients and pressure reducing equipment and protective clothing are used to manage resident's skin care. Staff practice is monitored to ensure residents' daily skin needs are met.

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

Team's findings
The home meets this expected outcome

Residents/representatives said continence is managed effectively at the home. Assessments are used to develop individualised programs in consultation with the residents/representatives and their health care team. Continence management plans are regularly reviewed by the assistant facility manager assisted by the continence link nurses. Referrals to specialists are arranged as needed. Any changes in care and resource allocation are communicated to staff in a timely manner. Management regularly review and evaluate the effectiveness and appropriateness of the continence program to ensure it meets the individual needs and preferences of residents. Staff practice is monitored by management to ensure resident's privacy and dignity is maintained at all times.

2.13 Behavioural management
This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

There are systems in place to ensure the needs of residents with challenging behaviours are managed effectively and dignity and respect are maintained at all times. Clinical assessments, consultation with residents/representatives and monitoring of adverse events and behaviour are used to identify triggers and develop appropriate care. Successful interventions are included in care planning and communicated to staff. Referrals to specialists are made and advice from behavioural specialists sought if necessary. The home has an extensive leisure and lifestyle program which assists with calming activities. Restraint is rarely used and only as a last resort. Care plans are regularly reviewed and evaluated for effectiveness by the clinical manager and healthcare team. Staff receive training in dementia and behaviour management strategies. Management monitor staff practice to ensure resident's individual needs are met and in line with policy and procedure.

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

Team's findings
The home meets this expected outcome

Residents/representatives and staff said the physiotherapy program run at the home has improved resident's mobility, dexterity and quality of life. A physiotherapist works five days

per week at the home and is assisted by a trained physiotherapy aide. Individual and group exercise and balance classes are held daily. Residents' mobility and transfer needs are assessed and care planning is developed in consultation with residents/representatives and their health care team. Mobility aids are available and checked by the physiotherapist. Management monitor staff practice and education on falls prevention and manual handling is provided. Regular multidisciplinary falls committee meetings are held to examine the incidents of falls on a monthly basis. The resident's medical officer is informed when residents fall and of any increase in falls.

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

Team's findings
The home meets this expected outcome

Resident's oral and dental health is assessed on entry using recognised assessment tools. Oral and dental health care plans are developed and regularly reviewed and evaluated for effectiveness by the clinical manager. Daily oral and dental health care procedures are clearly documented and are available for staff to follow. Care staff monitor resident's oral health during daily care and report any changes to the registered nurse for follow up. Management monitor staff practice and residents/representatives said oral and dental health care is satisfactory at the home. Mobile dental services are available to residents or staff will assist to organise external dental appointments.

2.16 Sensory loss
This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings
The home meets this expected outcome

Each resident's hearing and vision, taste and touch and communication status are assessed using a variety of assessment strategies. Care planning is conducted in consultation with the residents/representatives, their families and health care team. Care plans are regularly reviewed and any changes are communicated to staff. Management monitors staff practice and regular staff education is provided. Staff are trained to report any change or sensory loss to the registered nurse for review. Audiology and optometry services visit the home regularly or staff will assist to arrange external visits to specialists. Information from referrals is followed up and included in care planning in a timely manner. Residents/representatives said the fresh cooked food, leisure activities, floral arrangements, music, respectful staff and volunteers, companion pets and the outdoor areas available to those who wish to use them, stimulate and soothe sensory loss.

2.17 Sleep
This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings
The home meets this expected outcome

Consultation with residents/representatives is undertaken to identify resident's preferred routines for daytime rests, their patterns for settling at night and any concerns that may interfere with natural sleep patterns. Any changes and sleep disturbances are investigated in

consultation with the residents/representatives and their health care team. Pain management is considered if sleep patterns are disturbed, to ensure residents are comfortable and free as possible from pain. Residents are checked regularly throughout the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and repositioning and supported and reassured by night staff.

Standard 3 – Care recipient lifestyle
Principle: Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of improvement initiatives implemented in relation to Standard 3 include:

- Reviewing the menu to include a hot breakfast being provided twice a week for all residents and daily for extra services and an additional hot meal choice provided at lunch time. The variety of meals offered was also reviewed, such as soups in the evening. Resident feedback was collated over time. Certain menu items selected by residents can be changed at little notice as per their preferences. Taste testing sessions have been introduced which provides another avenue for the home to receive feedback from residents. This assists in developing the menu. The menu also caters for a greater variety of tastes for residents on texture modified food. Resident feedback has been very positive since the introduction of the new menu.

- Introducing a 'play up laugh out loud' program as part of leisure activities at the home. Research undertaken and studies showed the benefits of laughter therapy for residents. The program is occurring once a week and targeting residents who had minimal participation in other activities previously. Results show residents who entered the program are participating positively and observation from other residents also reveal positive interactions. Staff have observed some residents are less isolated and have benefited from the program.

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

Team's findings
The home meets this expected outcome

The home's system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 3 include:

- All residents and representatives were notified in advance of the home's accreditation site audit and dates.

- Residents' agreements provide information regarding security of tenure and financial arrangements. The Charter of Residents' Rights and Responsibilities is displayed in the home and is also included in residents' agreements via the resident pack on entry to the home.

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 information about the home's education and staff development systems and processes.

Training undertaken by staff in relation to Standard 3 includes:

- communication in dementia

- cultural awareness

- customer service.

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

Team's findings
The home meets this expected outcome

Residents are carefully monitored and emotionally supported as they settle into life at the home. Individual programs are developed for each resident and families are encouraged to participate in care planning. Families are supported as they adjust to the changes and any concerns are addressed by management with timely feedback. Skilled volunteers assist at the home. Residents are encouraged and assisted to participate in lifestyle programs and maintain contact with family and friends. Management monitor staff practice to ensure staff are helpful and caring and are responsive to residents' need for emotional support whenever it is needed. Staff say they are dedicated to ensuring that each resident is as happy as possible and residents/representatives expressed a high level of satisfaction at the emotional support residents receive at the home.

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

Team's findings
The home meets this expected outcome

Residents/representatives said residents are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home. The falls prevention program, individual and group exercise and balance programs facilitated by the physiotherapist and the lifestyle program are all designed to promote independence and community involvement. The home has a purpose built bus for social outing which occur several times weekly and residents are assisted to use wheelchair taxis for individual outings. Residents are able to vote on polling day, use phones free of charge for local calls, daily newspapers are delivered, several large television screens are available in public areas as well as a television at the bedside. There is a large selection of DVDs that can be borrowed. Staff and volunteers are educated to assist residents achieve maximum independence and the program is monitored by management. Residents' meetings offer opportunities for residents to express their views and have them acted on in a timely manner.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Information on rights and responsibilities is included in orientation information for residents, their families and for staff and is displayed throughout the home. Staff are trained to respect the privacy and dignity of residents and their families, and staff practice is monitored by management. Staff knock on resident's doors prior to entering their room and use resident's preferred name. Staff handover reports occur in a manner that ensures privacy of resident information. Electronic and hard copy resident information is stored and disposed of according to privacy legislation and computers are password protected. Staff have access to appropriate information to perform their roles. Residents/representatives and staff said that privacy, dignity and confidentiality are addressed in care planning and service delivery.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate that residents are encouraged and supported to participate in an extensive range of interests and activities which are constantly under consultation with residents/representatives to ensure that residents are happy, interested and occupied. There are specific programs for each floor taking into account the ability and interests of the residents. Companion pets, school children visiting, entertainers from the community, bingo and games, competitions, regular happy hour, high tea and a café which operates twice monthly are an example of some of the activities currently available. There is a specific men's program of activities. The diversional therapist, together with the homes management, monitor and evaluate the activities to ensure resident satisfaction. Residents/representatives interviewed expressed a high level of satisfaction with the range of activities provided.

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

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered through care planning, education and service delivery. Management monitor staff practice and regularly consult with residents/representatives and their families to ensure appropriate cultural and spiritual care is provided. Church services of different denominations are held regularly and everyone is invited. Individual and group devotional services are held. Religious and cultural days of significance are recognised and celebrated including Christmas, Easter and Anzac day. Days of importance to cultural groups within the home are celebrated. Resident's birthdays are celebrated on the day but collectively with a large cake at the end of each month. Residents/representatives said they are satisfied with the way the home values and supports individual interests, cultural and spiritual life.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are informed of their choices and rights prior to entry and on an ongoing basis. Residents/representatives are encouraged to participate in decision-making through the provision of appropriate up-to-date information, participation in care and lifestyle planning and review of service delivery. Residents choose to participate in activities, meal choices, their preferred medical practitioner, showering preferences, choice of clothing, religious and cultural activities and the right to vote. Residents are encouraged to personalise their rooms to provide a familiar environment. Regular resident meetings provide opportunities to raise and discuss concerns and ideas for improvement. Staff practice is monitored by management to ensure residents are assisted and supported in choice and decision making. Residents/representatives confirmed the choices and decisions of others are carefully considered by management to ensure they do not infringe on the rights of others.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home demonstrated that residents and representatives have been provided with information about security of tenure and that residents understand their rights and responsibilities. All residents, including respite residents, are offered a residency agreement on entry to the home. The resident handbook and admissions pack which provides information about residents' rights and responsibilities is also given to each new resident or their representative. Residents and representatives are informed of fees and charges, care and services and felt secure and understood their rights and responsibilities. Resident and representative interviews demonstrated they are made aware of residents' rights and responsibilities.

Standard 4 – Physical environment and safe systems
Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of improvement initiatives implemented in relation to Standard 4 include:

- Refurbishing the living environment for residents. This included replacing window curtains, blinds, privacy screens, over-bed tables, wardrobes, bed-side lockers and mattresses. New large television screens were installed and resident dining and sitting rooms. There is also LED lighting installed in certain residents rooms. Feedback from staff and residents indicated the home did not look appealing and needed to be modernised. Some furniture items were dated and needed replacing. Staff and residents are very satisfied with the refurbishment and the new items and say the home is more appealing.

- Installing new sensor taps to hand-wash basins located across the home. An occupational health and safety audit revealed the regular taps were difficult to use and posed a risk to infection control with hand washing practices. Residents were having difficulty operating the taps and needed assistance from staff or not washing their hands. The new sensor taps are easy to use and promote good infection control practices. Residents welcome the sensor taps as they are able to use them without seeking assistance from staff.

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's system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 4 include:

- The home has a current fire safety statement. External services contractors regularly test and service equipment including fire-fighting and electrical equipment. Staff attend mandatory annual fire safety and evacuation training.

- The home has a licence from the NSW Food Authority under the regulations on Food Preparation and Service for Vulnerable Populations and a food safety plan is in place.

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

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Training undertaken by staff in relation to Standard 4 includes:

- work health and safety fundamentals

- fall prevention

- fire safety

- infection control

- managing hazardous chemicals.

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

Team's findings
The home meets this expected outcome

Environmental audits are used to monitor safety and comfort. The home has three levels, two of which are resident accommodation in a combination of single room, two-bed, three-bed and four-bed rooms with shared shower and toilet facilities. Level two is an extra service wing where residents are accommodated in single rooms with ensuite facilities. Residents' personal space allows for some personal belongings and mementos. There are communal dining areas and lounges along with smaller sitting areas. There is a system of corrective and preventative maintenance. The team noted the home to be clean, odour free, a comfortable temperature, with well-maintained courtyards, equipment and furniture. Residents/representatives are satisfied with the safety and comfort of the living environment including their rooms and communal areas.

4.5 Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

Management have policies and practices to provide a safe working environment for staff aligned with regulatory requirements. The orientation and annual compulsory education for staff includes manual handling, work health and safety and fire awareness and evacuation procedures. The home has appropriate equipment and resources to assist staff to safely deliver services to the residents. There is a process for purchasing new equipment and a maintenance program to ensure the safety of equipment and the working environment. The

home monitors the environment and the work health and safety of staff through workplace inspections, regular audits, hazard reporting, incident/accident reporting and observations by the management and staff. The home has a return to work program to support staff if they sustain an injury at work. Staff stated they are aware of work, health and safety issues and their responsibilities in relation to safe work practices. We observed staff using safe work practices.

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 processes that assist management and staff to actively work to provide an environment and safe systems that minimise fire, security and other emergency risks. Emergency procedure manuals and standard fire orders are displayed throughout the building. The home is fitted with appropriate fire-fighting equipment and warning systems and the equipment is regularly inspected and maintained. Emergency charts and evacuation plans are displayed throughout the home. There are evacuation backpacks to assist staff to manage an evacuation for residents if needed. The home's fire safety and security system is monitored through audits and inspections. Staff stated they have received education and know how to respond to fire and other emergencies. Residents/representatives stated they feel safe in the home and know what to do on hearing a fire alarm.

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

A review of documentation, observation and interviews with residents/representatives and staff show the home has an effective infection control program. Residents/representatives and staff said infection control is closely monitored at the home and staff receive ongoing training in infection control. The home has infection control policies and procedures and staff are knowledgeable on the topic. Signage, equipment including an outbreak kit, supplies and fittings are available to promote and prevent cross-contamination and facilitate hand washing/sanitisation. Resident infection data is regularly collected, analysed, discussed at meetings and handover and actioned to address any trends. A food safety program operates for the catering service and compliance has been confirmed though inspection by an external body. Colour coordinated equipment is used for cleaning. The home has regular treatment for pest control.

4.8 Catering, cleaning and laundry services
This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings
The home meets this expected outcome

The home has systems and processes to enable the provision of hospitality services that enhances residents' quality of life. Meals are prepared at the home, ensuring appropriate food temperatures are maintained. Management continues to monitor catering for service

and care recipient choice. A seasonal menu, with input from a dietitian, acknowledges each care recipient's preferences, likes and dislikes and other dietary and modified dietary needs and considerations. There is monitoring of fridge and freezer temperatures. Cleaning routines and schedules are in place to guide cleaning of the home's internal and external areas. Personal clothing is laundered at the home and linen items are outsourced to an external laundry service. Workflow and infection control policies and practices are adhered to. Staff said they have access to work schedules and policies and procedures that guide their practice. Residents/representatives expressed satisfaction with the catering, cleaning and laundry services provided by the home.