



Aged Care
Standards and Accreditation Agency Ltd

Alexander Aged Care

RACS ID 0561

16 Victor Road

BROOKVALE NSW 2100

Approved provider: Armenian Rest Home Association 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 31 August 2015.

We made our decision on 1 August 2012.

The audit was conducted on 3 July 2012 to 4 July 2012. 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	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Alexander Aged Care 0561

Approved provider: Armenian Rest Home Association Ltd

Introduction

This is the report of a re-accreditation audit from 3 July 2012 to 4 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 3 July 2012 to 4 July 2012.

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

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

Assessment team

Team leader:	Dianne Gibson
Team member/s:	Anne Ericsson

Approved provider details

Approved provider:	Armenian Rest Home Association Ltd
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Details of home

Name of home:	Alexander Aged Care
RACS ID:	0561

Total number of allocated places:	69
Number of residents during audit:	67
Number of high care residents during audit:	34
Special needs catered for:	Secure dementia

Street/PO Box:	16 Victor Road	State:	NSW
City/Town:	BROOKVALE	Postcode:	2100
Phone number:	02 9905 4154; 02 9938 1514	Facsimile:	02 9905 0215; 02 9938 2984
E-mail address:	don@alexander.org.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	18
Registered nurses	2	Board/Volunteers	2
Care staff	6	Laundry staff	1
Recreation staff	2	Physiotherapist	1
Administration staff	2	Physiotherapy aide	1
Catering and cleaning staff	3	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	7
Summary/quick reference care plans	10	Personnel files	7
Resident agreements	5	Recreational care plans	8

Other documents reviewed

The team also reviewed:

- Auxiliary health professionals' documentation including, optometrist's, dental, hearing, podiatry, physiotherapy, physiotherapy assistant and massage
- Catering documentation including food safety manual, current licence from NSW Food Authority, calibration records, kitchen cleaning schedules, temperature records for food and appliances, residents' dietary preferences, residents' diet analysis, recipes folder, menus, food storage
- Clinical documentation including accidents/incidents, quick reference care plans, care planning post admission/relatives conference, catheter and wound management, care planning protocol, monitoring records including bowel charts, weights and observations, palliative care, protocols and guidelines for technical and complex nursing procedures, resident care management allocation list, restraints, drugs of addiction register, hot pack policy, doctors communication, medical charts for doctors signature, medication advisory committee guidelines
- Communication and information documents including complaints, meeting minutes, newsletters, memorandums, handover reports, residents' information package including residents' handbook and surveys
- Continuous improvement documentation including consultant's report on self assessment against the standards, log, feedback forms, plan, audit schedule, range of audits
- Contractors hand book, information package, service and supply agreements, insurance, police checks
- Education documentation including attendance records, plans, schedule, fire officer qualifications, mandatory training, competency tests, welcome pack, orientation

- Fire safety and emergency planning documentation including manual, annual fire statement, emergency flip charts, emotional response team folder, service checks, service records, resident evacuation sheets, evacuation procedures, site location sheets
- Human resources documentation including recruitment, job descriptions, nurses registrations, police check register for staff, for volunteers and contractors, rosters, staff handbook, rosters
- Infection control documentation including data collection, cleaning schedules, facility manual , chemical service reports
- Leisure and lifestyle documentation including resident assessment tool, social profiles, recreational care plans, evaluations, program schedules, program information and guidelines, outings information, photos
- Maintenance documentation including requests, preventative maintenance, environmental audits, thermostatic mixing valves temperature records
- Mandatory reporting register
- Policies and procedures

Observations

The team observed the following:

- Activities in progress
- Call bell system and staff responding promptly
- Complaints, feedback and resident rights posters and pamphlets in foyer
- Cultural icons, multilingual resources
- Equipment and supplies, including medications, individual fingernail kits, blood glucose testing equipment, continence products and packs, evacuation packs, first aid kits, recreational resources
- Fire safety and fire fighting equipment, evacuation packs and emergency exits
- Infection control resources including hand washing stations, automatic antiseptic gel dispensers, notices, personal protective equipment, spill kits, waste management, colour coded equipment,
- Interactions between residents and staff
- Living environment
- Meal and snack service including presentation, staff assistance and supervision in all areas, menu displayed
- Medication administration round, medication storage and trolleys,
- Mission, values and philosophy on display
- Noticeboards for residents and for staff including notification of re-accreditation
- Security arrangements including sign in/out, information storage, CCTV
- Water machines in living areas and water jugs in resident rooms
- Workplace health and safety working areas and equipment including lifters, belts, sheets, chairs, warning signs during cleaning, personal protective equipment, material safety data sheets, manual handling instruction cards in residents wardrobes

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Alexander Aged Care actively pursues continuous improvement across the four Accreditation Standards. The system includes improvement logs, plans, audits, surveys, meetings, comments/complaints, hazard and risk assessments, staff education and accident/incident reporting. Staff report suggestions which go to the quality committee then the director of nursing (DON) coordinates, actions and monitors continuous improvement. Staff could identify some of the above systems for continuous improvement and sometimes make suggestions for improvement. Residents/representatives say they have input into the improvements and are aware of improvements made. Recent improvements relating to Accreditation Standard one includes:

- A strategic development of construction of a new building for 67 beds has been completed and the board is in the final stages of signing off on it. There are only minor landscaping items to complete and residents/residents are satisfied with the home's successful forward planning and this major quality improvement.
- As a result of staff suggestions that the high care dementia area needed more staff in the peak morning period the DON did a ratio analysis of the rosters. It was one staff member to seven residents so a decision was made to increase staff so the ratio is now one to five. Residents stated that it is now less hurried in the mornings and they receive more personalised care.
- As a result of a consultant recommendation about lack of confidentiality of resident files the home installed a half door to ensure that names are not visible to the general public. Room numbers are still visible and when the door is opened staff and doctors can see residents' names. Residents are satisfied with this improvement in confidentiality

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, health professional standards and guidelines".

Team's findings

The home meets this expected outcome

The home is a member of an industry peak body and a subscriber to a legislation provider which both provide ongoing information about industry issues and regulatory changes. Additionally the home receives circulars from the Department of Health and Ageing, the Aged Care Standards and Accreditation Agency Ltd and other related government and non-government agencies. The home's management consultant discusses and advises the DON and the board on regulatory compliance. Changes are passed on to staff through memos,

staff meetings and training sessions where necessary. The DON researches various sites each month for information on legislation. Examples of compliance with regulatory requirements specific to Standard one include:

- The home has a system for collecting and monitoring police checks and statutory declarations for staff, volunteers and health professionals.
- The home maintains a mandatory reporting register for elder abuse and a missing persons register.
- Residents/representatives were advised of the re-accreditation site audit as per the requirements under the Aged Care Act 1997.

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 DON arranges orientation and compulsory education including infection control, elder abuse, fire and evacuation and manual handling and monitors attendance at all compulsory education. Education needs are identified from information from staff requests, audits, staff appraisals and residents' care needs goes into the preparation of the four monthly education calendar. Skill competencies are tested for example in medication administration. Staff attend external courses and product and service suppliers also provide education. Residents/representatives stated that staff provide appropriate care for their needs. Examples of education activities relating specifically to Accreditation Standard one includes:

- Dispute resolution and dealing with complaints

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

Residents/representatives and other stakeholders have access to external avenues for comments and complaints. Internal and external complaint forms are accessible to residents/representatives and staff. The home's process is to log comments and complaints in the compliments and complaints folders. These are actioned and tracked through resolution. Residents/representatives have access to the DON at all times and some make complaints verbally. Information about comments and complaints mechanisms are included in the resident handbook provided at the time of entry to the home. There are a number of alternatives for comments or complaints like the resident/representative meetings, family conferences, an open door policy, a suggestion box and resident surveys. Residents/representatives stated management is approachable and acts on issues brought forward.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented its vision, values, philosophy, objectives and commitment to quality and these are on display and in various publications and handbooks. Strategic and business issues are reviewed by the DON and the business adviser and reported up to the board. Key performance indicators and business objectives are targeted to meet the needs of residents. Residents/representatives expressed confidence in the new leadership of the home and said that improvements occur.

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 human resources systems which include recruitment, qualifications, rosters, orientation, job descriptions, competencies, performance management and occupational health and safety. A business consultant provides expert assistance to the DON on the technical and procedural systems. Staffing levels and rostering is set and monitored to meet the needs and preferences of residents. Management also takes into account regulatory requirements, occupancy levels and the changing environment in which the home operates. There are minimum qualifications for recruitment and buddy shifts are part of induction. Unplanned leave is replaced by internal swapping with other staff, care staff replace recreation activity officers (RAO) and agency staff is used if required. Residents/representatives are satisfied with the level and competency of staff, and their ability to meet residents' care and service needs.

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 systems for ensuring adequate supplies of inventory and equipment have recently been reviewed. The home has a stock ordering system and an inventory management system to keep stock at the desired level. There is an asset management system to allocate expenditure for replacements. Staff from all sections stated appropriate goods and equipment are available in adequate quantities for them to perform their roles effectively. Residents/representatives said there are no issues with availability of goods and equipment.

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 information systems include creation, security, storage, archiving and disposal of documentation. Staff have information to perform their roles in management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. Residents/representatives have access to appropriate information to assist them to make decisions about residents' care and lifestyle. There are many noticeboards for daily activities and other information, and a variety of pamphlets on display. A schedule of meetings for various purposes ensures operational communications are maintained. Resident/representatives stated that staff keep them informed regularly through phone calls, when visiting, after an incident, or if there are changes in care needs. Staff sign a privacy statement to ensure the confidentiality of resident information and confidential material is stored securely. Residents are satisfied with the amount and type of information they receive.

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

Most external suppliers have contracts with the home. Management and residents said they are satisfied with the products and services currently supplied to the home from external sources. Suppliers of external professional services have their registration and police check on file with their agreements. Other suppliers of external services are supervised and monitored while in resident areas on site. A review of suppliers is undertaken by the DON to ensure the products/services and procedures are appropriate, efficient and continue to meet the residential care service's needs and service quality goals.

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

The home's ongoing commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard two: Health and personal care. Management demonstrated results that show improvements in health and personal care and their responsiveness to the needs of residents/representatives. Some results achieved relating to Accreditation Standard two include:

- As a result of staff suggestions the home introduced a quick reference care plan for use by care staff especially new staff and agency staff. The result of this tool is that residents have continuity of care no matter which staff are on duty.
- A review of staff cover led to the appointment of three clinical care team leaders which has resulted in more resident focused care. The teamwork and team leaders provide closer accountability for residents' individual preferences for care. Residents are satisfied with not having to repeat their requests as team members have more in depth knowledge of their needs.
- As a result of a suggestion by the quality team the home investigated the types of personal alarms available for low care residents in an adjacent building. These will provide more immediate contact with staff in the main building especially at night. The board approved the initiative and a quote to install these alarms has been accepted. When installed the home will monitor efficacy and evaluate the usefulness and ease of use by residents.

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 ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards including Accreditation Standard two: Health and personal care. The home receives and disseminates regulatory information under Standard two. Policies and procedures related to health and personal care reflect regulatory requirements. Staff practices relating to health and personal care are monitored to ensure they comply with the policies and procedures. Examples of regulatory compliance related to this Standard include:

- The home monitors the annual registration of registered nurses employed by the home and supports their requirements for education and training to maintain their registration.
- The home also monitors the registrations of all health professionals who attend the home including doctors, physiotherapists, podiatrists and speech pathologists.

- The home implements the regulatory requirements of the Poisons and Therapeutic Goods Regulation 2008 in relation the storage and administration of schedule eight medications.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure management and staff have appropriate skills and knowledge to effectively perform their roles. A range of programs have been provided and attended in relation to health and personal care. Examples of education activities relating specifically to Accreditation Standard two include:

- Palliative care, oral and dental health, behaviour management
- Eight staff are currently studying for Certificate IV in Aged Care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

All aspects of residents’ care needs are assessed by a multidisciplinary team following entry to the home. Care is planned, delivered and evaluated with the input of staff, other health professionals and residents/representatives. Any changes to residents’ condition or care needs are communicated to staff by verbal handovers, daily handover sheets, communication diaries, progress notes and care plan updates. The home has established networks with clinical support services who will visit the home. Arrangements are in place to ensure residents have access to after hour’s medical treatment or transfer to hospital if required. Care staff demonstrate positive attitudes toward their work, a good understanding of the tasks required of them and the importance of the care of residents. Residents/representatives expressed a high level of satisfaction with the care provided and confirmed staff are very 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 systems to ensure residents’ specialised nursing care needs are met include educating staff to the appropriate level to deliver specialised care and ensuring trained staff and equipment are available. Registered nurses carry out care and care plans contain strategies to meet residents’ specialised needs. The home provides care for residents with specialised nursing care needs such as blood glucose monitoring and management of insulin dependant diabetics, complex wound dressings, and care of indwelling and supra pubic catheters. Staff access specialists’ services and use resources from the local area health network.

Residents/representatives expressed satisfaction with the management of residents' specialised care needs.

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.

Referrals to other health and related services are planned and consistent with residents' ongoing needs and preferences. A number of health related services visit the home. These include dental, speech therapy, podiatry, dietetics, palliative care, radiology, acute post acute care (APAC), behaviour assessment and intervention service (BASIS) and a psychogeriatrician. Residents' care plans are updated to reflect changes or recommendations in care delivery following referrals and the registered nurse monitors care to ensure changes are effective. Residents are assisted with appointments and transportation to external health specialists. Residents/representatives confirmed they have access to external health providers and are satisfied with the arrangements.

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 an efficient and effective system to ensure residents' medication needs are identified and residents' medication is managed safely and correctly. Registered nurses administer all medication at the home. Medications are stored and administered in a safe and correct manner. Changes in medications are communicated and supplied in a timely way. Medication management policies and procedures ensure medication orders are current and reviewed regularly by doctors and pharmacists. Medication incidents are monitored through the incident reporting system. Residents/representatives are satisfied with the home's monitoring and management of residents' medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Pain assessments are carried out when residents move into the home and are reviewed if the residents' pain level changes. A pain assessment visual scale is used to monitor the efficacy of pain management strategies. Pain management interventions are implemented and recorded on care plans. Interventions to manage pain include analgesia, massage, position change, passive exercise, heat packs, one-on-one time and diversion activities. If the levels of pain changes or the strategies are no longer effective further assessments are undertaken. The physiotherapist and the physiotherapy aide assist with interventions for residents who experience ongoing pain. Advice can also be obtained from palliative care professionals from the local area health network. Residents/representatives confirm staff assist residents to be as free as possible from pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Decisions regarding management of terminally ill residents are made in consultation with the resident/representatives and doctors. Staff demonstrated knowledge and skills in the management of residents who have a terminal illness including skin care, pain management, cultural and spiritual needs and emotional support. Nursing staff are able to access palliative care health professionals from the local area health network and have access to specialised equipment. Pastoral care is offered and provided for palliating residents/representatives. Advanced care is discussed with residents and families to enable staff at the home to implement the resident’s wishes and care requirements.

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 demonstrates a system to ensure residents’ nutrition and hydration needs are assessed, documented and regularly reviewed. Special diets, food preferences, food consistency requirements and allergies are recorded on a diet preference sheet following entry to the home and communicated to the kitchen staff. Residents who are able are encouraged to eat meals in the dining room and nutrition is monitored by supervision and observation. Resident weights are recorded monthly or more frequently if there is a concern. The dietician reviews residents’ dietary needs and meal preferences when referred by the care managers. Residents who display swallowing difficulties are referred to a speech pathologist who will visit the home. Residents have a choice of meal and are encouraged to maintain hydration with drinks provided at mealtimes. Supplements and modified textured food are provided when a nutritional deficit is identified. The menu is displayed and residents/representatives say they are happy with the food.

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

There are systems to assess and monitor residents’ skin integrity on their entry to the home and on an ongoing basis. Residents receive individual routine skin, hair, hygiene and pressure area care. External providers such as podiatry, hairdressing and referral to wound and skin specialists are available and accessible. Staff receive education in wound management and described the system for reporting changes in skin integrity. Preventative action is taken where indicated. Pressure relieving equipment and limb protectors are available for use as required. Ongoing wound management is overseen by the doctor and attended to by a registered nurse. Residents/representatives expressed satisfaction with the care provided to them to maintain their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively following a continence assessment on entry to the home, regular review and evaluation. Individualised toileting regimes are maintained for as long as possible for residents. Care plans identify strategies to assist in managing residents’ continence and bowel regimes. There is an effective system for the management of continence aids for residents with intractable incontinence. Staff know how to identify urinary tract and bowel infections and the management of residents’ changing urinary/continence requirements. Continence management is included in regular education sessions for staff at the home. Residents/representatives expressed satisfaction with the management of residents’ continence.

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

Care plans are formulated for residents’ with challenging behaviour, identifying triggers and intervention strategies. Consultations with residents/representatives, staff members, doctors and/or other health professionals are attended as required. Staff have had recent education from the behaviour assessment and intervention service (BASIS) from the local area health network. The activity program provides for specific one-on-one time, music and singing and small group activities for residents with challenging behaviour. Appropriate resources are available for use in Masis the dementia specific area. Staff were observed to interact with residents in a caring and calm manner. Residents/representatives said staff use effective behaviour management strategies for residents with challenging behaviours.

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 physiotherapist conducts an initial manual handling/mobility assessment for residents to ensure optimum levels of mobility and dexterity are identified and achieved. The physiotherapist oversees individualised programs with an emphasis on standing, balance and mobility and all residents have manual handling instruction cards. Exercise care plans are updated three-monthly or when there is a change in the residents’ level of function. One-on-one care with residents is attended, including assistance with mobility, heat packs and massage. Residents were observed participating in group exercises organised by the physiotherapy aide. Mobility aids and lifting devices are available for residents requiring them. Staff are provided with education on manual handling and assessed annually. Residents/representatives said they are satisfied with the mobility program and the assistance residents receive from 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’s system for ensuring that residents’ oral and dental health needs are identified on entry to the home and are regularly maintained includes consultation with the resident/representatives. Staff have knowledge of policy and practice in relation to oral and dental care including cleaning teeth and oral health care. Residents with their own teeth are encouraged, prompted and supported to undertake oral hygiene and teeth brushing. Residents/representatives indicated satisfaction with the care and services provided for dental care. Dental services visit the home and residents are assisted should they need to visit a dentist in the community.

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

Assessments of residents’ sensory needs are undertaken on entry to the home and when there is a change in a resident’s condition. Residents who are identified as having sensory deficits, for example, requiring glasses or hearing devices have management strategies documented in their care plans. Referrals are made to specialist services as required and residents are assisted to access services or equipment that will support them. Activities provided to assist residents with sensory losses include music, large print books, craft, cooking and picking lavender in the garden. Staff demonstrate the knowledge and skills to manage residents’ needs, as confirmed by residents/representatives.

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

Strategies are in place to assist residents to achieve natural sleep patterns. On entry to the home, a past history of resident’s sleep routines is obtained from the resident/representative. Interventions to support residents’ sleep include offering of warm drinks or snacks, appropriate continence management, pain management and night sedation if ordered by a medical officer. Specialised pressure relieving mattresses are available to assist with residents’ comfort. Residents are supported to maintain their preferred sleep routines. Residents/representatives said the environment is quiet at night and that staff use a range of strategies to assist them to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrates commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, which operates across the four Accreditation Standards including Accreditation Standard three: Resident lifestyle. Management demonstrated results that show improvements in Accreditation Standard three: Resident lifestyle and their responsiveness to the needs of residents/representatives and stakeholders. Examples of improvement activities in relation to Accreditation Standard three include:

- As a result of a case conference the home purchased DVDs for specific residents. Topics included sport, geography, science, and symphony music. This initiative has not yet been evaluated.
- As a result of a gap in resources for providing palliative care the home purchased a cassette player and appropriate CDs. Feedback from representatives has been positive for providing appropriate emotional support during a difficult time.

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’s ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard three, Resident Lifestyle. Examples of regulatory compliance relating to Accreditation Standard three include:

- All residents/representatives are provided with a resident agreement in line with government requirements, which they can choose to sign.
- Residents/representatives sign consents prior to the inclusion of their information in documents such as the newsletter and exchange of information with other health related services.
- The importance of confidentiality of resident personal information is reinforced through staff ‘sign off’ on confidentiality agreements.

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 a description of how the home provides education and monitors the results to ensure management and staff have appropriate skills and knowledge to effectively perform their roles. A range of programs have been attended in relation to resident lifestyle. Examples of education activities relating specifically to Accreditation Standard three include:

- Elder abuse
- Activities for people with dementia

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

Staff and management support residents in adjusting to life in the new environment through frequent monitoring and orientation to the activities of daily living. New residents are formally welcomed by staff and other residents. Recreational and care staff provide support to the resident/representative by showing them resources and assessing their needs. A residents' social profile is developed to communicate their emotional needs and preferences to staff. Residents/representatives confirm the support provided by the staff is appropriate and effective in meeting residents' individual needs and preferences.

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

A range of individual and general strategies are implemented to promote independence. These include the provision of services and equipment for resident use including walking frames, protective aids and strengthening exercises. The home assists residents to maintain links with the community through social visits by school children, visiting community volunteers and through inclusion of families in activities. Concerts and trips are regularly coordinated and available for residents. Residents/representatives confirm they are satisfied with the support provided by staff for their independence, maintenance of friendships and participation in the life of the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Staff demonstrated respect and recognition of residents' privacy, dignity and confidentiality during personal care and interaction with residents/representatives. Awareness is created by providing information about resident rights to privacy, dignity and confidentiality in the resident and staff handbooks, policy documents and through staff education. Consent is sought from residents/representatives for the use of residents' names, photographs and information. Resident files and personal information are stored securely and residents' room doors are closed during personal care. Residents/representatives confirm their privacy, dignity and confidentiality is recognised and respected in accordance with their needs and preferences.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

A formal assessment of residents' specific needs, interests and preferences for leisure activities is performed on entry to the home and evaluated on a three monthly basis. The information gathered in these assessments is used to write a recreational care plan for each resident. The program is changed regularly based on information from resident meetings, attendance records, and discussions. The program is varied and includes physical, cultural, sensory, spiritual and cognitive activities. There is space in each of the three units for recreation and many resources are available to them. Participation is monitored, resident abilities assessed and activities are evaluated on a regular basis. Residents/representatives are satisfied with the level and variety of leisure activities available to them and confirm they are supported to participate in leisure activities.

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

Residents' cultural and spiritual needs and preferences are assessed and documented in the care files and in the recreation files. These also contain specific dietary and/or religious needs. The home celebrates religious and culturally significant days for Armenian, Australian and other ethnic individuals and groups of residents. Many staff speak a number of languages and act as translators for residents. Staff stated that reference documents for recreational staff and cultural and ethnic resources are accessible for a variety of nationalities when required. The Armenian Church provides regular visits and support for a variety of identified spiritual needs. Other churches also hold services for residents of other denominations. Residents/representatives confirm they are satisfied the home values and fosters their individual interests, customs, beliefs and cultural and ethnic backgrounds.

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

Regular conversations and care conferences involve discussion with residents/representatives about choices around delivery of health, lifestyle and environmental services. Residents' choice to participate or not in group and individual activities is managed and respected. Residents' preferred retiring and waking hours and other daily routines are documented to enable care staff to meet their needs and preferences effectively. Mechanisms for residents/representatives to participate in decisions about the services they receive include discussions with staff, resident meetings, case conferences and the comments and complaints process. Resident/representatives confirm they participate in decisions to enable them to exercise control about the services they receive.

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

Residents have secure tenure outlined in their resident agreement and their rights and responsibilities are contained in the resident information package and displayed in the home. A resident agreement is offered to all residents at the time of entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their security of tenure, a 'cooling off' period, prudential provisions, levels of care provision and processes regarding termination of the agreement. Residents/representatives are aware of their rights and responsibilities, feel secure in their tenure and have access to a resident advocate.

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

The home’s commitment to continuous improvement outlined under expected outcome 1.1 Continuous improvement operates across the four Accreditation Standards including Accreditation Standard four: Physical environment and safe systems. Management demonstrated results that show improvements in physical environment and safe systems and their responsiveness to the needs of residents/representatives and stakeholders. Examples of improvement activities in relation to Accreditation Standard four include:

- As a result of a staff suggestion the home has purchased a different type of clothes protector (bib) to provide a higher degree of dignity for residents. This initiative has not yet been evaluated.
- A desktop audit of evacuation procedures was undertaken and the results provided areas for improvement. In particular the home designed an evacuation instruction folder with large, colourful instructions making it easy for staff to follow. The local fire service also checked the home’s processes and was very complimentary about the new folder. This initiative has not yet been used so cannot be evaluated.
- As a result of new legislation for workplace health and safety the home is undertaking the tasks for compliance with the changes. These include training for committee members, meetings with staff and voting to choose the method of representation. Management is satisfied with the progress to date.

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 systems for ensuring regulatory compliance outlined in expected outcome 1.2 Regulatory compliance encompass all four Accreditation Standards, including Accreditation Standard four. Specific examples of regulatory compliance relating to Accreditation Standard four include:

- The annual fire statement is on display at the home.
- The annual NSW Food Authority licence is on display at the home.
- Material safety data sheets are kept at point of use.

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 a description of how the home provides education and monitors the results to ensure management and staff have appropriate skills and knowledge to effectively perform their roles. A range of programs have been attended in relation to physical environment and safe systems. Examples of education activities relating specifically to Accreditation Standard four include:

- Catering staff and care staff have been provided with education on safe food handling.
- Specific fire training including their roles and responsibilities has been provided for the home's fire officers.
- Compulsory training in manual handling and infection control has been completed.

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 are accommodated in single and double rooms with en suites and are encouraged to bring in personal effects to decorate and personalise their rooms. Accommodation is located on two levels with a lift and coded security access. A secure environment for residents with dementia is provided on the lower level. The home has recreation areas, dining rooms, and outdoors courtyards on both levels. There are wide corridors with level floor surfaces, handrails, and all common areas are easily and safely accessible to residents. A closed circuit television (CCTV) installation monitors the external areas. The home is well maintained, clean, and free from odour and a maintenance program ensures the building, equipment and grounds are maintained in a satisfactory and safe condition. Residents/representatives were complimentary about the well used north facing outdoor areas and 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 an accident/incident documentation system and hazards recording and all residents have manual handling plans in place. New staff induction includes manual handling and other occupational health and safety aspects, and regular manual handling training is mandatory for staff. Environmental audits are completed and material safety data sheets are in place. Staff said that the home has adequate stocks of equipment and supplies to ensure occupational health and safety when providing resident care. 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

Staff described their responsibilities and the procedures to be followed in the event of a fire or other emergency. Fire safety systems include orientation in fire safety for new staff, twice yearly fire safety training which is mandatory for all staff, and two resident evacuation kits. The home has recently carried out a desktop evacuation exercise. Fire equipment is maintained by external contractors and its location, and that of emergency exits, are clearly marked and were free from obstructions. Emergency procedures flip charts are located at the telephone stations. Fire safety component of the environmental audits assist in maintaining a secure and safe environment. Chemicals are appropriately stored and chemical spill kits are in place. Residents report they feel safe and the home provides a secure environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program that includes; staff education; provision of personal protective equipment; and the monitoring and analysis of infection rates. Spills kits, sharps disposal containers, and contaminated waste disposal are in place. Staff demonstrated they are aware of infection control procedures. Staff also stated 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 and the temperatures of delivered foodstuffs, cooked meals and kitchen appliances are monitored. Procedures are in place for handling contaminated linen. Cleaning procedures are in place for the cleaning staff. Colour coded equipment is used to reduce the risk of cross contamination. Residents expressed a high level of satisfaction with the level of cleanliness in the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents expressed a high level of satisfaction with the meals and food is freshly cooked on site. There are choices for all meals, a hot cooked breakfast and a four weekly rotating seasonal menu reviewed by a dietician. Dietary information is obtained from residents including their likes and dislikes and special dietary requirements. This information is taken into account in meal service and is regularly updated. Cleaning schedules are used by staff to ensure the comprehensive cleaning of communal areas, resident rooms and bathrooms. Residents state they are pleased the cleaning is of a high standard. The home's linen and residents' personal items are laundered onsite. There are appropriate infection control procedures used by staff when handling clean and dirty linen. Residents/ representatives expressed a high level of satisfaction with the laundry service provided.