



Aged Care

Standards and Accreditation Agency Ltd

Decision not to revoke accreditation Amaroo Aged Care Facility

Following a review audit, the Aged Care Standards and Accreditation Agency Ltd has decided not to revoke the accreditation of Amaroo Aged Care Facility in accordance with the Accreditation Grant Principles 1999.

The home's period of accreditation remains unchanged and will expire on 3 August 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's review audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the review audit report; and
- information (if any) received from the Secretary of Department of Health and Ageing; and
- information (if any) received from the approved provider; and
- information (if any) from current or former residents (or their representatives); and
- any other relevant information; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards.

Home and approved provider details					
Details of the home					
Home's name:		Amaroo Aged Care Facility			
RACS ID:		2433			
Number of beds:		85	Number of high care residents:		76
Special needs group catered for:			Nil		
Street/PO Box:		66 Dudley Road			
City:	CHARLESTOWN	State:	NSW	Postcode:	2290
Phone:		02 4943 3675		Facsimile:	02 4055 6411
Email address:		hvcare@hotmail.com			
Approved provider					
Approved provider:		Hunter Valley Care Pty Ltd			
Assessment team					
Team leader:		Helen Philp			
Team member/s:		Alexander Davidoff			
Date/s of audit:		7 September 2010 to 14 September 2010			

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

REVIEW AUDIT REPORT NOT TO REVOKE/TO VARY

Name of home	Amaroo Aged Care Facility
RACS ID	2433

Executive summary

This is the report of a review audit of Amaroo Aged Care Facility 2433, 66 Dudley Road CHARLESTOWN, NSW 2290 from 7 September 2010 to 14 September 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through the audit of the home indicates that the home complies with:

44 expected outcomes

Assessment team's recommendation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd not revoke accreditation of Amaroo Aged Care Facility.

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd not vary the period of accreditation of Amaroo Aged Care Facility.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendation

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Review audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 7 September 2010 to 14 September 2010.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Helen Philp
Team member/s:	Alexander Davidoff

Approved provider details

Approved provider:	Hunter Valley Care Pty Ltd
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Details of home

Name of home:	Amaroo Aged Care Facility
RACS ID:	2433

Total number of allocated places:	85
Number of residents during review audit:	76
Number of high care residents during review audit:	76
Special needs catered for:	

Street/PO Box:	66 Dudley Road	State:	NSW
City/Town:	CHARLESTOWN	Postcode:	2290
Phone number:	02 4943 3675	Facsimile:	02 4055 6411
Email address:	hvcare@hotmail.com		

Assessment team's recommendation:

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd not revoke accreditation of Amaroo Aged Care Facility.

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd not vary the period of accreditation of Amaroo Aged Care Facility.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendation

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

The assessment team spent four (4) days on-site and gathered information from the following:

Interviews

	Number		Number
Facility manager	1	Residents/representatives	13
Care manager	1	OHS staff representative	1
Registered nurses	3	Chef	1
Care staff	6	Catering staff	1
Continence link nurse (AIN)	1	Cleaning staff	1
Administration officers, including continuous improvement coordinator and the roster clerk	2	Laundry staff	1
Assessment manager (group)	1	Maintenance staff	1
Activity officers	2		

Sampled documents

	Number		Number
Residents' hard copy files including care plan, assessments, referrals and reports, pathology and radiology results, and other clinical documents	12	Medication charts	18
Computerised resident files including electronic progress notes, records of observations taken, care plans, initial data etc	12	Mini care plans	16
Bowel charts	20	Diabetic BSL monitoring charts	6

Monthly observation charts	19	Wound management charts	15
Behaviour management charts	2	Restraint charts	5
Food record charts	3	Fluid input/output charts	3
Walking charts	4	Repositioning charts	3
Pressure area care charts	4	Diabetes monitoring charts	6
Mobility and dexterity plans	16	Activity care plans	20
Resident profiles	20	Leisure regularity forms	20
Personnel files	6		

Other documents reviewed

The team also reviewed:

- Activity manual
- Activity officer's diary recording attendance records
- Activity program – September 2010
- Activity review and evaluations
- Admission pack
- Annual fire safety statement
- Assessments (suite included in admission information pack)
- Audits folder
- Care staff and GSO staff rosters
- Cleaning schedules
- Communication books
- Compliments and complaints folder
- Consolidated mandatory reporting log
- Contractors and visitors sign in books
- Dietary assessment forms
- Emergency information folder
- Emergency procedures flip charts
- Employment pack
- External contractor agreements – insurance and trade licence certificates
- Fire equipment monitoring logs
- Flip chart of flowcharts on emergency responses
- Food safety program
- Food temperature and appliance temperatures monitoring records
- Four week rotating seasonal menu – extra services and general
- Incidents/accidents trend analysis
- Information in individual serveries – diabetic resident lists, drinks lists, “Prunes” lists, information related to dietary needs of specific residents
- Job descriptions
- Kitchen communication book
- Maintenance request books
- Maintenance schedules
- Minutes of meetings, including staff, residents and continuous improvement
- Mission vision statement
- NSW Food Authority audit dated 16 March 1990
- Orientation program
- Policies and procedures including human resource management, infection control and occupational health and safety

- Policy and procedure manuals – Accreditation Standards 1, 2 3 and 4 - including policies for medication management, pain management, skin care management, continence management
- Priority action work plan (continuous improvement)
- Raw vegetables and fruit sanitising records
- Recruitment policies and procedures
- Resident agreement – extra services – sample
- Resident agreement – sample
- Resident meal lists containing instructions for meal size, diabetic, texture required, puree, special utensils and equipment required
- Residents and staff handbooks
- Schedule 8 registers
- Shower books
- Staff authority to practice certificates
- Staff duties lists
- Staff memo folder
- Staff training completed listing
- Ward diaries
- Warm water temperature testing records

Observations

The team observed the following:

- Charter of residents rights displayed
- Cleaners' room
- Daily activities and the menu displayed on the white boards
- Equipment and supply storage areas including linen, continence aids
- Equipment in use and in storage
- Evacuation charts and fire emergency instructions
- Fire equipment locations and emergency exits
- Information on notice boards throughout the home
- Information on whiteboards in treatment rooms
- Interactions between staff and residents
- Kitchen, serveries and food storage areas
- Labelling equipment in the laundry
- Laundry area
- Linen trolleys containing stocks of continence aids for daily use
- Living environment both internal and external
- Lunchtime meal service
- Material safety data sheets
- Medication round
- Medication trolleys
- NSW Food Authority licence
- Personal protection equipment in storage and in use
- Posters and brochures on the complaints investigation scheme procedures
- Resident/staff interaction
- Residents going to and returning from a bus trip
- Residents playing dominoes and listening to a poetry reading
- Secure storage of documentation
- Sharps disposal containers and spills kits
- Storage of medications
- Suggestions box in the lobby
- Utility rooms
- Waste disposal facilities

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 recommendation

Does comply

The home has an active continuous improvement system across the four Accreditation Standards and in particular in Accreditation Standard One, with a variety of mechanisms available to staff and residents/representatives for identifying areas for improvement. These include: staff and resident meetings, comments and complaints system, staff and resident/representatives suggestions, management observations, clinical indicators monitoring, incidents/accidents system, and identifiable problems system. Identified improvement opportunities are documented in the action work plan, which includes identification of key objectives, allocation of responsibilities and monitoring to completion. The results of the completed activities and their impact on the residents, staff and other stakeholders are evaluated and documented. Improvement activities may also be actioned directly by management or within the framework of regular meetings. Examples of improvement activities in the home relating to Accreditation Standard One include the following:

- The home’s human resource policies have been reviewed to reflect current practices and the changes to the Nurses’ Award.
- The home has revised the elder abuse mandatory reporting procedures to ensure that incidents are identified correctly for mandatory reporting, and compulsory education on elder abuse was provided to staff by an external trainer.
- The shift handover system was reviewed to improve effective communications on resident care needs and facility activities. The handover sheet was re-formatted, and the registered nurses were instructed on the handover procedures.
- Responsibility for the filing of resident documentation has been allocated to a central administration staff to ensure that the records are filed promptly and correctly.

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 recommendation

Does comply

The home has procedures in place to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home has a membership with two peak aged care industry organisations and a subscription to two aged care legislative update services, from which it receives information updates. Information is also received from government departments and through group sources. Received information may be communicated within the home by placement on the computer network, through meetings and displayed notices. Policies and procedures are updated as required at the group level, and staff education is implemented where needed. Relevant procedures in the

home are modified as appropriate. Compliance with regulatory changes is monitored through audits, staff appraisals and the incidents system. Specific examples of regulatory compliance relating to Accreditation Standard One include the following:

- The home has police checks for all staff, and procedures are in place to obtain police checks for all new staff as they are being recruited, and to maintain the currency of these checks. Records of police checks are maintained in the group office.
- The home meets their obligations relating to the compulsory reporting of elder abuse allegations under the legislation by having a consolidated register in place and by providing appropriate education to staff.
- Care staff in the home are employed under the Nurses' Award, current from 1 July 2010. Union representatives visited the home and explained changes in the award to staff.

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 recommendation

Does comply

The home has systems to provide management and staff with appropriate knowledge and skills to perform their roles effectively. New employees undergo an orientation program which includes induction with experienced members of staff and topics such as fire safety, infection control, occupational health and safety, and manual handling. The staff education program includes mandatory topics, presentations by external presenters, and the use of the electronic education channel. Staff education needs are identified from the performance appraisal process, changing resident care needs, management observations, incidents/accidents occurrences, and regulatory changes. A staff training data base is maintained electronically. Workplace trainers test a range of staff competencies. Staff interviewed advised they are provided with sufficient and appropriate education and training to perform their roles effectively. Examples of education activities relating specifically to Accreditation Standard One include an inservice on care planning and documentation, one nursing staff member attending Certificate IV course in aged care, the continuous improvement coordinator attending a seminar on information systems, and the care manager attending a seminar on ACFI systems.

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 recommendation

Does comply

Interviews with residents and relatives, review of documentation and team observations confirm that the home provides effective access for residents and representatives to internal and external complaints mechanisms. Information on internal and external complaints mechanisms is provided to residents at the time of admission and is explained in the resident handbook; the complaints resolution procedures are described in the resident agreement. Information posters, brochures on complaints procedures, and comments and complaints forms are displayed in the home. Other mechanisms available to residents and representatives to make a complaint or a suggestion include a suggestions box, resident meetings, and open door policy practiced by the care manager. Review of the documentation showed a large number of compliments, and indicated that the complaints received were resolved in timely and appropriate manner. Procedures are in place for handling reportable

complaints. Residents and families interviewed by the team stated that they feel free to make a complaint or a request.

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 recommendation

Does comply

The home has a clearly documented vision and mission statement which outline the home's commitment to ongoing quality resident care. The statement is displayed in the home and included in documents provided to residents and staff.

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 recommendation

Does comply

The home has policies and procedure relating to human resource management, job descriptions for all the positions in the home, and detailed duty lists. Care staff are required to have Certificate 111 qualification as a minimum, and a number of staff have Certificate IV qualifications. A number of care staff are certified to administer medications. The home has two registered nurses working on the day and afternoon shifts and one on the night shift, overseeing care planning of high care residents and providing higher level clinical care. New staff undergo an orientation process, which includes a week of "buddying" with an experienced member of staff to ensure that they are familiarised with their duties and responsibilities. A workplace trainer mentors new staff and tests their competencies. Thereafter competencies are tested regularly and annual staff performance appraisals are in place. Please see expected outcome 1.3 Education and staff development for further information on education systems in the home. Staff are generally rostered to provide continuity in each area and the staff numbers are monitored to reflect particular needs, such as education events, or special resident issues. Staff leave and absenteeism are replaced by using casual staff. The home monitors registrations of professional staff and a system is in place to check staff criminal records. Staff interviewed said they have adequate skills and that staff numbers are adequate to provide quality service to residents. Residents interviewed by the team are highly satisfied with the standard of care provided by staff in the home.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has adequate stocks of equipment and goods to provide quality service delivery to residents. Equipment needs are identified through staff suggestions, changing resident needs, maintenance feedback, meetings, and management observations. New equipment may be assessed and trialled prior to purchase, to ensure its safety and suitability. Preventative and breakdown maintenance is provided by the maintenance officer and, if appropriate, external contractors to ensure ongoing working order of equipment. Procedures are in place for calibration of equipment. The team has observed various items of equipment

in the home including electric beds, air and eggshell mattresses, weigh chair, commode chairs, electric lifters, wheel chairs and walk assist devices. Responsibilities for ordering medical, catering and other supplies are clearly allocated within the home. Staff interviewed by the team said that the home has adequate levels of equipment and supplies to provide quality resident care, the equipment is well maintained and repairs are completed promptly.

1.8 Information systems

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

Team's recommendation

Does comply

The home maintains records relating to resident care which include assessments, care plans (which are regularly reviewed), mini care plans, residents' manual handling instructions, progress notes, medical records and other clinical records, which provide information to staff to help them perform their roles effectively. Resident care information is currently maintained on an electronic system and in hard copy. Residents are provided with the residential care agreement and a residents' handbook and other entry information which explain aspects of entry to and life within the home. Other information systems include documentation of incidents/accidents, medication incidents and infection incidents, communication books, shift handover documentation, resident and staff meetings and noticeboards. Confidential information is securely stored and computer access is password protected. Procedures are in place for archiving of documentation and its safe destruction. Residents and staff interviewed by the team are satisfied with the information systems in the home.

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 recommendation

Does comply

The home ensures that external services are provided in a way that meets the home's needs and quality standards by having a list of suppliers of external services who are approved at the group level. Agreements are maintained with the approved suppliers, which include relevant licence and insurance details. Performance of external service suppliers is monitored and the group office is informed of any gaps in performance. Procedures are in place to contact external providers during business hours and after hours. External contractor's sign-in procedures are in place. Residents and staff interviewed by the team are satisfied with services offered by external contractors and suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home is actively pursuing continuous improvement as described under expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Two include the following:

- Care staff identified that the continence pads used in the home did not fit some larger residents properly. The extra large pads were investigated and are now being sourced, providing appropriate continence aids for all residents.
- The home has replaced the mortar and pestle used to crush medications with a pill crusher. Medications are crushed in plastic pouches, making the process physically less demanding on staff, and ensuring that all the medication gets administered, with no residue left behind.
- To aid resident skin integrity and increased comfort levels the home purchased eggshell mattresses for all the residents who did not have them. Feedback has been received from residents that the new mattresses are more comfortable.

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 recommendation

Does comply

The home has a system in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Two include the following:

- The home monitors professional registrations of the professional staff to ensure that they have current authorities to practice.
- The home provides continence aids and toiletries to residents receiving high level care in accordance with legislative requirements.

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 recommendation

Does comply

The home has education and staff development systems which provide staff with appropriate knowledge and skills to perform their roles effectively. For a description of these systems please refer to expected outcome 1.3 Education and staff development. Examples of education activities relating specifically to Accreditation Standard Two include topics on bowel management, diabetes, tracheotomy care, wound care, and medication management.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has a system to assess all residents on entry to the home to identify their general and specific care needs. The home uses a computerised care plan program to produce care documentation and at present maintains a hard copy care plan for each resident. An interim care plan developed from data collected from the resident (if able), as well as relatives/representatives, is used to guide care until the resident is fully assessed. The home uses a suite of assessments which are completed over the first month following the resident’s entry into the home. The assessments determine the individual care needs of the resident, as well as their individual preferences. Individual care plans are completed for each resident detailing their needs in all required aspects of care and these are reviewed and evaluated regularly with any changes or updates to care noted as they occur. A mini care plan is located in each resident’s wardrobe for the daily use of care staff. These are also updated and revised as changes occur. Computerised progress notes provide ongoing reference to each resident’s daily care and lifestyle. Medical officers visit regularly and as required, making clinical notes in another computerised system specifically for their use. Handover reports are given between shifts to oncoming staff detailing any changes to residents’ condition and/or their clinical care needs, as well as care alerts for staff in respect of care items for follow-up. Residents and representatives interviewed indicated they are generally satisfied with the care and support provided by the home and the staff.

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 recommendation

Does comply

Residents are assessed on entry into the home for specialised nursing care needs. Information is gathered from such documents as hospital discharge summaries, aged care assessment documents, letters from medical officers and information given by the resident and/or their representatives. The home has registered nurses rostered on duty over 24 hours to provide care and direction for staff and to meet residents’ specialised nursing care needs. At present these include tracheotomy care, diabetes management, wound care, pain management and catheter management. Residents and representatives interviewed by the team are generally satisfied with the specialised nursing care provided to residents.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The team sighted evidence that residents are referred to appropriate health specialists in accordance with the residents’ needs and preferences. A physiotherapist visits the home three days a week to assess and provide care plans for exercises required. The physiotherapist also reviews residents on an ‘as required’ basis if a need arises. A podiatrist visits regularly and a referral list is maintained for these visits to ensure treatment is provided as required. The team observed that medical officers attend residents regularly and as required to provide care and treatment. Medical officers make referrals to specialist services and examples of these were sighted, with orthopaedic, cardiology, geriatric and psychogeriatric referrals and reports noted in residents’ files. Other allied health services noted included speech pathology reports for residents, review by optometrists, and the results of pathology tests and radiological examinations. Interviews with residents and representatives confirmed they are satisfied with access to specialist health services.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has procedures in place to ensure residents’ medications are managed safely and correctly. Medications are administered from blister packs by “medication nurses” who are medication certified care staff, or by registered nurses if required. Medications are supplied by a contract pharmacy; there is a seven day service and arrangements are in place for emergency supply out of hours. Review of medication charts showed that there is an identification photograph on each chart, and details of allergies are documented. Instructions for medication administration such as the requirement for crushing, or product to put crushed medication into for administration, are also recorded. No signing omissions were noted in any of the medication charts reviewed. A signature register of staff members who administer medications was sighted. Storage and checking of medications was noted to be in accordance with regulatory and legislative requirements. Interviews with residents and representatives confirmed they are satisfied with the management of their medications.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has practices and procedures in place to ensure residents are as free as possible from pain. Information about residents needs relating to pain is gathered on entry to the home, and the team found documentary evidence of this. Specific non verbal pain assessments for residents not able to communicate their pain levels and need for pain relief are used. Pain relieving medication is usually administered orally or by dermal patch. ‘When necessary’ analgesia is prescribed as required. Interviews with residents identified that staff provide prescribed analgesia and alternative pain relieving therapies such as hot/cold packs, medicated rubs and massage, and repositioning. Residents and representatives interviewed said residents were kept 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 recommendation

Does comply

The home has procedures and practices in place to provide comfortable and dignified care for terminally ill residents. Review of documentation and interviews with staff confirmed that special care needs are identified including pain management, nutrition and hydration, as well as all nursing care given with respect and with the knowledge of the resident’s special care needs. Residents are accommodated in either single or double rooms and privacy is enabled for the resident who is terminally ill. Advance care plans (directives) are being introduced progressively throughout the home, and the team reviewed a number of these documents already in place and the wishes of resident/representatives recorded in them. Specialist advice is available from the local palliative care team who will visit to consult and provide advice on resident management if and when required. Interviews with resident representatives confirmed that all care and support needs are met by staff and that staff are respectful and supportive of individual resident needs.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home completes nutritional assessments and dietary preferences for residents on entry to assist in providing adequate nourishment and hydration. Residents are weighed monthly with the weights recorded in the computerised care system, and the care manager has provided guidelines to ensure the management of residents who are identified as losing weight. In these instances appropriate referral are made and the team viewed evidence of such referrals in clinical records. All meals are cooked fresh on site and there are two menus – one for extra service residents and a second for all other residents. The meals were observed to be served appropriately and to be of good portion size. Residents requiring special diets are provided with these including texture modified diets. A dietician is available to visit residents with special dietary needs, and a speech pathologist visits to consult for any resident identified with swallowing difficulties. Reports from speech pathology consultations were sighted in residents’ files. Residents interviewed were generally very satisfied with the variety and quality of meals served to them.

2.11 Skin care

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

Team’s recommendation

Does comply

The team reviewed resident documentation and observed practices regarding the identification of needs and management of residents’ skin integrity. Assessments for skin integrity include a risk indicator assessment giving a numeric score to indicate the degree of risk to residents’ skin integrity. Pressure relieving mattresses and other aids such as sheepskins are provided where residents are unable to reposition themselves, and a regular turning regime is in place for such residents. This was confirmed in interviews with staff and by observation throughout the review audit. Residents confirmed, and the team observed, residents who are in bed and comfort chairs have their position changed regularly. Review of wound charts showed all dressings are completed by registered nurses and complex wounds

are reviewed by a specialist wound management consultant from the local health service. Residents and representatives interviewed indicated they are generally satisfied with the management of skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has a system in place to assess residents for continence management requirements and to implement effective management strategies to meet identified needs. Residents are assessed on entry for needs relating to continence, with urinary and bowel continence assessments completed soon after entry to the home. Continence care is provided with respect to the comfort and dignity needs of residents and includes toileting programs and the provision of continence aids. The home has a ‘continence link nurse’ who determines the appropriate continence aid for each resident in conjunction with the home’s product supplier, who also assists with education and advice. Sufficient supplies of continence products were noted and a regular ordering system is in place. Monitoring of bowel charts is completed on each shift and aperients are prescribed for those residents who require them. Assistants in nursing (AINs) notify the registered nurses if residents have not had their bowels open for a defined period and planned treatments are implemented. Dietary fibre is included in meals provided and fluids are encouraged and were observed provided at the bedside. Residents and representatives interviewed were generally satisfied with the continence care provided.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has systems in place to assess and manage residents with challenging behaviours. Residents who exhibit challenging behaviour have initial and ongoing assessment of their behavioural needs and the development of a care plan that includes strategies to address specific needs. Episodes of challenging behaviour are generally recorded, monitored and evaluated to determine the effectiveness of strategies used and to identify the need for the development of further interventions. Residents are encouraged to participate in the home’s activity program during the day and the team observed this in practice. Specialist advice is available for residents with challenging behaviour as needed. The team reviewed referrals to relevant specialists including psychogeriatric services. Residents and representatives interviewed by the team were generally satisfied with the manner in which residents with challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents are assessed by the registered nurses for their mobility needs on entry to the home. The team sighted the assessments and the care plans developed for the residents who require assistance with mobility and transfers. A physiotherapist assesses residents with more specialised requirements, such as on return from hospital or post-fall. Activity officers carry out exercise programs and encourage residents to walk wherever and whenever

possible – for example, to the dining room for meals. A DVD exercise program is also used for the group exercise program held during the week. Interviews with residents and representatives confirmed they are satisfied with the support provided to maintain optimum levels of mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

Residents are assessed on entry for needs relating to oral and dental care. The computerised care plan records if the resident has natural or false teeth, and the level of assistance required to maintain good oral health. All dentures are labelled for those residents who require this service. Dental appointments are made as necessary with assistance provided by the home for residents to attend a dental surgery if required. The team noted documentary evidence of a resident going to their dentist external to the home. Interviews with staff confirmed they make observations including whether residents are having difficulty eating and provide care as required. Residents and representatives interviewed are satisfied with the care provided to maintain oral and dental health.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

The assessment process identifies residents who have sensory losses such as vision and hearing, and the care plans highlight strategies required to assist the residents to manage their lifestyle and care needs. Staff assist residents with cleaning glasses and hearing aids and changing batteries as required, and residents confirmed that staff assist them as necessary. Care plans were noted to include strategies to attract the attention of residents with vision or hearing deficits such as gentle touch. Handrails are installed along all corridors in the home which assist vision impaired residents. Visits by an optometrist and audiologist are arranged as required – evidence of such consultations was seen in clinical records. Residents and representatives interviewed are satisfied with the assistance provided to them.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ usual sleep patterns are assessed using a sleep/night care assessment and a relevant care plan is developed. The care plan was noted to highlight strategies to assist residents to achieve natural sleep patterns. Preferred retiring and waking times are also identified and staff assist residents to maintain these as far as possible. Residents are encouraged to have small personal items in their rooms and areas around their beds to create a more familiar environment to assist them to rest. Staff provide drinks and snacks where residents are wakeful to assist them back to sleep. Residents interviewed confirmed that staff assist them during the night, that the environment is generally quiet and that they usually sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is actively pursuing continuous improvement as described under expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Three include the following:

- The working hours of the recreation activities officer in the mainstream wings have been altered to provide coverage during the later afternoon periods. This provides improved resident supervision at the time of increased resident restlessness.
- The home participated in the “Heart Moves” program developed by the Heart Foundation, with a physiotherapist conducting weekly exercises with a selected group of residents over 20 weeks. At the completion of the program the home purchased the exercise DVD and will be incorporating the exercise moves into the regular resident exercise program.
- The home combined the two separate activities programs of the extra services and the mainstream wings into one combined program to allow a more effective use of the staff resources. This will be reviewed following resident feedback.

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 recommendation

Does comply

The home has systems in place to manage regulatory compliance relating to resident lifestyle. For the description of the systems refer to expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Three include the following:

- All new residents are offered a residency agreement on entry to home that includes a 14 day cooling off period, information on care and services, information on the complaints resolutions mechanisms, and other information according to current legislative requirements.
- The home follows the requirements of the Privacy Act by obtaining resident consent for the use of their personal information and staff undertake to observe confidentiality of information.
- The home organises postal voting at the time of elections for those residents who wish to take part.

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 recommendation

Does comply

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to expected outcome 1.3 Education and staff development. Examples of education relating specifically to Accreditation Standard Three include sessions on difficult behaviour in dementia, compulsory annual education on elder abuse reporting, a recreational activities officer undertaking Certificate IV course in Leisure and Lifestyle, and on the job mentoring of the staff on the topics of resident privacy, dignity and choice and decision making.

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 recommendation

Does comply

Interviews with residents and representatives identified that staff are very supportive of the residents and their relatives. The team observed staff interacting with residents and noted their empathic and supportive manner. The home provides support to residents to assist them in adjusting to life in their new environment by assessing residents for their health and lifestyle needs during the entry period. Information on residents' family history and social background, interests and needs is obtained from documents completed by relatives and/or residents. One representative advised the team that they had chosen the home for their relative because of the welcoming atmosphere, stating the home was "the best out of all I looked at". Families are encouraged to visit and there are lounge rooms and a balcony that may be used by both residents and representatives. Residents and representatives interviewed indicated they are satisfied with the support and assistance provided by staff both initially and on an ongoing basis.

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 recommendation

Does comply

The home has a system in place to ensure that residents are assisted to achieve and maintain maximum independence and friendships for as long as possible. The team observed residents being encouraged and supported in care and activities to maintain independence; for example, being taken to use the telephone to speak with relatives, and going out with relatives. The lifestyle program also encourages resident participation in a variety of activities from which residents may choose including the exercise program. Activity officers assisted residents to lodge postal votes in the recent Federal election if they wished to do so. Residents are supported to follow their preferred cultural and spiritual activities. Interviews with residents and representatives confirmed that they are satisfied with the opportunities to display independence including going out with families and on bus trips organised by the home.

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 recommendation

Does comply

The home demonstrated there is commitment to ensuring residents' rights to privacy, dignity and confidentiality are recognised and respected. Residents are accommodated in single or double rooms with either en suite or shared bathroom facilities. The team observed room doors to be closed and privacy curtains in use where personal care was being given. Resident records are securely stored in the nurses' stations in all care areas and the team noted that the resident's preferred name is entered into the computerised care plan. Handover reports are conducted away from residents to preserve privacy of information. Staff were observed to knock and request permission to enter residents' rooms and to ask residents before moving them to another location, for example. Staff were observed to maintain confidentiality of resident information at all times. Staff sign confidentiality agreements, and privacy consents are signed by residents and/or representatives and were sighted in residents' clinical records. Interviews with residents and representatives, and observations by the team, confirmed residents' privacy, dignity and confidentiality are respected, and staff practices are based on resident's individual preferences.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home assesses the leisure and lifestyle needs of new residents using information from residents and representatives at the time of entry to the home. Activity officers also observe residents in the initial 'settling in' period and use these observations to determine activities residents may be interested in. A lifestyle care plan is formulated, comprising the resident's preferences for group and/or individual activities, and resident participation in the activities is monitored. Care plans are evaluated regularly to reflect any changes in residents' needs or preferences, as are the individual activities in the program. The activities program includes music, poetry readings, newspaper readings, houseie, an exercise program and games such as carpet bowls. A 'happy hour' and birthday celebrations with a cake are held regularly. Entertainers visit the home and concerts and 'theme days' are held. The home has a library which is managed by volunteers. Activity staff try to provide culturally specific activities for those residents who require them. One-on-one activities are carried out with residents who prefer to stay in their rooms. Bus trips are scheduled twice weekly using the parent organisation's bus. Interviews with residents and representatives indicated they are satisfied with the variety of activities offered to them.

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 recommendation

Does comply

The home has systems in place through which residents' cultural and spiritual needs are identified and documented on entry to the home. Activity staff interviews demonstrated that significant cultural days and religious celebrations are acknowledged and celebrated and individual resident birthdays are recognised. Regular religious services of different denominations are held at the home and the home has access to a chaplaincy service which

visits residents at any time and which also conducts some of the religious services. The chaplains are also available to staff if required. Activity staff make every effort to meet residents' cultural needs, for example, by providing specific language cue cards to assist with communication. Residents and representatives interviewed did not identify any issues with the spiritual and cultural support the home provides.

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 recommendation

Does comply

All residents and residents' representatives interviewed by the team confirmed that, where able, they may generally make their own choices and decisions regarding their day to day activities in the home. This includes rising and sleep times, shower times, choosing clothing to wear, selection of individual medical officers and participation in activities. Residents' food preferences and likes/dislikes were noted to be collected. The team observed residents have personal items in their rooms such as wall hangings, photographs and small personal items. The care manager is progressively carrying out case conferences throughout the home and the team noted examples of these. Resident and staff interviews confirmed residents' choices relating to meals, bed time, shower time, medical officers, personal environment and activities. Residents interviewed reported satisfaction with the level of participation in decision making and choice, and control over their lifestyle.

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 recommendation

Does comply

The home has systems in place to inform residents of their rights and responsibilities including security of tenure information. A resident agreement is provided for each new resident which outlines relevant information on security of tenure, residents' rights and responsibilities, and specified care and services. There is a separate agreement for residents in the extra service section of the home. The Charter of Residents' Rights and Responsibilities is documented in the resident handbook and other information is available for residents/representatives on noticeboards and in brochures, including information about external complaint resolution and advocacy services. Residents/representatives stated they feel secure at the home, understand their rights and have ongoing opportunities to provide feedback to the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is actively pursuing continuous improvement as described under expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Four include the following:

- To improve the occupational health and safety (OHS) function the home has appointed a staff OHS representative to monitor OHS issues on the floor and to liaise with the facility manager on a regular basis.
- Management identified that the maintenance officer is the most appropriate person in the home to be nominated as the fire officer because of his dealing with the fire service contractors and his responsibility for monitoring fire safety equipment. The maintenance officer attended the required training and is now the designated fire officer.
- Education was provided to kitchen staff on the correct use of food safety documentation to ensure that they understand the significance of the forms and know the correct completion procedures.

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 recommendation

Does comply

The home has an effective system in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Four include the following:

- The home has implemented food safety program under the regulations on Food Preparation and Service for Vulnerable Populations.
- The home has received from the NSW Department of Health and the Department of Health and Ageing information packs on gastroenteritis and influenza outbreak management for use as guides in case of an outbreak .
- The home displays a current Annual Fire Safety statement.

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 recommendation

Does comply

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to expected outcome 1.3 Education and staff development. Examples of education activities relating specifically to Accreditation Standard Four include mandatory education on fire safety and manual handling, prevention of injury to residents, and hand hygiene competencies.

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 recommendation

Does comply

The home comprises building sections newly constructed about two years ago, and renovated wings. A section of the home is currently closed off for further renovations which are pending local council approval. The home has an extra services section containing 39 residents accommodated in single rooms with ensuites. The mainstream residents are accommodated in two-bed rooms, with bathroom facilities being common. Bathroom/toilet facilities in the home are equipped with support rails for resident safety and independence. Most of the resident rooms are air conditioned. The two levels of the home are connected by a lift, and all areas of the home are safely and easily accessible to residents, using mobility aids if needed. The home has a number of comfortably furnished lounge/sitting areas which can provide some privacy to residents and visitors. The home was observed to be clean, well maintained and free from odour during the visit.

External doors in the home are secured by key-pad locks for resident safety; there is a lockdown procedure in the evening, and a security service visits the home at night. The home has a hazards identification system, maintenance request books are in place, and a maintenance officer works five days a week.

Residents are encouraged to furnish their rooms to their own taste within the limits of safety. Electric beds are installed throughout the facility for staff occupational safety and resident independence, and all the residents have either air or "eggshell" mattresses for prevention of pressure sores and sleeping comfort. Residents/representatives interviewed are satisfied with the comfort and safety of 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 recommendation

Does comply

The home's occupational health and safety (OHS) systems include OHS policy and procedures, new staff orientation which includes OHS and manual handling aspects, and a staff OHS representative. OHS matters are discussed at the monthly continuous improvement meeting. The home has an incidents/accidents and a hazards documentation system. Equipment in the home to assist safe staff occupational health practices includes

electric beds, lifters, wheel chairs, and walk assist belts. Each resident has a manual handling plan which is reviewed regularly. Supplies of personal protection equipment and material safety data sheets are in place. Staff interviewed by the team are satisfied with the safety of the working environment and provision of appropriate equipment 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 recommendation

Does comply

Fire safety systems in the home include a designated fire officer, mandatory annual fire safety training for staff, and new staff induction which includes fire safety aspects. Fire equipment is regularly maintained by external contractors and its locations are clearly marked and were observed to be free from obstructions. A current annual fire safety certificate is in place. Evacuation plans and evacuation instructions are displayed throughout the home, and emergency procedures flip-charts are provided at a number of locations. The team observed a triggered fire alarm (false) during the visit, and noted appropriate response by the home's staff. Visitor books are in place for use by visitors and contractors to keep record of persons who are in the home at any one time. The home has an emergency power generator to maintain electricity supply in case of power failure. Residents interviewed feel safe in the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home's infection control system which includes policies and procedures (which include outbreak management), new staff induction, the use of personal protective equipment and sanitising hand gel dispensers installed throughout the home. Staff hand washing competencies are tested regularly. Sharps disposal containers, contaminated waste disposal, and spills kits are in place. The home monitors and analyses infection incidents. Staff interviewed demonstrated that they are aware of infection control procedures and stated that they are given adequate education on infection control and have access to adequate stocks of personal protective equipment. Residents are offered influenza immunisation. A pest control program is in place.

Meals in the home are prepared fresh on site. A food safety program is in place and temperatures of cooked meals, of delivered food, and of kitchen appliances are monitored. Catering staff in the home are provided with safe food handling education, and use appropriate personal protection equipment. Kitchen cleaning schedules are in place, raw fruit and vegetables are sanitised and colour coded equipment is used to prevent cross contamination.

The home's bed linen and residents' personal laundry is done on site. Please see further comments on the laundry operation under the additional information section. Cleaning in the home is done by internal cleaning staff and colour-coded equipment is used by the cleaners. Cleaning schedules are in place and chemicals dispensing equipment is used. The home was clean, tidy and free from odour during the visit

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 recommendation

Does comply

Meals in the home are cooked fresh on site according to a four weekly rotating menu, which is seasonally adjusted. Information on resident dietary needs is maintained in the kitchen and updated as required. Resident feedback on catering is obtained through resident meetings, through comments to staff, and observations by staff. The menu provides a choice of two dishes for the main meal for extra service residents, and the evening meal provides a choice of hot or cold dishes for all residents. Cooked breakfast is served several times a week, and fresh fruit is provided to residents daily. The kitchen accommodates special resident requests. The kitchen is able to provide for special resident dietary needs such as diabetic, texturing of meals, and if needed, thickening of fluids and food supplements. Special crockery and cutlery are available to assist residents maintain their independence during meals. Staff provide assistance to residents at meal times as appropriate. Residents have their main meals in the pleasantly furnished extra services and the mainstream dining rooms. Residents interviewed by the team are highly satisfied with catering in the home.

Residents' personal items and the home's linen are washed by the home's laundry, and the residents' washing is returned to resident rooms folded and on hangers. The laundry staff attach name labels to the resident clothing items to minimise lost items. The home's cleaning is done by internal cleaners who attend to regular and other cleaning requirements. Resident rooms are given a thorough weekly clean, with daily cleaning of bathrooms. The home was observed to be clean and tidy during the visit. Residents interviewed by the team are generally satisfied with the laundry service and cleaning of their rooms and communal areas, although two residents mentioned misplaced laundry items.