



Aged Care
Standards and Accreditation Agency Ltd

Basin View Masonic Village

RACS ID 0624

130 The Wool Road

BASIN VIEW NSW 2540

Approved provider: Royal Freemasons Benevolent Institution of
NSW Nominees 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 9 February 2015.

We made our decision on 12 December 2011.

The audit was conducted on 8 November 2011 to 9 November 2011. 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

Site Audit Report

Basin View Masonic Village 0624

**Approved provider: Royal Freemasons Benevolent Institution of NSW
Nominees Ltd**

Introduction

This is the report of a site audit from 8 November 2011 to 9 November 2011 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 8 November 2011 to 9 November 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Allison Watson
Team member/s:	Victoria Oakden
	Margaret Williamson

Approved provider details

Approved provider:	Royal Freemasons Benevolent Institution of NSW Nominees Ltd
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Details of home

Name of home:	Basin View Masonic Village
RACS ID:	0624

Total number of allocated places:	50
Number of residents during site audit:	43
Number of high care residents during site audit:	27
Special needs catered for:	Dementia

Street/PO Box:	130 The Wool Road	State:	NSW
City/Town:	BASIN VIEW	Postcode:	2540
Phone number:	02 44435034	Facsimile:	02 44435054
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents/representatives	12
Care manager	1	Volunteers	2
Aged care consultant	1	Laundry staff	1
Care staff	11	Cleaning staff	1
Administration assistant	1	Maintenance staff	1
Catering staff	1	Cleaning, laundry supervisor	1

Sampled documents

	Number		Number
Residents' files – computerised and paper based including assessments, care plans progress notes, doctors' notes and associated documents	6	Medication charts	6
Summary/quick reference care plans	5	Personnel files/staff appraisals	6
Restraint assessment and authorisation form	1	Medication incident forms	5
Manual handling guides	5	Accident/incident forms	2
Resident activity plans	6	Key to Me documents	6
Human resources files	7	Resident agreements	6

Other documents reviewed

The team also reviewed:

- Activity requirement sheet
- Admission checklist
- Annual fire safety statement
- Audit schedule
- Australian federal police check form
- Authority to practice records
- Bug control manual
- Charter of Residents' Rights and Responsibilities
- Clinical audits
- Code of conduct and ethics policy
- Colour coded emergency procedure flip charts
- Comments and complaints information
- Communication diary
- Competency assessments
- Confidentially agreements
- Continuous improvement (CQI) site specific plan
- Criminal records checks and statutory declarations

- Dietary analysis forms
- Doctors' book
- Documentation guidelines
- Duties list
- Duty statements
- Education calendar
- Electrical tagging records
- Emergency evacuation site plans
- Employee assistance program brochure
- Employee information form
- Equipment and inventory electronic processes
- Evaluation / feedback form
- External service contracts
- Fire and emergency procedures manual
- Fire and evacuation worksheet
- Fire safety system maintenance records
- Food authority report March 2011
- Infection control folder
- Information posters for staff – pain, falls, insomnia, sundowning
- INR results folder
- Kitchen audits
- Kitchen cleaning schedule
- Maintenance request book
- Mandatory training program
- Manual handling training information
- Meeting minutes – medication advisory committee (MAC), resident and relative, staff, management and garden ambassadors
- Memory book
- Menu
- Newsletter
- Occupational health and safety policy/procedure
- Older Persons' Mental Health Direct Referral Form
- Pest control records
- Policy manual
- Preferred providers list
- Preventative maintenance program
- Record of activities on weekends
- Report writing schedule
- Resident activity attendance records
- Resident activity calendars
- Resident influenza vaccination records
- Resident progress and evaluations (activity specific)
- Residents' information handbook
- Residents' information package and surveys
- Schedule of completion of staff competencies
- Staff confidentiality agreement
- Staff education records
- Staff grievance resolution policy
- Staff handbook and surveys
- Staff orientation program
- Staff rosters
- Staff signatures list
- Staff superannuation information

- Staff vaccination records
- Sundowning program lifestyle aims
- Temperature checking forms
- Training materials (food hygiene, kitchen safety, chemical usage, managing challenging behaviour)
- Workplace relations factsheet
- Wound charts

Observations

The team observed the following:

- Activities in progress, residents participating in bus outing
- Assistive devices for meals
- Bed exit sensor
- Chemical storage
- Clinical equipment - well maintained and stored
- Coffee machine
- Colour coded equipment in kitchen
- Dining rooms during lunchtimes, morning and afternoon tea, including resident seating, staff serving/supervising/assisting residents with meals
- Dressing trolley
- Drugs of addiction secure storage
- Equipment and supply storage areas
- Evacuation egresses unobstructed, evacuation maps suitably located and oriented
- Eye drops dated on opening
- Facility bus
- Fire fighting equipment checked and tagged
- Hairdressing salon
- Hand sanitising gel
- Hand washing facilities
- Incontinent aids
- Individual resident mail boxes
- Infection control resources – hand wash basins and sanitising gel, colour coded equipment, personal protective equipment, spill kits, sharps containers
- Information for staff and residents displayed on noticeboards throughout the home
- Interactions between staff and residents
- Invoice approval process
- Kangaroo-proof bread box
- Kiosk run by auxiliary
- Living environment (internal and external, including residents' rooms with ensuite, communal living, dining and lounge areas, landscaped gardens, secure garden)
- Manual handling equipment
- Material safety data sheets
- Medication refrigerators
- Medication round; secure storage of medications
- Memoranda folder, sign in/sign out records for residents, visitors and contractors
- Noticeboards
- Notices of impending Accreditation site audit posted throughout the home
- Outbreak kit and resources
- Oxygen cylinders
- Personal protective equipment in use in all areas
- Pressure relieving equipment
- Public telephone
- Specimen refrigerator

- Suggestion boxes for confidential feedback to management
- Sundowning program
- Waste management system - general, contaminated and recycled waste

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. A review of relevant documentation and interviews with management and staff shows a planned quality assurance program assists management in the ongoing improvement of processes and systems. The program includes activities to monitor, assess, action, review and evaluate the home’s processes, practices, and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, feedback and incident forms, audit results, surveys and verbal discussion. Activities which support quality improvement include regular staff, resident and relative meetings, an internal audit program and trend analyses of key performance indicators. Stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One include:

- A staff education contract has been introduced. This involves staff completing an extra six educational sessions in addition to their scheduled education. Staff have access to the aged care channel and associated digital video disc (DVD) education. Staff commented there is always some form of education, which they enjoy attending.
- The home has contracted an aged care consultant to assist the management team with a review of the home’s systems and processes. As part of this process new simplified audits have been developed for specific areas. Management advised staff complete the new audits accurately and in an appropriate time frame. Information is analysed and any trends identified. Relevant information is incorporated into the home’s continuous quality improvement system.
- Following a change in management in August 2011, the home’s management team has reviewed staffing levels and staff mix in relation to resident needs. An additional half hour has been allocated to the lifestyle facilitators to assist in settling residents in the dementia area. Team leaders have been appointed for each of the home’s wings and the night duty shift now incorporates one sleep over and one stand up care staff member each night. Casual staff have been recruited and are being rostered to work during staff absences. The management team advised the development of a pool of casual staff members who are able to work over different areas of the home has strengthened the home’s human resource management system. Staff report they have time to complete their duties.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

The home ensures they remain current with changes in relevant legislation through its membership with a regulatory notification service and various aged care best practice bodies. They also attend conferences regarding aged care and network with other facilities. Management ensures they meet regulations through writing and implementing appropriate

policy, communicating and educating staff about changes, reviewing the efficacy of the implementation, and ongoing monitoring. The home has mandatory reporting systems in place across the four Accreditation standards such as for the use of restraint, outbreaks and unexplained absences of residents. An incident reporting system is also used to capture information. Interviews and documentation showed all new staff and volunteers have a citizen/visa check and police checks prior to commencing work at the home. The team sighted notices on display of the Accreditation audit and residents were aware of the reason behind the team's visit.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an orientation program for all new staff, which includes mandatory education and buddy shifts. The home subscribes to the aged care channel and onsite education is provided by internal senior staff and external education providers. Information is conveyed to staff through the staff noticeboard, staff memos and the education calendar. All care staff have or are working toward the Certificate III Aged Care qualification and have a current first aid certificate. New staff are monitored during their probation period to ensure care standards are maintained. The home evaluates and monitors to ensure that management and staff have the appropriate knowledge and skills to perform their roles effectively and provide the required standard of care to residents. Systems include reviewing staff practices and competency assessments, audits, analysis of accidents and incidents, surveys and staff performance appraisals. All staff members are required to identify learning objectives to achieve over the coming year. Records of staff attendance at all training sessions are maintained and there are processes monitor staff attendance at mandatory trainings sessions. Residents advised they are satisfied with the services and care provided by staff. Staff interviewed said they are offered relevant and useful education to perform their roles effectively.

Education topics related to Accreditation Standard One include:

- Training for all staff to complement the introduction of the electronic resident documentation system
- Certificate III Aged Care qualification is offered to all new care staff that are not in possession of this qualification
- Appropriate staff are offered Certificate IV Aged Care
- Training for senior staff in managing feedback and complaints
- Budget training to complement new management responsibilities in budget management and financial control
- Management have recently undertaken a staff education survey, the results of which will form the education calendar for 2012

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints accessible and available to all residents and their representatives in the home. These are outlined in the

resident handbook and agreement, and all new residents and/or representatives are made aware of feedback mechanisms on entry. Feedback forms and brochures for accessing external complaints services are on display and data collection boxes are distributed throughout the home. Resident and relative meetings provide a forum for feedback and for updates on management actions taken in relation to resident initiated issues. Annual satisfaction surveys are conducted. All verbal, email and written complaints are handled confidentially. Staff interviewed demonstrated awareness of complaints procedures. All complaints reviewed showed they are acknowledged, investigated, and feedback is given to complainants. Residents and/or representatives interviewed said if they have concerns they raise them with the care manager or general manager and suggestions from residents are acted upon.

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

Management and staff practices and a review of documentation, such as policies and procedures, show a commitment to quality within the home. The general manager and care manager provide leadership and support to senior staff and monitor the organisational quality assurance program. The vision and values statements are on display and are included in resident and staff handbooks. Staff orientation programs include discussion on core values and the code of conduct. The home's audit, quality improvement and education programs ensure an ongoing commitment to quality care for residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Interviews, documentation review and observation shows the home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Recruitment is ongoing for both nursing and care staff and is supported by specific orientation programs. A minimum certificate III level qualification is preferred and at commencement of employment care staff must complete a three day orientation program including 'buddy' shifts. Position descriptions, policies, procedures, and duty lists guide staff in their roles. Expectations of staff performance are conveyed through the staff handbook and code of conduct. Annual performance appraisals are completed for all staff. Staff practices are monitored by observation, feedback and audit results. Staff registrations and police check renewals are monitored and recorded. The staff roster is managed by the care and general managers and adjusted according to resident needs. Casual staff are available for leave replacements. Staff interviewed said there is good teamwork and they usually have sufficient time to complete their duties. Residents and/or representatives interviewed said they were very satisfied with the care given to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure that adequate levels of stocks are held at all times. Designated staff routinely review levels of stock and order supplies when necessary. Dry goods are rotated with the new stores at the back. Holding stock is kept to a minimum as orders are received twice a week ensuring minimal wastage. However, enough food is held to see the home through short periods such as long weekends and holidays. There are operational guidelines for all equipment and staff have education in the use of equipment. Residents and/or representatives said there were adequate supplies of anything they needed.

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

Interviews, documentation review and observation shows the home has effective information systems in place to provide access to current information to all stakeholders. Feedback, audit and survey results provide information to management and staff about the home's performance. The management team review and update policies and procedures and currency is maintained through intranet access. All staff sign a confidentiality agreement and have password protected access to electronic information systems. Care staff said updated information is available through handover, care documentation, communication diary, and staff meetings. A resident agreement and handbook inform residents/ representatives and updated information is provided through resident meetings, noticeboards and verbal communication. Resident and staff files were observed to be securely stored and processes are in place for electronic back up, archiving and destruction of documentation at the home. Residents and/or representatives interviewed believe they are kept informed and up to date.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The organisation's group purchasing and contracts manager is responsible for bulk purchasing and negotiating contracts. Externally sourced services are provided in a way that ensures residents' needs are safely and adequately met. All service provider contracts and relevant documentation is reviewed regularly and the contractor is terminated if services are inadequate. Equipment is maintained in good working order through the use of preventative maintenance schedules, risk assessments and the prompt repair when staff report breakages in the maintenance book.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Accreditation Standard Two include:

- A sundowning program has been introduced from 4.00pm -5.00pm seven day per week. Feedback about the program from staff and families has been positive. The home is further reviewing this program in November 2011 to gather qualitative data as well as the qualitative information already gathered. Staff report the program is beneficial as they have noticed residents are calmer each evening.
- The general manager identified the need to develop robust working relationships with local medical officers (MO) to ensure residents have regular visits by MOs. A regular weekly clinic is conducted by two medical officers. Management commented residents know when the clinic is being held and will wait to see the MO if they have a problem. Residents report they like having doctors visiting the home on a weekly basis.
- To improve oral health for residents an oral care program has been introduced. Education has been given to staff to promote and maintain better oral hygiene. This has resulted in improved dental hygiene with cleaner teeth evident.

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 ensures that they remain current with changes in relevant legislation through its membership with a regulatory notification service and various aged care best practice bodies. They also attend conferences regarding aged care and network with other facilities. The home has systems in place to monitor compliance of medication management, the provision of specialised nursing care, and restraint. Professional staff registrations and authorities to practice are monitored and recorded. A system is in place to manage unexplained absences of residents in accordance with regulatory 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 findings

The home meets this expected outcome

Expected outcome 1.3 describes the home's system in relation to Education and staff development to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Review of documentation and individual training records

shows education relating to Accreditation Standard Two Health and personal care has been provided for staff in the past year. Examples of training relevant to this outcome include:

- All care staff have or are working toward minimum Certificate III Aged Care
- All care staff have first aid certificates
- All relevant staff have undertaken competency based training in oxygen therapy, blood glucose level monitoring, urinalysis, midstream specimen of urine collection, medications, vital signs, simple wound dressings, hand hygiene, basic food safety practices
- Education in the use of the electronic documentation and clinical care record system
- Recent training in oral and dental care, dementia, hospital liaison and transfer, nutrition, pain, skin care, wound care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system in place to assess, document and review care needs. The care manager completes assessments and reviews the care plans for residents receiving low level care. The general manager assesses the care plans for residents receiving high level care and signs off all high care assessments. Care plan summaries are in residents’ rooms to direct personal care. There is a system for recording accidents and incidents and these are reviewed by the care manager. Medical practitioners are contacted if there is any significant change in resident condition. Discussions with families occur on an ongoing basis. Care staff interviewed demonstrated a sound knowledge of individual residents’ care needs. Residents and relatives interviewed expressed satisfaction with the clinical care residents receive.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

The home ensures residents’ specialised nursing needs are identified and met by suitably qualified staff or specialists. The general manager assesses residents’ need for specialised nursing care and oversees any specialised nursing treatments. Staff interviewed said they may access specialist clinical staff from the local hospital or community when necessary. Medical practitioners currently attend to indwelling catheter changes. Residents and/or representatives interviewed are satisfied with the care residents’ receive in relation to their specialised nursing 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

Residents are referred to health specialists as the need arises with the transport being provided by the resident’s representative or by the home with a staff escort. Residents have a choice of medical practitioner. Documentation shows referral to external services including physiotherapist, podiatrist, geriatrician, dietician, speech therapist, audiologist and dementia behaviour management advisory service (DBMAS), has been undertaken. Residents and

representatives said referral to specialists is undertaken and they have been satisfied with the arrangements. Staff are aware of specialist input into resident care.

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 systems and processes in place to ensure residents’ medication is managed safely and correctly. The home uses a multi dose blister pack administration system. Staff administering medications have undertaken training and are reassessed every twelve months. There are currently no residents self administering medications. Observation identified staff undertook to administer medications safely and correctly. Medication audits of packs, charts and signing sheets are attended regularly. Medications were in a locked medication trolley kept in a locked room when not in use. There is a medication incident reporting system and staff are aware of when and how to use it. Incidents are tabled at the medication advisory committee (MAC) meeting. Residents and relatives interviewed said they were satisfied with the way residents’ medications were being managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to ensure all residents are as free from pain as possible. Residents identified as having pain are assessed and contact made with the medical practitioner. Pain charts monitor residents pain and the effectiveness of any interventions. The use of as required (PRN) medications is monitored by the care manager and followed up with the medical practitioner. Advice on pain management can be accessed through the local palliative care team. Staff interviewed discussed non pharmacological strategies used such as rest, exercise, positioning and medicated rubs. Staff were able to discuss non verbal signs of pain and individual identifying behaviours for residents who may be experiencing pain. Residents interviewed said they are happy with the way their pain is being managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure the comfort and dignity of terminally ill residents is maintained. The home has access to the local palliative care team who will liaise with the home and the medical practitioner. Equipment, including syringe drivers, can be supplied by the palliative care team as necessary. Families are encouraged to stay with the resident and the home can organise a visit by religious clergy if this is the resident’s request. The care manager monitors when end of life wishes are discussed with residents and representatives. Staff interviewed were able to describe a range of additional comfort measures used to such as oil burner, sheepskin air mattresses and oral hygiene swabs.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure all residents receive adequate nourishment and hydration. On entry to the home residents’ nutrition and hydration needs are assessed and their preferences documented. Specialised diets and nutritional supplements are available as required. Residents have access to fruit, water and juices. The dining environment is comfortable and enhances the enjoyment of the meal. Assistive devices are available and staff were observed assisting residents in a dignified way. Weights are recorded monthly and monitored by the care manager. Dietician referral occurs as necessary. Residents interviewed were very complimentary about the food. Staff interviewed are aware of individual residents’ nutritional and hydration requirements.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure residents’ skin integrity is consistent with their general health. Assessments are done on admission if necessary and residents’ skin integrity is monitored by care staff on an ongoing basis. The home has an incident reporting system in place for skin tears and bruising. Observation and staff interviews showed the use of protective bandages, bed cradles, air mattresses and pressure relieving cushions. The care manager oversees the wound care program completing wound assessments and evaluations. Wound assessment forms describe the wound and the type of dressing to be used. A hairdresser and a podiatrist visit the home on a regular basis. Residents and representatives interviewed are satisfied with the skin care given to residents by staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure residents’ continence is managed effectively. Residents are assessed on admission and on an ongoing basis by care staff, and a plan of care developed. Strategies include toileting programs and use of continence aids. The home recently established a continence link nurse position to oversee the continence program, including liaising with the supplier. The home supplies continence products for high care residents and assists low care residents to purchase if necessary. Urinary tract infections are monitored. During the visit, all areas of the home were free of odour. Bowel charts are completed by care staff each shift and are monitored by the care manager. Staff said prunes are available every day as well as fresh fruit and water. Residents and representatives said they were happy with the assistance given in managing 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

The home has a system in place to ensure the needs of residents with challenging behaviours are managed effectively. Behaviour assessments are completed on admission if necessary. The home has a secure dementia unit with a large garden accessible to residents. An activity program is in place for residents, including a sun downing program. The use of restraint is minimal with only one resident being physically restrained. The appropriate assessment and authorisations for restraint was sighted along with restraint release documentation. Documentation showed referrals to DBMAS have occurred and workshops with staff discussing management strategies have been undertaken. Staff interviewed could discuss individual residents, any triggers for behaviours and strategies used to manage these behaviours. Residents and relatives interviewed said they are happy with the way staff manage challenging behaviours in 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 findings

The home meets this expected outcome

The home has a system in place to ensure optimum levels of mobility and dexterity are achieved for all residents. Assessment is undertaken on admission by the care manager and the physiotherapist assesses the resident when next visiting the facility. A plan of care is developed in consultation with the physiotherapist. A physiotherapy aide undertakes individual exercise programs as developed by the physiotherapist. The home takes residents who wish to attend to a wellness centre in a nearby town for an additional exercise program. There is a range of equipment available to assist in maintaining residents’ mobility and dexterity including adjustable beds, monkey bars, splints, hip protectors, weights and mobility aids. Staff were able to discuss individual resident’s needs and were seen to be assisting residents mobilise within the facility using a variety of equipment. Residents said they were satisfied with the program and assistance they 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 has a system in place to ensure residents’ oral and dental care is maintained. Assessments are undertaken on admission if necessary and care plans identify the level of assistance given by staff. Residents are supplied with denture boxes and access to a dentist or dental technician can be organised as needed. Staff assist residents where necessary to maintain good oral hygiene. Residents interviewed said they are satisfied with the assistance given in managing their oral and dental care.

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

The home has systems in place to ensure residents sensory losses are identified and managed effectively. The home currently assesses vision and hearing on admission and care plans identify strategies to manage these losses including the use of any aids. There is evidence of residents being referred to external health professionals such as audiologists and optometrists. The activities program further enhances sensory stimulation through activities such as cooking and music. Residents interviewed said they were happy with the assistance from staff in managing any assistive aids.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has processes in place to ensure residents are able to achieve natural sleep patterns. On entry to the home a sleep assessment is undertaken over several days and a plan of care developed. Residents have single rooms with curtaining to facilitate sleeping. Medications to assist with sleeping are prescribed at the discretion of the residents’ medical officers. Staff are able to discuss non pharmacological strategies used such as offering drinks, extra blankets and pillows and toileting residents. Residents interviewed said they could sleep comfortably.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Accreditation Standard Three include:

- A coffee machine was purchased by the ladies auxiliary, who are also responsible for servicing and cleaning the machine on a regular basis. Residents enjoy having the opportunity to have coffee with family and friends when they visit and this was observed by the team.
- A number of residents at the home are regularly participating in a card making activity. Cards made are sold at the home’s kiosk or other venues in Sydney. Residents use the monies gained from the sale of cards for purchasing further card making items and/or specific items for the home. The general manager said residents involved in the card making activity have control over the card making activity and how the profits are spent. Residents report they feel they are doing something for the home.
- A men’s fishing group has been introduced for residents at the home. These trips are being enjoyed by the men and are creating a social environment that is familiar to men who enjoy fishing. One resident said he enjoyed being able to go fishing with friends.
- In response to feedback from residents, residents have the opportunity to attend the wellness centre in Nowra each week. To assist residents who wish to attend this and other bus outings, a covered trailer has been purchased for moving and storing mobility equipment. More residents are now involved in the various bus outings. Resident feedback regarding the covered trailer is positive.

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 ensures that they remain current with changes in relevant legislations through its membership with a regulatory notification service and various aged care best practice bodies. They also attend conferences regarding aged care and network with other facilities. There are appropriate policies to ensure any incidents of suspected or alleged assault are reported promptly. An incident reporting system is also in place. The team observed the residents were being treated with dignity and respect. Residents and representatives interviewed said, staff showed dignity and respect when taking to or assisting residents.

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

Expected outcome 1.3 describes the home's system in relation to Education and staff development to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of training relevant to Accreditation Standard Three Resident lifestyle include:

- Completion of Certificate IV Leisure and Health
- Training in the electronic care system
- Orientation training for volunteers
- Food safety training
- Training in privacy and dignity for all staff including volunteers

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

Basin View Masonic Village welcomes new residents and their family members to the home. Residents and their representatives are provided with information prior to and on arrival at the home to assist in the settling process, and are introduced to other residents. Information is gathered through talking with residents, and assessments are undertaken to identify important information for care and activity planning. Lifestyle facilitators encourage residents to join in with social activities as they feel comfortable, whilst respecting their right to refuse. Family and friends are encouraged to visit and become part of the community. Residents state they are happy living at the home and the staff are kind and caring.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home provides a lifestyle where residents are encouraged and supported to stay as independent as possible. Documentation review demonstrates evidence of strategies to include residents in care planning and maximising independence in all aspects of care. Residents are encouraged to move freely around the home and into the community, with assistance as required. The home welcomes visitors, and residents are encouraged to participate in activities outside the home whenever possible. The activity program facilitates independence and community participation as well as promoting friendships at the home and beyond. The self-care village liaison resident has worked with management to nurture the relationship between the self-care village and the home, resulting in effective and productive relationships, and seamless transfer of some residents from the self-care village to the home. Regular exercise sessions assist residents to maintain or improve limb movement, balance, muscle strength, dexterity and mobility. Contact with the local community is maintained through outings, school children visits, entertainers, access to local newspapers, and joint

projects including the new Aquaponics garden project. Residents state they are assisted to remain independent and enjoy living at 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 findings

The home meets this expected outcome

Basin View Masonic Village implements systems that respect each resident's right to privacy, dignity and confidentiality. This was confirmed by information in the handbooks, evidence of staff training and observations during the site visit. The home provides single room accommodation with ensuite bathrooms. Interconnecting rooms are available for couples. Training for staff includes the importance of privacy, dignity and confidentiality. Residents state staff are polite and respect their privacy during care provision. Medical notes, clinical information and resident personal information are stored in secure areas and are accessible only by appropriate staff. There are quiet areas provided throughout the various wings of the home where residents may entertain family and friends.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home provides a varied lifestyle program which is developed in consultation with residents. The individual interests and preferred activities of residents are identified and incorporated into individual resident activity plans. Review of documentation and observation shows the home encourages and supports residents to participate in a wide range of interests and activities of interest to them. The lifestyle program includes activities such as cognitive, physical exercise, outings, entertainment, music, bingo, games, mobile library, and craft sessions. The home's bus, which has wheelchair access and a trailer for mobility aids, facilitates outings into the community including the weekly wellness program, barbecue days, shopping and ice-cream drives. The home has recently implemented a monthly men's fishing program. Residents are encouraged to participate in the lifestyle program by their own choice. However, residents whose frailty limits their ability to participate, or others who choose not to participate, are provided with alternatives such as reading material, music, movies or games. The recently implemented sundowning program ensures group activities or individual one on one time is provided to assist in the management of residents with challenging behaviour. A printed activity calendar keeps everyone informed of the activities happening at the home. Residents state they enjoy the activities available at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems in place that value and foster individual cultural and spiritual needs through the identification of interests, customs, cultures, and backgrounds. Residents choose to participate in special religious and cultural anniversaries if they wish such as Christmas, Easter and ANZAC Day ceremonies. Significant events such as birthdays are recognised at a monthly function and included in the resident newsletter. Resources are available for

communication and information on the languages and customs of residents from differing cultural, spiritual and linguistic backgrounds. Resident state they are satisfied with the spiritual and cultural support provided.

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

The home encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Consultation in the assessment and care planning development processes provide opportunity for identification of resident choice. The resident/relative meetings provide a forum for residents and their representatives to discuss the running of the home including laundry, catering, outings and activities, arising issues. Review of the minutes of these meetings s this. Residents are able to decorate their own rooms with personal belongings, and participation in the lifestyle program is by choice. Residents state they are happy with the choices available to them and their decisions are respected.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is discussed with prospective residents and their representatives prior to and on entering the home. The resident handbook and agreement document outlines the care and services provided by the home and associated costs are discussed prior to the time of entry. Security of tenure is also addressed in the resident agreement and handbook. All residents or their representatives sign a contractual agreement on entry to the home. Management interviewed stated any movement of residents' accommodation is fully discussed with the resident and their representatives, and each resident is supported in their transfer. Residents and their representatives interviewed showed an understanding of this information.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Accreditation Standard Four include:

- The kitchen staff identified the bread which was left at the home between 5.00am and 6.00am each day was being eaten by kangaroos. A bread box was constructed near the service entrance of the home in a position which is also not exposed to the sun. Staff report the bread is now kept cool and is safe from the kangaroos until picked up.
- The general manager identified the front door of the home was heavy and difficult for residents to open, particularly if they were also using a mobility aid. A self opening door has been installed which allows all residents, including those in wheelchairs, to move freely in and out of the home without added assistance. Staff and residents report the self opening door has increased residents’ independence.
- A landscaped building works program is being developed to improve the external living environment for all residents in the home. The program is resident focused and resident driven. The developed garden will have a mixture of aquaponics and permaculture and is expected to be self sustaining. Garden ambassadors meeting minutes show residents are actively involved in the project. Some suggestions by residents have been incorporated into the garden’s design. Staff and residents gave positive feedback about the garden project due to commence 21 November 2011.
- The laundry staff member identified the need for air conditioning in the laundry. The staff member said since the laundry was air conditioned the clothes in the laundry do not get damp in winter and the temperature in the laundry was “bearable” in summer.

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 ensures that they remain current with changes in relevant legislations through its membership with a regulatory notification service and various aged care best practice bodies. The home ensures they meet regulations through review of the efficacy of their system with audits, ongoing monitoring and communicating and educating staff. All staff attend mandatory education on fire, manual handling and infection control. The team noted the home has mechanisms in place such as a preventative maintenance program and an as needed reporting procedure to ensure the home meets safety standards and building certification codes.

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

Expected outcome 1.3 describes the home's system in relation to Education and staff development to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of training relevant to Accreditation Standard Four Physical environment and safe systems include:

- Mandatory training – manual handling, fire safety, occupational health and safety, infection control
- Chemical safety and safe storage
- Hand hygiene competency
- Electronic tagging and testing for maintenance staff
- Planned preventative maintenance
- Food handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The team observed the home has a comfortable living environment which enhances residents' lifestyle and accommodates ongoing care needs. Residents mainly live in single rooms with accompanying bathrooms, all of which have a call bell system. Each of the two wings has a living/activities area and some smaller areas for quiet relaxation and/or communication with family and friends. The dementia specific unit has a secure garden area. A preventative maintenance program is in place to minimise ongoing wear and tear and there is a reporting system to ensure breakages and areas of concern are promptly fixed. Risk assessments are conducted when necessary. Residents can feedback their concerns and desires about the environment to the management on an as needs basis, through the resident/representative meeting and the comments and complaints system. The living environment is always addressed in the annual quality assurance plan and provided for in the budget.

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 occupational health and safety system including comprehensive policies and procedures. A trained occupational health and safety (OH&S) staff member assumes responsibility for monitoring the living and working environment and reporting risks. Accident and incident data is presented, analysed and trended at meetings. The home monitors work practices which support a 'non lift policy', mechanical lifters are available, and staff complete manual handling training during orientation and annually. A preventative maintenance program is in place where tasks such as checks of mixing valves, temperature, and filters are conducted. Staff, residents and their representatives informed the team that the home is

always well maintained and items are fixed promptly. Risk assessments are conducted when concerns have been identified. All chemicals are housed in a secure area of the home. The team saw posters relating to the chemicals commonly used and material safety data sheets were also observed at locations where chemicals are used regularly. The home has a return to work policy.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The team viewed documentation which demonstrates the home has regular fire safety checks. Current credentials show the home is certified as meeting the fire and building regulatory standards. The team observed fire fighting equipment throughout the home. Inspection tags observed showed these are checked six monthly and certification was completed by a licensed testing authority. There is a system for ensuring all staff have received training in fire fighting. The home has an emergency evacuation plan. Residents informed the team they feel safe and can keep possessions secure. The home has a security system which automatically inactivates in the case of the fire alarm being set off. The home has a system for contractors and visitors to sign in when visiting the home. All electrical items are tested and tagged to minimise the risk of electrical fire.

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 collects data on infections and this is discussed at the staff meetings. The team observed good infection control practices to be in place including the use of personal protective equipment, the use of disposable wound dressings, hand washing and the use of colour coded equipment. Sharps containers and information for staff on needle stick injury were observed. A food safety program is in place and the home received an A rating from the NSW Food Authority audit attended in March 2011. Staff interviewed demonstrate an understanding of the home's infection control procedures.

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

The home employs its own kitchen staff, while contracting laundry and cleaning staff. The hospitality staff provide catering, cleaning and laundry services in a way that enhances residents' quality of life and staff working conditions. Documentation, interviews and observations shows policies, procedures and duty lists are in place for all aspects of hospitality services. Residents and representatives said they are very satisfied with the hospitality services provided.

Catering

The home ensures hospitality services meet the residents' needs and preferences. Documentation and interviews show there is resident and dietician input into the menu. Special diets are catered for and alternative meals are offered as necessary. The menu is

seasonal and on a four week cycle. The team observed meals are well presented and residents are provided with snacks during the day including the availability of fresh fruit. Residents interviewed were happy with the meal service in the home.

Cleaning

Cleaning services are conducted according to set schedules included in cleaning staff duty lists. Residents' rooms and common areas were observed to be clean. Staff interviews demonstrate knowledge of safe chemical use and an awareness of infection control procedures. The team observed colour-coded cleaning equipment in use.

Laundry

An on-site laundry provides services five days a week for residents' personal items and linen. A separate holding area for dirty linen has been developed and the laundry has separate clean and dirty areas. Systems are in place for labelling, laundering, storage and delivery of residents' personal clothing and linen. Observation and staff interviews show the laundry is operated in accordance with infection control and OH&S guidelines.