



Aged Care
Standards and Accreditation Agency Ltd

BCS Kularoo Centre

RACS ID 0255

Cnr Kularoo Drive & Boundary St
FORSTER NSW 2428

Approved provider: Baptist Community Services - NSW & ACT

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 19 January 2015.

We made our decision on 25 November 2011.

The audit was conducted on 1 November 2011 to 3 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

BCS Kularoo Centre 0255

Approved provider: Baptist Community Services - NSW & ACT

Introduction

This is the report of a site audit from 1 November 2011 to 3 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 1 November 2011 to 3 November 2011

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

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

Assessment team

Team leader:	Ruth Heather
Team member/s:	Ruth Graham

Approved provider details

Approved provider:	Baptist Community Services - NSW & ACT
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Details of home

Name of home:	BCS Kularoo Centre
RACS ID:	0255

Total number of allocated places:	160
Number of residents during site audit:	150
Number of high care residents during site audit:	108
Special needs catered for:	Dementia

Street/PO Box:	Cnr Kularoo Drive & Boundary St	State:	NSW
City/Town:	FORSTER	Postcode:	2428
Phone number:	02 6555 1600	Facsimile:	02 6555 1669
E-mail address:	DMoylan@bcs.org.au		

Audit trail

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

Interviews

	Number		Number
Executive care manager	1	Residents/representatives	16
Education coordinator	1	OH&S chairperson	1
Care improvement manager	1	Catering contract site manager	1
Infection control coordinator	1	Catering staff	1
Registered nurses/care leaders	4	Chaplain	1
Care supervisors/Certificate IV	1	Laundry staff	3
Care staff	11	Physiotherapy aides	2
Client liaison administrator	1	Cleaning staff	3
Administration assistant	1	Maintenance staff	1
Activities & volunteers coordinator	1	Recreational activities staff	3
Hairdresser	1		

Sampled documents

	Number		Number
Residents' files	26	Medication charts	20
Summary/quick reference care plans	26	Personnel files	10
Residential agreements	7		

Other documents reviewed

The team also reviewed:

- Accident/incident reports – residents and staff
- Activities attendance records
- Activities evaluation forms
- Activities program (monthly)
- Activities social & human needs assessments
- Advanced care directive forms
- Annual fire safety statement
- Audit schedule
- Audits, surveys
- BCS service profile
- Business plan 2011/12, BCS business improvement priorities 2010/11
- Care planning documentation
- Case conferencing forms
- Catering - training data base, resident food forum minutes, internal audits, resident meal information charts
- Cleaning schedules and records, instructions

- Client information handbook
- Clinical care assessment documents
- Clinical care observation records
- Clinical monitoring charts
- Comments and complaints register, comments and complaints review
- Communication books
- Competencies and questionnaires
- Compulsory reporting register
- Continuous improvement register, improvement logs, continuous improvement plan 2011
- Contractor agreements and information
- Dietary needs assessments, diet modification form
- Education calendars
- Education monthly report
- Electrical tagging, mixing valve checks
- Employee handbook
- External benchmarking reports
- Have your say form
- Hazard forms, hazard report register
- Incidence of infection
- Incident and time lost injury report forms
- Interim care plans
- Internal and external maintenance records
- Laundry preventative maintenance, linen discard records, daily duties
- Maintenance log
- Mandatory reporting register
- Material safety data sheets
- Medication fridge temperature recordings
- Meeting minutes
- Memo's
- Menu, special occasion menu's
- Mission, vision and values
- Newsletter
- NSW Food Authority licence
- NSW Food Authority preliminary audit report
- Organisational charts
- Orientation for new team members
- Outbreak records and information
- Pain management documentation
- Pest control records
- Pharmacy medications reviews
- Physiotherapy documentations
- Police check register
- Policies and procedures, policy and procedure newsletter
- Power save certificate
- Professional registrations
- Registered nurses handover sheet
- Resident enquiry pack
- Residents restraint documentation
- Resident surveys
- Rosters, communication book, open shift sheet
- S8 register x 2
- Safety checklists
- Site emergency plan, crisis management plan

- Specialised nursing support plans
- Staff immunisation records
- Student orientation book
- Training need analysis and action plan
- Wound care documentations

Observations

The team observed the following:

- Activities in progress
- Activities program on display
- Chapel
- Charter of resident rights on display
- Colour coded cleaning equipment
- Complaints information and suggestion boxes
- Education resources
- Equipment and supplies, storage areas
- Fire equipment and signage
- Hairdressers room
- Hand wash stations and hand sanitiser
- Interactions between staff and residents
- Living environment internal, external & secure garden areas
- Locked archive area
- Locked chemical storage area
- Manual handling equipment
- Meal service
- Medication administration in low & high care, storage of medications
- Menu displayed in dining rooms
- Mobility and pressure relieving equipment
- Notice boards displaying information for residents and staff
- Outbreak baskets, spill kits, emergency supplies
- Oxygen signage
- Personal protective equipment
- Physiotherapy room
- Residents call buzzer system
- Resident's laundry
- Rooms personalised with residents belongings
- Snoezelen room
- Water tanks – new

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 actively pursues continuous improvement in a systematic and cyclical manner, as a part of the home’s planning and reporting processes. Baptist Community Services supports the continuous improvement process with the provision of oversight and assistance which enables the home to meet business plan objectives which identify improvements. Areas for improvement are identified through resident, staff and committee meetings, surveys, the complaints process, suggestions, reporting of incidents and accidents, results of audits, clinical data and verbal feedback. Strategies are developed and documented in the continuous improvement system. Once completed improvements are evaluated by the executive leadership team meeting to ensure the actions taken have been effective. Staff are aware of systems for continuous improvement and confirm they are involved in continuous improvement activities such as audits and they contribute to suggestions for improvement through ‘I am happy’ forms, meetings and surveys. Interviews with residents/representatives confirm feedback has resulted in improvements for residents.

The home has made planned improvements in relation to Standard One - Management Systems, Staffing and Organisational Development, including:

- To ensure clinical leadership in each area of the home a new management structure has been put in place. Registered nurses have increased responsibility as care leaders over designated areas in the home. They are responsible for supervising care staff, liaising with residents and their families, managing case conferences, overseeing clinical care, managing the funding tool and overseeing the day to day running of their care area. As a result of the restructure there is increased clinical monitoring by a registered nurse which is ensuring improved outcomes for residents. The executive care manager stated the new structure has reduced complaints as the care leaders are able to deal with issues as they arise.
- The executive care manager has recently completed an advanced diploma of management with the Australian Institute of Management. This has provided a better understanding of how to implement and manage change and assisted with improved management of the budget.

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

There are systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to a number of government and independent information services and is a member of an industry body which provides ongoing information about industry issues and regulatory changes. The home receives relevant legislative and regulatory updates from the corporate

office and the executive care manager attends senior management meetings regularly. The management team monitor the adherence to regulatory requirements through audit processes and observation of staff practice and ensure that resulting changes in policy and procedure are communicated to staff via meetings, memos, notice boards and staff education programs.

Examples of compliance with regulatory requirements specific to Standard One - Management systems, staffing and organisational development include:

- A system and process is in place to ensure all staff, volunteers and appropriate contractors have current police checks.
- Residents/resident representatives were notified of the accreditation site audit via notices in the home, meetings and newsletters.
- The provision of information to residents and stakeholders about internal and external complaint mechanisms.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

There is a system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate training needs are identified through staff appraisals, competency assessments, observation of work practices, the results of audits, the monitoring of accidents and incidents and staff request. Mandatory training includes manual handling, infection control, mandatory reporting and fire safety. There is a recruitment procedure and induction program for new staff. Televised training programs, guest speakers, qualified staff and external education opportunities are used to ensure a wide variety of training is provided. All staff interviewed report they have access to internal and external education on a regular basis and have undertaken competency assessments.

Review of the education plan and attendance records for 2011 confirms education has been provided in relation to Accreditation Standard One. Examples include aged care funding instrument, mandatory reporting, staff performance management training, recruitment and selection, professional boundaries and senior staff are attending a specialised management training program for registered nurses.

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

There are internal and external mechanisms in place for residents, resident representatives and other interested parties to put forward comments, suggestions and complaints. External complaints information brochures and internal complaints forms are accessible to residents and visitors throughout the home with the provision of boxes for confidential lodgement. Interviews and the review of meeting minutes confirms resident meetings and carers' meetings provide a forum for comments, suggestions and complaints to be raised. Residents/representatives and staff interviewed are aware of the home's comments and complaints system and they state they receive a response in a timely manner to any concern they raise and they have been satisfied with the resolution process.

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

Observations demonstrate the home's mission, vision and values is on display and the mission, vision and values is present in a number of documents including the employee handbook. Staff interviewed confirm awareness of the home's commitment to quality and that they are involved in quality initiatives. Interviews with residents/representatives and the assessment team's observations indicated that management and staff model behaviours consistent with the home's values and a strong culture of 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

There are systems and processes in place for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's vision, mission and values. The home has processes for recruitment and orientation including a 'buddy system' for new staff as confirmed through the review of recruitment and orientation documentation and interviews. When staff are not able to work, replacements are found using part time or casual staff and occasionally agency staff, as evidenced through the review of rosters. Management report they adjust staffing levels based upon resident care needs and staff and resident feedback. Staff are encouraged to pursue further education and this is demonstrated by attendance at external training opportunities and staff completing tertiary qualifications. Management are committed to providing ongoing education to all staff as evidenced by the education program in place and the resources made available to staff. Staff stated they are confident they have the relevant knowledge and skills to carry out their work. Residents/representatives are very positive about the staff and the skill they demonstrate in the provision of care. They state staff come promptly when called, are responsive to residents' needs and have a caring attitude towards the 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

Staff and residents state they have access to appropriate and adequate goods and equipment to ensure quality service delivery. Staff commented on the organisation's generosity in the provision of equipment which assists them in all aspects of their work. Various staff and management have responsibility for the purchasing and receipt of goods and equipment. Equipment needs are identified through input from staff and there is a process for the assessment of new equipment. There is a corrective and preventative maintenance program in place. Sufficient stocks of appropriate goods and equipment are observed throughout the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems in place for the creation, storage, archiving and destruction of documentation within the home. The team observed that confidential information, such as resident and staff files, is stored securely. Processes are in place to consult with residents and/or their representatives and to keep them informed of activities within the home. Information is disseminated through meetings, email, notice boards, newsletters, memoranda, communication books and diaries, shift handover reports and informal lines of communication. The computers at the home are password protected and the system is maintained by the organisational office. There is a system of surveys and audits to provide information regarding resident and staff needs and the quality of care provided at the home. Residents/representatives and staff state they are kept well informed and are consulted on matters that may impact them through the display of information such as minutes of various committee meetings, notices, memos, policies and procedures, and at various meetings and informal discussions.

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

Feedback from management, staff and residents demonstrates satisfaction across the home with the goods and services provided by external suppliers. There are contracts in place with suppliers and service providers and there is a system to monitor the currency of all contracts/agreements. The home monitors the quality of goods and services provided by external service providers through observation and feedback from residents and staff. Corporate systems, with local input, are in place to evaluate the performance of all external service providers to ensure the efficiency and effectiveness of service performance and compliance with relevant safety and related legislative requirements. External service providers are required to sign in and out and are provided with suitable supervision while on site. Staff and resident /representative interviews indicated satisfaction with current external services.

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 a description of the overall system of continuous improvement.

The home has made planned improvements in Standard Two - Health and Personal Care that include:

- The implementation of person centred care has commenced at the home. It is being implemented in one area at a time and staff are being supported with the provision of training so they are able to implement changes to their work practices. Since the commencement of the person centred care in Scribbly Gum (dementia unit) residents have had less episodes of aggression and are more settled, and there have been fewer complaints from residents' families. During the site audit the assessment team observed the residents to be content, relaxed and calm.
- To improve resident's mobility, dexterity and pain management all registered nurses, certificate IV care supervisors and care leaders have been trained as physiotherapy aides. There is now an increased number of staff who can provide gentle massage and use transcutaneous electrical nerve stimulation (TENS) machines for improved pain management.
- All low care residents were screened by a visiting mobile service for osteoporosis. This has identified residents who have a high risk of fracture if they were to fall. Medical officers have commenced some residents on oral medications to minimise their osteoporosis risk and residents with the higher risk are being monitored by the falls prevention program provided at the home.

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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements specific to Standard Two - Health and personal care:

- There is a system in place to ensure that professional registrations for registered nurses and visiting allied health professionals (such as the podiatrist and physiotherapist) are monitored and maintained.
- The home ensures high care residents are provided with supplies and equipment as required under the Quality of Care Principles 1997.

- Replacement of the drugs of addiction cupboard in Pelican wing to meet 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

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists for 2011 confirms that education relating to health and personal care has been provided for management and staff in the past year. Examples include, but are not limited to, person centred care concept training, dementia care, nutrition and hydration, preventing a fall, continence care, autonomic dysreflexia, shingles, use of the spa bath and diabetes.

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 comprehensive system in place to ensure residents’ clinical needs are assessed, and residents receive appropriate clinical care. The home’s system includes assessment of residents’ physical and social needs through consultation and case conferencing with the residents and their representatives following entry to the home and ongoing. An interim care plan is used prior to an assessment being completed. Information collected from the assessment process is used to generate individualised care plans that contain strategies for meeting care needs and they are reviewed three monthly. Consultation with appropriate specialised personnel and with the resident doctor of choice ensures that ongoing needs are met. A review of documentation confirmed that effective communication and care documentation systems are in place that enables nursing staff, medical officers, and allied health professionals to be informed of the care being provided to residents and any care issues in need of review. After hours medical support and emergency procedures are in place. Clinical care practices are monitored through the home’s auditing program, staff appraisals and competencies, residents’ satisfaction survey and from observation of staff by registered nurses and management. Interviews with residents, resident representatives and staff, and a review of relevant documents confirmed the above and showed that the system is effective, and that residents receive appropriate clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. This includes assessments, development of a care plan, and consultation with the resident, their representative and members of the health care team. The care plan contains strategies to meet relevant needs and is reviewed to ensure strategies and care needs are met and are current. Registered nurses are trained to deliver

relevant care, and are supported by education and training as required. All care staff assisting with specialised nursing care work under the supervision of the registered nurses. A review of records and interviews with staff showed the home utilises external specialists and reports from specialists are documented and acted upon. Interviews with residents and their representatives confirmed they are satisfied with the specialised nursing care provided.

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

Interviews with residents, their representatives and staff, and a review of relevant clinical documentation confirmed the home has a system for referring to appropriate health specialists in accordance with the resident needs and preferences. A review of clinical records and interview with staff demonstrated that some of the health specialists visit the home and that some are available in the community. Staff interviewed demonstrated an understanding of the referral system including meeting residents’ needs and preferences, providing escorts and arranging transport. A review of clinical records also showed that reports from specialists were reviewed and implemented by the home.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has an effective system that ensures residents’ medications are managed safely and correctly. The system includes assessing residents’ medication needs and developing a care plan that is reviewed three monthly, arranging for medications to be prescribed by the attending doctor, supply of medications by the contracted pharmacy, administration of medication by staff who have been trained, authorisation by general practitioner and registered nurse for residents who self-administer, annual medication review of all residents by the pharmacist, regular meetings with the medication advisory committee, ongoing review and evaluation of the system by external auditing, and monitoring and recording of incidents relating to the system. Observations undertaken by the team confirmed medications are stored and administered appropriately. Residents interviewed by the team stated they are satisfied with the manner in which staff manage their medications. Interviews with staff, and the review of relevant documents confirmed the home manages medications safely and correctly.

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

Residents stated their pain is managed appropriately and they are kept as free as possible from pain. The home has a pain management system in place that includes staff identifying resident’s pain on entry to the home in consultation with the resident and/or resident representative and the medical officer. Ongoing needs are met by assessment of pain using verbal and non-verbal assessment tools and the development of individualised care plans, regular reviews, evaluations of the effectiveness of the plans on a pain monitoring chart and where necessary appropriate referrals to external specialists. A review of documentation showed that alternative methods of pain relief are offered to the residents and the pain

management system is effective in addressing and managing residents' pain. Staff interviewed on pain management expressed an understanding of the home's policy on pain management and knowledge of alternative methods of pain management.

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 that enables staff to provide care with comfort and dignity to meet the emotional needs of terminally ill residents. The system includes obtaining information on end of life choices and treatment and assessment of existing care needs, which is carried out in conjunction with the resident and resident representative. The information is translated into an individualised support plan that contains strategies to meet care needs that are personal to the resident's ethics and beliefs. These are reviewed and evaluated. Staff are aware of the palliative care needs of residents and provide support for residents and their representatives. Single rooms ensure residents and their representatives care is provided in a dignified manner. Consultation with external specialist teams ensures ongoing palliative care needs are met. Spiritual needs of the residents are met by the home's on site chaplain or by accessing ministers from the community.

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's system to ensure residents receive adequate nourishment and hydration includes assessment on entry to the home. The assessment identifies allergies, cultural and religious needs, and food and drink preferences. Care plans are developed and reviewed regularly. The home monitors residents' weight on entry to the home and on a monthly basis or as required. Those at risk of extensive weight loss are monitored closely and supplementary feeds are provided. Documentation reviewed showed that specialist referral is utilised as required. The home has a four week rotating menu that is reviewed by the dietician. The menu offers residents a choice of alternative meals, and fresh fruit daily. Residents interviewed stated they are happy with the meals and an alternative is offered if they request it. Observation by the team at meal times confirmed staff ensure residents receive appropriate assistance at meal times and assistive devices are available if required.

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 that ensures residents' skin integrity is consistent with their general health. Documents reviewed by the team confirmed that assessment of any existing skin condition is identified on entry to the home. These are completed in consultation with the resident and their representative. Individual care plans are developed and contain strategies to meet identified needs; these are reviewed regularly and are supported by external specialists if required. Wound care charts are maintained, are completed daily and monitored by registered nurses who have received education to deliver relevant care. Care staff

complete simple dressing procedures and work under the supervision of the registered nurses. Staff interviewed were aware of safe manual handling, assistive devices and what topical applications to use to maintain good skin integrity. A review of documentation identified that residents who have skin integrity issues are being managed appropriately. Residents and their representatives interviewed are satisfied with the management of skin care.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ continence is managed effectively. Review of clinical documentation shows that the system includes individual continence assessment when the resident moves into the home and the development of a care plan including a toileting regime if needed. The plans are observed to be regularly reviewed and evaluated. The team observed that bowel charts are maintained by care staff and are used to monitor requirements for aperients. Each area has a trained continence care staff member responsible for the continence program and the distribution of continence aids. Residents are encouraged and assisted to maintain adequate fluid intake to assist with continence management. Residents and representatives interviewed by the team express satisfaction with the way residents’ continence is managed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to manage the needs of residents with challenging behaviours effectively. Documentation reviewed indicates that residents’ behaviour management needs are assessed on entry to the home and on an ongoing basis. The assessments include information obtained from residents’ representatives, clinical notes and observations recorded by care staff using behaviour charts which aim to identify the triggers for the behaviours. The home also gathers a comprehensive personal life history of each resident which enables the staff to know the residents better and manage challenging behaviour using a person centred approach. The team observed the environment of the dementia unit to be very calm and staff were observed to manage residents in a calm, friendly and knowledgeable manner. Referrals to the area psychogeriatric team are made in consultation with the residents’ medical officers and representatives when necessary. Representatives interviewed expressed satisfaction with the home’s management of residents with challenging behaviours and also of the assistance provided by the staff at the home in helping them understand the diagnosed condition and behaviours of their relative.

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 systems in place to maintain mobility and dexterity for residents. All residents have mobility and falls assessments undertaken on entry to the home and each resident is later assessed by the contracted physiotherapist on their next scheduled visit. A plan of care

is developed which is reviewed regularly or as residents' care needs change. Gentle group exercises classes are conducted some weekdays. Physiotherapy aides assist residents with their physiotherapy programs. The home has a physiotherapy room with hand-rails, non slip surfaces adequate lighting, and a range of mobility aids are available throughout the home. Document review confirmed residents are encouraged to mobilise and that massage and a range of movement exercises are attended to regularly. Interviews with residents and their representatives confirm they are satisfied with support provided for residents' mobility and dexterity.

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 systems in place to ensure residents' oral and dental health needs are maintained. This includes a program that includes an assessment and the formulation of a care plan with strategies to meet dental care needs. Documents reviewed confirmed ongoing dental care is documented and reviewed regularly or as required. Residents interviewed stated that they are supported by staff to maintain their dental care independently, or are assisted by care staff as required. Staff interviewed stated the dentist visits the home and some resident's access specialists of their choice in the community for 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 identify and effectively manage residents' sensory losses. Assessment is undertaken when the resident moves into the home and an individualised care plan is developed, implemented and reviewed regularly and as needs change. Observation, review of care documentation and discussion with residents show that staff assist residents to manage aids and equipment such as hearing aids and glasses. The home assists the residents with sensory impairment to maximise their residual capacities through the use of sensory boxes and the use of the multi sensory (Snoezelen) room. Access to talking books and large print cards are also available for visually impaired residents. Activities are planned to take into consideration residents with sensory loss and staff were observed to be aware of residents who have impaired senses. Residents and representatives interviewed by the team state they are pleased with the home's approach to sensory loss.

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

All residents and their representatives interviewed stated residents are able to achieve sufficient sleep. Staff interviewed report residents are assisted to settle for the night and if residents wake a range of strategies such as the offering of food or drink, assistance with continence needs, pain management and reassurance are used to assist residents back to sleep. Residents who require medications to assist them to sleep have it provided for them. Documentation reviewed confirmed the home has a system in place to assess sleep patterns

on entry to the home in consultation with the resident and their representative, and that a care plan is development and reviewed regularly.

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 a description of the overall system of continuous improvement.

The home has made planned improvements in Standard Three - Resident lifestyle including:

- Improved communication and support for resident’s families, carers and representatives has been achieved with the implementation of changes to the carers’ meetings. Education is provided at each meeting and some topics covered have included information on person centred care and physiotherapy. The local pharmacist and podiatrist have attended and provided a range of information for those present. An opportunity to raise questions about all aspects of care and life at the home is provided at the end of each session. A further enhancement is the holding of a smaller meeting in each care area. Resident representative feedback about the changes is very positive. They state the education is very helpful and the small group meetings are friendly and it is easy to ask questions and raise any concerns.
- Men’s only activities have commenced at the home and they include an indoor bowling competition which is run with other aged care homes in the town. The activities are proving to be popular with the men and other activities specific to their preferences will be planned.
- A new hairdressing salon has been installed at the home. The new salon is larger, has height adjustable hairdressing chairs and island hair washing sinks. The improvements make it more comfortable for the residents when they have their hair done and facilitate opportunities for residents to gather together.

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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements specific to Standard Three - Resident Lifestyle:

- The Charter of Residents’ Rights and Responsibilities is displayed in the home and included in the resident handbook which is given to all residents.
- The home’s privacy policy and practices are consistent with privacy regulatory requirements. Resident and staff information is stored securely.
- There is a policy, procedure and regular staff training for the reporting of actual or suspected resident abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists for 2011 confirms that education relating to resident lifestyle has been provided for management and staff in the past year. Examples include, but are not limited to: communicating with the elderly; multisensory stimulation, mandatory reporting, and missing client. Recreational staff attend regional recreational activity officer forums where they are able to gain support and ideas for the provision of the recreational program.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has effective systems in place to provide each resident with emotional support when they initially visit the home and ongoing. This includes welcoming and orientation to the home, resident and representative interviews, providing information including a resident handbook, a pre-admission assessment by the manager, involvement by resident and representative with care planning and resident meetings. Emotional needs are identified through residents' social history, case conferencing, staff observation and input by residents and their representatives. Staff interviewed informed the team of ways they provide emotional support, such as one to one support and making families and friends welcome. A memorial service is also conducted three times a year for the remembrance of departed residents. The chaplain visits all new residents and as requested. The team also observed staff interacting with residents and their families in a friendly and supportive manner. Residents are encouraged to bring in personal items and photos to help create a homelike atmosphere and create their own personal space. Residents and representatives are satisfied with the way they are assisted to adjust to life at the home and the ongoing emotional support that residents and family receive from the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has strategies in place to provide assistance to residents to maintain maximum independence, maintain friendships and participate in the life of the community within and outside the home. A review of documentation revealed that residents are encouraged to achieve independence as they are able in activities of daily living, health choices and lifestyle, and residents are evaluated at regular intervals. The home provides an environment in which representatives, family, and community groups are welcome to visit. Private lounges inside and sitting areas outside the home are available for residents and families to have

family gatherings or quiet time. The team observed staff encouraging residents with mobility and activities of daily living. Staff interviewed informed the team that residents are assisted to retain their independence as much as possible. Residents and representatives interviewed are satisfied with the homes encouragement to maximise individual independence and the facilitating of residents' involvement in the wider community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's rights to privacy, dignity and confidentiality. A review of documents identifies each resident's personal, cultural and spiritual needs are being identified, including the consent for use of personal information and photos. Residents' files are stored in locked cupboards and computer files are protected by a password system. Staff interviews and observations demonstrated an awareness of privacy, dignity and confidentiality issues in their daily practices. Staff are provided with information about residents' rights to privacy, dignity and confidentiality at orientation, and residents and representatives are provided with information on how their personal information will be protected. Residents and residents' representatives interviewed are satisfied with how privacy, dignity and confidentiality is managed at the home.

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 demonstrated that residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Residents' specific needs, preferences, leisure interests and activities are assessed on entry to the home. A social care plan is then formulated and reviewed regularly to reflect any changes in residents' condition. Monthly activity programs are developed and are displayed. These cover a variety of group and one on one activities, and include a range of in-house and community activities. Residents have input into activity planning through the resident meetings, evaluation of specific activities and general discussions. Three recreational officers and recently employed activities coordinator are employed to organise activities. The weekend activities are facilitated by the care staff. The team observed activities run by the recreational officers and residents' involvement and interactions. The results of interviews with residents, document review and observations confirm that residents and representatives are happy with the activities provided to residents.

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

On entry to the home each resident's cultural background, languages spoken, religious and spiritual beliefs are identified and documented and communicated to relevant staff, and their individual needs are reviewed regularly. The home assists residents to celebrate and be involved in special national, cultural and spiritual days and to participate in residents'

individual birthdays. A number of church services are held in house by the site chaplain and other denominations are accessed by the site chaplain as requested by residents and/or representatives. Staff interviews and document reviews demonstrated systems are in place for residents of non-English speaking background, end of life wishes, spiritual and special dietary needs. Residents and representative interviewed are satisfied with the support provided in terms of their spiritual and cultural needs and that staff are aware of and are respectful of these needs. They spoke highly of the onsite chaplain's support and visits.

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 has systems and processes in place to acquire and record resident preferences in relation to their care, activities, routines and meals. Residents are able to provide input to decisions about the care, services and environment through case conference meetings, the resident meetings, the formal comments and complaints process, and directly to staff and management. Team observation and documentation reviewed identifies residents are encouraged to participate in care planning and lifestyle choices. Residents and representatives interviewed confirmed they generally make their own choices and express satisfaction with responsiveness to requests made to staff and management.

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 that 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 provided by the client liaison administrator and the executive care manager. This is discussed with prospective residents and their representative 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 at the time of entry. Management staff interviewed stated that any changes to residents' rooms are fully discussed with the resident and their representatives. Residents and their representatives interviewed by the team confirmed the above process.

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 a description of the overall system of continuous improvement.

The home has made planned improvements relating to Standard Four - Physical Environment and Safe Systems, including:

- The refurbishment of Scribbly Gum (dementia unit) has commenced. The unit is divided into two fifteen bed units and one unit has been completed. The second will commence in January 2012. The refurbishment has included the replacement of vinyl flooring which is more suitable for those with dementia, rebuilding of the kitchen servery so that it provides improved safety for residents, repainting throughout and new furniture. Photos of local landmarks have been placed on the walls and staff commented that residents comment on the photos and seem to enjoy them.
- To improve security at the home the occupational health and safety committee developed a new system for monitoring contractors. All contractors must enter the home via the main entrance and they are provided with vests which indicate they are approved contractors who have permission to be in the building. This assists staff to easily identify who has permission to be in the building.
- The management team at the home, with the support of the organisation, has proactively sought to minimise the home’s impact on the environment. Water tanks have been installed and once filled will provide enough water to run the laundry for up to six weeks and provide irrigation for the surrounding gardens. Other initiatives have included the changing of light globes to power saving options, placing timers’ on equipment which is not needed 24 hours a day, and an extensive recycling program which includes recycling hand towels and continence supply bags. These initiatives have resulted in an award from the NSW Office of Environment and Heritage for environmental management.

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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this outcome.

Examples of regulatory compliance with regulatory requirements specific to Standard 4 - Physical environment and safe systems:

- There is a current NSW Food Authority licence displayed and an audited food safety system is in place.

- There is a current fire safety statement displayed and fire equipment is regularly checked and maintained.
- There are current material safety data sheets with stored and used chemicals. Appropriate testing is carried out on thermostatic mixing valves for temperature safety, and legionella levels are monitored.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Interviews and review of course documentation and attendance lists for 2011 confirms that education relating to the physical environment and safe systems has been provided for management and staff in the past year. Examples include, but are not limited to, fire training, emergency management, food safety and food handling, chemical safety, manual handling, infection control, hazards, launderer care and infectious linen management.

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 home provides accommodation for residents in single rooms and a small number of two bedded rooms all with en-suite bathrooms. All areas of the home are linked by enclosed corridors and there are areas dedicated to high care, low care and a secure dementia area. There are a variety of small lounges, dining rooms, activity rooms and a chapel. There are a number of well maintained outdoor areas for residents and visitors to enjoy. The assessment team noted all areas of the home to be well maintained and of a comfortable temperature during the site audit. Regular environmental audits are carried out to identify maintenance issues, hazards or any areas requiring improvement. The team noted that staff also complete maintenance and/or hazard logs when necessary and that requests have been attended to in a timely manner. Management provided information of environmental improvements which are being planned for the following budget. Observation of the home during the accreditation site audit and feedback from residents/representatives and staff show management provides a safe and comfortable environment in line with residents' care needs and requests.

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's management team actively work to provide a safe working environment that meets regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents. The occupational health and safety (OH&S) committee works to ensure the living environment for residents and the staff work environment is safe.

The OH&S committee reviews environmental audits to ensure that regulatory requirements and the home's quality and safety standards are met. OH&S is monitored regularly by the organisation through audits by senior staff. Interviews and the review of documentation shows that staff can and do highlight risks and hazards through the hazard and accident and incident reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff and the team observed staff using this equipment appropriately. The team observed safe work practices and staff members state they receive education in manual handling during orientation and annually.

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

Systems are in place to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as regular checks of detectors, extinguishers, fire doors and other fire equipment. Staff interviews demonstrate they are familiar with the equipment and procedures and they confirm they attend regular fire safety training. There are emergency evacuation folders in place to ensure vital information is available to staff. The team observed emergency flip charts with emergency procedures located throughout the buildings. The home has a variety of security systems in place including the resident call bell system, a system for monitoring contractors, an evening lock up procedure and key coded exits. Each resident has access to call bells by their bed, in the bathrooms and a call pendant is provided if needed. There is a no smoking policy in the buildings and designated smoking areas are provided for residents and staff in the grounds. Residents/representatives state they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The infection control program consists of ongoing education, infection prevention strategies, tracking and analysis of infection rates and workplace audits. Strategies include offering vaccinations to staff and residents, the use of colour coded cleaning equipment and systems for the management and disposal of contaminated waste. Documentation reviews and interviews confirm the infection control committee reviews infection data and monitors the environment and develops strategies to minimise infections. There are policies, procedures and supplies in place for the prevention of, and for dealing with, an outbreak. Staff interviewed are familiar with infection control practices and confirm that personal protective equipment is readily available. Staff describe and demonstrate the use of various infection control strategies. This includes the colour coded system used during all aspects of cleaning, the use of personal protective equipment and the food safety practices in place. The team observed hand washing facilities areas and/or hand sanitiser are readily available throughout the home for staff and visitors.

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

There are systems to identify residents' meal requirements and preferences on entry to the home and as residents' needs change. All meals are cooked on site using a four-week seasonal rotating menu. There are themed meals to celebrate culturally significant days and special occasions. The residents are offered a choice of meal at lunch and a variety of options for the evening meal each day. The kitchen is clean and orderly with systems in place to ensure food is safe. There are processes in place to ensure the environment is clean and tidy. There are systems for the effective provision of laundry services and a clothing labelling service is available. Residents/representatives state they are satisfied with the variety, quality and quantity of food provided, the cleanliness of the environment and the quality of the laundry services provided.