



Aged Care
Standards and Accreditation Agency Ltd

Buckland

RACS ID 0571
39 Hawkesbury Road
SPRINGWOOD NSW 2777

Approved provider: The Buckland Convalescent Hospital

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 8 September 2015.

We made our decision on 6 August 2012.

The audit was conducted on 26 June 2012 to 28 June 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle	
Principle:	
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.	
Expected outcome	Accreditation Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems	
Principle:	
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	
Expected outcome	Accreditation Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Buckland 0571

Approved provider: The Buckland Convalescent Hospital

Introduction

This is the report of a re-accreditation audit from 26 June 2012 to 28 June 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 26 June 2012 to 28 June 2012.

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

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

Assessment team

Team leader:	Kathryn Powell
Team member/s:	Judy Wong

Approved provider details

Approved provider:	The Buckland Convalescent Hospital
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Details of home

Name of home:	Buckland
RACS ID:	0571

Total number of allocated places:	144
Number of residents during audit:	137
Number of high care residents during audit:	78
Special needs catered for:	N/A

Street/PO Box:	39 Hawkesbury Road	State:	NSW
City/Town:	SPRINGWOOD	Postcode:	2777
Phone number:	02 4751 2067	Facsimile:	02 4751 2107
E-mail address:	diane@buckland-rv.com.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	20
Executive director	1	Nursing home supervising RN	1
Operations manager	1	Registered nurses	3
Hostel supervising RN	1	Assistants in nursing	4
Maintenance manager	1	Diversional therapists/RAO	4
Maintenance officer	1	Volunteer program coordinator	1
External continence advisor	1	Enrolled nurse	1
Pharmacist	1	Care service employee	4
Physiotherapist	1	Laundry staff	2
Volunteer program coordinator	1	Cleaning staff	4
Catering staff	6		

Sampled documents

	Number		Number
Residents' files	20	Medication charts	16
Summary/quick reference care plans	20	Personnel files	14
Residents' financial records	15	Residents' nutritional profile	20
Safe work audit	10	External contracts/agreements	7
Service equipment manuals	7	Cleaners checklists	6

Other documents reviewed

The team also reviewed:

- Accidents and incidents folder
- Annual fire statement
- Audit folders (2011 & 2012)
- Case conference records
- CI plan, register and CI documentation
- Clinical assessments and risk assessments
- Clinical policy and procedure manuals
- Complaints folders (Customer liaison folder)
- Completed authorisation forms for use of safety devices
- Corporate governance folder

- Diary and handover sheets
- Dietary summaries
- Draft strategic plan (2012 -2017)
- Duties statements and job descriptions folders
- Electronic residents' database
- Electronic residents' menu database
- Equal opportunity for women folder
- Fire, safety and emergency equipment documentation policy and procedure
- Fridge temperature monitoring charts
- Infection control documentation
- In service education folder and education records
- Lifestyle planners and evaluations
- Medication audits
- Meeting minutes
- Material safety data sheet (MSDS) folders
- Orientation package for volunteers
- Pain management records
- Policy and procedure
- Progress notes and care plan review documentation
- Resident newsletters
- Resident preferences and interests profiles
- Resident social profiles
- Resident survey results
- S8 registers
- Safety and certification reports folder
- Staff competencies folder
- Various clinical observation charts
- Various meeting minutes
- WHS folder
- Work instructions

Observations

The team observed the following:

- Activities in progress
- Call bell system
- Computers at nurses' stations
- Displayed art and crafts works of residents, Charter of residents' rights and responsibilities

- Equipment and supply storage areas
- Hand hygiene antiseptic dispensers around the home
- Interactions between residents, representatives and staff
- Kitchen, laundry, cleaning, maintenance, areas
- Living environment
- Medication rounds
- Mobility assistive devices in use
- Motorised meal trolleys
- Mission, vision and values statements
- Notice boards
- Recycle newsletters basket at hostel
- Residents being assisted and served during meal/tea times
- Roof top garden
- Secure medications storage
- Secure outdoor gardens
- Secure storage of resident files at nurses stations
- Self service laundry
- Sky lifters in each resident room
- Waste disposal system
- Wound care trolleys

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has effective systems and processes to implement positive change and ongoing improvement. The home is proactive in its approach to continuous improvement, identifying development opportunities promptly and driving innovative practice. The management team regularly collate and review information including meetings, satisfaction surveys, comments, complaints, praise, suggestions, audit results and internal and external consultant reviews. Stakeholders are consulted and encouraged to make suggestions via a range of formal and informal systems. Residents/representatives and staff express high levels of satisfaction with the responsiveness of management, with most interviewees providing examples of improvements they had witnessed.

A review of the home's continuous improvement plan, documentation and discussions with stakeholders demonstrates the home's improvement activity is maximising outcomes across each of the Accreditation Standards. Examples include, but are not limited to:

- The home has an electronic resident care planning system. In March 2012 staff participated in a satisfaction survey where it was identified that staff wanted additional training. Additional training has been provided to staff and is planned on an ongoing basis. A review of the care planning system identified consistent practice and staff compliance.
- The home is proactive in their approach to continuous improvement. To improve communication across the site, reduce mobile phone usage and facilitate improved response times, walkie-talkies have been purchased. The walkie-talkies were originally tested by maintenance staff and have now been rolled out across the site. Policy and procedure has been developed for users to follow. Results demonstrate the home has effective day-to-day communication systems. Residents/representatives interviewed express satisfaction with the level of responsiveness by care and maintenance staff.
- The home has a number of electronic databases and information management systems in active use. To ensure consistency of practice the home has completed a literature review of in relation to information technology and Internet usage. A computer and Internet usage policy has been developed and implemented across the home. The policy provides clear direction to staff regarding their roles and responsibilities.
- The home has embraced the opportunity for staff to participate in further training and education across each of the Accreditation Standards. Twenty eight (28) staff are enrolled in training scheduled to commence in July and August 2012. The training includes Certificate IV in Aged Care, Front Line Management, Cleaning and Laundry. Staff interviewed confirm they receive ample opportunity to participate in training and development opportunities.

1.2 Regulatory compliance

This expected outcome requires that “the home’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 has a robust system to ensure regulatory compliance across each of the Accreditation Standards. The system is driven by the CEO who reviews relevant notifications and initiates action where required. Comprehensive notes regarding legislative changes are recorded in meeting minutes and policy and procedure is regularly reviewed and amended to reflect the identified changes required. The home is a member of a number of relevant peak bodies and subscribes to a number of regulatory and best practice organisations. The home collates regulatory compliance information and provides opportunities for consultation and education to all stakeholders. A review of practice demonstrates changes in legislation are promptly actioned and disseminated to relevant stakeholders. The home’s regulatory compliance system is achieving results across each Accreditation Standard. Examples include, but are not limited to:

- The monitoring of national criminal record checks for all staff and volunteers.
- The monitoring and reporting of mandatory reporting criteria.
- The home ensures all resident/representatives and staff have access to internal and external comments and complaints mechanisms.
- Monitoring of nursing registrations and current authorities to practice of registered staff and/or external providers.

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 a planned approach to education and staff development. There is an annual education plan developed from staff, management and resident/representative feedback, observations of practice, changes in legislation and best practice. Staff education is reflective of residents changing care needs. There is mandatory and compulsory training that staff must attend, staff attendance is tracked and strategies put in place to follow up with those who have not attended. The home has a training database that can collate and generate reports relating to individual and collective results. Staff competency levels in key areas are routinely assessed. Education and development opportunities are inclusive of on the job training, internal and external training. The home readily identifies high performers and offers opportunities for development. Staff skills gaps are promptly addressed. The home’s education system is achieving results across each Accreditation Standard. Examples include, but are not limited to:

- Teamwork: Helping each other
- Evacuation theory and practice
- Implementing a safe food handling program
- Work place bullying and harassment
- ACFI – improving documentation

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's comments and complaints system is comprehensive and transparent. Comments and complaints information is readily available and consistent with legislation and the home's values and vision. Comments, complains, suggestions and praise are collated in the home's Client Liaison Folders. There are multiple examples of complaints, comments, suggestions and praise being actioned and evaluated at a local level and reviewed at a board level. A review of practice demonstrates staff receive regular praise from resident/representatives. Complaints and suggestions feed into the home's overarching continuous improvement system. These matters are documented to have been managed in a timely and transparent manner. Complex complaints are investigated and complainant feedback provided. Resident/representatives and staff are satisfied with the home's complaints system, providing positive feedback about the approachability and responsiveness of senior management. Resident/representatives interviewed provided examples of issues they had raised with management and the satisfactory results they received.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a well-publicised vision, mission, and values statement. The intent of the home's commitment to quality is clear and underpins a resident focused staff culture. The home's mission is centred on providing quality, person centred care and states "to provide dignified care and services that acknowledges the values of each individual." The home's approach to ongoing quality improvement is evident and well documented. The home has strategic planning processes in place and recognises and fosters sound leadership practice.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home demonstrates sound systems to ensure appropriately skilled and qualified staff are employed. A review of practice reveals services are delivered in accordance with the needs of residents, the home's vision, values and mission statement and the Accreditation Standards. The home has clear policy and process regarding human resource management, which covers staff recruitment, orientation, performance appraisals, competency assessment retention, performance management, staff grievances and the monitoring of staff records. Job descriptions and duties list are readily available and reflective of actual staff practice.

Staff confirm they have clear instructions regarding their roles and responsibilities and are well supported by management. The executive and management advise the staffing budget meets the specific needs of the site and staffing levels are monitored and adjusted on an ongoing basis. A review of documentation and the team's observations demonstrate the home's roster and skill mix is appropriate in meeting residents' needs. Resident/representatives interviewed are highly complementary of staff and management. Comments include "they are wonderful", "the staff are so patient", "I feel very comfortable, the staff put me ease" and "beautiful, beautiful, beautiful". Staff employed across all areas of service provided consistent feed back there is ample staff and they can get their job done.

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 a range of systems in place to monitor inventory and equipment. Designated staff are responsible for monitoring stock levels and ordering stock from preferred suppliers. The home demonstrates they monitor the quality of stock and replace faulty equipment as required. There are stocks of appropriate goods and equipment to provide quality service to residents. The system includes the maintenance of electronic records, standing orders, monitoring of stock levels, ongoing preventative maintenance, servicing of equipment and systematic purchasing system. We observed ample clinical, catering, cleaning and linen supplies. Residents, their representatives and staff interviewed are satisfied with the provision of quality stock and the maintenance of the home's equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to manage the creation, usage, storage and destruction of paper based and electronic records. The home has systems to disseminate relevant information to all stakeholders. The home's computer systems are password protected and have capacity to trigger electronic prompts to complete tasks and disseminate relevant information to all staff. Information systems include e-mails, archiving of information, general data management, reporting, auditing, education sessions, meeting minutes and policy and procedure manuals. Information is managed in accordance with the home's privacy provisions and internet usage policy. A review of documentation demonstrates version control, consistency in completion of forms including dates, signatures and relevancy of information. Staff interviewed had a sound knowledge of how to access and use the information systems within the home and each provided examples of how information is communicated to them and/or how they record and disseminate information. There are systems to document residents' care need on paper, in the event of disruption to the electronic data base. Residents/representatives interviewed have access to information of interest to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that externally sourced services are provided in a way that meets the home's needs and quality goals. Contracts and/or service agreements are in place with suppliers and external service providers including fire maintenance and emergency services, pharmaceutical and food supplies. The home maintains external service provider details and copies of current signed external service provider agreements and insurances. The home monitors the performance of external service provisions and these results feed into the home's continuous improvement system. This system assists the home to track problems with suppliers so this information is available at the time of reviewing contracts. Each area is proactive in sourcing the most efficient and cost effective service and provision. Resident/representatives and staff interviewed indicate satisfaction with the external services the home provides.

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 home actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

The home demonstrates they actively pursue continuous improvement through a systematic evaluation of service quality for Standard 2 – Health and personal care. Refer to expected outcome 1.1 Continuous improvement, for details of the home's continuous improvement system. Examples of improvements include, but are not limited to:

- The home has reviewed the individual circumstances of residents with a diagnosis that may be linked to increased levels of pain. To improve resident outcomes and reduce pain a physiotherapist has been engaged to develop mobility programs aimed at reducing pain. Residents are satisfied with the pain management support they receive.
- The home identified areas for improvement regarding residents' podiatry services. A new podiatry service has been contracted to the home. Initial feedback and staff observations demonstrate increased levels of satisfaction.
- The home has reviewed the provisions of existing pressure relieving devices and provided additional devices to residents based on their individual needs. Residents' skin integrity and current pressure-relieving devices have been assessed. Two additional pressure-relieving devices have been purchased, improving the availability of specialist supports as required.
- The home has reviewed the level of access endorsed enrolled nurses and assistants in nursing (AIN's) have to the home's electronic care planning system and increased the capacity for these staff to write progress notes within the system. This has improved communication and recording of residents' care needs. Staff now have additional scope to record information.
- The home has identified additional staff demonstrating suitable skills and expertise to complete medication competency assessments. Four AIN's were consulted and indicated a desire to complete additional training. These AIN's have now completed their medication competency assessments and training.

2.2 Regulatory compliance

This expected outcome requires that “the home's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team's findings

The home meets this expected outcome

The home's regulatory compliance system ensures compliance in relation to Standard 2 – Health and personal care. Refer to expected outcome 1.2 Regulatory compliance for details of the home's regulatory compliance system. Examples of regulatory compliance include, but are not limited to:

- The home ensures compliance with the schedule of resident's services and fees. All stakeholders are informed and are aware of the required changes in service provisions once their care needs change.

- The home has policy and procedure in place to ensure safe medication management in line with legislation.
- The home has detailed and current medical practitioner agreements in place.
- The home has processes in place to monitor the professional registrations of registered staff.

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

The home’s education and training framework is relevant to each Accreditation Standard. The home has systems including an ongoing education program ensuring management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home’ education and staff development systems. Examples include, but are not limited to:

- Diabetic management.
- Bowel management.
- Oral and dental hygiene.
- Pain management – use of analgesics.
- Continence management
- Care planning documentation

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents/representatives are satisfied with the clinical care and services provided by the home. The home has processes for assessment, planning, implementation and evaluation of resident care interventions. Suitably qualified staff complete an initial clinical assessment, with an interim care plan being developed upon residents’ entry to the home. Nursing staff formulate long term care plans together with the input from families, medical and allied health staff. Registered nurses facilitate case conferencing with residents and their representatives upon residents’ entry to the home and on a yearly basis. Nursing staff review care plans every three months or as required to evaluate the effectiveness of care interventions and resident care goals. The care team uses paper-based care plan summaries, verbal and written handovers, electronic clinical documentation, colour-coded care signage and observation charts in the communication of residents’ changing care needs and personal preferences. The home monitors nursing practice and resident care through periodic audits, an incident reporting system, resident feedback and a comments and complaints system. Nursing and care staff interviewed were aware of individual residents’ care needs.

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

Residents/representatives are satisfied with the management of residents’ specialised care needs. Registered nurses are responsible for the assessment, planning and ongoing management of residents’ specialised nursing care. Registered nurses supervise the delivery of specialised nursing care such as care of urinary catheters and stomas, enteral feeding, complex wound care, complex pain management, diabetic management, anti-coagulation treatment and oxygen therapy. Enrolled nurses, AINS and care service employees attend clinical care training activities and they work within their roles and functions. They report any changes in residents’ health condition or care needs to registered nurses for care follow-up. Registered nurses review specialised care plans regularly and care plans reviewed are reflective of residents’ care needs. The home supports residents to attend external specialist consultations in conjunction with families and volunteers, as required. Staff receive ongoing education in managing resident specialised nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Nursing staff identify and document resident care needs and preferences for health specialists upon residents’ entry to the home and on an ongoing basis. Information is provided to residents/representative to support their choices and residents’ access to allied health professionals. A full-time physiotherapist provides mobility assessment, rehabilitative and pain management support to residents. Services provided by other health specialists such as dietitians, speech pathologists, podiatrists, optometrists, audiologists and dentists are accessible to all residents as required. A care staff member who is specially trained in dental health conducts regular oral dental assessments for residents. Residents’ care records contain referrals and follow-up notes from a range of medical and other health related services. Residents/representatives are satisfied with the home’s referral process and the health services provided to the residents.

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

Residents/representatives are satisfied with staff practices relating to medication administration. The home has systems to facilitate safe and correct medication management, meeting legislative requirements. The medication advisory committee meets periodically to discuss safety in medication management. The home appropriately and securely stores medications and monitors the Schedule 8 medication stock levels on a weekly basis. Medication endorsed enrolled nurses, care staff and registered nurses administer pre-packaged oral medications and topical applications to residents. Medication care plans are regularly reviewed by registered nurses to assure medication administration instructions are documented on residents’ medication charts. Residents who wish to maintain their

medication management independence are generally assessed for their capability and are supported to do so if deemed safe. Emergency medication stock is available on-site and it is replenished as required. Registered nurses monitor medication stock expiry dates on a weekly basis. Medication incidents are followed up and monitored, regular audits, staff education activities and yearly medication competency assessments assure staff practices are safe and effective.

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 who experience pain indicated their pain is managed effectively and that they are kept as pain free as possible with the use of analgesic medication and alternative therapies. The home has processes to assess, identify, action, evaluate and monitor residents’ pain care needs including for those residents with cognitive and communication difficulties. The home administers analgesics and Schedule 8 pain relief patches regularly or on an as required basis to promote resident comfort. The physiotherapist and care team promote the use of non-pharmacological pain management therapies, including heat packs, gentle exercises and massage. The effectiveness of pain relief medications is evaluated and documented in consultation with residents, representatives and general practitioners. Processes are in place to monitor staff practices and communicate to staff about residents’ changing needs and preferences.

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 processes for identifying resident terminal care wishes and in facilitating residents’ advanced directives planning to promote resident rights, dignity and choices. Residents’ advanced care directives are explicitly documented on the front page of care plan summaries. Palliative care provision is guided by policies and procedures and care interventions are developed in consultation with residents and/or their representatives as appropriate. A chaplain and the care team provide spiritual and emotional support to residents and their families in accordance with their wishes. Pain management and communication care plans address care interventions of residents with palliative care needs. A local palliative care network offers advice and support as required to residents, families and staff. Staff said they receive training and education in relation to palliative care.

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

Residents and representatives are satisfied with the quality, quantity and choices of food and fluids provided. Nursing staff assess resident nutritional and hydration preferences, health conditions, specific dietary needs and allergies on residents’ entry to the home and on an

ongoing basis. Residents' dietary requirements and specific fluid intake regimes are catered for and are included in care plans. Staff serve meals and refreshments with reference to a resident dietary and fluid intake summary. Residents with nutritional issues are provided with dietary supplements to help maintain body weight. Care staff record resident intake and output information as required. Positive weight management outcomes are evidenced in the clinical notes. Registered nurses make referrals to the speech pathologist and the dietician as required, in consultation with the residents, representatives and general practitioners. Management, nursing and catering staff review the home's menu in consultation with the dietician on a regular basis.

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

Residents/representatives are satisfied with the skin care provided by the home. Resident skin integrity is assessed upon their entry to the home and on an on-going basis, for formulating care plans. The home has protocols in guiding skin care clinical practices. The home provides pressure relieving air mattresses, cushions, limb protective devices and regular re-positioning to residents who are prone to developing pressure ulcers. Registered nurses attend to wound care, review, document and keep photos of the wound healing progress in the residents' wound care records. Registered nurses carry out and supervise complex wound care; external advisory support is sought when required. Skin integrity incidences such as skin tears, pressure ulcers, blisters and chronic wounds are regularly monitored as part of the home's key incident indicators. The home prohibits their staff from wearing any jewellery that may cause harm to resident skin integrity. Education activities support staff knowledge and skills development; wound care audits are conducted periodically to assess quality of care.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with continence care provided at the home. Residents' continence care needs are assessed and identified on entry for care plan formulating. The home promotes residents' regular bowel activities and minimises the use of aperients or suppositories. These strategies include, scheduled toileting regimes, exercise programs, encouragement of fluid and dietary fibre intake. Residents' bowel activities are monitored and documented every shift for care review. Registered nurses are responsible for the care of indwelling urinary catheters and the administration of suppositories, as required. An external continence advisor organises regular continence care committee meetings within the home, providing advisory and education support to the care team. Nursing staff review care plans every three months, monitor urinary tract infections statistics every month and audit continence management practice periodically.

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

Residents/representatives are satisfied with the home’s management of resident behaviours. The home has processes in place to identify, plan, action and monitor resident behaviours of concern. Registered nurses conduct behavioural assessments, develop and review care interventions in accordance with assessment outcomes on resident entry to the home and on an ongoing basis. External mental health specialists are sourced, if required. The home promotes a person-centred care approach with relevant staff training activities implemented. Safety of residents with wandering behaviours is well supported by the home through environmental safety modifications. Staff develop group and individualised lifestyle activity programs based on residents’ care needs and their cognitive status. Consultation, risk assessment, monitoring and authorisation processes are generally in place when a need for restraint management is indicated. The home uses handover and progress notes to monitor the effectiveness of behavioural care interventions. Staff are familiar with individual residents’ behaviours of concern and they provide resident care accordingly in assuring resident safety.

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

Residents and representatives are satisfied with the home’s approach to optimising mobility, dexterity and rehabilitation. A physiotherapist assesses resident mobility and dexterity status and fall risks on their entry to the home and on an ongoing basis. Nursing staff develop mobility and manual handling care plans in consultation with the physiotherapist, to support resident mobility independence and promote safety. Lifters mounted to ceilings within residents’ rooms assist residents in their transferring in and out of bed. Residents have access to physiotherapy services and lifestyle exercise programs. The home assists residents to maintain their independence through providing personal assistance, walking aids, bed mobility assistive devices including pulling bars in bed and bed poles meeting safety requirements. Risk assessments are conducted in residents at risk prior to the use of these assistive devices. Low beds and hip protectors are used to protect safety of residents who are prone to falls. Residents assessed to be at high risk of accidents are transferred to a high care area for close monitoring by nursing staff and this is accomplished through consultation with residents, families and the care team. Management monitor staff practices through periodic auditing and trending incidences of falls and skin tears.

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

Residents and representatives are satisfied with the oral and dental care provided by the home. The home has processes to identify concerns and monitor residents’ oral and dental health through assessment tools. Care is provided according to oral and dental health assessments identifying residents’ individualised needs and preferences. Specific oral care is

provided to residents who have limited tolerance to oral feeds. Residents are supported to attend external dental appointments. The home provides oral and dental care supplies, as required and monitors staff practices through periodic audits.

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

Residents are satisfied with the home’s management of sensory loss. The home assesses, identifies, plans and evaluates care for sensory losses in all five senses. Care plans include specific strategies to address identified sensory losses, specific preferences and needs, such as care of vision and hearing aids, provision of large print reading materials. Residents are supported in attending on-site or external sensory specialists’ services, as required by families and staff. Feedback from residents and their representatives and daily observation by staff members are used to monitor staff practices. Shift handover, progress notes and daily handover sheets are used to monitor and communicate information about residents’ changing needs and preferences. Management consider resident safety needs resulting from sensory functional decline in allocating residents to rooms within the home.

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 systems and processes to promote natural sleep patterns for residents. Residents live in single room with en-suite bathrooms, doors can be closed according to individuals’ preferences. Individual needs and preferences are identified during assessment processes and included in care plans. This includes providing a conducive sleeping environment and accommodating individuals’ personal preferences to assist residents to sleep or rest during the day. Non-pharmacological strategies are promoted; these include offering residents warm drinks, repositioning, massage and other comfort needs. Residents and representatives are satisfied with the home’s approach to promoting natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrates they actively pursue continuous improvement through a systematic evaluation and improvement of service quality for Accreditation Standard 3 – Resident lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the home’s overarching continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources providing examples of ongoing improvement. Examples of improvements include, but are not limited to:

- The home has a volunteer program. The home has reviewed the training and orientation offered to all volunteers and has commenced offering additional training to longer standing volunteers. Resident/relatives express high levels of satisfaction with the lifestyle program provided by the home.
- The home has increased the level of access residents have to computers and the internet. To improve residents’ independence online shopping services are being explored by the home. The feedback from both staff and resident/representatives has been positive.
- The home has created a large raised outdoor garden bed with freshly planted flora. The area is accessible to resident/representatives and provides sensory stimulation. Staff and resident/representatives have provided positive feedback regarding the initiative.
- The home has a comprehensive range of leisure and lifestyle activities available to residents. DT and RAO’s actively pursue opportunities to encourage residents’ connection and contribution to the community. The activities calendar and meeting minutes detail multiple examples of activities and connections to the local and broader community.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s regulatory compliance framework is relevant to each Accreditation Standard. Refer to expected outcome 1.2 for an overview of the system. The home’s regulatory compliance system ensures compliance Accreditation Standard Three. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory compliance system. Examples of regulatory compliance include, but are not limited to:

- All residents and/or their representatives are offered a resident agreement on entry to the home which includes information according to current legislative requirements.
- The resident and relative handbook provides information on the security of tenure and accommodation services.

- The home demonstrates resident/representatives were advised on a number of occasions in a number of forums about the accreditation process and the dates for the onsite visits.

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

The home has effective policy and procedures including an ongoing education program ensuring management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems. Examples of education include, but are not limited to:

- Elder abuse and mandatory reporting requirements.
- Residents' rights.
- Dignity in care: not an optional extra.
- Visual impairments.
- Guidelines for the management of challenging behaviours

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 systems to support residents' emotional needs in adjusting to life in their new home on entry and on an ongoing basis. Buckland's management and staff assist residents in their integration into the home by providing an orientation program. This orientation includes introducing them to staff, volunteers and other residents, providing them with information on care and services provided by the home and one on one visits by chaplain and staff. Residents' individual emotional needs are assessed upon their entry and reassessed regularly. Documentation and staff interviews confirm staff are aware of residents' individual needs and the relevant emotional care interventions required by residents. Residents and their representatives stated staff are caring and understanding.

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 assists residents to achieve and maintain independence, maintain connections with and participate in community life within and outside the home. The home uses a social profile assessment to identify residents' ability and preference for social interaction and

community connection, in consultation with residents and their families prior to and upon resident entry to the home. Residents maintain their connection with the local communities through continuing participation in activities they used to attend prior to entering the home, visits by volunteers and regular outings. Residents' independence is promoted through regular exercise programs, managing their own medications and laundry if they wish to and are deemed safe to do so. Friendships are encouraged amongst the residents and by welcoming family, friends and volunteers to visit regularly. Married couples with varied care needs are accommodated in rooms at appropriate levels of care within the facility to enable frequent visits. Residents and their representatives confirm staff encourage and assist them to achieve maximum independence.

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

Residents and their representatives are satisfied residents' right to privacy, dignity and confidentiality is recognised and respected by staff and management. Staff ensure residents personal and health information is securely stored and all staff sign a confidentiality agreement upon commencement of their employment. Residents and representatives are provided information on their rights to privacy and confidentiality and they are consulted on their consent to the release of photos and personal information for relevant publications by the home. Residents live in single rooms with en-suite bathrooms and there are indoor and outdoor areas for holding activities and meetings. Observation of staff practice confirms staff respect residents' privacy and treat residents with dignity.

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 encourages and supports their residents to participate in a variety of individual and group lifestyle activities. A comprehensive social profile assessment is completed on residents' entry to the home in consultation with residents and their representatives. The home's diversional therapy team uses this assessment information, in conjunction with the regular lifestyle program evaluations, in their planning and implementation of lifestyle programs. Lifestyle activities planners are published in the home's monthly newsletters, also displayed on notice boards in the communal areas and in each resident's room. The lifestyle planners include a range of activities supporting residents' physical, mental, creative, spiritual, cultural and social needs. Resident photos displayed in the home showed residents are enjoying their participation and residents' art and craft works displayed at the home showed innovation from these activities. Residents' attendance and participation are recorded and their care plans are evaluated every three monthly. We observed residents actively engaged in various activities and residents said they are satisfied with the programs.

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 identifies, supports and respects residents' individual interests, spirituality, beliefs and culture. The diversional therapy team completes a comprehensive social profile for residents on resident entry and on an ongoing basis to identify residents' cultural and spiritual preferences. The home has a chaplain who visits residents and their families to provide spiritual support as required. Residents are supported in attending worship services of various denominations within and outside the home. The home acknowledges and celebrates significant events such as national days, New Year, Christmas, Easter, residents' birthdays and anniversaries as per residents' request. Residents and their representatives confirm residents' cultural and spiritual needs are met and well respected.

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

Residents' rights to exercise choice and control over their care and lifestyle is recognised and respected by management and staff at the home. Information on the choices of accommodation, meals, care and lifestyle programs is provided to residents and representatives to assist them in exercising their rights. Residents and their representatives are invited to participate in case conferencing and they are consulted on their preference of care and services on a regular basis. Review of documentation on this consultation process showed families are enabled to provide their feedback. Residents and their representatives said residents are able to participate in decisions about all aspects of their lives in the home. We observed residents expressing their rights to participate in all aspects of life in the home to their level of interest or ability.

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 has processes to ensure information about services, fees and charges is provided to residents and/or representatives. Residents are offered a written resident agreement on entry to the home, which outlines information in relation to security of tenure. Management clarify any issues and ensure the agreement is understood. The resident and relative handbook also provides information on resident rights and responsibilities and accommodation information. The Charter of residents' rights and responsibilities is displayed in the home. Residents and resident representatives interviewed state they are satisfied with the information the home provides regarding residents' security of tenure, fees and charges and residents' rights and responsibilities.

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 home actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

The home demonstrates they actively pursue continuous improvement through a systematic evaluation and improvement of service quality for Accreditation Standard 4 – Physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for details of the home’s overarching continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources providing examples of ongoing improvement. Examples of improvements include, but are not limited to:

- The home has researched and consulted broadly to develop a new disaster management plan. The plan is inclusive of fire safety and emergency management and meets legislative requirements. A review of all related policy and procedure, equipment and the physical environment has taken place. The review identified compliance with legislation. The plan is largely complete and the additional work to be undertaken. It is envisaged the final results will far exceed minimum legislative requirements.
- The home has commenced a comprehensive food safety review, including review of residents’ nutrition and satisfaction levels. The home has reviewed the food safety program, menu, food wastage and conducted a number of residents’ satisfaction reviews. Meal cost calculations have been completed to assess the quality and efficiency of the catering services. Resident/representatives were complementary of the catering services offered by the home.
- The home has sound processes to ensure regulatory compliance. We saw evidence the home had consulted staff regarding the implementation of the Work, Health and Safety legislation. Key staff have completed relevant training. The home’s systems are effective in identifying and rectifying hazards and risks.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s regulatory compliance framework is relevant to each Accreditation Standard. Refer to expected outcome 1.2 for an overview of the system. Some examples of regulatory compliance that have occurred relevant to this Accreditation Standard include, but are not limited to:

- The home is fire safety certified and maintains fire safety and emergency equipment servicing inline with regulatory compliance.
- The home has a food safety program.
- MSDS sheets are located in key areas.
- The home conducts annual thermostatic value testing.

- The home maintains three monthly pest control in all catering areas

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

The home has a comprehensive education program ensuring management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems. Examples include, but are not limited to:

- Safe food handling (for staff involved in food handling)
- First aid course
- Slip, flop, cracks – falls and medications
- Training on how to use sling transfer and lifters.
- Fire theory and practice
- Infection control
- Key staff have attended training regarding workplace, health and safety.

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 is providing a safe and comfortable environment consistent with residents' care needs. Residents and visitors enjoy the use of appropriately furnished lounge, dining and numerous special purpose communal sitting areas. Residents also have access to well maintained outdoor areas and gardens. The use of heating and cooling devices such as ducted and in room air conditioning, ensures a comfortable climate is maintained throughout the home. Large windows and specifically designed layout allow appropriate levels of natural light to enter the building and provide views of the landscaped gardens. The safety of the environment is underpinned by a range of systems to meet residents' care needs, as well as monitoring of their environmental needs on an ongoing basis. Internal and external environmental audits and the planned preventative and corrective maintenance systems ensure the environment (grounds, building and equipment) is well maintained. Residents/representatives interviewed express high levels of satisfaction with the living environment.

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 is actively working to provide a safe environment. This is being achieved through a program of staff awareness, accident and incident reporting, hazard reporting and a functional meeting system reviewing work place health and safety. The home has implemented changes relevant to the NSW Work Health and Safety Regulation 2011. The home has a workers' compensation program including an injury management and staff return to work program. In addition, the home has a number of preventative strategies including compulsory education and competency testing, safe work practices and the provision of suitable equipment to assist with manual handling. We observed safety signage during cleaning processes and the use of personal protective equipment by staff. A review of meeting shows workplace inspections/environmental audits are undertaken and remedial action is taken to rectify hazards or risks identified. Staff confirm the home is a safe environment to work where hazards, poor practices and risk are actioned in a timely manner

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 environment and safe work systems are minimising fire, security and emergency risks. This is achieved through well publicised and clearly understood emergency and fire evacuation procedures plus fire warning and fire fighting equipment whose performance is regularly assessed against the relevant Australian Standard. The building is fire certified. Fire prevention measures in place include education, practical competency assessment, inspections, safe storage of chemicals, a program of electrical equipment tagging and a no smoking policy, with designated outdoor smoking areas provided for staff and residents. We observed correctly orientated evacuation plans. Staff are aware of the location of emergency equipment, of emergency procedures and confirm they undertake regular fire training. The home's security system includes, CTV and window/door locks, secure fencing, security lighting and routine lock up procedures. Staff wear uniforms and/or identification badges which indicate they are authorised to be in the home. A sign in/sign out book is maintained for visitors and contractors.

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's infection control program consists of ongoing education, infection prevention strategies including systems for the management and disposal of general and contaminated waste, a resident vaccination/immunisation program and tracking and analysis of infection rates. Management maintain clinical indicators for infection control statistics and interventions are developed for individual residents. Management and staff can describe the procedures for dealing with an outbreak in the home. Staff interviewed are familiar with infection control practices and confirm personal protective equipment is readily available.

Staff use various infection control strategies including the use of a colour coded system during cleaning, a first in first out system in operation for food storage and daily temperature checks on fridges, freezers and food. Laundry is washed using a suitable sanitising agent and temperature to ensure infection control is achieved in the washing process. In addition, appropriate equipment, staff practices and workflows are in place to minimise the risk of cross infection. The home has a hazard risk management system and appropriate disinfection/cleaning methods. Staff associated with the provision of catering, cleaning and laundry services and care staff demonstrate an awareness of infection control as it pertains to their work areas.

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's hospitality services are managed onsite and provided in a way that enhances residents' quality of life and the staffs' working environment. The home has a large industrial kitchen where meals are prepared fresh each day in line with their food safety program. The home has an electronic resident nutrition database that records residents' individual preferences, special requirements and allergies. Resident/representatives interviewed express high levels of satisfaction with the home's catering services. The home's cleaning services are carried out by the home's staff. The cleaning schedule ensures cleaning standards are maintained. Cleaning audits are also conducted. The home has a hospitality manager overseeing the catering services, the systems are consistently applied and there is a strong focus on maintaining quality assurance and identifying improvement opportunities. The on site laundry service employs effective systems for the storage, identification, laundering and delivery of residents' personal clothing and the home's linen. Residents are happy with the laundry, catering and cleaning services provided.