



Aged Care
Standards and Accreditation Agency Ltd

Coffs Harbour Legacy Nursing Home

RACS ID 2622

55 Victoria Street

COFFS HARBOUR NSW 2450

Approved provider: Coffs Harbour Legacy Welfare Fund

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 4 March 2015.

We made our decision on 5 January 2012.

The audit was conducted on 6 December 2011 to 7 December 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

Coffs Harbour Legacy Nursing Home 2622

Approved provider: Coffs Harbour Legacy Welfare Fund

Introduction

This is the report of a site audit from 6 December 2011 to 7 December 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 6 December 2011 to 7 December 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:	June Connolly
Team member/s:	Hiltje Miller

Approved provider details

Approved provider:	Coffs Harbour Legacy Welfare Fund
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Details of home

Name of home:	Coffs Harbour Legacy Nursing Home
RACS ID:	2622

Total number of allocated places:	49
Number of residents during site audit:	47
Number of high care residents during site audit:	47
Special needs catered for:	Nil

Street/PO Box:	55 Victoria Street	State:	NSW
City/Town:	COFFS HARBOUR	Postcode:	2450
Phone number:	02 6652 1426	Facsimile:	02 6652 1474
E-mail address:	nursinghome@coffslegacy.com.au		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	14
Deputy director of nursing	1	Catering staff	1
Registered nurses	3	Laundry staff	1
Care staff	10	Cleaning staff	2
Administration assistant	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	16	Medication charts	20
Wound charts	18	Personnel files	4

Other documents reviewed

The team also reviewed:

- Accreditation application folder including the home's self assessment
- Clinical and care assessment documentation including assessments for initial and ongoing resident care needs and preferences such as resident dietary and observation charts including weights, continence, behaviours, sleep, skin integrity, pain, mobility, fall risk, toileting, wound assessments and authorisation for restraint forms, leisure and lifestyle
- Clinical skills competencies
- Compliments and complaints brochure
- Continuous improvement plan – electronic
- Contract/visitor sign in register
- Daily care plans
- Dietary preferences and nutritional needs assessments
- Education records including orientation
- Emergency management plan
- Evacuation manual
- External audits completed
- Infection control competencies, newsletters and inservice records
- Infection control surveillance documentation
- Legionella testing results
- Management manuals – policy and procedures
- Material safety data sheets
- Medication incidents folder
- Meeting minutes
- Memos, communication book, diary and newsletters
- Menu
- Pest control site book
- Physiotherapy care plans/physiotherapy assessment forms
- Podiatry records book
- Police check and mandatory reporting information - electronic

- Preventative maintenance schedule
- Residents and relatives information booklet
- Residents monitoring charts and records folder
- Residents' listing
- Schedule 8 drug registers
- Staff communication diary and handover sheets
- Staff information booklet
- Thermostatic mixing valve check results

Observations

The team observed the following:

- Activities in progress and activity calendar
- Activity resources
- Charter of Residents' Rights and Responsibilities displayed
- Chemical storage
- Comments, complaints and suggestions and external information brochures displayed
- Comments, complaints and suggestions box
- Contaminated waste bin
- Dirty laundry storage
- Emergency evacuation plans
- Equipment and supply storage areas including medical supplies, continence aids
- Fire panel, fire fighting equipment maintained and tagged appropriately
- Hand held tablet computers for bedside access to clinical care system
- Handover between staff members
- Hospitality services in operation
- Interactions between staff and residents
- Internal and external living environment
- Journal articles and other resource material provided for staff use
- Living environment
- Maintenance area
- Manual handling equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Medication round
- Noticeboards – including education, occupational health and safety (OH&S)
- Oxygen cylinders stored safely
- Recreation activity officers equipment
- Secure storage of staff and residents' files
- Sharps containers
- Spill kits
- Storage of medications
- Visitors sign in and out books

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 demonstrates that it actively pursues continuous improvement. The home has a system for identifying improvements through multiple mechanisms including improvement, hazard and confidential logs, meetings, audits, comments and complaints, and incident reporting. Actions taken in response to improvement suggestions are recorded and an evaluation is completed on each improvement. Continuous improvement is discussed at resident and staff meetings. Interviews with residents, representatives and staff indicated that they are able to suggest improvements. Some examples of recent improvements relating to Accreditation standard one include:

- The director of nursing, with the assistance of staff, has recently completed an extensive review of the home’s policies and procedures. These are formatted to align with the four Accreditation standards and are presently in hard copy. They will be available on line in the near future.
- The home is developing internal audits to more specifically meet the monitoring needs of the home. It is expected that these will replace the external audit system when all required audits are in place.
- The home has had building additions made at different times with consequent numbering of resident rooms not being in sequence. Following discussion, rooms have been renumbered in a clockwise direction around the home to allow for easier reference and location.
- All staff have been issued with identification badges which has improved information, such as for staff designations, for residents and representatives.
- With the introduction of digital television and the termination of the analogue signal due next year, the home has purchased flat screen digital televisions for all residents and these are being installed.
- Following complaints by residents of draughts in the lounge room, a shade screen has been installed and residents report this is effective.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives information on changes from a range of areas including peak body, government departments

and agencies, and an independent provider. This information is disseminated via continuous improvement and staff meetings when required. Organisational policies and procedures have all been recently updated taking into consideration relevant legislation changes. Staff members across a range of work areas confirmed they are provided with information on legislation changes through staff meetings as well as at education sessions when required.

Examples of regulatory compliance relating to Accreditation Standard one includes:

- The home has current criminal record checks for all staff members including volunteers. All staff must have a current criminal record check prior to commencing work at the home. The home has a system to ensure that staff are notified their criminal record check is due for renewal prior to their existing certificate expiring. The home has a system to ensure all contractors and other relevant individuals have passed a criminal record check.
- The home has a system to monitor all professional registrations of staff to ensure tasks are carried out by qualified individuals. There is a process to ensure relevant clinical contract staff are appropriately registered.
- The home has a system to ensure that residents and representatives are informed of re-accreditation audits.

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 are systems in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. A staff survey was completed in November 2011 to identify staff training needs and this information, together with that from appraisals, is being used to develop the home's education plan for 2012. The program includes specialist educators who attend the home, and also a television based education service. This service allows staff to access recorded programs which may be viewed at any time. The organisation identifies mandatory training needs such as infection control, fire safety, manual handling and elder abuse. It is planned to introduce mandatory training days from next year with all training being delivered to staff on one day, and for two such days to be scheduled to ensure all staff can attend. The director of nursing reported that there are also plans to introduce front line management training for selected staff. An induction program provides orientation to the home for new staff. In addition, training has been provided for all staff in the home's electronic clinical information system. Interviews with residents and representatives indicated that staff have the knowledge and skills to provide for their care needs. Staff interviewed were satisfied with the education provided for them.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents and representatives interviewed confirmed that the home has a system to ensure access to both internal and external complaints management mechanisms to resolve complaints or concerns. The team sighted the home's compliments, complaints and suggestions forms available to residents and their representatives, together with brochures for external systems. Information is also included in the resident handbook. Resident and

representative interviews confirmed that resident meetings provide a forum in which they can raise issues or concerns. Case conferences also provide an opportunity to raise any care issues. The director of nursing maintains an electronic complaints register. A review of the register indicated that action has been taken to resolve the concerns that have been raised. The director of nursing stated that they have an open door policy and this was confirmed in interviews with residents and representatives.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The team observed the home's mission, philosophy and objectives on display near the main entrance to the home. The organisational commitment to quality through their core operating values is also included in the resident and staff handbooks, which are given to all residents and/or representatives on entry to the home; and to staff on commencement of employment. The home has documented their continuous improvement plan.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems and recruitment practices in place to ensure there are sufficient appropriately skilled and qualified staff for care and services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. There is 24 hour registered nurse cover and care staff have a minimum qualification of a certificate three in aged care. Interviews and documentation review showed that staffing levels are monitored, linked to resident care needs, and provide appropriate skill mix and staffing levels. The team was advised that staffing may be increased to meet increased clinical care needs of residents if required. A casual pool provides replacement staff to meet any shift deficiencies. The home ensures that staff have the appropriate skills and knowledge to provide care and services through ongoing education, annual performance appraisals and supervision. Registration checks are completed annually for registered and enrolled nurses. Interviews and documentation review demonstrates that staff have the skills, knowledge and qualifications to perform their roles and staff interviewed were able to discuss their roles and duties. The team observed staff undertaking their duties with skill and care, and residents and representatives confirmed that staff are competent and caring.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that stocks of appropriate goods and equipment for quality service delivery are available. The team was advised of staff who are responsible for ordering various categories of goods and the processes for ensuring these are sufficient for the needs of the home. Staff stated that there are sufficient stores and equipment available

for care and support to be provided to residents, and stocks and supplies of various goods were observed by the team. There is a scheduled preventative and routine maintenance program to ensure that all equipment is working effectively. This program is carried out by the home's maintenance staff and also includes using the services of qualified technicians where necessary to repair and maintain specialist items of equipment. Schedules of checking equipment and records of servicing were sighted.

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 an effective information management system in place. Management and staff can access accurate and appropriate information needed to perform their roles. Information is disseminated to residents, resident representatives and staff through a variety of avenues including information displayed on notice boards, meetings and education sessions. Shift handover reports are used to pass on information to staff members on different shifts. The home uses electronic systems to record clinical care and staff have access to the system either by fixed terminal or hand held tablet. Access is password protected. The home has a system for storage and management of information that addresses security and confidentiality, archiving and appropriate destruction. The home's computer system is routinely backed up and copies of data stored off site.

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 ensures that external services are provided in a way that meets resident needs, and the home's needs and quality requirements. The home has contracts with external service providers such as for cleaning, maintaining fire systems, and servicing equipment such as that for resident care, and kitchen and laundry appliances. Performance is monitored on an ongoing basis and feedback from residents, representatives and staff is sought as appropriate and used in the evaluation process. There are processes for ensuring that relevant individuals have a current criminal record check and for managing external contractors while they are on site at the home. The home is currently reviewing contracts and moving towards having memoranda of understanding with suppliers of goods and services. Residents and representatives confirm satisfaction with externally sourced services they access at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's systems to demonstrate they are actively pursuing a program of improvements are documented in 1.1 Continuous improvement. Improvements relating to Accreditation Standard two include the following:

- Resident identification plates have been installed over each resident's bed. Information includes a resident photograph, manual handling requirements and other information such as if the resident is diabetic.
- Following a suggestion from night staff, a switch to reduce the volume of call bells overnight has been installed. This now causes less disturbance to residents sleep.
- The home was successful in a Government funding grant which provides the home with a speech therapist one day a month. A comprehensive assessment of residents needs is being undertaken and the speech therapist provides education session to staff when required.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Please refer to Expected outcome 1.2 Regulatory compliance for details.

Examples of regulatory compliance in relation to Accreditation Standard two include ensuring all registered and enrolled staff are currently registered to practice' and medications are stored and checked according to legislated 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

The home's practices to ensure staff have the appropriate knowledge and skills to perform their roles effectively are outlined in 1.3 Education and staff development. Education provided relating to Accreditation Standard two has included medication – including an external workshop, and dementia training. Access to a television based training program covering an extensive range of topics relevant to this Standard is available to all staff.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The clinical needs of residents are identified on entry to the home. Individual plans of care are developed from information collected through initial and ongoing assessments and evaluation processes. The documentation reviewed by the team shows an electronic based system is being used to record the residents’ care needs. This system does not allow the care plan to be changed unless new assessments have been completed. The deputy director of nursing and registered nurses review and evaluate the plan of care every three months. Consultation with the residents’ local medical officer of choice and other relevant health care professionals ensures that ongoing needs are met. The home ensures consultation with the resident and representatives in the care planning process through conversations during their visits, telephone contacts and case conferences. Resident care needs are communicated to staff verbally, via handover sheets and the electronic communication system. Staff interviewed demonstrated knowledge of the resident care needs ensuring resident clinical care needs are met. All residents and representatives interviewed by the team expressed satisfaction with the assistance given to residents by the care staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by nursing staff, with medical officer input when required. This includes registered nurse input into the assessment, management and care planning for residents. The home currently provides specialised nursing care for residents requiring urinary catheter care, administration of insulin and diabetic management, wound care and oxygen therapy. Care staff interviewed said they are provided with education in specialised nursing procedures and demonstrate knowledge and understanding of residents’ specific needs. Observations and interviews demonstrate that staff have access to adequate supplies of equipment for the provision of residents’ specialised nursing care needs. Residents and representatives are satisfied with the level of specialised nursing care offered by nursing, medical and other health professionals and related service teams.

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

The resident’s need for referral to other health and related services is identified on entry to the home, through the assessment process and further evaluation, and referrals are arranged as necessary. Residents may nominate their own health care provider, and the home can also access a number of other health and related services such as podiatry, dietician, radiology, pathology, dental service, massage, psychiatric services, palliative care, wound care specialist and continence management support. Interview and documentation reviews demonstrate that residents have been seen by external health services. Assistance is provided for the residents’ transportation through taxi services or by resident

representatives. Staff escorts can be arranged for a fee. Residents' care documentation and interviews also demonstrate that residents have had pathology testing when ordered by their medical officer including checks for therapeutic medication levels. Residents and representatives confirm that residents have access to and are referred to appropriate specialists as required, and their preferences are taken into account.

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 processes to ensure residents' medication is managed safely and correctly through policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal and external audits. The home demonstrates that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. Registered nurses and endorsed enrolled nurses administer medication from non packaged medications containers. The deputy director of nursing oversees the home's medication ordering and processes. Residents' medication charts reviewed record current medical officers' orders, and are filed with medication identification sheets which include residents' photographic identification and medication allergy status. All schedule eight medications are administered by registered nursing staff. Observations demonstrate that residents' eye drop containers are labelled with the dates of opening. The home has a medication error reporting system. Registered nurses and endorsed enrolled nurse are provided with education and are required to demonstrate competency with medication management. Residents and their representatives confirm they are satisfied with the home's management of medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home ensures all residents are as free as possible from pain through the initial assessment of residents, care planning, evaluation processes, and accessing advice on pain management from medical officers. Interventions are detailed in residents' care plans and on-going assessments documented. Interviews and documentation reviews demonstrate pain management strategies currently in use for residents include the administration of pain relieving medications, the application of schedule eight pain relieving patches, provision of pressure relieving equipment, the application of heat packs, gentle massage and emotional support. Pain relief measures are followed up for effectiveness and referral to the resident's medical officer and other services organised as needed. Residents and representatives interviewed say residents are as free as possible from pain and staff respond in a timely manner to residents' requests for pain control.

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 to maintain the comfort and dignity of terminally ill residents. Processes include the identification of residents' terminal care wishes on entry to the home, the ongoing assessment of residents care needs, and care planning. This includes the

completion of care plans for palliative care when required. Management and documentation reviews demonstrate that support is provided for terminally ill residents such as pressure care, mouth care, and pain relief. Preferences relating to spiritual, physical, cultural, psychological and emotional needs of the residents are considered in care planning and the pastoral care is provided as requested. Staff interviewed demonstrated an understanding of the needs of a terminally ill resident and their families including ensuring a peaceful, supportive environment. The home provides open visiting hours for representatives of terminally ill residents who are welcome to stay overnight if desired. A relative interviewed stated 'Mum was looked after beautifully, with excellent nursing care' especially during her last days. Resident interviews indicate they are satisfied with the care provided when they are unwell. Resident representatives advise they are confident that the home will meet the needs of the resident at the time when they require 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

The home has processes to provide residents with adequate nourishment and hydration. This includes the identification and documentation of residents' dietary needs and the communication of these needs to catering staff. The home provides a five week rotating menu and provision is made for residents who require special diets, pureed meals and thickened fluids. Observation demonstrated that residents are provided with assistance at meal times. Dietary assistive devices are available when required. When changing needs of a resident's dietary requirements are identified the resident is re-assessed with care plans being updated and forwarded to the home's catering services. The home monitors nutrition and hydration status through staff observations, and recording residents' weights with variations assessed, actioned and monitored. Residents with swallowing difficulties are assessed by a speech pathologist and supplements are provided when a nutritional deficit is identified. Residents and representative expressed satisfaction with their meals, which allow residents to have a selection of choices, and that they are able to have input into menus.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

The home has a system in place to ensure that residents' skin integrity is consistent with their general health, through initial and ongoing assessments, and care planning. Residents have podiatry, hairdressing, and nail care provided according to their individual needs and choices. Residents with skin integrity breakdown have electronic wound program assessments completed which are programmed to alert staff with a message when the residents' wound care is next due. Residents' wound care is provided by an enrolled nurse who specialises in wound care; the enrolled nurse reports to the registered nurse as required. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the audit system. Care staff interviews indicate they assist residents to maintain their skin integrity through the application of emollient creams, providing regular pressure care, the application of skin guards, the use of water chairs and manual handling practices. Residents are satisfied with the skin care provided and report that staff are careful when assisting them with their personal care activities.

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 for identifying, assessing, monitoring and evaluating residents’ continence needs to ensure that residents’ continence is managed effectively. The deputy director of nursing is the continence coordinator who assesses and oversees residents’ continence aid needs. Processes are in place for the distribution of residents’ continence aids and informing staff of residents’ continence aid needs. Care staff interviewed confirm they have access to adequate supplies of continence aids to meet residents’ needs and that they provide residents with regular toileting programs as indicated. Bowel management programs include daily monitoring and the availability of various bowel management strategies such as regular drinks, aperients medication if necessary, and a menu that contains high fibre foods, fresh fruit and vegetables, and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home’s continence supplier provides ongoing advice and education for staff and residents. Residents and representatives interviewed by the team stated general satisfaction with care, inclusive of continence. Resident representative comments include that the home is always free of malodour.

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 needs of residents with challenging behaviours are managed through care planning and strategies implemented by staff. Care strategies are identified in consultation with residents and representatives, and medical officers when the need is identified. Care staff and recreational activity staff implement a range of strategies to effectively manage residents with challenging behaviours. Frequent interactions between staff and residents ensure that residents’ behaviours are monitored and recorded with referrals to the medical officer and external health specialists as appropriate for review. Staff demonstrated they are able to recognise the triggers and early warning signs exhibited by some residents and put in place appropriate strategies to calm and distract the residents. Staff receive education in managing challenging behaviours and work as a team to provide care. The team observed the environment to be calm, residents well groomed, and residents happily participating in activities of interest to them. Residents and representatives interviewed confirm that staff manage residents’ challenging behaviour well.

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 are supported to achieve optimum levels of mobility and dexterity through assessments completed on entry to the home, care planning and exercise programs provided. A physiotherapist visits the home weekly and assesses new residents for their mobility and transfer needs, any individual exercise programs which are recorded in the electronic progress notes; and staff are informed verbally, visually and through the electronic diary. Residents are reassessed following falls, when there is a change in their condition and

on return from hospital. Strategies for residents' falls prevention include physiotherapy assessment for residents, provision of mobility aid, medication reviews, the use of hip protectors when indicated, exercises, monitoring footwear, foot care or podiatry, completion of falls' risk assessments and accident and incident reporting. The physiotherapist gives education on manual handling to staff on a yearly basis or when necessary. The team observed residents assisted by the physiotherapist and staff participating in games designed to assist 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 that residents' oral and dental health is maintained. The oral and dental health of residents and their ability to attend to their own oral and dental health care is assessed on entry to the home and is regularly reviewed. Ongoing care needs are identified through resident feedback, staff observation of any discomfort or reluctance to eat, and weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. The team noted documentation of referrals to and visits from dentists in residents' files. Residents and representatives interviewed stated they were satisfied with the oral and dental care provided.

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

Review of documentation indicates vision, hearing and touch assessments are conducted on entry into the home and are ongoing. Individualised information is documented in the nursing care plan, implemented and reviewed as required. The home's recreational officers have implemented a variety of programs and resources to assist residents with sensory loss. These programs are designed to promote independence, sensory stimulation and interaction with others. Residents and representatives say staff are supportive of residents with sensory loss and promote independence and choice as part of daily care.

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 assists residents to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff were able to explain, and documentation confirmed, the various strategies used to support the residents' sleep including offering warm drinks or snacks, appropriate pain and continence management, comfortable bed and positioning and night sedation if ordered by the medical officer. Residents are able to buzz to alert the night staff if they have difficulties in sleeping. Most residents interviewed confirm they sleep well at night. Resident/representative interviews do not identify any problems with residents achieving natural sleep patterns and they are satisfied with the home's approach to sleep management.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home’s systems to demonstrate they are actively pursuing a program of improvements are documented in 1.1 Continuous improvement.

Improvements relating to Accreditation Standard three include the purchase of large games including snakes and ladders and connect; the purchase of a laptop computer to enable resident access to e-mail and internet services; and the provision of two dedicated computers for residents to access free telephone connections for interstate and overseas calls to their relatives and representatives.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Please refer to Expected outcome 1.2 Regulatory compliance for details.

The home has a system to ensure any incidents of resident abuse are reported and actioned appropriately.

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’s practices to ensure staff have the appropriate knowledge and skills to perform their roles effectively are outlined in 1.3 Education and staff development. Education provided relating to Accreditation Standard three has included elder abuse training for all staff. Recreational activity officers have completed dementia training provided by the Alzheimer’s Association. Access to a television based training program is available to all staff.

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 a system in place to ensure residents receive support in adjusting to life in the new environment and on an-ongoing basis. Residents' records show that residents' social, cultural and spiritual history details are recorded along with their support needs shortly after entry to the home. The information is used to formulate the residents' preferred lifestyle and individualised care plan that is reviewed regularly. Management, care staff and recreational activity staff interviewed demonstrate ways they provide new and ongoing residents with emotional support. Examples include welcoming new residents, providing new residents with an orientation to the home, introducing new residents to other residents, reassurance and one-to-one support. Residents are able to have familiar and treasured items in their rooms, which contributes to their overall health and wellbeing. The team observed staff showing respect and interacting with residents in an understanding and caring manner. Residents and representatives spoke highly about the emotional support provided to residents and also their families.

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

Residents' abilities and preferences in relation to independence and lifestyle needs are assessed on entry to the home, and documented in their care plans, which are evaluated regularly to ensure changes in residents' needs are addressed to optimise their independence. The home provides an environment in which community groups are welcome to visit the home such as school children, community education classes, speciality groups, volunteers, community visitors and church groups. Resident representatives are also welcome to visit and the home provides a room which residents can use for special celebrations with their families. Residents can choose to continue to participate in local community activities and to go on family outings as their condition allows. Residents' independence is also fostered through the availability of mobility aids and utensils to assist with eating and drinking, personal hygiene and attendance at activities. Communication and feedback is available through resident meetings, newsletters and personal discussion. Residents and representatives interviewed advised the team residents are encouraged by the home to maintain their independence and friendships.

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 right to privacy and dignity through the identification of residents' care needs, care planning and staff practices. New residents or their representatives are provided with the home's privacy policy and are requested to sign a privacy consent form for the use and display of resident photographs. Care staff interviews demonstrate they maintain the confidentiality of resident information and are aware of

strategies for maintaining respect for residents, privacy and dignity. Examples include knocking on residents doors prior to entry to their rooms, and closing doors when providing treatments in residents' rooms. Staff interviewed said they always knock on resident's door before entering and respect the dignity of each resident as they provide daily care. Residents' records and personal information are securely stored with each staff member having their own password to access the electronic system. The team observed that personal care for residents is provided in a manner that protects the dignity and privacy of residents. Residents and representatives expressed satisfaction with the way residents' privacy and dignity is recognised and respected by staff in 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 it has systems to encourage and support residents to participate in a wide range of interests and activities. A social profile and activity assessment completed for each resident on entry to the home outlines the resident's previous and current interests and preferences. A recreational officer oversees the home's activity programs which cover seven days a week. The resident's involvement in activities is recorded and changes made to the care plan when needed. Individual programs are developed with consideration for residents' needs and interests. Lifestyle programs are developed with many group activities and entertainment shared with all residents. Group interaction includes music, movies, quiz, bingo, games, cultural and birthday celebrations; and one-on-one activities such as reminiscing, walking, beauty therapy and conversation are held. The home keeps residents informed of activities via noticeboards, verbal prompts and the home's newsletters. Residents and representatives are satisfied with the activities offered and appreciate opportunities to provide suggestions for inclusion in future.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems in place through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of residents from culturally and linguistically diverse backgrounds. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are recognised and celebrated. Pastoral care is delivered by various religious denominations providing services which are held in the home. Residents and representatives interviewed are satisfied with the home's approach to the cultural and spiritual program and the support provided.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Residents and representatives are enabled and encouraged to participate in decisions about the care and services and to exercise choice and control over their lifestyle. The home informs residents and representatives of choices available and their rights through the information provided on entry to the home. This includes information in the resident agreement and the resident handbook. Examples of residents' choices for care and services include choice of participation in activities, choice of personal items in rooms, input into care delivery, choice of rising and bed times and a choice from a selection of meals. Resident and representatives can express their choices and preferences through ways including access to comments and complaints mechanism, surveys, residents meetings and directly to staff or management. The director of nursing provides an 'open door' policy. Resident and representative interviews indicate that residents are able to exercise choice and control over the care and services provided within the home.

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

Information on residents' rights and responsibilities and security of tenure is provided in the resident agreement, the resident hand book and the Charter of Residents' Rights and Responsibilities on display. The resident agreement also outlines information including ending the agreement, variations to the agreement, complaints resolution, an initial 14 day cooling off period, fees, bonds, information and advocacy service, the care and services provided and the Charter of Residents' Rights and Responsibilities. These matters are discussed with prospective residents and representatives prior to, or on entry to the home. This includes providing the resident agreement and advising them to have it reviewed by legal or financial advisors prior to signing. Ongoing communication with residents and representatives is encouraged through scheduled meetings, individual meetings and notices. Residents and representatives interviewed said they feel safe and secure in the home and feel confident that they would be consulted before any changes are made in the accommodation or treatment of residents.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home’s systems to demonstrate they are actively pursuing a program of improvements are documented in 1.1 Continuous improvement. Improvements relating to Accreditation Standard four include the following:

- The home has purchased a new ‘combi’ oven. Staff report this has improved cooking options and quality of meals. Residents interviewed were all highly complementary of meals served at the home.
- The director of nursing is a member of the regional disaster committee that has developed a disaster management and evacuation plan for the area and home.
- A labelling system has been purchased to ensure better identification of residents clothing.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Please refer to expected outcome 1.2 Regulatory compliance for details.

Examples of regulatory compliance in relation to Accreditation Standard four include ensuring the routine checking and testing of fire fighting equipment and fire alarm systems; and ensuring compliance with NSW Food Authority requirements.

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’s practices to ensure staff have the appropriate knowledge and skills to perform their roles effectively are outlined in 1.3 Education and staff development. Education provided relating to Accreditation Standard four has included fire and safety, manual handling and infection control. Safe food handling training has also been conducted. It is planned that all mandatory training will be conducted in a one day program to be held twice a year from 2012. Access to a television based training program is available to all staff.

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

Management ensures the home is actively working to provide a safe and comfortable environment that meets residents care needs. A mix of shared and single rooms is provided with bathrooms between pairs of rooms. The rooms are all on one level. Residents confirmed that they are able to bring in small items of furniture and personal mementoes to decorate and personalise their rooms. There are a number of common areas including a large lounge and dining area that can be divided for church services. There are also areas for private family visits. There are courtyard areas – some covered, for residents to access as they wish and weather permits. The home's environment was observed by the team to be clean, well maintained and free of malodour. The safety and comfort of the living environment is monitored through the home's meetings, audits, improvement logs, hazard reporting and observations by staff. Maintenance requests are logged on line and were noted to be completed in a timely manner. Interviews with residents and representatives confirmed residents are satisfied with the environment of their home.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The home has systems to provide a safe working environment consistent with policy and regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents. The director of nursing has completed training and is the home's return to work coordinator. Management advised there have been no lost time injuries for two years and that hazard reporting is completed in the home's clinical information system. All members of the OH&S committee have completed consultative training and staff will update this qualification by completing a course which is expected to be available locally next year. All staff undergo a manual handling training program. The home is completing external audits but also is developing in house systems to include environmental audits. Interviews and review of documentation demonstrated that the home monitors the safety of the environment and takes corrective action if deficiencies are identified. Staff confirmed that they are provided with sufficient and appropriate equipment and resources to maintain safe work practices and that management is supportive in providing a safe working environment.

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 home has systems in place to ensure a safe and secure environment for residents and staff. Emergency and fire evacuation procedures are in place. The home is fitted with fire warning and fire fighting equipment, smoke detectors, extinguishers and fire blankets, which have been regularly checked and maintained. There are documented procedures for detection and taking action in the event of a fire or other emergency, and staff are aware of their roles in ensuring the safety of residents. There are trained fire officers on staff. Annual

fire and emergency training is given to all staff. There is a lock up procedure at night time to ensure the home is secure and external security lighting is in place. Residents report that 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 home has an effective infection control program in place. The program includes policies and procedures, staff education and monitoring of staff practice, and surveillance of infection rates. The home's infection control program includes mandatory training in infection control, hand washing competencies, a vaccination program for residents and staff, the provision of hand washing facilities and hand sanitising liquids, the use of personal protective equipment, an outbreak policy, waste management and pest control. There is a food safety program in the kitchen and the team observed that colour coded equipment is in use. The contract cleaning staff were also observed using colour coded equipment. The laundry has a clear segregation of soiled and clean linen and the contract laundry service has drop off and pick up procedures for clean and dirty linen. The home's infection control system is monitored through regular workplace inspections, audits, risk assessments and evaluation. Staff demonstrate a knowledge and understanding of infection control relevant to their area of work and were observed to implement the home's program.

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

Review of documentation and interviews with residents, representatives and staff confirmed that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Management monitors the hospitality services through audits and feedback through meetings.

Catering

Residents' dietary needs and preferences, and assistance required are assessed on entry to the home and provided to the kitchen. Meals are cooked fresh in the on-site kitchen with a four or five week rotating seasonal menu with choices provided. The menu caters for special diets according to resident needs such as diabetic. Changes in residents' dietary requirements are communicated to catering staff by registered nurses. There is a food safety program to meet legislative requirements and kitchen staff are trained in safe food handling. Resident and representative feedback indicates a high level of satisfaction with the quality, choice and temperature of meals provided by the home.

Cleaning

The home is cleaned regularly by contractor cleaning staff. Staff interviewed were aware of occupational health and safety and infection control practices, and followed a schedule to ensure all resident rooms and common areas are cleaned. Chemicals used in the home are safely stored and material safety data sheets are available and accessible. The team observed that a good stock of cleaning equipment is available and that the home appears to be well cleaned and free of odour. Residents and representatives state that they are satisfied with the cleanliness of residents' rooms and the communal areas.

Laundry

Flat linen is laundered offsite by a contract linen service which provides a six day pick up of dirty linen and clean linen delivery. Residents' personal clothing is laundered on site and a clear dirty to clean flow was observed. Clothing is ironed and mended as required and all clothing is returned to residents in a short turn around period. Residents and representatives interviewed indicated they are satisfied with the laundry service provided.