Aged Care
Standards and Accreditation Agency Ltd

Dubbo Nursing Home
RACS ID 2659
80 Muller Street
DUBBO NSW 2830
Approved provider: Principal Healthcare Finance No 3 Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 9 June 2015.

We made our decision on 18 April 2012.

The audit was conducted on 20 March 2012 to 21 March 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

Dubbo Nursing Home 2659

Approved provider: Principal Healthcare Finance No 3 Pty Limited

Introduction

This is the report of a re-accreditation audit from 20 March 2012 to 21 March 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 20 March 2012 to 21 March 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:	Patricia Hermens
Team member/s:	Hiltje Miller

Approved provider details

Approved provider:	Principal Healthcare Finance No 3 Pty Limited

Details of home

Name of home:	Dubbo Nursing Home
RACS ID:	2659

Total number of allocated places:	80
Number of residents during audit:	71
Number of high care residents during audit:	71
Special needs catered for:	N/A

Street/PO Box:	80 Muller Street	State:	NSW
City/Town:	DUBBO	Postcode:	2830
Phone number:	02 6884 4277	Facsimile:	02 6882 6029
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
General manager Domain Principal - NSW west	1	Residents/representatives	14
Acting clinical manager	1	Recreational Activity Officers	4
Quality coordinator	1	Physiotherapist	1
Registered nurses	6	Catering staff	3
Care staff	10	Laundry staff	1
Administration officer	1	Cleaning staff	2
General Practitioner	1	Maintenance staff/fire officer	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	15
Summary/quick reference care plans	8	Personnel files	7

Other documents reviewed

The team also reviewed:

- Continuous improvement (CI) documentation 2011/12 (including CI plan, quality activity/audit schedule, audit/survey results, clinical indicators, improvement logs, organisational self assessment)

- Legislation alert service material

- Education records – program/calendar, notices, attendance records including for mandatory education, competency records, training certificates

- Comments and complaints 2012 (including policy, register and complaints forms). Aged Care Complaints Investigation Scheme and Advocacy brochures

- Compulsory/mandatory reporting register, forms and associated correspondence

- Electronic communication systems (including e-mail, Intranet and various purpose specific computer programs)

- Newsletters – Domain Principal Dubbo Nursing Home, Domain Principal Gazette

- Human resource records - including staff handbook, recruitment information, position descriptions, duty statements, performance appraisals, police probity check registers staff/volunteers/contractors, professional registration records, staff rosters and staffing reports. Code of conduct

- Policy and procedural manuals (hard copy and Intranet)

- Planning documentation (including Domain Principal Mission, Vision and Values). Organisation charts

- Preferred suppliers/contractors information, suppliers contracts, and agreements

- Resident information kit (incorporating resident handbook and agreements)

- Activities attendance records, activities planning information and evaluations

- Clinical and personal care assessment documents including resident assessments, histories, progress notes, treatment plans, referral reports, associated documents and signed consent forms

- Communication books, diaries, memos

- Guidelines for medication management in residential aged care facilities

- Medication management documents and records, medication reviews

- Physiotherapy care plans/physiotherapy assessment forms

- Podiatry care record book

- Maintenance records (preventative and corrective) including preventative maintenance program 2012, maintenance request log books and work records. Assets audit report and register. Equipment "out of order" tags

- Incident and accident/hazard reports, summaries and trend data, OH&S environmental safety inspections, chemical information, material safety data sheets (MSDS), manual handling instructions, risk assessments

- Certification instrument 1999 status report, current annual fire safety statement of compliance, fire safety maintenance contractor records, emergency evacuation site plans, emergency procedures colour coded flip charts, building security protocols (including staff lock up procedures)

- Infection control material (including manual, monthly summary and trend data, temperature records for food (delivery, cooking and serving, fridge/freezers/cool rooms and medication fridges, food safety plan, current NSW Food Authority license and audit report, outbreak management program, resident and staff influenza vaccination records)

- Resident four week cyclic seasonal menu, initial assessment data, residents likes and dislikes, and special dietary needs information

- Cleaning programs

- Various committee meeting minutes and agendas 2011/12 (including management, staff, resident and relatives).

Observations

The team observed the following:

- Living environment (internal and external)

- Activities in progress (including residents being visited by family and friends, playing dominoes)

- Residents suggestion boxes

- Equipment, archive, supply, storage and delivery areas

- Notice boards (containing resident activity programs and notices, menus, memos, staff and resident information including the charter of residents rights and responsibilities, comments and complaints information)

- Dining rooms at meal times (the serving and transport of meals, staff assisting residents with meals and beverages)

- Staff practices and courteous interactions with residents, visitors and other staff

- Medication administration and secure storage of medications

- Personal protective clothing and equipment in all areas, first aid kits, spills kit, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins/skips)

- Fire safety system equipment (including fireboard, extinguishers, hose reels, fire blankets, emergency exits, fire egresses and emergency evacuation areas)

- Cleaning in progress (including use of equipment, trolleys and wet floor signage boards)

- Security systems (including phones, resident call bells, external lighting, numeric key coded door locks, visitors sign in and sign out book and identification badges)

- Staff work areas (including new nurses stations, clinic/treatment/utility rooms, private room, staff room, reception and offices)

- Kitchen/servery staff practices, environment, selection of foods, food storage areas and practices

- Cleaning and Laundry room environments, equipment and staff practices, linen stocks

- Lifting equipment and manual handling aids in use

- Accreditation notices on display

Assessment information

This section covers information about 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 organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The home's continuous improvement system incorporates a range of activities used to seek stakeholders' opinion for the purpose of improvement. They also allow it to assess, monitor and evaluate performance in areas that relate to the four Accreditation Standards. This is achieved through a quality program that incorporates the use of CI improvement forms for suggestions, compliments or complaints, surveys, audits, reviews, collection and benchmarking of performance indicators, and the comments and complaints system. Formal review of the results of these activities occurs, trends can be identified and improvement strategies are planned and implemented as required.

All residents/representatives interviewed indicated that the home is responsive to the issues they raise on feedback forms, at resident and relative forums, in person and through the comments and complaints system. All staff interviewed indicated that the home is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

A review of the results of quality activities undertaken pertaining to Standard One reveals that actions are taken that have resulted in improvement. These improvements include:

- A new document control system has been introduced to manage the creation, distribution and use of policies procedures and forms. A new quality/document control coordinator has been appointed to manage these systems on site.

- Staff skills and knowledge have improved to ensure they are commensurate with the changing resident acuity or changing service delivery requirements. For example, managers pursue training through the Domain Principal Leadership development program. The new quality coordinator has been trained to use the home's CI system. Relevant staff were trained to use the home's new information technology systems including the Intranet based incident and accident and document control systems.

- In January 2012 a new group chief information officer was appointed to improve the organisations systems and use of technology. Recently a new incident and accident feedback management system and a new policy and procedures/document control system were introduced. . These systems are improving the way the home does business. For example, the way it disseminates information to staff and other stakeholders and the way it manages incidents and accidents. In addition, the recent construction of new nurses' stations with half doors has improved security of resident information.

- A number of human resources (HR) related improvements have occurred. An enterprise bargaining agreement is in place and the home continues to provide access to training for career path progression purposes. For example, an Emerging Leaders program is in place as part of the home's succession plans. Recently an audit of personnel files

identified the need to introduce a schedule for staff appraisals. This was done and is being used by the care manager to ensure that the three monthly and annual appraisals are carried out on time.

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

Team's recommendation
The home meets this expected outcome

The organisation has adopted an effective system to manage regulatory compliance. The results of our observations, interviews and document review revealed that policies and procedures have been developed by the organisation to ensure that they embrace regulatory compliance. The home is notified of change through legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting management and staff to ensure that required standards are maintained and enhanced.

An example of responsiveness to a change in legislation is that the organisation has considered the implications of the *Aged Care Amendment (Security and Protection) Bill 2007* and implemented the necessary changes. For example, the introduction of Federal criminal record checks for staff/volunteers and contractors. In addition, the home's policies and procedures have been reviewed in light of the new *Accreditation Grant Principles 2011*.

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

Team's recommendation
The home meets this expected outcome

Systems in place have ensured that management and staff have the knowledge and skills to perform their roles effectively. The results of our observations, interviews, and document review revealed that maintenance of staff knowledge and skills is underpinned by a staff orientation program and an education program. These programs familiarise new staff with the home's policy and procedures and provide all staff disciplines with education on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests.

Education sessions and courses that relate to this Accreditation Standard and have been attended by board members/management and/or staff include leadership, policies and procedures, elder abuse/mandatory reporting, bullying and harassment and information technology systems. Numerous other topics are provided through external training courses, seminars and workshops such as the inaugural annual "Leadership in Aged Care" conference for senior managers to be held in March 2012.

1.4 Comments and complaints

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

Team's recommendation
The home meets this expected outcome

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including residents, relatives and staff. The results of our observations, interviews and document review revealed that stakeholders are aware of and feel comfortable to use these mechanisms, which include both internal and external complaint mechanisms. For example, the residents meeting, staff meetings, use of the staff grievance procedure, use of the home's comments complaints and suggestions forms, and external complaints bodies including the Aged Care Complaints Scheme. Complaints received are documented together with details of the investigations conducted and action is taken to resolve concerns and complaints in a timely manner.

1.5 Planning and leadership

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

Team's recommendation
The home meets this expected outcome

The organisation has documented the home's focus, vision, values and commitment to quality. These statements are clearly communicated to all stakeholders. The results of our observations, interviews and document review revealed that these statements are posted on the walls of the home and included in the home's key documentation. This includes the resident and staff handbooks. In addition, the home has effective mechanisms for communication, planning and review, and integration of services. For example, there are stakeholder consultation processes, committee and reporting systems, as well as planning and budgeting processes that underpin the provision of services. In addition, the organisation supports managers to build effective, constructive workplaces through the provision of training and some centralised consultancy services in a range of areas. For example, operations, quality and compliance, purchasing, construction and development, finance, information technology, and human resources and work health and safety (WH&S).

1.6 Human resource management

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

Team's recommendation
The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The results of our observations, documentation review and interviews revealed that this is achieved through the effective implementation of human resource policies and procedures. These cover staff recruitment, orientation, performance review through an annual appraisal process and competency assessment program, and the maintenance of staff records (that include job descriptions, duty lists, registration details and probity checks). The staffing budget has been formulated to meet the specific needs of the site, but staffing levels are monitored and adjusted on an

ongoing basis in accordance with the residents' needs. For example, resident and relative feedback, staff feedback, and the results from the performance monitoring system are also considered. The staff resident ratios were provided and examples of staff adjustments as a result of resident identified need were noted in areas including leisure activities. Reward and recognition strategies exist to ensure the home continues to maintain sufficient numbers of appropriately skilled and qualified staff. For example, accessibility to training for career path progression purposes and a staff awards scheme.

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

Team's recommendation
The home meets this expected outcome

The home has systems that are ensuring that appropriate stocks of goods and equipment are available at all times. The results of our observations, interviews and document review revealed that the maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved. This is achieved through the implementation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance.

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

Team's recommendation
The home meets this expected outcome

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of our observations, interviews and document review revealed that the home effectively disseminates information to management, staff and residents/resident representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the Domain Principal group's Intranet site, e-mail, data management and reporting applications, memos, noticeboards, meetings, a clinical record system, information packages (including resident and staff handbooks), education sessions, meeting minutes and policy and procedure manuals. Information is managed in accordance with the home's privacy policy.

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

Team's recommendation
The home meets this expected outcome

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of our observations interviews and document review revealed that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services. In addition, the performance of major or regular suppliers' is measured against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of

services such as fire system maintenance, food suppliers, pharmaceutical and continence supplies. There are mechanisms to track and resolve ongoing problems with suppliers.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home is actively pursing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments relating to resident and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement.

A range of quality activities including numerous stakeholder surveys, reviews, audits and quality indicators measure performance in relation to all expected outcomes in Standard Two. Improvements are implemented based on the information obtained. Examples of improvements include:

- Staff skills and knowledge have improved to ensure they are commensurate with the changing resident acuity or changing service delivery requirements. For example, staff have been trained to use the new documentation system.

- In February 2012 Domain Principal introduced a suite of new standardised care documentation including assessments, care plans and forms.

- The continence management program has been reviewed and changed to increase its effectiveness. The program individualised based on each residents needs and has improved their dignity.

- Equipment purchased that has improved the safety and comfort of residents includes bed rail protectors and new alternating pressure air mattresses to improve and/or maintain residents' skin integrity. New blood pressure machines, additional reclining shower chairs, additional care chairs and pressure relieving mattresses have also been purchased.

- A new medication management system incorporating new manuals and forms is being implemented with good result. For example, registered nurses and staff have completed competencies and provided positive feedback regarding the new system.

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

Team's recommendation
The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to review its practices in accordance with the Department of Health and Ageing requirements. For example, the home has implemented the requirements of the Aged Care (Residential Care Subsidy – basic subsidy amount) Determination 2008 (No 1), i.e. the home has implemented changes associated with the introduction of the Aged Care Funding Instrument (ACFI).

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

Team's recommendation
The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include nutrition and hydration, medication management, palliative care, pain management, wound management, behaviour management, continence management, use of equipment and ACFI. The effectiveness of education is measured through observation, audits, survey and resident feedback. In addition, medication administration competencies are carried out for staff who administer medication.

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 care plans are developed from information collected through initial and ongoing assessments and evaluation processes. The clinical co-ordinator and registered nurses review and evaluate the residents' plans of care every three months. Consultation with the residents' medical practitioner of choice and other relevant health care professionals ensures that residents' ongoing needs are met. The home actively encourages consultation with the residents/representatives in the care planning process through conversations during their visits and case conferences. Staff interviewed demonstrated knowledge of the residents' care needs ensuring resident clinical care needs are met. Residents/representatives interviewed by the team expressed satisfaction with the assistance given to them 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

The home has systems in place to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are documented on the resident's assessment form and the relevant information is

transferred to the nursing care plan. Specialised nursing care provided at the home includes: diabetic management, catheter care, gastroenternal feeding, complex pain management, wound care, oxygen therapy and palliative care. Staff are trained and must pass competencies before attending to residents' special care needs. Consultation may be arranged with external nursing specialists such as the palliative care team, a continence consultant, or a wound management specialist when required. Residents/representatives expressed satisfaction with the specialised clinical care provided for residents of the home.

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

Documentation including resident files, demonstrates that appropriate referrals are made to health specialists including medical and allied health practitioners, such as dietician, speech pathologist, podiatrist and optometry and audiology services. There is access to other specialist services such as behavioural management teams. Referrals are made in consultation with the resident, family members and the resident's medical practitioner. Providers of specialised services such as physiotherapy and podiatry visit the home regularly and dietician and speech pathologist will visit on request. Residents' care documentation and interviews reveal that residents have had pathology testing when ordered by their medical practitioner including checks for therapeutic medication levels. Interviews with residents/representatives confirmed that they 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

Dubbo Nursing Home can demonstrate that residents' medication is managed safely and correctly. This includes the prescription, dispensing, storage and administration of medications. Medications are administered by registered nurses using a single blister packaging system. The team observed a medication administration round and noted that staff carry out appropriate checking procedures in accordance with medication management policy, and are aware of and respond to individual need such as time to ingest, or breaking of medications. Registered nurses undertake a medication competency assessment on commencement of service and are reassessed annually. Medications are stored appropriately within a secure environment. Medication errors are identified, addressed and reported at the quality improvement meeting. Residents/representatives are satisfied with the management of their medications and provided the team with examples of the way in which staff meet their individual needs for medication administration.

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 at the home are assessed on entry and on an ongoing basis to ensure they are as free from pain as possible. A "pain" registered nurse has recently been employed at the home to oversee the pain management of the residents. There is a holistic approach to managing pain with consultation between staff, residents/representatives, allied health and the medical practitioner. Verbal and non-verbal indicators of pain are considered and interventions are monitored and evaluated on a regular basis. Documentation shows strategies to prevent and manage residents' pain. These include attendance to clinical and emotional needs, alternatives to analgesia such as gentle exercise, massage and heat packs. Residents/representatives advise that staff are aware of and understand their individual pain management issues and provide analgesia and other therapies to keep them as free from pain as possible.

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 in place to maintain the comfort and dignity of terminally ill residents. Discussions are held with the relevant resident's medical practitioner, family and staff. Care plans for palliative care are developed and implemented as required. Management interviews and documentation review reveal that support is provided for terminally ill residents including pressure relief care, oral care, and pain relief. Preferences relating to the spiritual, physical, cultural, psychological and emotional needs of the residents are considered in care planning, and pastoral care is provided as requested. Staff interviewed demonstrated an understanding of the needs of a terminally ill resident and their families including a peaceful and supportive environment. Residents/representatives interviewed indicated they are confident that the home will meet the needs of the resident at the time, should 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. Residents are provided with assistance at meal times and with dietary assistive devices as required. When changing needs in a resident's dietary requirements are identified, the resident is re-assessed, care plans are updated and information is forwarded to the home's catering services. The home monitors residents' 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/representative expressed satisfaction with residents' meals and the meal choice.

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' skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents' skin as part of the daily care processes and report any changes in skin integrity. Staff state that they have access to adequate equipment and supplies to meet resident needs. These include continence products and pressure relieving devices. Staff receive training in care and the use of specialised equipment such as the lifting devices, to maintain skin integrity. Residents who require more complex wound care are treated by the registered nurse who monitors wounds and provides documentation. A podiatry service visits the home regularly and hand and nail care is provided on a regular basis. Residents/representatives are satisfied that their skin care needs are met.

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

Team's findings
The home meets this expected outcome

The home has systems to ensure residents' continence is managed effectively. A review of clinical documentation and discussions with staff show continence management strategies, including regular toileting and use of continence aids, are developed for each resident. The home has a link nurse who oversees residents' continence care and a designated continence staff member on each shift. A plan of care is regularly reviewed and evaluated for effectiveness. Staff are trained by an external continence adviser on the effectiveness and efficient use of continence products. The care staff assist residents with their continence and toileting programs and monitor residents' skin integrity. Bowel charts are maintained and aperients are given as required and prescribed. Staff confirm there are adequate supplies of continence aids available for residents' needs. Residents/representatives state they are satisfied with the continence management provided by the home.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

The home has systems to effectively manage residents with behaviours of concern. Initial and ongoing assessments identify residents' behaviour management needs and detailed plans of care are developed and implemented. Behaviour management strategies include identification of the triggers that initiate behaviours of concern and activities to avoid their onset. Staff are aware of the underlying causes of behaviour management issues, such as pain and urinary tract infections, and provided details of methods they would use to exclude these issues. Residents may be referred to external services such as a psychogeriatrician, Specialist Mental Health of Older Persons Team (SMHOP), Aged Care Assessment Team

(ACAT), Alzheimer's Association and other health care services. Staff interviewed have a good knowledge of individual residents behavioural issues and provided the team with examples of the strategies they use to manage such behaviours. Interviews with residents' representatives reported they are very happy with staff approach to residents with challenging behaviours.

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 and regularly thereafter, as well as plans of care and exercise programs. Individual and group programs are designed by the physiotherapist who comes once a week, and is assisted by a physiotherapist aid, to promote optimum levels of mobility and dexterity. Strategies for residents' falls prevention include physiotherapy assessments for residents, provision of mobility aids, medication reviews and the use of hip protectors when indicated. Other strategies include exercises, monitoring footwear, foot care/podiatry, and accident and incident reporting. The home has a manual handling program and provides education to staff on a yearly basis and when necessary. The home has adequate lifting equipment and mobility aids. Observations revealed residents were being assisted by the staff whilst participating in exercises designed to assist their mobility and dexterity.
Interviews with residents/representatives revealed they are happy with way their mobility and dexterity needs were provided for.

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 residents' oral and dental health 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. Staff interviewed described their practices for the cleaning of teeth and dentures, regular oral observation and attendance at oral and dental education. Residents/representatives interviewed stated they are satisfied with the oral and dental care provided to residents.

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/representatives say staff are supportive of residents with sensory loss and promote independence and choice as part of daily care. Sensory loss is assessed on moving into the home and appropriate referrals made to ensure residents' needs are managed

effectively. Adequate lighting is provided in resident's rooms. Most individualised information is documented in the care plan, implemented and reviewed as required. Management has implemented a variety of programs and resources to assist residents with sensory loss. These programs are designed to promote independence, creativity, sensory stimulation and interaction with others.

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

Resident sleep patterns are assessed on entry to the home including preferred sleeping times and any history of night sedation. Barriers to natural sleep including pain, continence, hunger, emotional state are considered when planning care. Residents are able to determine their retiring times and opportunities to watch television and/or listen to music as they prefer. Alternatives to sedation for promoting sleep include warm drinks, management of pain and the opportunity for one to one conversations with staff. Residents/representatives are satisfied that they are able to maintain their normal sleeping arrangements.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's recommendation
The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home is actively pursing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities including numerous stakeholder surveys, reviews and audits to measure its performance in relation to all expected outcomes in Standard Three of the Accreditation Standards. A review of the results of these activities indicates that actions are carried out that result in improvement. Some examples of improvements made through the CI system include:

- Staff skills and knowledge have improved ensuring they are commensurate with the changing resident acuity or changing service delivery requirements. For example, staff members attend elder abuse training as part of the home's mandatory education program.

- The resident activity and lifestyle program is reviewed and changed on an ongoing basis in accordance with residents' needs and desires. For example, the program was recently reviewed and formalised. In addition, activities officers' hours have been extended to cater for the increasing needs of residents. Resident and relative interviews revealed that these initiatives had been well received.

- A review of storage facilities in the new nurses' stations revealed the need to provide more security for confidential files kept there. Doors were fitted to nurses' stations to protect resident records.

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

Team's recommendation
The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Residents' Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to implement policy and procedures to manage mandatory reporting and investigation of resident abuse in line with changes to the *Aged Care Act.*

3.3 Education and staff development

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

Team's recommendation
The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to elder abuse and elder abuse reporting, communication, residents rights, leisure and lifestyle, confidentiality, privacy and dignity.

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 home environment and on an-ongoing bases. Residents' records show that residents' individual 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: orienting and welcoming new residents to the home and introducing them to other residents. In addition, staff provide reassurance and one-to-one support, a counselor is available if required; and residents and staff are provided with support from chaplain services. Residents are able to have familiar and treasured items in their rooms which contribute to their overall health and wellbeing. The team observed staff showing respect and interacting with residents in an understanding and caring manner.
Residents/representatives interviewed revealed that they are happy with the level of emotional support provided to them.

3.5 Independence

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

Team's findings
The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintenance of friendships and participation in the community. Individual and general strategies are implemented to promote independence, such as equipment to assist mobility, and leisure activity programs which actively seek the involvement of residents and promote mobility and independence. Relatives, friends and community groups frequently visit the home and a bus is available to assist residents to undertake activities outside the home. Residents can choose to continue to participate in local community activities and to go on family outings as their conditions allow. Other strategies include residents choosing to participate in various

activities and deciding on times for personal hygiene and for retiring at night. Communication and feedback is available through resident meetings, surveys and personal discussion. Residents/representatives confirm they are satisfied with the assistance the home provides in relation to maintaining their 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

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. Resident terminal wishes are discussed and documented on admission with palliative care services available as required to residents. New residents are provided with information on the home's privacy policy and are requested to sign a privacy consent for the use and display of photographs. Staff demonstrate they are aware of the privacy and dignity of the resident by: signing confidentiality agreements when they start working at the home, knocking on residents' doors prior to entering their rooms, and closing doors when providing treatments in residents' rooms. Staff handovers and confidential resident information is discussed in private. Non-current medical and associated records are archived and securely stored. Observations revealed that personal care for residents is provided in a manner that protects their dignity and privacy. Residents/representatives interviewed say their right to privacy, dignity and confidentiality is recognised and respected.

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. Social profiles are completed on entry to the home and the home's recreational activity officers develop plans of care based on these assessments. Records are maintained on participation numbers and the residents are encouraged to provide feedback on new and ongoing activities. Lifestyle programs are developed, evaluated and a risk assessment is carried out. One to one interaction is provided to those residents who choose not to participate in group activities. Residents are informed of activities via noticeboards, newsletters and verbal prompts. Residents /representatives interviewed stated the home supports residents' involvement in activities and interests appropriate to their needs and preferences.

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 through which residents' cultural and spiritual needs are valued and fostered. These include the identification and documentation of residents' interests, cultural

needs, and religion. 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, Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are recognised and celebrated. Various religious denominations provide services which are held in the home. Residents /representatives interviewed said they are satisfied with the home's approach to the residents' 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 their representatives are supported in their right to exercise choice and their involvement in decision-making processes. Information is provided to residents to promote their ability to make informed choices and residents are assisted and supported to exercise their choice and make decisions concerning their day to day life. The charter of residents' rights and responsibilities is displayed in the home and included in the resident handbook. A review of documentation shows residents' personal preferences and needs are identified and a social profile is completed when they move into the home. Residents choose their own medical officer and are able to attend case conferences. Referrals to specialist and other allied health professionals are arranged in consultation with the resident/representative. Staff say the right of residents to refuse treatment and residents' terminal wishes are respected. Residents have an awareness of their rights and responsibilities and have access to information regarding the compliments and complaints process and advocacy services. Residents/representatives reported the staff respect their choices and decision-making.

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

Management provides residents with information on their rights and responsibilities prior to entering the home. Prospective and new residents are provided with printed information on accommodation arrangements, the care and services available, security of tenure, and fees and charges. Residents and their representatives are encouraged to read over and seek external legal advice in relation to agreements which are offered to all residents. Brochures and information on the home's continuous improvement system, complaints mechanism and external advocacy services are freely available in the foyer. The Charter of Residents' Rights and Responsibilities is displayed at the home. Residents say they feel secure and are happy living at the home.

Standard 4 – Physical environment and safe systems

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

4.1   Continuous improvement

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

Team's recommendation

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home is actively pursing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities to measure its performance in relation to all expected outcomes in Standard Four of the Accreditation Standards. These include but are not limited to reviews and audits in areas covering resident satisfaction (includes hospitality services such as catering, cleaning and laundry), the environment, occupational health and safety and infection control. A review of the results of these activities indicates that actions are carried out that result in improvement. Examples of improvements include:

- Staff skills and knowledge have been improved ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, catering staff have completed food safety training.

- Equipment purchased that has improved the safety and comfort of residents and staff includes new oxygen regulators. These were changed in accordance with legislative requirements to meet the Australian Standards (AS2473.3). In addition, a bed replacement program is underway that is seeing all residents beds replaced with electric fully adjustable beds at the rate of two per month. New equipment has also been purchased for the kitchen and laundry.

- All dangerous goods and hazardous chemicals used within the home have been logged in an electronic register. The new system is easier to use, update and is more legible.

- A review of fire safety equipment and emergency procedures has been undertaken in all Domain Principal's homes. It has been agreed that sprinkler systems will be retrofitted to all existing homes that do not have them within the group.

- A number of initiatives have strengthened the home's infection control practices. For example, a new chemical delivery system has been introduced in the laundry. The aim was to save water but improve the cleanliness of residents clothing.   In addition, the home is registered as a licensed premise with the NSW Food Authority and has implemented a food safety program. However, it received a "B" rating when last audited by the Authority. Corrective actions required (CARS) that were identified during that audit have been attended to and the home expects to receive an "A" rating when reaudited in six months time. A hazard analysis critical control point (HACCP) committee has been formed to manage food safety issues on an ongoing basis.

4.2 Regulatory compliance

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

Team's recommendation

The home meets this expected outcome

Results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of the home's responsiveness to legislative requirements is the assessment of the building using the 1999 Certification Assessment tool, which includes a mandatory minimum pass mark for fire and safety. In addition, the home implemented a food safety program in response to the introduction of the *Food Safety Act*, is registered with the Authority and is now regularly audited. The home's policies and procedures are currently being reviewed in light of recent changes to the Work Health and Safety (WH&S) legislation (previously OH&S).

4.3 Education and staff development

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

Team's recommendation

The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), and fire safety training (theory and practical). Staff have completed a range of occupational health and safety training (including incident and accident reporting, hazard identification and OH&S committee training). They have also attended first aid, equipment use, chemical handling and food safety training. The majority of this training has been identified as compulsory and staff attendance is monitored. Staff competencies are carried out in various areas including manual handling, fire safety, and infection control.

4.4 Living environment

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

Team's recommendation

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with residents' care needs and expectations. For example, resident/representative interviews revealed that they are satisfied with the living environment. Residents predominantly reside in multi bedded rooms with access to communal bathrooms. The communal living areas are comfortably furnished. They include resident dining, lounge and activities areas. Reverse cycle air conditioning ensures that a comfortable climate is maintained within the building. Large windows and doors

provide residents with views of the external environs. The home has well maintained landscaped gardens and paved garden courtyard areas that are easily accessible to residents.

The safety of the environment is underpinned by the identification of the residents' care needs on admission as well as monitoring of their environmental needs on an ongoing basis. Environmental audits and the planned preventative and corrective maintenance systems are ensuring that the environment (grounds, building and equipment) is well maintained.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation
The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The results of our observations, interviews and document review revealed that this is achieved through a program of staff awareness, incident/accident/hazard reporting, risk assessment and a functional OH&S committee. There is also a workers compensation program, which incorporates an injury management and staff return to work program. In addition, the home employs a number of preventative strategies including compulsory education and competency testing, hazard management and the provision of suitable equipment to assist with lifting and minimise bending. For example, trolleys to transport goods, lifters and electric fully adjustable beds. Staff confirmed that they have access to workplace safety training and to adequate supplies of equipment. Workplace safety inspections/environmental audits are undertaken and remedial action is undertaken to rectify hazards or risks identified.

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

Team's recommendation
The home meets this expected outcome

The environment and safe work practises are minimising fire, security and emergency risks. The results of our observations, interviews and document review revealed that this is achieved through well publicised and clearly understood emergency and fire evacuation procedures, plus fire warning and fire fighting equipment. The performance of this equipment is regularly assessed against the relevant Australian Standard. The building when assessed under the 1999 Certification Assessment Instrument exceeded the mandatory minimum score of 19 out of 25 for fire safety. Emergency exits are clearly marked and free from obstruction. Fire prevention measures in place include education, competency assessment, environmental safety inspections, safe storage of chemicals, a program of electrical equipment checking and tagging, and a no smoking policy with designated outdoor areas provided for residents and staff. Security systems include lock up procedures, numeric coded key pad door locks, outdoor security lighting and appropriate fencing. Staff wear identification badges authorising them to be on site. A sign in/sign out book is maintained for staff, visitors and contractors. Emergency numbers and phones are available to staff to call for assistance. All residents have access to emergency buzzers in their rooms, bathrooms and communal areas.

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

Team's recommendation
The home meets this expected outcome

The home has an effective infection control program in place. The results of our observations, interviews and document review revealed that the program incorporates an organisation-wide approach. This includes the infection control surveillance and reporting system, a hazard risk management system and a waste management system. There is a food safety program in the kitchen (which includes the sanitisation of high risk foods). Appropriate linen handling and sanitisation processes are used in the laundry. Procedures for the management of outbreaks are in place. Preventative measures include education for all staff disciplines, an effective cleaning program, and a staff and resident vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff associated with the provision of care, catering, cleaning and laundry services demonstrated an awareness of infection control as it pertains to their work area.

4.8 Catering, cleaning and laundry services
This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation
The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The results of our observations, interviews and document review revealed that:

- Residents choose from a variety of meals prepared onsite using the fresh cook method. The four-week seasonal rotating menu has been reviewed by a dietician and provides residents with excellent choice and variety. Residents have input into menus on entry, their likes and dislikes are recorded and monitored on an ongoing basis through the resident committee, the comments and complaints system and resident satisfaction surveys. Residents/representatives interviewed confirmed that their likes and dislikes, special dietary needs and expectations re quality and quantity of meals are identified and met.

- Planned cleaning programs carried out by the home's staff are ensuring that cleaning standards are maintained. Residents and staff confirmed that a clean and hygienic environment is maintained at all times.

- The laundry service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing. Residents/representatives interviewed confirmed that they were satisfied with the laundry services provided. They confirmed that their personal items are returned to them promptly and in good condition.