



Aged Care
Standards and Accreditation Agency Ltd

Farmborough Aged Care Centre

RACS ID 0647

91 Waples Road

UNANDERRA NSW 2526

Approved provider: The Uniting Church in Australia Property Trust
(NSW)

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 21 October 2015.

We made our decision on 27 September 2012.

The audit was conducted on 28 August 2012 to 30 August 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

Farmborough Aged Care Centre 0647

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 28 August 2012 to 30 August 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 28 August 2012 to 30 August 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:	Fleur Hannen
Team member/s:	Rodney Offner

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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Details of home

Name of home:	Farmborough Aged Care Centre
RACS ID:	0647

Total number of allocated places:	108
Number of residents during audit:	106
Number of high care residents during audit:	102
Special needs catered for:	Dementia

Street/PO Box:	91 Waples Road	State:	NSW
City/Town:	UNANDERRA	Postcode:	2526
Phone number:	02 4223 7900	Facsimile:	02 4223 7996
E-mail address:	Jo.McGoldrick@unitingagedcare.org.au		

Audit trail

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

Interviews

	Number		Number
Regional area manager	1	Clinical nurse consultant	1
Regional operations manager	1	Catering supervisor	1
Regional learning and development manager	1	Maintenance supervisor	1
Regional health, safety and well-being manager	1	Maintenance officer/fire officer	1
Area work health and safety coordinator/Injury management coordinator	1	Servery staff	4
Senior human resources business partner	1	Cleaning staff	5
Service manager	1	Residents	14
Learning and development coordinator	1	Representatives	7
Purchasing and supply manager	1	Registered Nurses	3
Lifestyle Manager	1	Care staff	13
Chaplains	2	Lifestyle staff	2

Sampled documents

	Number		Number
Residents' files	12	Medication charts	52
Care plans	14	Personnel files	8

Other documents reviewed

The team also reviewed:

- Asset register
- Audit schedules, results and summary reports
- Clinical care: clinical forms , restraint authorisations, care plans, medication charts, clinical risk reviews, case conferences, behaviour management meetings summaries
- Clinical indicator reports
- Cleaning: cleaning schedules, cleaning work sign off sheets
- Code of ethical behaviour
- Compliment, complaint, suggestion forms and records
- Continuous improvement register
- Contract agreements
- Contractor information list and agreements

- Communication books
- Education service learning information, learning campus documentation, education attendance records, compulsory training requirements
- Fire safety and emergencies: service reports, resident evacuation information, fire equipment testing log records, visitor and contractor sign in/out registers, resident sign in/out register, emergency plan manual
- Food safety: food safety program, NSW Food Authority licence, food safety monitoring records, food services cleaning and duty schedules, residents' diet requirements information, residents' nutrition and hydration lists, visitor food sign in register, menu
- Incident and accident reports and statistics
- Infection control: policies, procedures, outbreak management information, infection control trends, outbreak and infection surveillance data
- Lifestyle documentation – lifestyle summary program, activity profiles, activity evaluations, activity calendars, monthly guide of activities, photos, bus trip risk reviews.
- Maintenance records: maintenance schedules, preventative maintenance records, corrective maintenance requests, service reports and pest control reports
- Media consent forms for the collection and handling of personal information
- Meeting minutes including staff, medication advisory committee, resident and relative, registered nurses, regional work health and safety
- Memos for staff
- Orientation information, position descriptions, work instructions, staff confidentiality arrangements
- Police certificate register lists, staff registrations
- Policies, procedures and flowcharts
- Register of mandatory reporting, reportable and non-reportable incident register
- Resident admission administration file, resident handbook, low care and high care enquiry packs, resident welcome pack, resident agreements
- Resident satisfaction survey results
- Self-assessment for re-accreditation and associated documentation
- Spiritual profiles, summaries and resources
- Staff handbook and on site orientation material
- Staff rosters
- Staff satisfaction survey results
- Volunteer handbook
- Work Health and Safety (WHS) records: incident and accident reports, monthly trend analysis reports, safety data sheets, workplace inspection schedule and action plan, health safety and well-being manual, maintenance program, hazard management protocols, system compliance implementation plan, regional work health and safety action plan, hazard reports, risk assessment register

Observations

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display

- Activities in progress, activities calendar printed and activity resources
- Brochures and posters – external complaints services, various others
- Chaplaincy services
- Charter of residents' rights and responsibilities displayed
- Clinical care resources including clinical supplies
- Feedback forms, suggestion box
- Fire safety systems and equipment: annual fire safety statement, evacuation plans, evacuation kit, residents' clinical care information, emergency procedures' flip charts throughout the home
- Staff handover in progress
- Hairdressing salon
- Infection control resources including personal protective clothing and equipment in all areas, first aid kits, spill kits, hand washing facilities and sanitisers, sharps' containers
- Information on noticeboards for residents, visitors and staff
- Interactions between staff, residents and representatives
- Living environment – internal and external
- Midday meal service including staff assistance and supervision, morning, afternoon tea and additional fluid rounds
- Mobility and lifting equipment in use and in storage including wheel chairs, walkers
- Noticeboards: residents, visitors and staff
- Photographic evidence of residents at activities
- Resident call bell system
- Secure document storage and records management
- Secure medication storage including locked medication trolleys in the treatment room with code padded doors, cupboards, medication refrigerators, pharmacy packed medication sachet packs and information for staff regarding administration of medication
- Staff work areas and staff practices in all areas
- Supply storage areas including: chemicals, linen, clinical and continence supplies
- Vision, mission and values statements displayed

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action and review the home's processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, surveys, feedback and verbal discussion. Activities which support quality improvement include regular resident/relative, staff, work health and safety committee meetings, an internal and external audit program and trend analyses of clinical indicators. Stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One include:

- Management identified the need to improve the resident admission process and formulated an admission checklist to ensure all tasks required were completed in an effective and efficient manner. Staff report the use of the checklist ensures they undertake their required duties both prior to residents being admitted and during the day of residents being admitted.
- Management and staff identified the home was sometimes short staffed during weekends and consequently altered the roster to assist to ensure this did not occur. Management created a rolling roster whereby staff are given the opportunity to work more hours should they so desire during weekends when the home was short staffed. Management report this new arrangement is working well and the home is adequately staffed at all times.
- As a result of feedback from a resident survey management have improved the communication processes with residents by introducing scheduled case conferences between residents and their families. Management report these case conferences are working well and residents and their families are more fully informed regarding residents' care needs.
- As a result of residents' increasing care needs the home purchased an additional two bath trolleys. Staff report they have all the required equipment to undertake their required care duties in an efficient and effective manner.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. A subscription for membership of a peak body and Department of Health and Ageing information assist in ensuring management receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the employee handbook, at orientation and through mandatory education sessions. Updated information is communicated at handover, education sessions, meetings, through information displayed in the staff room. Key personnel ensure policies, procedures and forms are current and staff demonstrated awareness of current legislation. Monitoring of compliance includes scheduled internal audits, staff competency assessments, performance appraisals and observation of staff practices. Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors as necessary have current national criminal history checks (police certificates) and statutory declarations completed where appropriate.
- Current policies in response to legislative changes, such as for reportable incidents, are held.

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 to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Competency assessments are conducted on an ongoing basis as required. Training calendars are developed based on mandatory training requirements, staff development needs and staff feedback. Other sessions are developed in response to resident care needs, legislative requirements and changes, audit results and analyses of clinical indicators. Training and education is offered on or off-site, in groups and one-on-one. Staff participation is recorded. Residents/representatives said they believe staff are providing appropriate care for residents’ needs.

Education and training attended in relation to Accreditation Standard One includes: elder abuse and mandatory reporting, information systems, inventory and equipment, bullying and harassment, human resource management, staff orientation and external services.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints available to all residents and their representatives. On entry all new residents are made aware of feedback mechanisms outlined in the resident information booklet and feedback forms and brochures for accessing external complaints are readily available. A suggestion box is centrally located for submitting written feedback and staff are available to assist with resident/representative enquiries. Resident and relative meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints and suggestions are reviewed and are acknowledged, investigated and feedback is given to complainants. All complaints are handled confidentially and are registered, collated, and analysed and if appropriate, issues are transferred to the continuous improvement register. Staff demonstrated awareness of complaints' procedures. Residents/representatives said if they have any concerns they are happy to raise them with staff.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Management and staff interviewed and documentation such as policies and procedures confirm a commitment to quality within the home. The vision, mission and values statements are displayed and are included in staff and resident information booklets. The Charter of residents' rights and responsibilities is displayed and is included in handbooks. Regular staff meetings, audits and continuous improvement program ensure an ongoing commitment to quality care for residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has skilled and qualified staff to deliver appropriate levels of care to residents. Staff are recruited in consideration of skill requirements and qualifications for resident care needs and criminal history checks are conducted prior to employment. New staff attend an orientation program which includes working with a 'buddy'. Position descriptions, employee handbook, policies and procedures inform staff of care and service delivery requirements and staff sign a confidentiality agreement. Staff practices are monitored through observation, skill assessments, annual performance appraisals, feedback and audit results. Staff rosters are adjusted according to workloads and registered nurses (RNs) are on duty for all shifts. Casual staff and additional staff hours cover for any leave. Staff said they have enough time to complete their duties, very much enjoy working at the home and some commented the

teamwork is very good and they feel valued by the management. Residents/representatives expressed satisfaction with number of staff available and care provided by staff.

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 stocks of goods and equipment to support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance requests are detailed in the home's maintenance request logs and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

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

Effective systems to provide access to current information for all stakeholders are available. Feedback and audit results provide information to management about the home's performance. Staff are informed by the employee handbook, work instructions as well as position descriptions and have access to current policies, procedures and forms. Updated information for staff is available through handover, care documentation, communication books, memos, noticeboards and meetings. Staff have access to an electronic internal care documentation system and databases. A resident agreement and resident information booklets and packs inform residents and representatives on entry. Updated information is provided to residents through meetings, case conferences, noticeboards and verbally and residents/representatives interviewed believe they are kept informed and up to date. There are processes for confidential storage of records, electronic back up, archiving and destruction of documentation at the home.

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's externally sourced services are arranged primarily through the organisation by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references, insurance and police checks are made. All major contracts are reviewed regularly through feedback by the home to the organisation's regional purchasing and supply manager and/or the home's

senior management team. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor, a list is maintained at the home and updated as required. Staff are kept informed of appropriate matters relating to the provision of services by external contract 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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears and medications contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- As a result of staff feedback regarding use of manual blood pressure equipment the home purchased automatic sphygmomanometers for each section of the home. The result is staff can provide more effective monitoring of residents' blood pressures and deliver more appropriate clinical care as a result.
- Management expressed the desire to be a centre of excellence in dementia care and as such has engaged the services of dementia care specialists and advisers on how the home can deliver high quality dementia care to residents. Representatives of residents in the dementia specific unit interviewed all expressed a very high level of satisfaction with care services provided.
- As the syringe drivers the home was using were no longer recommended by the Therapeutic Goods Administration the home has purchased new syringe drivers for use by staff. Staff report the use of the new syringe drivers means they can deliver more effective palliative care services to residents.
- Management identified the need for staff be fully informed as to what are the effective strategies and practices on how to effectively manage the behaviour of those residents who have dementia. Consequently a range of education sessions were held on dementia care and behaviour management. Staff report they are given quality education on behaviour management and dementia care which enables them to undertake their duties in a way that is very person centred.

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 systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard Two include:

- Medication administration staff practices are monitored for compliance.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to health and personal care. Some of the topics include: behaviour management, palliative care, pain management, continence management, nutrition and hydration, wound care, medication management, dementia care and oral hygiene.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has an effective system to assess, implement, evaluate and communicate the residents’ clinical care needs and preferences. Review of residents’ files demonstrated the home regularly assesses the residents’ clinical care needs and updates care plans in collaboration with the residents/representatives and relevant health professionals. The home uses validated assessment tools and evidence based interventions to meet the ongoing needs of the residents. Interviews with staff confirmed they have the knowledge and skills to deliver clinical care in line with residents’ care plans and the home’s policies. The home regularly evaluates and improves assessment tools, care planning, care delivery and staff practices. Residents/representatives expressed satisfaction with the care provided to residents.

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

Interviews with staff and documentation verified that residents’ specialised nursing care needs are identified and managed by appropriately qualified staff. The home has processes for staff to consult on best practice care with internal resource staff and external specialists (such as palliative care and wound care). Interviews with staff showed they have the knowledge and skills to assess, manage and evaluate specialised nursing care. Documents showed the staff use evidence based assessment tools and interventions to deliver specialised care. The home monitors staff practices and provides education, including specialised nursing care.

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 home has an effective system to refer residents to health services including choice of doctor and allied health services (such as dietician, physiotherapist, speech pathologist) to meet the residents’ needs and preferences. Documentation demonstrated residents’ needs are assessed on entry to the home and at regular intervals and referrals are planned, documented, communicated and followed up by staff. Staff interviews demonstrated they have a good understanding of the referral process and the procedure to assist residents to access appointments with external health and related services. Residents/representatives stated staff inform and support them to access health specialists for residents and they are satisfied with the referral process to other health and related services.

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

There is an effective system to manage residents’ medications safely and correctly. Documentation demonstrated the home has policies and procedures and medication audits are carried out and reported into the home’s quality program. Medications are reviewed regularly and adjusted accordingly in consultation with residents/representatives and the relevant health professionals. Observations showed the home has an effective medication dispensing process, safe storage of medications and appropriate qualified staff to manage medications. Regular education and competency assessments are undertaken by staff responsible for medication management. Interviews with staff confirmed practices are consistent with policies and procedures and incidents are reported, followed up and linked into the home’s continuous improvement system.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has processes to assess and monitor pain and develop care plans to ensure residents are as free as possible from pain. Documentation demonstrated interventions are reported in the residents’ care plans and depending on the residents’ needs and preferences medication and/or non-medication interventions are implemented and reviewed regularly. Interviews with staff demonstrated they have a sound understanding of individual resident’s pain requirements and the home’s pain management policies and procedures. Staff seek best practice pain management advice and education from internal resource staff and external health services to meet the needs of residents with complex pain.

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 policies and procedures to guide and monitor staff in the provision of palliative care. Documentation showed that palliative care plans are developed and implemented in consultation with residents/representatives and appropriate health professionals. This includes end of life care preferences and wishes to meet residents’ care needs with dignity and comfort. Interviews with staff demonstrated they have the knowledge and skills to care for palliative care resident. Management evaluate procedures and seek palliative care advice and education from specialist community services to ensure best practice interventions. Interviews with residents/representatives communicated they are satisfied with care and the emotional and spiritual support given to end of life 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 a system to ensure regular assessment, communication, monitoring and updating of residents’ nutritional and hydration status. This includes specific needs and preferences (such as awareness of cultural, religious, allergies and medical requirements). Documentation and interviews (staff and residents/representatives) confirmed nutrition and hydration care plans are developed with a multidisciplinary approach and linked to the general care process. Documentation showed special diets, dietary supplements, extra fluids, and appropriate referrals are provided for residents. Residents/representatives stated they are satisfied with the meals and drinks provided at the home.

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

There are policies and procedures to maintain residents’ skin integrity consistent with their health. Documentation and staff interviews confirmed that the residents’ skin care needs are assessed on admission and at regular intervals. This information is documented and communicated in the residents’ care plans and these are regularly evaluated and updated. The assessment and care plan process is completed in consultation with residents/representatives and other relevant health professionals. Interviews with staff demonstrated they know how to assist residents to care for their skin, record skin irregularities and report incidents. Documentation and observations showed there are procedures to identify residents at risk of impairment to skin integrity and interventions and aids to protect their skin integrity. Interviews with residents/representatives informed us they are satisfied with the skin care provided at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff interviews and documentation showed continence is managed through initial and ongoing assessments and individualised care plans. There is input into the care plans from residents/representatives and appropriate health professionals. The residents’ continence interventions are regularly monitored and evaluated for effectiveness and changes communicated to staff. Observations revealed that the home has appropriate continence aids to meet the residents’ needs and preferences. Interviews with staff demonstrated they understand the residents’ continence needs and preferences, and have access to external continence specialist services. Residents/representatives expressed satisfaction with the home’s continence management program.

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 appropriate policies, procedures and interventions from care and activity staff to effectively meet the needs of residents with challenging behaviours. Documentation showed residents’ behavioural needs are assessed on entry to the home and reviewed at regular intervals in consultation with residents/representatives and relevant health professionals. Care plans are developed and regularly updated and staff consult with external services (such as community mental health) to ensure interventions meet the needs of individual residents. Interviews with staff demonstrated they have the knowledge and skills to effectively implement behaviour management strategies to meet the residents’ needs and preferences. Residents/representatives interviewed reported they are satisfied with the way the home manages 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

The home has policies and practices to support residents to maintain an optimum level of mobility and dexterity. Interviews with staff and documentation demonstrated the physiotherapist does mobility and dexterity assessments and in collaboration with the lifestyle team interventions are implemented and monitored. The residents’ mobility care plans are evaluated regularly with residents/representatives and appropriate health professionals. Staff interviews confirmed the home has a falls prevention program in place and there are adequate mobility and independent living aids available to meet the residents’ needs and preferences. The effectiveness of the program is assessed through audits, monitoring of staff practices, regular review of residents’ care plans and reporting and analysing the incidences of falls. We observed residents participating in activities designed to optimise their mobility and dexterity such as gentle exercise and craft programs. Interviews with residents/representatives informed us they are satisfied with the care provided to maintain and enhance residents’ mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The oral and dental health of residents is assessed on admission in consultation with residents/representatives and other appropriate health professionals. A care plan is developed to meet each resident’s needs and preferences. There are policies and processes to regularly monitor and review residents’ ongoing oral and dental health needs and facilitate referrals to appropriate health professionals (such as dentists and dietician). Interviews with staff demonstrated they have the knowledge and skills to deliver care consistent with the residents’ oral and dental needs and preferences. Residents/representatives interviewed expressed that 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

The home has a system for ensuring that residents’ sensory losses are identified and managed effectively in consultation with residents/representatives, external health professionals and relevant services. Documentation identified senses are assessed on entry to the home, reviewed regularly and care plans are developed to communicate the residents’ needs and preferences. Interviews with staff revealed they have the knowledge and skills to manage the residents’ needs in relation to sensory losses. Observations showed the activity program supports and assists residents with sensory deficits. Documentation and staff interviews revealed that sensory therapies and activities are monitored and evaluated to ensure they meet the individual needs and preferences of the residents. Interviews with residents/representatives informed us they are satisfied with the management of the residents’ sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has policies and procedures to assist residents to achieve natural sleep patterns. Documentation demonstrated residents’ sleep patterns are assessed in consultation with residents/representatives, medical practitioners, and with consideration for related pain and behaviour management issues. Care plans are developed to communicate the residents’ sleep needs and preferences. Staff interviews demonstrated they are aware of residents’ sleep patterns and strategies to assist residents who have difficulty sleeping. Residents/representatives informed us they are satisfied with the home’s approach to residents achieving natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Resident meetings, satisfaction surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Resident lifestyle. Some examples of improvements over the last year include:

- Management reported a project plan had been developed to improve the lifestyle of residents in the dementia specific unit. The plan included the employment of a recreational activity officer and introduction of a comprehensive range of leisure activities appropriate to meeting the needs of those residents with dementia. This project plan has been implemented with the result residents’ representatives report the care and activities provided to residents in the dementia specific unit is exceptional.
- Management identified the need to provide church services to residents with dementia and consequently organised these services to be held in the chapel rather than in the main recreation room. Staff report residents are very much more satisfied with the services being held in the chapel.
- Management identified the need for residents to have a special place where they could receive aromatherapy, spa baths and massages and as such re-furnished one of the bathrooms. The result is residents are encouraged and supported to participate in a range of interests and activities of interest to them.
- As a result of a suggestion the home has created a kid’s zone play area where residents and their representatives can relax and interact. The outcome for representatives is there is a place where their children can feel relaxed and play whilst they can enjoy the company of residents.
- As a result of a representative wishing to spend time with a resident when they were receiving palliative care the home purchased a fold up bed. As a consequence the home now has a fold up bed for use by representatives and this enables representatives to stay at the home and provide appropriate emotional support when considered appropriate.

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 systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Three include:

- All new residents receive a resident agreement and resident information booklet which include information about security of tenure and residency rights and responsibilities.
- There is a system for compulsory reporting in accordance with regulatory requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to resident lifestyle. Some of the topics include: resident security and tenure, leisure interests and activities, emotional support, privacy and dignity, choice and decision making, spirituality and meaning as well as independence.

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 an effective system to support residents while they adjust to life in the new environment and during their stay at the home. Review of residents' files showed social, cultural and spiritual history, and support needs are recorded on entry to the home. This information is used to develop a care plan with strategies to support the individual emotional needs of residents and this is regularly evaluated. The activity staff spend time with new residents and pastoral care is available to support residents and their families. Residents/representatives communicated residents have support to adjust to their new life within the home. They are also satisfied with the ongoing emotional and spiritual support residents receive at the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has an effective system to assist residents to maintain their independence and links with their friends and the community outside of the home. On entry to the home and at regular intervals residents are assessed for what independence means to them and how this can be achieved in relation to physical, emotional, cultural, social, and financial aspects of their lives. This information and the agreed strategies to promote independence are communicated in an individualised care plan and this is regularly evaluated and revised as needed. Observations showed the home provides equipment, aids, qualified staff, and programs (leisure, physical and spiritual therapy) to assist residents' with mobility, communication and cognitive needs. The activity program supports residents to undertake regular community outings and engage community within the activities of the service.

Residents/representatives verified residents are encouraged and supported to be independent with care and lifestyle needs, mobility and decision-making.

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 has policies and procedures and a mechanism to log and address concerns/complaints, in relation to privacy, dignity and confidentiality. Interviews with staff showed they understand each resident has a right to privacy, dignity and confidentiality. Observations demonstrated residents' information is securely stored and staff attend to residents' needs in a respectful and courteous manner. Information on residents' rights and responsibilities is given to new residents and displayed in the home. The residents' rooms and bathrooms are set up to maintain their privacy and dignity. Observations showed common areas throughout the home that are used by residents and visitors. Interviews with residents/representatives verified staff understand and respect their rights to privacy, dignity and confidentiality.

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 has a comprehensive individualised activity program which is offered to all residents. Staff interviews and documentation showed the program is developed from information obtained from residents/representatives about their interests, hobbies, life stories, and special life events. The home has a lifestyle manager and activity staff and they effectively plan, implement and evaluate the activity program in consultation with residents/representatives. The residents have the choice of attending a variety of activities held within and outside the home. One to one activities are provided for residents who are unable to benefit from group sessions or choose not to participate. The dementia specific unit has designated activity staff and appropriate activities for the residents. Interviews with residents/representatives showed they are satisfied with the home's activity program.

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 a comprehensive system to promote residents' individual interests and to ensure that their customs, beliefs and cultural backgrounds are fostered and respected. Documentation showed on entry to the home each resident's cultural and spiritual needs are identified, documented and reviewed. The home facilitates chaplaincy and religious services to meet the needs and preferences of the residents. The chaplain coordinates availability of other faiths as needed, and assists families and residents in planning funeral services. Cultural days and personally significant days are celebrated at the home. Interviews with

staff demonstrated they know and understand the needs of residents from other cultures. Interviews with residents/representatives informed us they are satisfied with the way the home values and supports residents cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has a system to ensure that each resident is able to exercise choice and control over their care and lifestyle. Documentation showed that each resident's specific needs and preferences are documented and communicated to staff at the home and external health service providers. The residents' care plans are evaluated and reviewed regularly in collaboration with residents/representatives. Documentation showed resident/relative meetings are held and they are encouraged to express their views about care and services. Resident/representative and staff interviews verified residents make choices about their meals, personal and health care, health professionals, environment and activities as long as they don't infringe on the rights of other residents. Resident/representative interviews reported satisfaction with their level of participation in decision-making and residents ability to make choices while living at 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

There are processes to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. Management discuss relevant information about security of tenure, fees, care, services and residents' rights with residents and/or their representatives prior to and on entering the home. Residents/representatives receive a residential agreement and resident information booklet which outline accommodation, residents' rights and complaint resolution processes. A copy of specified care and services is included in residents' information provided. Ongoing communication with residents and/or their representatives is encouraged through scheduled meetings, individual meetings and notices. Residents/representatives indicated awareness of residents' rights and responsibilities and security of tenure 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident feedback. Some examples of improvements over the last year include:

- As a result of a suggestion the home sourced and purchased new outdoor furniture for the various courtyards. The result for residents and their representatives is the creation of a living environment that is comfortable and consistent with residents’ care needs.
- Management identified residents’ nutrition and hydration lists were not easily able to be read by staff and introduced new lists which included resident photos, residents’ dietary and hydration requirements and other special needs. Servery staff report the new lists are very effective and they can readily identify each resident’s nutrition and hydration requirements.
- Management identified the need for cleaning trolleys to upgraded and as such purchased new cleaning trolleys. Staff report the new trolleys are very effective and are able to hold the required cleaning equipment and safely store chemicals.
- Management identified the outside courtyards of the specific dementia unit required upgrading and as such new outdoor furniture was purchased and the grounds and gardens are continuing to be upgraded. Representatives of residents in the dementia specific unit expressed a high level of satisfaction with the changes made to the outside courtyards of the unit.

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 systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Four include:

- Annual compulsory education is provided for fire safety and manual handling.
- A current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Documentation verified that a range of education and training sessions have been attended over the last year in relation to the physical environment and safe systems. Some of the topics include: manual handling, fire safety, infection control, work health and safety legislation, chemical handling, hand hygiene and food safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home can demonstrate it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home consists of a number of wings (communities) and a secure dementia specific unit and furnishings have been selected in consideration of residents' comfort and safety. Residents are accommodated in single or two-bedded rooms with ensuite facilities. Residents are encouraged to personalise their rooms or their personal areas. There is a preventative and reactive maintenance program, including recording of the warm water system temperatures. The home has level walkways with handrails to support residents' safety and the grounds are well maintained. Residents use a nurse call system when they need assistance and staff respond in a timely manner. Key personnel monitor the environment to ensure safety and comfort is promoted using audits, observation, review of incidents and hazards and feedback from staff and residents/representatives. Residents/representatives stated they are very satisfied with the residents' individual and communal living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular health and safety workplace inspection audits. The home takes effective and efficient action to resolve any accidents, incidents and hazards. There is compulsory education for all staff in workplace safety including manual handling. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities and observation confirms safe work practices.

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 established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are evening lock-up procedures. There is regular testing of external security lighting and alarm systems. Fire evacuation plans, emergency services flip charts and exit signs are located throughout the home. Monitoring and maintenance of all fire equipment is undertaken and reports provided. Fire equipment is located throughout the home and there is evidence this is regularly serviced and tested. Fire safety and evacuation training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. Emergency evacuation kit is maintained including resident identification photos and medical information. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

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 established policies and practices that support an effective infection control program. Staff receive training at orientation and on an ongoing basis. Hand sanitisers and hand washing facilities are located throughout the home. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures and disposal of waste. A vaccination program is in place. The home's management are aware of federal guidelines for the management of influenza and gastroenteritis outbreaks. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. Information on infections is collected, analysed and discussed with staff. Observation demonstrates staff comply with infection control practices including the use of personal protective equipment.

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

Residents/representatives expressed a high level of satisfaction with the hospitality services provided at the home. Residents' dietary needs and choices are assessed and documented on entry to the home. Catering staff maintain a list of food preferences and special diets, including supplements and modified meals. Food is prepared and cooked on-site and served to residents in various dining areas or residents can receive their meals in their room should they so wish. The home has a rotating menu with input from a dietician. The home presents as clean, fresh and well maintained and cleaning staff are guided by documented schedules and work practices. There is an on-site laundry and linen and residents' clothes are collected in appropriate coloured linen bags. There are procedures and work practice statements for

the collection and handling of laundry. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.