



Aged Care
Standards and Accreditation Agency Ltd

Flinders Court

RACS ID 0413

Clarke Drive

CASTLE HILL NSW 2154

Approved provider: Anglican Retirement Villages

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 7 October 2015.

We made our decision on 29 August 2012.

The audit was conducted on 24 July 2012 to 26 July 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

Flinders Court 0413

Approved provider: Anglican Retirement Villages

Introduction

This is the report of a re-accreditation audit from 24 July 2012 to 26 July 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 24 July 2012 to 26 July 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:	Rosemary Chaplin
Team member/s:	Rodney Offner

Approved provider details

Approved provider:	Anglican Retirement Villages
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Details of home

Name of home:	Flinders Court
RACS ID:	0413

Total number of allocated places:	158
Number of residents during audit:	152
Number of high care residents during audit:	80
Special needs catered for:	Dementia specific 30

Street/PO Box:	Clarke Drive	State:	NSW
City/Town:	CASTLE HILL	Postcode:	2154
Phone number:	02 8820 2961	Facsimile:	02 9634 0343
E-mail address:	karen.Savage@arv.org.au		

Audit trail

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

Interviews

	Number		Number
Manager	1	Senior area manager cleaning services	1
Compliance manager	1	Area manager cleaning services	1
Administrative services co-ordinator	1	Infection control co-ordinator	1
Workplace trainer	1	Cleaning staff	2
Workplace health safety/fire officer	1	Laundry distribution staff	1
Servery supervisor	1	Maintenance officer/fire officer	1
Site manager cleaning services	1	Residents/representatives	22
Registered nurses	4	Occupational therapist	1
Care staff	8	Physiotherapist	1
Clinical leader	1	Activity staff	2

Sampled documents

	Number		Number
Continuous improvement workplans	20	Service agreements	6
Staff meeting minutes	20	Praise, complaint and suggestion forms	20
Position descriptions	8	Personnel files	10
Resident servery meeting minutes	3	Repair requisition forms	15
Hazard/maintenance reports	12	Staff accident and incident logs	15
Resident files including electronic and hard copy assessments, care plans, progress notes and allied health reports.	16	Wound charts	19
Medication charts and signing sheets	21		

Other documents reviewed

The team also reviewed:

- Audit schedules, results and summary reports, clinical indicators
- Cleaning: cleaning schedules, cleaning work sign off sheets

- Clinical communication including folders for doctors, allied health, family case conference and pharmacy, documentation schedule, appointment books, hand over sheets
- Complaint register, forms
- Consent forms for the collection and handling of personal information
- Continuous improvement folders for accreditation standards
- Contractor information list
- Education and training calendars, education records, competency assessments, compulsory training requirements
- Fire safety and emergencies: service reports, resident evacuation information, fire equipment testing log records, visitor sign in/out register, emergency evacuation manual
- Food safety: food safety program, food safety monitoring records, food services cleaning and duty schedules, NSW Food Authority report, residents' diet requirements folder, residents' special meal requirements, menu, list of resident's dietary supplements for carers
- Incident reports folder and statistics
- Infection control: policies, procedures, outbreak management information, infection control audit results and trends, outbreak kit, infection surveillance data, staff and resident vaccination records
- Maintenance records: maintenance schedules, preventative maintenance records, corrective maintenance request requisitions, service reports and pest control reports
- Medication: incident reports, staff medication competencies, resident's self medication authorisations and monthly audits
- Meeting minutes including staff, residents/relatives and clinical
- Memos for staff
- Monthly newsletters
- Orientation program, position descriptions, duty statements and staff confidentiality arrangements
- Police certificate register lists, staff registrations
- Policies, procedures and flowcharts
- Quality improvement folders
- Reportable and discretionary incident registers, forms and consolidated records
- Resident welcome pack and resident handbook
- Satisfaction survey results: resident, relative and staff
- Self-assessment for re-accreditation and associated documentation
- Staff handbook and orientation manual
- Staff rosters
- Work Health and Safety (WHS) records: incident and accident reports, monthly trend analysis reports, safety data sheets, maintenance program, workplace inspection checklist results, hazard reports and safety manual

Observations

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display
- Activities in progress, activities calendar on display and activity resources
- Brochures and posters – external complaints services, various others
- Charter of residents' rights and responsibilities displayed
- Church service in progress, spiritual resource kit
- Clinical care recourses including oxygen equipment, pressure relieving mattresses and cushions
- Doctor's clinic
- Feedback forms, suggestion box
- Fire safety systems and equipment: annual fire safety statement, evacuation plans, evacuation kit, residents' clinical care information sheets, emergency procedures' flip charts throughout the home
- Hairdressing salon
- Infection control resources - personal protective clothing and equipment in all areas, first aid kits, spill kits, hand washing facilities and sanitisers, sharps' containers
- Information on noticeboards – residents, staff
- Interactions between staff, residents and representatives
- Living environment – internal and external
- Medication round
- 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 lifters, transfer belts, wheel chairs, walkers, limb protectors and hip protectors
- NSW Food Authority licence displayed
- Physiotherapy clinic
- Resident call bell system, bed and chair sensor mats
- Resident kiosk
- Secure document storage and records management
- Secure medication storage including trolleys, cupboards, refrigerators, pharmacy packed medication blister packs and information for staff regarding administration of medication
- Staff handover in progress
- Staff work areas and staff practices in all areas
- Supply storage areas including: chemicals, linen, clinical and continence supplies
- Vision, mission and values statement 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, feedback, surveys and verbal discussion. Activities which support quality improvement include regular resident/relative, staff and committee meetings, external benchmarking audits and an internal 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 nursing care coverage in the dementia units needed increasing and consequently increased registered nurse coverage. The result is nursing care is appropriate to the needs of residents.
- The home has introduced an electronic care documentation system and in order that staff obtain the required skills to become competent in use of the system a training program for staff was developed and implemented. Staff report that use of the system is efficient and effective.
- Management identified the need for a more effective and efficient handover process. A review of the handover process was undertaken with the result staff are more informed of residents' clinical care needs and better able to deliver quality care.
- Management identified the need to improve staff communication processes and purchased a large screen television for the staff room where important information is displayed on a regular basis. Staff report they readily receive any information that is appropriate.
- The home purchased a number of computers and workstations for staff. Staff report use of the equipment with the new care documentation system is more efficient and effective than the previous paper based system.

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 to a legal service, membership of peak bodies 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 staff handbook, at orientation and through mandatory education sessions. Updated information is communicated at handover, education sessions, meetings, through staff memos and television screen 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 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 at orientation and are ongoing annually and as required to monitor staff practices. Training calendars are developed based on mandatory training requirements, staff development needs, and surveys. Other sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Training and education is offered on-site in groups and one-on-one. Staff participation and program evaluations are 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: customer service, care documentation and reporting, performance development and review, role of quality improvement, management training, teamwork and mentoring.

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 handbook and feedback forms and brochures for accessing external complaints and advocacy services are readily available. A suggestion box is centrally located for submitting written feedback and the manager is available to assist with resident/representative enquiries. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints reviewed indicated they are acknowledged, investigated and feedback is given to complainants. All complaints are handled confidentially and are registered, collated, and analysed monthly and if appropriate, issues are transferred to the quality improvement program. Staff demonstrated an 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 handbooks. The Charter of residents' rights and responsibilities is displayed and is included in handbooks. Regular senior staff meetings, audits and quality management 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 sufficient 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 competency skill assessments and working with a 'buddy'. Position descriptions, 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, surveys 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 enjoy working at the home, they work as a

team and have sufficient time to complete shift duties. Residents/representatives expressed a high level of satisfaction with care provided by staff and said residents are assisted promptly when necessary.

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 request requisitions are maintained 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, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook and duty statements and have access to current policies, procedures and forms. Updated information for staff is available through handover, care documentation, emails, communication books, memos, noticeboards and meetings. Key staff have access to electronic internal management systems and databases. A resident agreement and handbook inform residents and representatives and a privacy of information disclosure form is completed on entry. Updated information is provided to residents through meetings, 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 procurement group 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, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- A pain management audit identified gaps in documentation and treatment of some residents' on-going pain and consequently clear strategies and goals were developed including non-verbal signs. Also a review of all residents' files was undertaken to ensure appropriate pain management strategies and treatments were in place. The outcome of this improvement is that residents are as free as possible from pain.
- Following the identification of a need to better monitor and manage the home's referral system with allied health professionals, management has undertaken education sessions for staff. These sessions focussed on use of appropriate forms and any referrals are to be undertaken in a timely manner. The result is that residents are referred to allied health professionals in an efficient and effective manner.
- As a consequence of an unannounced visit on 14 February 2012 by the Aged Care Standards and Accreditation Agency Ltd it was identified that the reporting and recording of aggressive behaviours by residents needed to be improved. Consequently management established an improvement team to consider and appropriately address issues identified. Interventions included education sessions for staff on reporting requirements and how to more effectively manage residents who display aggressive behaviours and role modelling was conducted. The result of these interventions is a significant reduction in the number aggressive episodes and improved documentation together with a significant reduction in falls and infections.
- Management and staff identified the need to reduce the number of resident falls and established a falls committee to consider and recommend actions that could be taken to reduce resident falls. The occupational therapist undertook audits of residents' rooms to identify if objects could contribute to residents having falls, an analysis of the home's environment was undertaken together with increased frequency of resident sensory loss assessments. The outcome of these actions was that the incidence of resident falls has significantly decreased.

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: wound care for registered nurses, falls prevention, clinical assessments, pressure area care, oxygen therapy, dementia care, pain management, palliative care and diabetes. Medication management and administration competency assessments have been completed by staff who administer medications.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents/representatives said management and staff provide quality clinical care and residents individual needs and preferences are met. Initial clinical care planning is overseen by the clinical leader and completed in consultation with residents/representatives using the results of clinical assessments, input from the healthcare team and information from the resident’s comprehensive medical assessment. Care plans are regularly reviewed and updated and any changes are communicated to staff. Staff practice is monitored by management to ensure it is consistent with current care plans and procedures. Education is provided for staff. There is a clinical audit schedule in place to identify areas for improvement. Residents’ clinical care is regularly reviewed and evaluated by management and the organisation’s clinical governance framework to ensure it is effective, appropriate and based on best practice.

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 specialised nursing care needs of residents are identified through review of their medical history, clinical assessments and discussion with residents/representatives. The clinical leader oversees the clinical care system and supervises the provision of specialised nursing care. Specialised nursing care is provided by appropriately qualified nursing staff who have access to internal and external education. Care plans are regularly reviewed to ensure they reflect the specialised nursing care needs of residents. Specialised nursing care provided includes diabetic management, catheter care, oxygen therapy and wound management. The home has access to external specialist services and equipment as needed. Residents/representatives said they are happy with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Referrals to appropriate health specialists are organised in a timely manner in accordance with resident’s assessed needs and preferences. Correspondence received from specialists or health professionals is followed up by the resident’s medical officer and staff. Documentation review confirms care plans are updated to reflect any changes to care and staff are informed of any changes. Staff practice is monitored in the use of assessment tools and methods of facilitating referrals to appropriate health specialists. Management monitors referral mechanisms to ensure they are current, appropriate and effective. Resident/representatives are satisfied with process of referral to health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents/representatives said they are satisfied with the way medications are managed. There are processes in place to ensure medication orders are current and resident medication needs, including allergies and administration needs are identified and met. Residents’ medications are regularly reviewed by the resident’s medical officer and changes in medications are communicated and supplied in a timely manner. Medications are ordered, received, stored, administered, documented and discarded safely in line with policies and procedures and regulatory requirements. Medications are administered by care staff who are regularly assessed for competency. Registered nurses oversee the process of administration and administer non packed schedule 8 and “when required” medication. The medication management system is monitored, reviewed and improved through regular audits, pharmacy reviews and input from the medication advisory committee. Staff administering medications receive regular education and performance review.

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 are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any resident identified with pain including residents at risk of pain are assessed and have a pain management plan. The home uses a variety of pain assessments including non verbal pain assessment. The pain management plan is monitored and regularly evaluated for effectiveness by the registered nurses in consultation with the resident/representative and healthcare team. Medication and alternative approaches to manage pain are explored including massage, the provision of emotional and spiritual support, exercise, re-positioning aromatherapy, music, and the use of pain relieving equipment including heat packs. Staff receive education in pain management and staff practice is monitored by management. Residents/representatives are happy with the management of 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

Management has practices in place to ensure the comfort and dignity of terminally ill residents is provided and families are supported. Advanced care directives are discussed with residents/representatives and their families soon after entry to the home depending on care needs and then as needed. Palliative care planning incorporates a multidisciplinary approach with access to palliative care specialists and specialist equipment. Chaplaincy staff are available one day a week to support residents, their families and staff. Staff practice is monitored to ensure it is consistent with resident needs and preferences. Staff have access to internal and external training in palliative care. Residents/representatives said management and staff are caring and the dignity and comfort of terminally ill residents is maintained.

2.10 Nutrition and hydration

This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

Residents' dietary needs and preferences are obtained on entry to the home and communicated to catering staff to ensure their individual needs and preferences are met. Nutrition and hydration plans are regularly reviewed and any changes are communicated to relevant staff in a timely manner. A speech pathologist is available to assess and manage resident's swallowing difficulties. The home's menu is reviewed by a dietician and special diets catered for. A nutritionist reviews residents if needed for weight management and nutritional supplements are introduced as required. Social interaction is promoted and encouraged at meal times and staff are responsive to resident's needs for assistance. Appropriate assistive devices are used to promote resident's independence and dignity. Staff practice is monitored by management and education provided. Residents/representatives

said management is responsive to any changes and suggestions they may have in regard to 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

Residents/representatives said they are satisfied with the way skin care is managed. The skin integrity of each resident is assessed when they move to the home and resident/representatives are involved in care planning to ensure any concerns relating to skin care are identified and met. Appropriate skilled and qualified staff provide wound care. Care plans are regularly reviewed by the healthcare team and appropriate referrals to specialist services are made. Changes to skin care are documented and communicated to care staff in a timely manner. The work place trainer provides staff training on manual handling and supervises care staff. A hairdresser visits the home regularly. Massage, emollients and pressure reducing equipment and protective clothing are used to manage resident's skin care. Staff practice is monitored to ensure resident's daily skin needs are met.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents/representatives said continence is managed effectively at the home. Assessments are used to develop individualised programs in consultation with the residents/representatives and their health care team. Continence management plans are regularly reviewed by the registered nurse and clinical leader and referrals to specialists are arranged as needed. Any changes in care and resource allocation are communicated to staff in a timely manner. Management regularly review and evaluate the effectiveness and appropriateness of the continence program to ensure it meets the individual needs and preferences of residents. Staff practice is monitored by management to ensure resident's privacy and dignity is maintained at all times.

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

There are systems in place to ensure the needs of residents with challenging behaviours are managed effectively and respect and dignity are maintained at all times. Clinical assessments, consultation with residents/representatives and monitoring of incidents and behaviour are used to identify triggers and develop appropriate care. Successful interventions are included in care planning and communicated to staff. They may include emotional and spiritual support, sensory therapy, pet therapy, music, mobility therapy exercise, doll therapy and alerts as needed. Referrals to specialists are made and advice from specialist dementia services sought. Care plans are regularly reviewed and evaluated for effectiveness by the care manager and healthcare team. Staff receive ongoing training in

dementia and behaviour management strategies by a mental health clinical nurse consultant. Management monitor staff practice to ensure resident's individual needs are met and in line with policies and procedures.

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/representatives and staff said the mobility program run at the home has improved resident's mobility, dexterity and quality of life. A physiotherapist works full time Monday to Friday and is assisted by an exercise physiologist. Individual and group exercise classes are held regularly each week. Residents' mobility and transfer needs are assessed and care planning is developed in consultation with residents/representatives and their health care team. Management monitor staff practice and education on falls prevention and manual handling is provided. The falls prevention committee meets regularly to examine the incidence of falls and the resident's medical officer is informed of any increase in falls. An occupational therapist reviews the residents' environment and prescribes equipment and modifications to equipment to assist residents' mobility.

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

Resident's oral and dental health is assessed on entry using recognised assessment tools. Oral and dental health care plans are developed and regularly reviewed and evaluated for effectiveness by the care manager. Daily oral and dental health care procedures are clearly documented and are available for staff to follow. Care staff monitors resident's oral health during daily care and know to report any changes to the registered nurse for follow up. External dental appointments are organised as needed in consultation with residents/representatives. Management monitor staff practice and residents/representatives said they are satisfied with oral and dental health care provided

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Each resident's hearing and vision, taste and touch and communication status are assessed using a variety of assessment strategies. Care planning is conducted in consultation with the residents/representatives, their families and health care team. A sensory loss registered nurse is employed two days a week to co-ordinate sensory loss management. Care plans are regularly reviewed and any changes are communicated to staff. Management monitors staff practice and regular staff education is provided. Staff are trained to report any change or sensory loss to the registered nurse for review. Auditory and optometry services are arranged for residents if needed. Information from referrals is followed up and included in care planning in a timely manner. Residents/representatives said the cooking smells, fresh

fruit at mealtimes, floral arrangements, live and recorded music, respectful staff and volunteers, companion pets and the outdoor areas in the gardens stimulate and soothe sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Consultation with residents/representatives is undertaken to identify resident’s preferred routines for naps during the day, their patterns for settling at night and any concerns that may interfere with natural sleep patterns. Any changes and sleep disturbances are investigated in consultation with the residents/representatives and their health care team. Pain management is considered if sleep patterns are disturbed to ensure residents are comfortable and free as possible from pain. Residents are checked regularly throughout the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and repositioning and supported and reassured by night staff. Residents state they are able to achieve 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 identified the need for a mentoring program to be established whereby prospective recreational activities officers could acquire the required knowledge and skills within the psycho-social model of diversional therapy. Consequently a mentoring program was established and prospective recreational activity officers are supported and gain the required psycho-social skills relating to diversional therapy. The outcome for residents is they are supported to achieve active control over their own lives within the home and in the community.
- Management identified that due to coffee shop’s confined space there was not an opportunity for residents in the dementia specific units to enjoy coffee and cake in a relaxed environment. A coffee trolley was purchased and twice a week coffee and cake is served to residents in the dementia specific units. The outcome for residents is they are able to participate in a wider range of activities that are of interest to them.
- Management and staff identified the need for the activity calendar and newsletter to be more user friendly and subsequently changed the layout. The outcome for residents is a more user friendly and attractive newsletter and activity calendar is provided to them.
- Management and staff identified the more time some residents spend alone they can become socially withdrawn and isolated. To encourage participation in activities and interaction with other residents and recreational activity officers offer personal invitations to residents to attend various activities. The result is that residents who tend to be socially withdrawn and/or isolated become less so by attending various activities.

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 handbook 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: cultural differences, grief and loss, mental health for older people, personal care and caring in harmony.

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

Residents are carefully monitored and emotionally supported as they settle into life at the home. Individual programs are developed for each resident and families are encouraged to visit and participate in care planning. Residents/representatives and families are supported as they adjust to the changes and any concerns are addressed by management in a timely manner. Chaplaincy staff are available one day a week. Residents are encouraged and assisted to participate in lifestyle programs and maintain contact with family and friends. Management monitor staff practice to ensure staff are helpful and caring and are responsive to resident's needs for emotional support whenever it is needed. Residents/relatives are complimentary of the staff assistance given for emotional support.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents/representatives said residents are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home. Equipment to promote independence is available including wheelchairs, communication aids and a bus which is driven by volunteer drivers for social outings. The falls committee, individual and group exercise programs, the resident action program and the lifestyle program are all designed to promote independence and community involvement. Staff practice is monitored by management and education is provided. Residents/representatives meetings offer opportunities for residents to express their views and have them acted on in a timely manner. Residents are satisfied they are assisted to achieve independence and participate in the community of the home and externally.

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

Information on rights and responsibilities is included in orientation information for residents, their families and for staff and is displayed throughout the home. Staff are trained to respect the privacy and dignity of residents and their families, and staff practice is monitored by management. Staff knock on resident's doors prior to entering their room and use resident's preferred name. Staff handover reports occur in a manner that ensures privacy of resident information. Electronic and hard copy resident information is stored and disposed of according to privacy legislation and computers are password protected.

Residents/representatives and staff said that privacy, dignity and confidentiality are addressed in care planning and service delivery and permission is sought before photographs of residents are taken or displayed.

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

Feedback from residents/representatives and others is sought when developing and reviewing the lifestyle program. The weekly activity program is displayed in the home and scheduled activities are flexible to ensure they are responsive to the daily needs of residents. Some residents choose not to participate in the activity program and are supported with individual activities of interest to them. Trained volunteers assist with activities such as reading and hand massage. Newspapers, magazines, large print books, access to the local library and audio books are available. The home offers a variety of activities including themed days, concerts, choir, art and craft activities, bus outings and a men's group. Residents are encouraged to participate in day to day activities such as delivering newspapers, running the kiosk, running activities and setting tables in the dining room. Residents are complimentary about the activities offered.

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

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered through care planning, education and service delivery. Management monitor staff practice and regularly consult with residents/representatives and their families to ensure appropriate cultural and spiritual care is provided. The home conducts Anglican services weekly and all are welcome to attend. Volunteers provide Catholic communion to residents. Chaplaincy staff visit weekly and are available to residents, families and staff. Volunteer visitors are matched with residents who share cultural backgrounds. Religious and cultural days of significance are recognised and celebrated including Christmas, Easter, Harmony Day and Anzac Day. Residents/representatives said they are satisfied with the way the home values and supports individual interests, cultural and spiritual life.

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 are informed of their choices and rights prior to entry and on an ongoing basis. Residents/representatives are encouraged to participate in decision-making through the provision of appropriate up-to-date information, participation in care and lifestyle planning and review of service delivery. Residents choose to participate in activities, what they would like to eat, showering preferences, choice of clothing, medical officer, pastoral care and the right to vote. Residents have items in their rooms that are familiar, comforting and adhere to regulatory requirements including workplace health and safety. Regular residents/representatives meetings provide opportunities to raise and discuss concerns and ideas for improvement. Staff practice is monitored by management to ensure residents are assisted and supported in choice and decision making. Residents/representatives confirmed the choices and decisions of others are carefully considered by management to ensure they do not infringe on the rights of others.

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. Administration staff and the senior 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 handbook which outline accommodation, residents' rights and complaint resolution processes. A copy of specified care and services is provided to prospective new residents. 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:

- Following an analysis of the results from a resident’s survey serverly staff decided to try to improve food services provided by enhancing the taste of food and also include additional condiments at meal times. Residents interviewed were extremely complimentary about food services provided and stated significant improvements have been made over recent months regarding food prepared by the home and served to them.
- Residents requested management put wall heaters in the central communal area outside the dining room and near the front foyer. Wall heaters have been installed with the outcome for residents being they are warm and comfortable during the winter months when sitting in the communal area.
- A number of areas within the home have recently been refurbished with such items as new furniture, paintings, flooring and kitchenettes. The result for residents is a safe and comfortable environment consistent with residents’ care needs.

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 sessions are 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, Work Health and Safety (WHS), infection control and outbreak procedures, chemical handling, hygiene and food safety. Hand washing competency assessments were completed.

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 demonstrated it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is situated in a pleasant bushland setting with attractive outside areas. The home has a number of furnished communal areas and smaller sitting areas. Residents are accommodated in single rooms with en-suite facilities. The home consists of a number of wings which are connected to the central lounge, dining and administration areas. There is a preventative and reactive maintenance program in place and regular workplace inspection audits are undertaken. Residents may personalise their rooms with items from their previous home. Residents /representatives stated that 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 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. An emergency evacuation kit is maintained including resident identification badges. 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 and 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 and relayed to server staff who maintain a list of food preferences and special diets, including supplements or modified meals. Food is cook chill and served to residents in pleasant dining room areas. There is a main dining room where the majority of residents dine and in the dementia specific units there are smaller dining areas. The home has a four week 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 a centralised laundry nearby where clothes and linen is laundered however residents can do their personal laundry in various laundries located

throughout the home should they so wish. Linen and residents' clothes are collected in appropriate coloured linen bags and delivered to the central laundry. There are procedures for the collection and handling of laundry. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.