



Aged Care
Standards and Accreditation Agency Ltd

Frederic House

RACS ID 0481
182 Young Street
WATERLOO NSW 2017

Approved provider: The Trustees of the Society of St Vincent de Paul (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 8 July 2015.

We made our decision on 9 May 2012.

The audit was conducted on 2 April 2012 to 3 April 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

Frederic House 0481

Approved provider: The Trustees of the Society of St Vincent de Paul (NSW)

Introduction

This is the report of a re-accreditation audit from 2 April 2012 to 3 April 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 2 April 2012 to 3 April 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:	Richard Hanssens
Team member/s:	Helen Hill

Approved provider details

Approved provider:	The Trustees of the Society of St Vincent de Paul (NSW)
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Details of home

Name of home:	Frederic House
RACS ID:	0481

Total number of allocated places:	61
Number of residents during audit:	59
Number of high care residents during audit:	40
Special needs catered for:	Younger, previously homeless men

Street/PO Box:	182 Young Street	State:	NSW
City/Town:	WATERLOO	Postcode:	2017
Phone number:	02 9310 2778	Facsimile:	02 9310 1632
E-mail address:	ross.conlan@vinnies.org.au		

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents	10
Deputy manager	1	Cleaning supervisor	2
Clinical care consultant	1	Catering manager	1
Registered nurses	2	Catering staff	2
Care staff	7	Environmental hygiene assistant	1
Physiotherapists	2	Cleaning staff	2
Operational support officers	3	Maintenance staff	1
Recreational activity officer	1	Administrative staff	3

Sampled documents

	Number		Number
Residents' files (including written and computerised documents such as progress notes, assessments care plans, medical officer's notes referral letters)	7	Medication charts	10
Comments and complaints	6	Contractors agreements	6
Resident agreements	4		

Other documents reviewed

The team also reviewed:

- Accidents/incidents reports
- Appointment book
- Care plan evaluation matrix
- Catering records
- Challenging or changed behaviour policy and procedure
- Cleaning records
- Clinical charts including daily shower lists, indwelling catheter chart, wound assessments and management charts, monthly observation records, weight records, diabetic record, bowel charts, pain assessments and evaluations
- Clinical data, statistics and analysis of information
- Comments and complaints register
- Consolidated register
- Contingency plan for building work

- Continuous improvement material
- Director of nursing's journal
- Education records including competencies
- Emergency plan
- Fire safety register
- Food safety manual
- Hazard reports
- Infection control material including infection control policy, monthly summary and trend data.
- Information on building refurbishment including contingency planning
- Job descriptions
- Maintenance records
- Medication management including medication orders and signing charts, refrigeration temperature monitoring, nurse initiated list, nurse signatory list, schedule eight register, blister packaging with resident medications,
- Meeting minutes
- OH&S register
- Personnel files
- Physiotherapy forms including physiotherapy assessment, physiotherapy interventions, daily physiotherapy notes, care plan, physiotherapy daily record, communication book, benchmarking results.
- Police criminal records register
- Policies and procedures
- Recreational activity documents including activity program, activities booklet, newsletters, resident surveys and resident meeting minutes
- Resident risk assessments and log
- Residents' handbook
- Risk first aide folder, risk identification chart, critical incident policy, incident form – difficult behaviour
- Rosters
- Staff communication diaries and handover sheets
- Staff information pack for orientation
- Visitors, residents, volunteers and contractors - sign in and out books

Observations

The team observed the following:

- Activities in progress
- Building work in progress
- CCTV security system
- Charter of Residents' Rights and Responsibilities displayed

- Comments, complaints and advocacy materials on display
- Dining rooms during meals
- Equipment and supply storage areas
- Fire equipment and evacuation plans
- Handover with registered nurses
- Home's vision statement on display
- Interactions between residents, medical and other health and related services personnel
- Interactions between staff and residents
- Internal and external environment
- Kitchen areas, storage and catering documentation
- Laundries for laundering residents' personal items
- Living environment
- Medications - storage, refrigerators, trolleys, S8 drug cupboard, medication round
- Menu
- Notice boards (containing large print resident activity notices and resident meeting minutes, daily menu, memos, staff and resident information including residents' rights and responsibilities statement, comments and complaints information)
- Personal protective clothing in all areas, colour coded equipment in the kitchen and cleaning areas, first aid kit, spills kits, hand washing signs, sinks, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information, waste disposal systems
- Secure storage for files
- Staff clinical areas and work stations
- Storage of supplies areas including medications, care goods, cleaning equipment, linen, chemicals, continence aids and catering supplies

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrated that it actively pursues continuous improvement across all four Accreditation Standards. Information feeding into continuous improvement is drawn from a range of sources including fortnightly resident meetings, daily handovers, education sessions, meeting minutes, comments and complaints, maintenance, hazard reporting, audits, surveys and clinical data. The home’s organisation is also actively involved in the home’s continuous improvement system. Improvements are logged on the continuous improvement plan and discussed at meetings and handovers. Improvements are evaluated for their effectiveness and results identified. Residents and staff said they are aware of improvements made in the home and are satisfied that they have access and involvement in the continuous improvement processes.

Continuous improvements under Standard One include:

- The home held regular staff meetings but it was identified that these were not necessarily well attended. The director of nursing (DON) reviewed this with staff and the management team to identify a more appropriate information sharing forum. Handovers were identified as forums attended by the majority of staff. A twice daily handover open to all staff was instituted, the first in the morning facilitated by the DON. These meetings allow issues to be raised, discussion to occur and key points for action to be recorded and actioned. It also still acts as the clinical and care handover. Staff said these meetings are necessary to support the work that they do and that they feel better informed on all aspects of the home’s delivery of care and services. Our observation of this meeting is that it is well attended, including the morning meeting attended by night staff, and that staff from all areas of the home actively participate in discussions.
- The DON has set up a journal to assist them with the day-to-day running of the home. Previously the DON managed this more informally. Following review of their administrative processes by the clinical care consultant it was identified that the informal system could lead to the loss of some information. A new system of journaling, using the electronic data base system and a hard copy book, is now in place. This has created a system whereby if someone has to stand in for the DON there is now a prioritised, running record available to assist them with this task. The DON said the journal is beneficial and remains a work in progress.
- The home has recently employed an administrator to assist the deputy manager and who has experience in analysing and trending data. Statistics such as for falls, accidents and incidents used to be presented in a written format and spoken to at meetings such as handover. The new administrator and deputy manager are now producing monthly charts and graphs to better analyse care data. This includes time and place of incidents or trends which more clearly identify potential risk or cause of events. A copy of the data is provided monthly to all staff. A number of staff said they appreciate seeing information as

it gives them a better understanding of issues around care delivery. The management team said the new format of statistical data supports them in knowing where to better allocate staffing and other resources.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system in place to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. The home is updated through an industry peak body on any changes to legislation or regulation. Information is also updated through access to journals, circulars, discussion documents and relevant services and government agencies such as the Department of Health and Ageing. Changes to legislation are monitored through the home’s organisation, the home’s management team and discussed with staff either through handover, memo or through education. Staff said they are aware of legislation and regulatory compliance relevant to their position. Specific examples of regulatory compliance relating to Accreditation Standard One include:

- Criminal history checks have been carried out on all staff and external service providers who have unsupervised access to residents.
- Notices advising residents/representatives and staff of the re-accreditation audit were displayed prominently throughout the home.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that all staff can access education relevant to gaining appropriate knowledge and skills to effectively perform their roles. An orientation program is available to new staff and includes mandatory training requirements such as fire safety and manual handling. A register maintains records of staff attendances at education sessions. Training needs for staff are identified through discussion, supervision, performance appraisals and through survey. The home’s management team also identifies training and education to provide specific support relevant to the changing needs of the home’s residents’. Staff identified that they undergo competency assessment in areas of their work practices and said overall that they are satisfied with the training and education available.

Education topics relevant to Standard One include: the use of the electronic data base systems and documents, management, the Accreditation Standards and a range of sessions on supporting and maintaining team dynamics.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents said that they are satisfied with the systems in place in the home to manage resident concerns and complaints. In particular they noted they are able to raise concerns at regular meetings and one-to-one with staff. The DON has an open door policy and residents were observed using this to discuss matters with the DON during the re-accreditation audit. The home maintains a complaints register and this demonstrated that a system is in place for the timely and effective management of complaints. Information for internal and external complaints bodies is available and accessible throughout the home including for advocacy services. Issues from meetings, the complaints register and matters raised with the DON, where relevant, were captured in the home's continuous improvement program. Staff said they are confident in raising residents or their own concerns with the management team, and that in doing so were confident these would be addressed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The team observed that the home and organisation's mission, vision and philosophy is displayed throughout the home. Information on this is included in the residents' handbook and included in staff information packs. Staff commented favourably on the leadership within the home describing their management as 'inspired' and fully supportive of providing residents with quality care.

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 a human resource management system in place to ensure there are sufficient and appropriately skilled, experienced and qualified staff available to work with the range of residents living in Frederic House. The organisation's human resources policy and procedures guide the home's human resources management. Staff have defined job descriptions and duty lists and these are reviewed regularly for effectiveness. Registered nurses have specific training, skills and experience in mental health care and managing residents with drug and alcohol issues. Operational support officers monitor the environment and conduct ongoing risk assessments with residents with a focus on maintaining safety of the environment and personal well-being. The home has a large core of staff who are long term employees of the home. A casual pool provides sufficient cover for annual leave, sudden absences and where changes in resident needs is identified as requiring more staff support. The home does not use agency care or nursing staff. Staff said they have sufficient time to complete their work and undergo annual performance appraisal which identifies areas

for ongoing professional development. Residents said that the home has sufficient qualified and experienced staff and who provide them with exceptional care and support.

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 effective systems in place to ensure the home has appropriate quantities of quality stocks available to support it in its delivery of residential care services. Key staff are responsible to monitor levels of goods and equipment. Ordering is overseen by an administrator and the deputy manager. A preventative and routine maintenance program is in place and maintenance staff said this is effective. Qualified technicians are used to repair and maintain specialist items of equipment. Residents and staff said they are satisfied with the availability of goods throughout the home and that equipment is well maintained and replaced as and when required.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home's overall information system is effective ensuring that relevant information is being communicated to residents, staff and other stakeholders. Mechanisms include a variety of written information such as policies and procedures, meeting minutes, memos, clinical data, and spreadsheets. Information is also communicated verbally in discussions, case conferences and meetings such as handovers. Records such as resident care plans and contracts such as resident agreements are securely stored and only accessed by those with the authority to do so. Residents and staff said they are satisfied with the information systems accessible to them. Staff said the information systems used in the home, such as the electronic data base programs, supports their work practices.

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 management team was able to demonstrate that externally sourced services are provided in a way that ensures such services support the delivery of quality care and services to residents. The home has systems in place to ensure that externally provided services and goods meet specified requirements. Contractors and suppliers are overseen by the deputy manager in liaison with the home's organisation. Contracts are monitored and reviewed including through residents, staff and other stakeholder feedback to ensure appropriate standards are maintained. Staff said that they can access external services in a timely manner should this be required.

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. Improvements undertaken by the home relevant to Accreditation Standard Two include:

- The home's previous pharmacist moved its business premises and the change made it less accessible to meet the home's pharmacy needs. On review of the pharmacy's contract the management team identified that there were a number of services provided which were not satisfactory. A new community based service has now been contracted and this has resulted in changes to the home's medication systems. This is currently being bedded in and the new pharmacy provider has been to the home to provide staff education on using their systems. The new system has been identified by management as more transparent and rigorous in monitoring and auditing its application. Other improvements include a more proactive medication review schedule which matches the needs and lifestyle of the home's residents and the pharmacy taking an active role in the home's medication advisory committee. Changes were made to the newly installed medication management system while this re-accreditation audit was taking place.
- The home has developed its role of operations support officers (OSOs). This role is unique to the home and was created to match the specific needs of the residents. A component of the role is to maintain resident risk assessments around behaviour and interaction with the internal and external environment. The completion of risk assessments was conducted on the electronic care planning system using a tick box document. This was not gathering sufficient information and a hard copy resident monitoring sheet was introduced in its place. Management said that OSOs are now writing more specific information which is useful for staff delivering care such as the registered nurses and allied health professionals.
- The home has the services of a clinical care consultant to review their clinical systems and education program. The person in this role has a strong background in aged care and has been able to enhance the delivery of aspects of care such as with palliative care. This has resulted in the home being able to maintain residents at the home for palliation. It has also allowed the home to develop practical guidelines around when it is no longer the appropriate setting to be able to deliver end of life care. Staff said they greatly appreciate training and support they have received in this area of care.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care. Examples of regulatory compliance related to Accreditation Standard Two include:

- A register is maintained of the expiry dates for the registration of registered nurses and other health professionals.
- The home has a system in place for the notification of unexplained absences of care recipients. The DON was able to describe how this process is managed in line with the lifestyle of Frederic House residents.

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. Education provided by the home relevant to Accreditation Standard Two includes:

- Chronic mental health illness
- Pressure area care
- Palliation care
- Use of defibrillator
- Medication management.

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 systems in place to ensure that residents receive appropriate clinical care. Progress notes confirmed that residents’ needs are assessed on a regular basis and changes to care are made to support the residents’ assessed needs. There are arrangements to ensure that residents can nominate a medical officer of their choice and to ensure residents have access to medical treatment after hours, including the ability to transfer residents to hospital at any time. Some residents are able to continue to visit their medical officer in their off site practice and others are visited on site by their medical officer. Medical officer notes also confirmed regular review and updates to care regimes. Care plans support the daily care activities required and a regular care conference is held to also enable

residents the ability to have input into their planned care. Staff confirmed knowledge of procedures that they are required to undertake for residents relating to clinical care and ways that individualised care is provided to the residents. Monthly observations of vital signs are attended on a routine basis for each resident. Residents confirmed they are satisfied with the care provided, that the staff are very caring and they have confidence in the staff caring for their needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents’ specialised nursing care needs are identified and attended by appropriately qualified nursing staff. Registered nurses provide an overview of care provided at the home. Care staff said that they are provided with education regarding any specialised care need that may be required at the home. They also confirmed that they have a full understanding of the care being provided. Residents confirmed that if they had a specialised care need they were confident it would be cared for, by the staff. The home cares for residents with specialised nursing procedures such as blood glucose monitoring, supra-pubic catheters and oxygen therapy. Documentation reviewed showed there has been consultation with appropriate specialists to assist in the management of specialised care needs. Care plans describe care required for individual residents.

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 ensure there are referrals of residents to appropriate health specialists. The team’s review of documentation confirmed that residents are referred to other health and related services as their clinical condition requires. This was confirmed by care staff and residents. Staff said that there is a wide range of other health and related services available, such as a psycho-geriatrician, psychiatrists, podiatry, speech pathology, optometry, pathology and pain/palliative care team, some of which will visit the home. Residents were able to be seen at the home and sometimes they would be taken into the community to access the service. Staff also support residents to visit these services in the community, by providing transport for example and making appointments. Residents confirmed that staff assist them with access to these 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

Results of observations, interviews and document review indicate that the home has a system in place to ensure that residents’ medication is managed safely and correctly. Residents reported that they are happy with the care given and with their medication requirements. To ensure safety, medications are administered to the residents by registered

nurses and care staff, from a seven day unit dose blister packaging system. A newly introduced medication order charting system clearly identifies the current orders for each resident. A review of medication charts confirmed they are reviewed by medical officers. A medication incident reporting system is in place. Staff said management requires them to demonstrate competency with medication management.

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 a system in place to ensure that all residents are as free as possible from pain. Residents are assessed on entry to the home to identify residents who may experience pain. Ongoing pain management assessments are conducted for these residents to enable pain levels to be monitored on a regular basis. Alternative pain relief measures are also available such as massage, transcutaneous electrical nerve stimulation treatments (TENS) and heat rubs. Staff demonstrated an understanding of the need to identify pain and ways in which the staff can assist in identifying those residents who may be experiencing pain. Residents said that they are maintained as free from pain as possible and that staff ask about their pain needs regularly.

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 a system to ensure that residents requiring palliative care have their comfort and dignity maintained. During entry to the home and on an ongoing basis residents are given the opportunity to indicate any specific instructions in relation to palliative and terminal wishes. A community palliative care management team is available to assist the home with the care for residents. Care staff said that they are provided with education to enable them to provide comfort and dignity to terminally ill residents. Residents said that they are comfortable that their wishes would be considered and respected.

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

Staff and residents said and review of documentation confirmed that residents receive adequate nourishment and hydration. Residents’ care needs are assessed initially on entry then recorded on the care plan. The residents are offered a menu that is developed to also meet the likes and dislikes of the residents. Staff monitor all resident’s weights and dietary supplements are introduced where there is a noted decline in appetite or weight loss. A dietician consults residents who have fluctuations in weight which may impact on their health status. A speech therapist also monitors residents with swallowing difficulties and provides recommendations for residents regarding the texture of foods and thickness of fluids. Multiple choices are offered to residents for all meals and staff were observed to be checking with

residents if they were happy with the meal served. Residents said they are satisfied with the quantity and quality of food offered.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure that residents’ skin integrity is consistent with their general health. A review of residents’ files confirms that, on entry to the home an assessment of their skin integrity is completed and a care plan is developed. Care plans include assistance provided in maintaining/improving the residents’ skin integrity. Management strategies included on the care plans include specialised products, application of skin emollients and the use of sheepskin products. Wound charts record treatment of any breakdown in skin integrity and wound progress notes record the ongoing progress of the wound. A podiatrist is also available to assist in the care of residents’ toenails. Staff said that residents’ skin integrity is monitored daily and that they report any abrasions, rashes or abnormality to the registered nurse. Residents confirmed they are happy with the care provided.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Results of observations, interviews and document review indicated that the home has a system in place to ensure that residents’ continence is managed effectively. Residents’ files show that this system includes an assessment of the residents’ needs on entry to the home, and as required thereafter. Care plans which include individual programs are developed and reviewed to evaluate the care strategies. A disposable continence aid system is used for residents who are assessed as requiring it and a staff member confirmed their responsibility for monitoring residents’ needs and reporting changes to the registered nurses. Staff confirmed there are adequate supplies of disposable continence aids of varying sizes available for residents. Residents said they are happy with the care provided.

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 specialises in the management of people with mental health issues and have effective systems in place to manage residents’ behaviours. Behaviour assessments are completed as required and care plans developed. Progress notes indicate the development of strategies for each resident and the ongoing evaluation of the effectiveness of these strategies. Staff are aware of individual resident’s behaviours and management via an easy to access risk first aid folder which includes strategies of how to manage individual episodes. A behaviour monitoring record is completed daily by the designated operations support officer. This behaviour monitoring is reviewed daily by the DON. Staff confirmed various strategies they use to assist in modifying residents’ behaviours and also say they are given

education to improve their behavioural management skills. Residents confirmed they are very happy with the care and the staff management and interaction with residents requiring care. During the visit staff were observed to interact with residents in a caring and calming manner.

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 an effective system in place to ensure that mobility and dexterity maintenance is achieved for all residents. A physiotherapist assesses all residents at entry to the home and then as required should the resident’s condition or needs change. An individualised program is then developed for residents that may include a range of movement exercises, walking programs, specific exercises, pain management programs and breathing exercises. A physiotherapy aide works in conjunction with the physiotherapist to actively participate in maintaining and promoting residents’ mobility and dexterity. An evaluation of the program demonstrates a general improvement has been achieved for the residents. Residents said they are happy with the mobility program. Staff advised of how they assist with maintaining mobility for residents.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has strategies in place to ensure the residents’ oral and dental health is maintained. Residents said that they are happy with all care provided. Residents’ oral and dental needs are assessed during the entry process and then transferred to the care plan. We were informed by the care staff that if residents needed to attend their dentist staff would assist in arranging appointments and transport. Staff at the home have attended external education sessions regarding current methods in maintaining oral care for residents. Staff were able to describe their knowledge of oral care and care of residents’ teeth and dentures.

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 in place to identify and effectively manage residents’ sensory losses. Assessments of residents’ sensory needs are undertaken during entry to the home and when there is a change in the resident’s condition. All residents are assessed for the identification of their sensory loss and needs. Residents, who are identified as having sensory deficits, for example require glasses or hearing devices, have management strategies documented in their care plans. Residents said that staff assist them with the care and maintenance of their glasses and hearing devices. Staff who provide activities for the residents identified sensory activities offered such as cooking, tasting, and outings to parklands.

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 implemented strategies to ensure residents can achieve natural sleep patterns through initial and ongoing identification of night care requirements. Residents advised that the environment is conducive for them to achieve uninterrupted sleep. Staff confirmed various ways in which they can assist in supporting an adequate sleep pattern for residents including offering warm drinks and snacks, one-to-one time, and pain management strategies.

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. Improvements undertaken by the home relevant to Accreditation Standard Three include:

- In reviewing the activities program it was identified through resident meetings that residents wanted more structured activities on the weekend. In consultation with the activity officer it was decided they would alter their working hours to cover weekends. Since this change has occurred there has been increased resident satisfaction with the weekend program. Residents spoke very highly of the activity officer noting that they look forward to being part of the activities on offer mentioning that a recent fishing trip was a great success and that they now have a focus to their weekends.
- Three staff have been employed to provide residents with practical and emotional support. The role includes elements of cleaning and laundering of personal clothing items. However, staff in these roles are encouraged to consider how to manage the home’s living environment to minimise impact on residents (such as managing residents who may gather items which can clutter shared spaces without effecting such residents emotional well being or need to collect and store things). The DON noted that staff in this role are very good at assisting residents with behavioural issues such as keeping order in their rooms. Staff in these roles said how much they enjoy getting to know their residents and what it is that makes each resident feel safe and comfortable in their environment.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care. Examples of regulatory compliance related to Accreditation Standard Three include:

- Mandatory reporting guidelines regarding elder abuse have been implemented at the home and staff are familiar with their responsibilities regarding mandatory reporting.
- All residents/representatives are provided with a resident agreement in line with government requirements, which they can choose to sign. This agreement has recently been updated to manage the uniqueness of the home’s residents.

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. Education provided by the home relevant to Accreditation Standard Three includes:

- Whole person-centred care
- Management of elder abuse
- Families and mental illness
- Privacy and resident confidentiality.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

The home has systems in place to ensure each resident receives emotional support in adjusting to life in the new environment. Information is also collected including assessments of emotional, leisure, physical, cultural, social and family care needs. The home offers a variety of written information to assist in ensuring that residents are well informed of the functions of the home. We observed that residents receive emotional support from management, and all staff employed at the home. Many residents have personalised their rooms with posters, photos and other items. Staff described how they provide residents with emotional support, particularly during the early days after arrival, such as introducing them to other residents and checking on a daily basis to ensure they are aware of, and invited to, attend activities on the day. Residents said that staff make them feel welcome and many commented that the staff look after them very well.

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 said that they are encouraged to maintain their independence and participate in community life, and that their ability to make choices is facilitated and respected including participation in activities and community life. Residents who wish to participate in activities and community outings are encouraged to do so. Residents are supported in maintaining their contacts with friends within the community. They are free to come and go as they please. The activities program ensures that residents, who are able, have access to the community via bus trips and visits to local organisations. Staff said that they are very aware of the need to encourage and maintain residents' independence.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

The home has systems in place to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents confirmed that their privacy and dignity is respected at all times and that staff are particularly considerate when attending to personal care. We observed the care staff maintain residents' personal information in a confidential manner. Staff were seen to be diligent about maintaining residents' privacy, closing doors to residents' rooms and knocking before entering a resident's room. Staff advised ways they can enhance resident's privacy and dignity when providing care.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

The home encourages and supports residents to participate in leisure interests and activities by providing a varied group and individual recreational activity program. The team observed the monthly activity programs which are provided to each resident and on display at the home. The programs indicate the activities to be varied and interesting. The recreational activity staff identified to the team some activities which were provided specifically for the large number of young males who reside at the home. During the entry process, an assessment of social needs and interests of residents is completed. This obtained information assists in the development of the monthly activity program. The activities officer said that other information used to assist in the development of the program includes attendance at activity sessions and feedback via the resident meetings. Individual visits are provided for those who choose not to participate in group activities. Residents confirmed they are supported and encouraged to participate in activities and spoke particularly of their enjoyment participating in the 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 systems in place to ensure that individual interests, beliefs and cultural and ethnic backgrounds are valued and fostered. The staff advised the team that they arrange days to maximise residents' enjoyment in cultural experiences. Culturally specific days are celebrated for example, Melbourne Cup, Christmas, Anzac Day and Easter. Residents are assisted to attend community religious programs of their choice. Residents confirmed their satisfaction with the services available to them and say that the staff value and foster residents' individual interests, customs, beliefs and cultural backgrounds.

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 effective mechanisms to assist residents to participate in decisions about care and services they receive. Residents were able to confirm a number of choices and decisions that they are encouraged to make. These include for example, choice of meals, choice of medical officer, choice of participation in activities and choice to come and go as they please. They stated they have been made aware of their rights and responsibilities and were complimentary of the service's encouragement and response regarding individual choices and decisions. Minutes of the meetings available to the team confirmed that there are regular discussions on topics such as meals, outings and recreational programs.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

The home provides information to residents on entry to the home both verbally and in writing which outline security of tenure and residents' rights and responsibilities. A resident handbook is provided. Resident agreements have recently been adjusted to better reflect the needs and lifestyle of the Frederic House residents. All residents whatever their care assessment, receive high care services. The handbook and agreement include clauses on the circumstances which may require a resident to transfer to more suitable accommodation or service, such as when the home is no longer able to provide the level of care required by a resident. These changes are only made following consultation with the resident, their representative and medical officer. Residents said they feel very secure within their home and that they understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

This expected outcome requires that “the 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. Improvements undertaken by the home relevant to Accreditation Standard Four include:

- The home identified that its bed stock was not suitable for the increasing care needs of its residents and has embarked on a bed replacement scheme. Consultation with residents also identified that they liked to use their bed as a couch to watch television or read. Electric beds are being purchased which will assist with cares and provide residents with the comfort they require to enjoy their leisure time in their room. The management team note that the new beds will also be easier to make. They will be less of a potential cause of injury to staff (due to moving and lifting beds) and make better use of the space in resident rooms.
- It was noted that there were some resident incidents regarding the use of flat screened digital televisions in public areas. In particular over the watching of specific channels or programs. The home noted that a number of residents had their own analogue televisions in their rooms and these were not providing quality viewing. The home has placed a digital flat screened television and DVD player in each resident’s room. This has been a success with one resident telling the DON that they can’t leave the television alone because there is so much choice about what to watch. Other residents said they like being able to watch DVDs of films they are interested in, in their own room.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care. Examples of regulatory compliance related to Accreditation Standard Four include:

- The home is providing staff with information regarding the new Work Health and Safety Act and Work Health and Safety Regulation 2011.
- The annual NSW Food Authority licence is posted at the home.
- Work is being completed to ensure ongoing compliance with Fire Safety Certification.

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. Education provided by the home relevant to Accreditation Standard Four includes:

- Fire and evacuation
- Chemical safety
- Food handling safety
- Manual handling
- Infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's organisation, management and staff are actively working to provide residents with a safe and comfortable environment consistent with their lifestyle and care needs. The home has three floors of accommodation, with internal courtyards, balconies and living areas. Each resident has their own room with an ensuite. Fish tanks, birds, cats and a dog provide residents with access to pets, and large plants and garden areas add greenery to the internal and external environments. Residents said they are very satisfied with their living environment. Operational support officers monitor the ongoing safety of the environment including security and CCTV cameras are also used. Regular safety audits are completed, a hazard identification system is in place and the analysis of accident/incident information is also used to ensure the ongoing safety of the 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

Management is actively engaged in providing a safe working environment and that meets regulatory requirements. The deputy manager manages the work, health and safety and environment (WHSE) meetings and is responsible to action the issues raised. Meetings occur at least bi-monthly and consider a range of clinical and safety data including accidents/incidents, hazard reports and any findings of the operational support officers' team. Staff are encouraged to raise issues of concerns regarding workplace safety and do so. Information on WHSE is provided to staff through the orientation and education programs, meetings, policies and procedures, and various resource materials. Chemicals are stored securely. Material safety data sheets are available for the chemicals in use and a register in

place to identify all chemicals used in the home. Staff are provided with training and instructions on residents' manual handling needs and equipment is provided to support safe work practices. Staff said that they are satisfied with the safety of their working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's management and staff actively work to ensure the home is a safe environment and minimise the risk of fire, security and other potential emergency risks. Fire equipment is regularly checked by both internal staff and external contractors and maintained or replaced as required. Fire evacuation charts are in place and information on them congruent to where placed. The home has an emergency evacuation plan in place and this has just recently been reviewed and updated. Staff have regular fire and emergency training including at least twice a year emergency drill practice. The home has a trained fire officer and fire safety wardens. Emergency exits were seen to be lit, clearly marked and free from obstruction. Fire prevention measures in place include education, competency assessment, environmental safety inspections, safe storage of chemicals, a program of electrical equipment checking and tagging. External security officers monitor the home with regular visits overnight.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home's infection control program consists of ongoing education and infection prevention strategies. There is provision for resident and staff vaccinations and systems for the disposal of contaminated waste and the handling of soiled linen. Management review infection surveillance data regularly and develop actions to address trends, minimise recurrence and ensure proper management. Staff demonstrated an awareness of infection control practices and stated personal protective equipment is readily available. The home follows guidelines for the management of influenza and gastroenteritis. Staff described practices and procedures they would carry out when dealing with an outbreak at the home and the environmental hygiene assistant identified a regular cleaning program to assist in prevention of an outbreak. There is a program for stock rotation of food in the kitchen and temperature checks are conducted regularly on fridges, freezers, dishwashers and food. Staff were observed using various infection control strategies such as the regular washing of hands, use of hand sanitisers and the colour coded system is used during all aspects of cleaning.

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

Catering

The home uses an external catering company and a cook/chill method delivered to the home and heated using a rego thermic oven. Catering staff are trained in the delivery of food

including monitoring food temperatures and food quality. Menus are dietitian reviewed and residents consulted regarding food allergies, dislikes and preferences. Residents are provided a choice and variety of foods and prefer large portions of cooked foods. Fresh fruit, snacks and drinks are also readily available. Residents said they are very satisfied with the food and drinks available.

Cleaning

Cleaning is provided by a contractor who ensures the same cleaning staff are maintained at the home to provide continuity and familiarity for residents. Cleaning schedules are in place and cleaning monitored by the contractor's area manager/supervisors. Cleaning staff are trained in infection control practices and were observed following these principles during this visit. Residents said the home is always clean, and management noted that any issues to do with cleaning are readily addressed through the contractor.

Laundry

Linen is washed off site and a plentiful supply of fresh linen was observed to be stored around the home. Small laundry areas are situated around the home which manage resident's personal washing. Some residents choose to do their own laundry. Each resident has their own clothes basket for washing and loss of clothing is rare. Residents said they are satisfied with the cleanliness of linen and that their personal clothes are laundered appropriately and well maintained.