



Aged Care
Standards and Accreditation Agency Ltd

Haddington Nursing Home

RACS ID 0569

126 Duncan Street

TENTERFIELD NSW 2372

Approved provider: Tenterfield Care Centre Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 8 April 2016.

We made our decision on 7 March 2013.

The audit was conducted on 6 February 2013 to 7 February 2013. 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

Haddington Nursing Home 0569

Approved provider: Tenterfield Care Centre Limited

Introduction

This is the report of a re-accreditation audit from 6 February 2013 to 7 February 2013 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 6 February 2013 to 7 February 2013.

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:	Mary Allen
Team member/s:	Robyn Sullivan

Approved provider details

Approved provider:	Tenterfield Care Centre Limited
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Details of home

Name of home:	Haddington Nursing Home
RACS ID:	0569

Total number of allocated places:	46
Number of residents during audit:	42
Number of high care residents during audit:	41
Special needs catered for:	Residents requiring a secure environment

Street/PO Box:	126 Duncan Street	State:	NSW
City/Town:	TENTERFIELD	Postcode:	2372
Phone number:	02 6736 4444	Facsimile:	02 6736 4000
E-mail address:	haddingtonmgr@nsw.chariot.net.au		

Audit trail

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

Interviews

	Number		Number
Acting Director of Nursing	1	Residents/representatives	11
Registered nurses	2	Assistant Director of Nursing	1
Care staff	4	Laundry staff	1
Administration Assistant	1	Cleaning staff	1
Physical Therapy Assistant	1	Activity Officer	1
Catering staff	1	Maintenance Officer	1
Head Cook/Work Health and Safety Officer	1	Head Cleaner/Laundry Manager	1

Sampled documents

	Number		Number
Residents' files	5	Medication charts	13
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Activity planning, attendance and evaluation forms
- Advanced care directive plan of treatment
- Allied health referrals, documentation and care plans
- Audits
- Audits and surveys
- Blood sugar level graph
- Bowel charts
- Care plans
- Case conferences
- Cleaning schedules and procedures
- Comments and complaints forms and folder
- Communication books and handover sheets
- Continuous Quality Improvement (CQI) audit records
- Controlled drug register
- Cultural background form
- Dietary requirements and nutritional supplement list
- Elder abuse reporting forms
- Fire safety officers inspection (monthly checks)

- Fire safety orientation program
- Focus assessment tools
- Food safety record
- Goods delivery records
- Healthcare facility evacuation check list
- Incidents/accidents (staff)
- Infection control manuals, monitoring sheets and monthly statistics
- Investigation of complaints forms
- Leisure and lifestyle attendance assessments, records and evaluations
- Maintenance equipment register
- Maintenance program
- Mandatory reporting of assaults
- Manual handling guide
- Medical officer's authorities for nurse initiated medication
- Medication order form
- Medication storage and imprest drugs
- Meeting minutes
- Missed signing form
- Missing residents (procedure)
- Mission statement and philosophy
- Newsletters
- Non conformance records
- NSW Food Authority Audit Report
- Observation charts
- Pest inspection records
- Police certificate register
- Policy and procedure manual
- Registered nurses' registrations
- Resident agreement
- Resident incident and accident data
- Resident lists
- Resident social profiles
- Residents' and staff handbooks
- Restraint authorisation and review forms
- Restraint release forms and repositioning charts
- Specimen signage register
- Training attendance records

Observations

The team observed the following:

- 'Care in progress' signs
- Accreditation Assessment poster
- Activities in progress
- Activity program on display
- Archives
- Cleaning in progress
- Communication board in residents' rooms
- Compliment and complaints forms and advocacy brochures on display
- Equipment and supply storage areas
- Evacuation diagrams
- Fuel and chemical storage
- Hand washing facilities and gel dispensers
- Interactions between staff and residents
- Internal and external living environment
- Locked suggestion box
- Meal and beverage service
- Medication administration
- Medication storage
- Menu displayed
- Mobile phones for staff contact
- Personal protective equipment and colour coded equipment in use
- Procedure when fire alarm sounds
- Security of records and information
- Sharps disposal
- Spill kit
- Staff duty lists
- Treatment trolley

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

Haddington Nursing Home (the home) actively pursues continuous improvement and has systems and processes to identify, implement and evaluate continuous improvements through mechanisms including audits, surveys, meetings, and the comments and complaints system. Verbal and written suggestions for improvements are logged and monitored by the Acting Director of Nursing and Coordinator of Quality Improvement and raised as agenda items at relevant meetings before being evaluated through to completion. Feedback mechanisms are in place relating to the progress, status and review of improvements via meetings, newsletters, noticeboards and correspondence. Residents/representatives and staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Improvement activities implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- A staff member donated a timber slab sign to identify Haddington Nursing Home and the sign has been installed at the entrance of the facility. Written documentation reviewed at the time of the visit noted every visitor during the two hours the sign took to erect made favourable comments about the sign which has enabled visitors to more easily identify the home.
- Staff working in the secure unit (North Wing) of the home identified that it was taking them extra time to go to another wing to obtain and recharge batteries for electric hoists. As a result recharge equipment and back up batteries have been relocated to the North Wing increasing the time staff can spend with residents and minimised safety risks for residents.
- Staff noted that all information folders were white with labels and trying to identify and locate folders when they were in a hurry was difficult. Consultation with a view to improve the system was conducted with registered nurses, care and hospitality staff. As a result coloured folders have been introduced to make identification easier. For example, outbreak management procedures for influenza and gastro outbreaks are now in yellow folders.

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 mechanisms in place to ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information from professional organisations and peak industry bodies. Updates and information on changes are accessed and processes are in place to ensure the home receives current information and the Director of Nursing is responsible for ensuring service delivery complies with regulatory requirements. Requirements are communicated to the staff with changes to current information being discussed at meetings and education/training sessions are implemented when required. In response to changes and updates policies and procedures are reviewed to ensure currency is maintained. Compliance is monitored by senior staff at the home and via audits and feedback.

Examples of regulatory compliance relating to Standard 1, Management systems, staffing and organisational development include:

- Stakeholders were informed in advance of the Aged Care Standards and Accreditation Agency re-accreditation audit visit.
- A register is maintained to monitor and ensure the currency of police certificates.
- The home has a system to monitor and record professional staff registrations.

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 ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and training. The training needs of staff are identified through observing and monitoring staff practice, annual staff training reviews and interest shown by staff in relation to specific training. Education and training records are maintained for individual staff. Staff are informed of available education opportunities through the education calendar, posters, notice boards and messages in the communication books. Education and training is provided via a range of formats including the Aged Care Channel, meetings, self directed learning packages, library resources and face to face presentations.

Management and staff receive mandatory training on commencement at the home to ensure they are appropriately skilled and qualified. Staff attend education sessions relating to the Accreditation Standards and expected outcomes, and understanding and meeting legislative requirements.

In relation to Standard 1 Management systems, staffing and organisational development, examples of training and education undertaken by staff include the following:

- Implementing the Aged Care Funding Instrument (ACFI) and documentation
- Aged Care Standards and Accreditation Agency – Understanding Accreditation Course

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/representatives and interested parties have access to internal and external mechanisms to raise issues at the home and management responds to initiators of complaints and compliments. Complaints can be raised using feedback forms, surveys, via staff, in face to face discussion and at meetings. Residents/representatives said they are familiar with the mechanisms to raise complaints and that issues are generally resolved in a timely manner. Residents receive information in relation to comments and complaints mechanisms on entry to the home; confidentiality is maintained and a clearly marked and centrally locked suggestion box is available for completed forms. Residents are satisfied with the comments and complaints system.

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 home's mission, vision, philosophy, values and objectives are documented in the residents' and staff handbooks and displayed in the foyer of the home. The home's commitment to quality is discussed at staff orientation sessions.

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

Residents/representatives are satisfied with the responsiveness of staff and their level of skill to meet residents' needs. The home has a system to recruit appropriately skilled and qualified staff based on policies and procedures and regulatory requirements. This includes recruitment, an orientation program, working buddy shifts and completing mandatory training. All staff are required to have a valid police certificate and evidence of professional registration prior to commencing employment. Job descriptions are provided to staff at commencement of employment and staff performance is monitored via appraisals, feedback mechanisms such as complaints, surveys, audits, and clinical indicators. Staff we interviewed are satisfied they have sufficient time and appropriate skills to carry out their duties effectively.

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 processes to facilitate the purchase, use, storage, maintenance and management of appropriate goods and equipment required for quality service delivery. Corrective and preventative maintenance programs are in place to ensure that all equipment is regularly checked and serviced. Audits and environmental inspections are undertaken to ensure that goods and equipment are maintained at sufficient levels and are correctly stored. Processes are in place for the ordering of supplies including chemicals, paper and clinical goods. Stock control processes are utilised to ensure goods and equipment are adequate; repairs are made in a timely manner and management is responsive to requests for additional supplies of goods and equipment. A stock rotation process exists, goods ordered are checked off against orders placed and items are stored in locked storage areas.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to manage information securely and confidentially, with access to electronic information being password protected. Confidential information is stored in locked cabinets; archiving and destruction of documentation ensures residents' privacy and confidentiality are maintained. Stakeholders receive information via resident and staff handbooks, resident agreements, newsletters, staff orientation, noticeboards, education sessions, meeting minutes and communication books. Staff use assessments, care planning and progress notes, and communication at handovers to ensure residents' care and lifestyle needs and preferences are identified, interpreted and supported with consistency. Staff receive and have access to relevant information allowing them to perform their roles effectively. Residents/representatives are kept informed regarding care and other matters appropriate to them.

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

Processes ensure all externally sourced services are provided in a way that meets the organisation's needs and service quality goals. New external services are sourced when current suppliers cannot provide services to meet the quality standards of the home. Quality of service is monitored through audits and feedback from staff and residents. Staff and residents are satisfied with externally sourced services provided by the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Improvement activities implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- The Clinical Nurse Consultant (CNC) reviewed the organisation of medical and clinical information and introduced a new filing system that organises information in a relevant and accessible format for easy reference and access by medical and allied health practitioners. The CNC reports that the new system is efficient and feedback from visiting practitioners has been positive.
- Following a pharmacy dispensing error of an analgesia patch, management identified potential for medication errors. A pharmacy order form was created and delivery of new orders are checked against the form prior to being accepted by the facility. Management stated that the new procedure has resulted in closer monitoring of medications received, early identification and replacement of incorrect medications delivered and reduced the potential of medication errors for the residents.
- Due to the location of the home and increased frailty of residents, management identified the difficulties of transporting residents long distances to specialist appointments. In consultation with the residents' medical officers, residents and representatives, the home implemented internet video calls. This resulted in reducing ambulance services and improving the quality of life for the residents as they received appropriated medical care and were not inconvenienced by leaving the home for an extended period of time.
- Management identified an increase in non signage for administration of medications. As a result, management implemented a 'missed signing' form. Staff noting the error, record the resident's name, date and time of the omission and staff member responsible. Management monitor the data collected and stated that there has been a reduction in non signing of medication since the introduction of the form.

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 about the home's systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

- Professional registrations for all nursing staff are accessed prior to commencing employment at the home and are checked annually. The home implements processes and relevant protocols to ensure medication management is safe and unexplained

absences of residents are reported. Compliance with legislation is monitored through the audit process, staff and resident feedback and observation of staff work practices.

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

In relation to Standard 2 Health and personal care, examples of training and education undertaken by staff include the following:

- Care of a stroke patient
- Nutrition in the elderly
- Advanced care planning
- Self feeding issues in aged care
- Pain identification and management
- Drug education
- Continence management
- Medications and falls
- Understanding generic brand medications

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 processes in place for identification and assessment of residents’ care needs with referral to medical services and allied health professionals in accordance with individual needs and preferences. Care plans are developed in consultation with residents, their representatives and the health care team. Implementation of care is monitored and reviewed on a regular schedule or more frequently if required. The effectiveness of the system and process for supporting the delivery of clinical care is monitored and evaluated through audits and communication with staff, residents and representatives. Care staff are knowledgeable of individualised resident’s requirements and their knowledge is consistent with care plans. Residents and representatives are satisfied with the consultation process and delivery of clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents with specialised nursing care needs are assessed in consultation with the resident, their representative and the health care team. Residents’ needs are identified and

assessed on entry to the home and on an ongoing basis. Types of specialised care provided include wound management, catheter care, oxygen therapy, infection control, blood glucose monitoring, anticoagulant therapy and pain management. The home has access to the local hospital and external services to support the provision of specialised nursing care. Care strategies are developed and recorded within care and treatment plans, care is then delivered and evaluated by registered nurses. The knowledge and skills of staff are supported with education and training. Appropriate equipment and sufficient stock is available to enable care and treatment to be provided effectively. Residents and representatives are satisfied 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 are made for medical and/or allied health professionals including specialist medical officers, physiotherapy, dietetics, speech pathology, occupational therapy, chiropractic, wound care, podiatry, optometry, auditory, dental care, pathology, pain management, palliative care and massage therapy. If services are not provided on site then assistance is provided for residents to attend external appointments. Referrals are initiated and recommendations for care and management are recorded and communicated to relevant staff. Implementation of care is monitored and the effectiveness of care is evaluated. Residents and representatives are satisfied with other health and related services provided and with consultation processes.

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

A medication management system has been established to ensure that residents' medication is managed safely and correctly. Medications are prescribed by the medical officer and are dispensed by the pharmacist in a blister packaged system. Information about the time and frequency of medications and alerts to medications not packed is effectively communicated to staff to facilitate continuity of care and to ensure that residents receive their medications as prescribed. Registered nurses assist residents with their medications in a safe and correct manner. Medications including controlled drugs are stored appropriately. The medical officer generally reviews medications regularly. The effectiveness of the system is monitored through the internal incident reporting and auditing process and action is taken to address deficiencies. Residents and representatives are satisfied 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

Resident's pain is identified and assessed with interventions initiated and referral to the medical officer for review. Pain management strategies such as warmth, massage, repositioning, music and diversional therapy are available for residents to ensure they remain

as free as possible from pain and these strategies are communicated to staff and implemented. Staff outlined pain management strategies for individual resident's care and progress notes entries show that action is taken in response to residents' reports of pain. The use of 'as required' analgesia is documented and the effectiveness of pain management strategies is regularly reviewed. Residents and representatives are satisfied with the way residents' comfort is promoted and that their pain is managed effectively.

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 comfort and dignity of terminally ill residents is maintained and information about residents' changing care needs is communicated to staff within the care documentation and advanced care plan for treatment. Palliative care, pain management, complementary therapy, emotional and spiritual support is provided to residents and their representatives in accordance with their needs and preferences. Residents' choices and preferences in relation to their end of life care are recorded, communicated to care and lifestyle staff and wishes are respected. In addition to the medical officer, the home has access to the local hospital and palliative care services for further support if required. Spiritual and cultural needs are respected and counselling is available to support relatives and staff through the processes of palliative care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration and processes are in place to identify residents' food and fluid needs and preferences and to assess residents at risk of developing malnutrition and dehydration. Weight monitoring is undertaken for residents and action is generally taken to address unplanned weight loss with residents being referred for medical and/or allied health assessment and management. Monitoring is undertaken to ensure that residents' special dietary needs are provided including modified diets and dietary supplements and assistance/ supervision is given to residents, including eating and drinking aids. Residents and representatives are satisfied with the quality, quantity and variety of food and fluids and with the assistance provided by staff.

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

Processes have been established to ensure that residents' skin integrity is consistent with their general health. Residents at risk of impaired skin integrity are identified through assessment and care plan strategies outline measures required to maintain residents' skin integrity. Strategies to promote skin integrity include a range of skin care products,

maintaining mobility, positioning, protective clothing and pressure reducing equipment. Breaks in skin integrity are recorded and reported through the incident reporting processes and if trends are identified, strategies are put in place to prevent recurrence. Wound treatment charts outline wound management strategies and treatment is regularly reviewed by a registered nurse. The effectiveness of strategies to promote skin care is regularly evaluated. Residents and representatives are satisfied with the care of residents' skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Residents' continence is managed through identification and assessment of residents' bladder and bowel patterns and the establishment and monitoring of programs to promote continence, manage incontinence and prevent constipation. Programs are developed by the registered staff in consultation with residents/representatives and the health care team. Residents' individual continence management programs are communicated to care staff and the effectiveness of the programs in meeting residents' needs is generally evaluated regularly. Residents and representatives are satisfied with the assistance provided by staff in respect to residents' continence management.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively through assessment, identification of triggers and the implementation of strategies to prevent and/or manage behaviours. Residents are referred to the medical officer and allied health services in accordance with their needs and preferences. Care plans outline triggers and preventive management strategies for residents with challenging behaviours and staff demonstrated that they are attentive to residents' needs and responded appropriately to residents exhibiting behaviours. The effectiveness of behaviour management strategies is regularly evaluated. Residents and representatives are satisfied with the way the needs of residents with challenging behaviours are managed.

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' mobility, dexterity and manual handling needs are identified and assessed by a physiotherapist and nursing staff. Additional requirements for assessments are referred to the medical practitioner as needed. Education is provided to care staff to enable them to effectively assist residents with their exercise program and to maintain and/or improve their mobility and dexterity in accordance with planned care. Aids such as walk belts, walking aids for mobilising, wheelchairs and hoists are provided to promote independence in accordance

with residents' needs. Falls incidents are reported, trends are identified and falls prevention strategies are implemented as indicated. The effectiveness of strategies for promoting mobility, dexterity and rehabilitation is regularly evaluated. Residents and representatives are satisfied with the assistance provided by staff to help them maintain their mobility, dexterity and independence.

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

Residents' oral and dental health is assessed and if needed, residents are referred for dental services for more detailed assessment and management in accordance with their needs and preferences. Assistance is provided to residents to attend preferred dental services if required. Care strategies to effectively maintain residents' oral and dental health are developed and provision of oral hygiene products are communicated to staff and implemented. The effectiveness of strategies in maintaining residents' oral and dental health is regularly evaluated. Residents and representatives are satisfied with the assistance provided by staff.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory abilities such as vision, hearing, taste, smell, taste and touch, are assessed and if sensory loss is identified, residents are referred for specialist medical and/or allied health services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to effectively manage residents' sensory loss are developed, communicated to staff and implemented. The effectiveness of strategies in identifying and managing residents with sensory losses is regularly evaluated. Residents and representatives are satisfied with the assistance provided by staff to enable them to manage sensory losses effectively.

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

Processes are in place to assist residents to achieve natural sleep patterns. Residents' normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the residents and the health care team. Care strategies are developed, such as toileting, assessing for pain, repositioning, lighting, noise level or offering of snacks and warm drinks are communicated to staff and implemented in response to residents' needs and preferences. The effectiveness of strategies in promoting natural sleep for residents' is regularly evaluated. Residents and representatives are satisfied with the care and assistance provided to them to make them comfortable in bed and promote sleep.

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 about the home’s continuous improvement systems and processes.

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff encourage and support residents and others to provide feedback and suggestions.

Improvement activities implemented by the home over the last 12 months in relation to Standard 3 Resident lifestyle include:

- In preparation for the introduction of digital television quotes were obtained to update the home’s the equipment and the new system was installed 15 March 2012. As a result residents are able to view current programs on a larger screen and management has received positive feedback as a result of the improvement.

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 about the home’s systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home has systems in place to ensure requirements of legislation including, record keeping relating to residents’ privacy, security of tenure and alleged and suspected assaults are met.

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

In relation to Standard 3 Residents’ lifestyle, examples of training and education undertaken by staff are listed below:

- Protecting older people from abuse

- Person centred care
- Emotional care
- The diversional therapy course

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

Information and support is provided to residents before and upon entry to the home and on an ongoing basis to facilitate their adjustment to residential care. Information is gathered to identify residents' lifestyle background, personal traits, likes and dislikes, current abilities and assessment of residents' emotional needs is undertaken. Information about residents' individual needs in relation to emotional support is shared with staff and volunteers and additional requirements for support are identified on an ongoing basis and appropriate support is provided for residents who are having difficulty adjusting to their changed circumstances. Residents and representatives are satisfied with the support they receive and the care and concern shown by staff.

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

Information identifying residents' needs for independence is gathered from various sources identifying residents' individualised lifestyle interests and preferences for maintenance of friendships and community interests. Individualised support required includes access to community services, appointments, events, shopping and visitors is provided. Staff and volunteers are aware of the individual choices and preferences to support resident's independent lifestyle. Residents and representatives are satisfied with the assistance they receive in relation to independence, maintaining friendships and participation in the community within and outside the home.

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

Residents' privacy and dignity needs are identified and the particular needs and preferences of each individual resident are communicated to staff and respected. Staff demonstrated their understanding of principles associated with maintaining residents' privacy and dignity as well as the particular preferences of individual residents. Staff are sensitive and respectful in the recording of residents' personal information and information is stored in a way that is not easily accessible to unauthorised persons. Residents and representatives stated that they are treated with respect and that staff maintain their privacy and dignity.

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

Residents' lifestyle and leisure needs and preferences are identified and activity programs (individual and group) are provided which encourage residents' physical, intellectual, spiritual, creative and social skills. Residents participate in the development of the group activity programs, which are flexible and involve the local community as well as bus outings to places of interest. Staff support residents to attend leisure activities and their choices and residents wishes to attend or not, are respected. Resident satisfaction with activities is determined and programs are adjusted in accordance with feedback provided. Residents and representatives are satisfied with the variety of activities offered and with the support provided by staff.

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

Residents' cultural and spiritual needs and preferences are identified and information regarding individual interests, customs, beliefs and cultural and ethnic background is communicated to staff to ensure that these preferences are reflected in the delivery of care, leisure pursuits and other services. The home recognises and celebrates a variety of traditional and religious events throughout the year in keeping with the residents' preferences. Pastoral care is available for residents and families and weekly church services are held at the home as requested by residents. Residents and representatives advised that staff are sensitive to their needs and assist them to maintain their choices and traditions in accordance with their needs and preferences.

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 processes in place to ensure that each resident participates in decisions about the services they receive and are able to exercise choice and control over their lifestyle and care. Residents' preferences for care, daily living choices and leisure activities are identified and documented on entry to the home and reviewed on an ongoing basis. Residents have opportunity to express their preferences through regular residents' meetings with management and staff, during day-to-day interactions with staff and the home's compliments and complaints process. Residents and representatives are aware of their rights and responsibilities, have access to information about internal and external complaints processes and are satisfied with their ability to make decisions.

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

Residents have security of tenure and understand their rights and responsibilities. Written and verbal information regarding provision of service is supplied before and on entry to the home. The documents contain information about security of tenure, internal and external complaint mechanisms, orientation information as well as each resident's rights and responsibilities. Residents and/or representatives are aware of residents' rights and responsibilities and are satisfied that residents' tenure at the home is secure.

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 about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, audits, hazard and incident reports, resident and staff meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all monitoring activities. Staff encourage and support residents and others to provide feedback and suggestions.

Improvement activities implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Staff observed that the system of delivering morning/afternoon teas from teapots on a trolley did not ensure residents being served at the end of the round were receiving hot beverages. In addition, staff had to return to the kitchen to refill teapots. Information and quotes relating to an improved system were obtained and the earlier system has been replaced with trolleys with inbuilt urns. The improvement has resulted in all residents being served hot drinks and staff time returning to the kitchen has been reduced.
- Care staff identified that during cold weather providing care with cracked hands had the potential for infection and cross infection. As a result hand cream dispensers have been installed above hand basins. Staff reported improved skin integrity and that the risk of infection has been minimised.
- Catering staff identified that resident’s name tags set out on the servery next to their drinks were difficult to read from the kitchen side of the bench. A range of strategies were tried to improve the display of the information before staff agreed on the implementation of double sided name tags. In addition, colour coding of the tags has been introduced and alerts staff to special diet requirements of individual residents. Staff reported that collecting drinks from the servery has become much easier since the introduction of the new system.

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 about the home’s systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home has systems in place to ensure compliance relating to the physical environment and safe systems including fire, security and other emergencies, occupational health and

safety and infection control. Compulsory fire training is provided for staff, and the home has regular fire safety checks by approved contractors. There are reporting mechanisms for accidents, incidents and hazards. Staff are provided with, and use personal protective equipment appropriately. Material safety data is maintained for chemicals used within the home.

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

In relation to Standard 4 Physical environment and safe systems, examples of training and education undertaken by staff are listed below:

- Fire safety and emergency evacuation
- Infection control
- Hand washing
- Manual handling
- Safe handling of chemicals and Material Safety Data Sheets
- Food safety program
- Workplace Health Safety Act 2011
- Food preparation

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

Residents/representatives advised they are satisfied with the safety and comfort of the living environment. The home's management are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are encouraged to take ownership of their environment by personalising their room. The home is secure, clean, clutter and odour free, and provides private seating areas available to residents and their families. Preventative maintenance schedules are in place and any additional maintenance requirements are reported by staff or residents and are attended to by the Maintenance Officer and/or external contractors in a timely manner. Restraint is utilised for some residents and authorisation and monitoring is undertaken and documented. Security measures are in place to ensure security in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has processes to assess the workplace through regular audits of the environment, incident and hazard reporting and staff education. All staff receive education on the home's safety requirements at orientation and through the annual mandatory training program. Maintenance programs are in place for equipment and buildings and these are monitored for completion. Material safety data sheets are available in work areas, staff have access to personal protective equipment and chemicals are stored securely. Staff accidents and incidents are reviewed, and staff we interviewed demonstrated an awareness of how to report accidents, incidents, and hazards and perform their roles in a safe manner.

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

There are processes and equipment in place for detection and action in the event of a fire, or other emergency incident within the home. The home's fire system includes fire detection, alarms, control panel, and fire equipment which is inspected (as per legislative requirements) and maintained by external contractors. Fire evacuation plans are displayed throughout the home; fire exits and pathways to exits are free from obstacles and exit doors are clearly marked. Staff attend fire safety training during orientation sessions when they commence employment at the home and annually thereafter; there is a process for monitoring training attendance. Security patrols are conducted nightly and there is security camera coverage of the main entry to the facility. An emergency plan and guidelines are available and staff have knowledge of their responsibility in the event of a fire or emergency situation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program which is overseen by the Infection Control Coordinator. The surveillance system includes the collection, analysis and trending of residents' infections to identify trends and implement appropriate actions when trends are identified. The home has an outbreak management process in place. Immunisations are offered to residents and staff annually. Staff are provided with mandatory annual infection control training and hand washing/sanitising facilities are located throughout the home. Staff have access to personal protective equipment and equipment such as single use clinical products, gloves, aprons, sharps containers and storage areas are provided to enable infection control practices to be implemented. Catering and laundry processes support the prevention/minimisation of cross contamination. Pest control and waste management processes are in place. The infection control program is monitored through audits, incident data and observation of staff practices. Staff we interviewed demonstrated an awareness of infection control principles.

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 we interviewed reported satisfaction with the catering, cleaning and laundry services at the home. All meals are cooked in the on site kitchen; the quality and freshness of food is monitored and catering staff respond promptly to comments and complaints received from residents. Meals are served in accordance with residents' preferences and dietary requirements such as residents' texture modified food. Cleaning staff use schedules to ensure residents' rooms, communal areas and external areas of the home are cleaned systematically. Laundry services are provided for residents' personal items and linen, and the laundry service is completed using specialised equipment and practices that minimise risk of cross infection. Mechanisms are available for residents to provide feedback about hospitality services through comments and complaints, feedback surveys and residents meetings.