



Aged Care
Standards and Accreditation Agency Ltd

Ibis Care Bexley

RACS ID 2541

82-84 Connemarra Street

BEXLEY NSW 2207

Approved provider: Coastalbreeze Pty Ltd

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 1 April 2015.

We made our decision on 13 February 2012.

The audit was conducted on 17 January 2012 to 18 January 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

Site Audit Report

Ibis Care Bexley 2541

Approved provider: Coastalbreeze Pty Ltd

Introduction

This is the report of a site audit from 17 January 2012 to 18 January 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 17 January 2012 to 18 January 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:	Toby Hammerman
Team member/s:	Deborah Dowell

Approved provider details

Approved provider:	Coastalbreeze Pty Ltd
--------------------	-----------------------

Details of home

Name of home:	Ibis Care Bexley
RACS ID:	2541

Total number of allocated places:	64
Number of residents during site audit:	50
Number of high care residents during site audit:	48
Special needs catered for:	37 residents with dementia

Street/PO Box:	82-84 Connemarra Street	State:	NSW
City/Town:	BEXLEY	Postcode:	2207
Phone number:	02 9587 7610	Facsimile:	02 9587 1869
E-mail address:	bexley@ibispl.com.au		

Audit trail

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

Interviews

	Number		Number
Executive service manager (ESM)	1	Residents/representatives	9
Managing director	1	Quality consultant	1
Registered nurses	3	Administration officer	1
Assistants in nursing Cert III & IV	17	Laundry staff	1
Members Work Health and Safety committee	6	Cleaning staff	3
Consultant dietician	1	Maintenance staff	1
Contract Physiotherapist	1	Catering staff	3
Physio aide/Fire officer	1	Supply pharmacist	1
Recreation Activities Officer (RAO)	2	Contract dietician	1

Sampled documents

	Number		Number
Residents' files (computerised and paper based, including assessments, care plans, progress notes, medical notes, observation charts)	20	Personnel files including police checks, confidentiality, code of conduct and privacy agreements, performance evaluations and qualification certificates	6
Interim care plans	2	Medication charts	29
Restraint authorisation and restraint records	2	Manual handling charts	5
Routine maintenance requests	25	Rosters (fortnightly)	2
Suppliers and contactors service agreements	18	Complaints 2010/2011 & numerous compliments	8

Other documents reviewed

The team also reviewed:

- Accidents and incidents forms and monthly register
- Activities program
- Activity attendance sheets
- Aged care residents' agreement, high care
- Catering – Food and equipment temperature monitoring forms
- Catering – Food preference recording and implementation systems
- Catering – Food Safety Authority - Preliminary Audit report 19 August 2011
- Catering - Food Authority licence
- Catering – Food service manual (updated)
- Catering – Meals comments book

- Catering – Weekly menu
- Competencies folder
- Continuous improvement quality action plans, audits, surveys
- Education and development calendars for 2011 and 2012
- Education folder 2011
- Education training records, attendance sheets and evaluations
- Education: Orientation checklist allocating roles of OH&S officer, the fire officer , administration and infection control supervisor
- Educational needs analysis 2010 for 2011 & 2011 for 2012
- Falls committee folder
- Fire and emergency contact lists, resident mobility status lists
- Fire and safety detection, awareness training and monitoring procedures.
- Fire officer's statement of duties (revised)
- Fire safety questionnaire for staff following training and orientation.
- Infection control registers, audits and records of vaccinations
- Job descriptions
- Maintenance – Asset register
- Maintenance –preventative schedule
- Medication incidents
- Meeting calendar 2012
- Memos
- Minutes of meetings
- Newsletters
- Organisational chart –“Who's who at Ibis Care Bexley”
- Philosophy, vision, values and guiding principle statement
- Policies and procedures
- Regulatory compliance - Aged Care Legislative Service (ANSTAT) folders
- Regulatory compliance – Consolidated register of Alleged/suspected assaults & absconding register
- Regulatory compliance – Police check register with renewal date alerts
- Regulatory compliance information folder
- Resident meeting minutes
- Resident satisfaction survey
- Residents' enquiry information package
- Residents' information handbook
- Staff information handbook
- Suppliers list
- Work place health and safety audits and hazard identification processes
- Wound folders

Observations

The team observed the following:

- Activities in progress
- Bathrooms being renovated
- Charter of residents' rights and responsibilities displayed
- Cleaning in progress
- Clinical care supplies
- Dressing trolley
- Drugs of addiction secure storage
- Emergency pack
- Emergency procedure flip charts
- Equipment and supply storage areas
- Eye drops dated on opening

- Fire evacuation kit
- Fire safety plans and equipment
- Garden and recreational room
- Hairdressing salon
- Incontinence aids
- Infection control resources – hand wash basins and sanitising gel, colour coded equipment, personal protective equipment, sharps containers
- Interactions between staff and residents
- Internal and external comments and complaints forms, brochures, notices and suggestion box
- Kitchen and food storage areas
- Laundry in operation
- Lifting equipment
- Living environment – residential accommodation, communal areas, gardens and courtyards
- Manual handling equipment
- Meals being served to residents
- Medication refrigerators
- Medication round; storage of medications
- Mobility aids in use
- Noticeboards located throughout home for residents, visitors and staff
- Notices of impending Accreditation Site Audit posted throughout the home
- Nurse call system
- Occupational health and safety and infection control notices and equipment
- Pressure relieving equipment
- Secure storage of oxygen cylinders
- Secure storage of residents' information
- Sign in/sign out records for residents, visitors and volunteers
- Staff work areas – care stations, kitchen, cleaners rooms, utility rooms, offices, laundry, treatment room, staff room, archives
- Staff work practices
- Vision, mission and values statements displayed

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

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement logs, regular meetings, feedback mechanisms, a program of audits, surveys, benchmarking and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement action plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the executive care manager (ESM) and a continuous improvement committee which meets three monthly. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and that they always receive feedback.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below.

- The managing director informed the team that the Approved Provider’s management company, Coastalbreeze Pty Ltd was due to settle the next day on purchase of the land and building of Ibis Care Bexley. In due course the Approved Provider will announce re-branding and other development initiatives for the home. In anticipation of settlement the Approved provider commenced upgrading of bathrooms and purchase of new furniture and soft furnishings. The managing director stated that while the transfer of ownership will not materially affect the rights or status of existing staff or the delivery of care to residents the current improvements and future plans will have positive outcomes for all stakeholders.
- The ECM coordinates the home’s education program. An analysis of attendance patterns indicated low participation in educational events by staff who work mostly on weekends. The ECM now delivers four or five educational sessions per year on the weekends. Topics chosen for delivery were targeted for relevance to work when management is not usually present. For example “Dealing with comments and complaints” and Infection control with emphasis on awareness of outbreak management. The outcomes of both sessions are measured by staff evaluations. Staff said they have a heightened ability to advise relatives who visit on the weekends about how to make a complaint. The ECM also said weekend staff now have an increased alertness to actions required in the event of a gastroenteritis outbreak.
- The home has purchased a bath trolley and bariatric shower chair. Staff expressed satisfaction that these purchases enable them to deliver care safely and appropriately.

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’s management identifies all relevant legislation, regulatory requirements, professional standards and guidelines through subscription to a regulatory publishing service and information gained through access to government departments, peak industry bodies and other aged care and health industry organisations. The home also uses an aged care quality consultant on an ad hoc basis. This information is disseminated to staff through updated policies and procedures, notices, regular meetings and ongoing training. Relevant information is disseminated to residents/representatives through residents’ meetings, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous improvement system, which includes a range of internal audits. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- A paper based register is maintained to ensure criminal history record checks have been carried out for all staff. The system provides management with alerts when renewals are due.
- The home’s policy on the prevention and reporting of elder abuse has been updated to reflect current legislation. A consolidated register of reportable assaults has been established and annual training is provided for staff on the mandatory reporting of elder abuse.
- A system is in place for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for residents’ records.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

There is a system in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position. There is a comprehensive orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. The education program, including topics covering the four Accreditation Standards, is developed with reference to resident needs, staff surveys, performance appraisals, and management assessments. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through questionnaires, competency assessments and performance appraisals. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard One include:

- The orientation program covering such topics as: policies and procedures, the philosophy of the home, the communication system and the complaints process.
- The in-service program which included such topics as: preventing and responding to elder abuse, complaints management and assessing the standards.
- An external course on updates to the aged care electronic information system.

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 are informed of internal and external complaint mechanisms through: the resident handbook, resident agreement, orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. The home has a number of residents from culturally and linguistically diverse backgrounds and information and notices about the internal and external complaints mechanisms are available in their language. Management maintains a log of all comments, suggestions and complaints and the team noted that issues raised are addressed in a timely manner to the satisfaction of complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

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 philosophy, vision, values and guiding principles are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

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

Management has systems in place to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure that they have the required skills, experience, knowledge and

qualifications for their roles. The orientation and education program - outlined in expected outcome 1.3 Education and staff development - provide the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. The performance of staff is monitored through regular appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed indicate they have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives interviewed report their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home demonstrated that it has a system in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes in place to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home uses a list of approved suppliers and enters into service agreements to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery. Maintenance records show that equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. The team observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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

There are information management systems in place to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. A password protected computer system facilitates electronic administration and access to the internet, and e-mail communication. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed report they are kept well informed and consulted about matters that impact on 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

There is a system in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors for regular provision of services and there is a list of approved service providers who are used on a needs basis. There are schedules for all routine work to be undertaken by contractors and a contact list is in place to enable staff working outside business hours to access contractors in an emergency. The services provided are monitored by management through regular evaluations, audits and the feedback mechanisms of the home. There is a system for managing non-conformance of suppliers and service agreements are reviewed annually or as stated in the contract.

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 about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below.

- A contract has been signed with a mobile dental clinic contractor. This has resulted in residents having improved assessments of dental services required for and more opportunity for those residents who had difficulty in obtaining dental care in the community to access appropriate oral and dental care .
- The quality consultant recognised the need to expand sensory assessments conducted on entry to the home, from hearing and vision only, to now include all five senses. Inclusion of touch, taste and smell in the homes initial sensory assessments has improved the ability of the home to ensure residents' sensory losses are identified and effectively managed.

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 details about the home's system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Department of Health and Aging and industry body resources are available to management and staff on topics relating to health and personal care.

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 details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Two is listed below.

- The in-service program covering such topics as: types of dementias and challenging behaviours, medication administration, fundamentals of wound care, falls prevention and safety, continence in the elderly.
- All care staff have completed the Certificate III and five care staff completed the Certificate IV in Aged Care Work. Four registered nurses attended a course on the Care of dying person using an integrated Care Pathway

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 a system in place to assess, document and review residents’ care needs. The home has an electronic documentation system in place and all care staff have been trained in its use. A database is completed on admission and an interim care plan developed for use until thorough assessment and a more comprehensive care plan is written. Registered nurses review the care plans every two months. Medical officers are informed of significant changes in resident condition and regularly review residents. Staff interviewed knew the individual care needs of the residents. Medical officers, residents and relatives expressed their satisfaction with the clinical care provided.

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 ensures residents’ specialised nursing needs are identified and met by suitable qualified staff or specialists. Registered nurses provide any specialised nursing care in the home. Examples of specialised care being provided include diabetes management, wound care, pain management, treatment of infections and oxygen therapy. Staff interviewed said they access the medical officer and specialist clinical staff from the hospital or community when necessary. Staff are provided with education and equipment to meet residents’ needs. Residents and representatives interviewed are satisfied with the care they receive in relation to their specialised nursing needs.

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 arranged for appropriate health specialists in accordance with assessed needs and preferences of the resident. Regular home visits by allied health professionals include a physiotherapist weekly, a dietician monthly, a podiatrist six weekly and a mobile X-ray service as ordered by the medical officer. A review of care plans, progress notes and other documentation shows that referral to external services has been undertaken and changes in care have been implemented. Residents and representatives confirmed referral to specialists is undertaken and they have been satisfied with the arrangements.

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

The home has systems and processes in place to ensure residents’ medication is managed safely and correctly. The home uses a single dose blister pack administration system. Residents’ photographs are attached to the medication chart and the blister pack to assist with identification. Registered nurses administer all non packed medications. Staff administering medications have undertaken training and are reassessed on an annual basis. Observation identified staff administering medications safely and correctly. Medications are stored securely and the medication trolley is locked when not in use. Medication audits of packs, charts and signing sheets are attended monthly; in addition, the supply pharmacist audits the medication system quarterly and provides a written report. Staff interviewed were aware of the medication incident system and know where and when to use it. Residents and relatives interviewed said they were satisfied with the way medications were being managed.

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

There are systems to identify and manage residents’ pain and ensure residents are as free as possible from pain. This includes initial and ongoing pain assessments by the registered nurse, observations, discussion and evaluations of the strategies implemented. Consultation with medical staff and the physiotherapist occurs, and a range of pain relieving approaches are used which include gentle exercise, massage and pharmacological intervention. Interviews with care staff demonstrated they understand their role in pain management including identification and reporting of pain and the effectiveness of pain relief measures. Residents and relatives confirm that staff response to residents’ pain is timely and appropriate to their needs.

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 systems to ensure the comfort and dignity of terminally ill residents is maintained. Policies and procedures are in place to assist staff in caring for terminally ill residents and those requiring a palliative approach. Consultation is provided by the palliative care team at the hospital or general practitioner, and pain assessment and pain relief strategies are documented, implemented and evaluated ongoing. Staff have been trained in palliative care, grief and bereavement and the end of life pathways. Families are encouraged to stay with the resident and the home can organise a visit by religious clergy if this is the resident’s request. The home does not currently have residents who are terminally ill or require a palliative approach.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Residents’ needs are assessed on entry to the home and on an ongoing basis. Care plans and progress notes provide information regarding changes in nutrition and hydration needs and concerning treatment implemented. Residents are weighed monthly and reviewed by a dietician. Significant changes in weight are acted on appropriately. Residents are referred to medical practitioners or allied health professionals for investigation as necessary. Resident dietary requirements, preferences and allergies are identified and communicated to catering staff. Observation, documentation and interviews indicate residents are assisted and encouraged with their meals and drinks as needed. Documentation shows residents/representatives and the dietician have input into menus via regular meetings and food surveys. Interviews confirm that they are very satisfied with the meals provided.

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 systems for maintaining residents’ skin integrity consistent with their general health. Residents’ skin integrity is assessed on entry to the home through the initial assessment process and residents’ skin integrity needs are noted in the care plan and evaluated regularly. The home has an incident reporting system in place for skin tears. The medical officer and physiotherapist are consulted in the assessment and management of skin integrity as needed and residents have access to a podiatrist and hairdresser. Registered nurses oversee the wound care program. Wound assessments and wound charts describe the wound, the type of dressing to be used and the progress of the wound. There are sufficient supplies of appropriate equipment and resources to enable staff to meet the skin integrity needs of residents. Staff members receive training in wound care. Residents and relatives are satisfied that the skin care provided by staff is in line with individual resident needs and preferences.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure residents’ continence is managed effectively. Residents are assessed on entry and on an ongoing basis by care staff, and a care plan developed. The home supplies a range of continence products for high care residents. Urinary tract infections are monitored and extra fluids are provided in the afternoon. Bowel charts are completed each shift by staff and reviewed by the registered nurse. Fresh fruit and fruit juice are on the daily menu. Residents and relatives interviewed said they are happy with the assistance given in managing residents’ continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to manage the needs of residents with challenging behaviours effectively. Documentation and interviews indicate that behavioural assessments are completed. Individualised care plans are developed based on social and medical history provided by specialists and relatives to manage challenging behaviours. Behaviour charts are used to identify triggers and effective interventions: A review of restraint by the medical officers and staff resulted in two residents’ restraint being removed and alternative behavioural management strategies being implemented. Two residents are being physically restrained. The appropriate restraint authorisations were sighted along with the release documentation. A multi-disciplinary approach is used in managing residents’ challenging behaviours and includes referral to geriatricians and mental health teams. Observation of staff practices during the visit noted staff redirecting residents in a polite and calm manner. Residents /representatives are satisfied with the manner in which residents with challenging behaviours are managed at the home.

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

There are systems at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. All residents have a comprehensive physiotherapy assessment on entry to the home, and then as required. This includes the identification of falls risk factors, review of medications, manual handling requirements, prescription of mobility aids, assessment of pain, assessment of footwear, need for hip protectors and sensory aids. Residents’ care plans include this assessment information together with management strategies. Staff receive education, including manual handling training and use of equipment by the physiotherapist and the physiotherapy assistant and are aware of residents’ needs and strategies to optimise their mobility and dexterity. A gentle chair exercise program suitable for all residents is offered and a group of residents was seen participating in the program. A falls committee meets monthly to review falls incidents and implement individual prevention measures to reduce the number of falls. Residents/ representatives report that they are assisted by the home in maintaining optimum levels of mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure residents’ oral and dental care is maintained. Assessments are completed on entry to the home and care plans direct staff for the oral care required. Residents are supplied with dental care products and appointments to dentists and dental technicians are promptly made to ensure the comfort of the residents. A mobile dental service has been sourced and is due to commence in the near future. Staff assist residents where necessary to maintain good oral hygiene. Residents interviewed said they are satisfied with the assistance given in managing their oral and dental care.

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 to ensure that residents’ sensory losses are identified and managed effectively. The home uses a comprehensive sensory assessment which identifies impairments in sight, hearing, touch, taste, smell and perceptual loss. Staff assist residents with there sensory aids as required. A recent review of the home’s visiting optometry service has resulted in a change of provider. Referral for consultation by appropriate specialists is arranged in response to resident needs. Observation and interviews confirm staff and resources are available to assist residents with sensory losses, including access to large print books. Activities arranged by the activities officer to cater for the individual needs of residents with sensory losses. Residents/representatives report that their sensory losses are identified and managed 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

The home supports residents to maintain their natural sleep and rest patterns. Residents’ sleep behaviours are assessed and are identified within the care plan. Staff monitor residents for disturbed sleep patterns. Interventions include treating possible contributing factors such as pain or discomfort, offering warm milk and a sandwich during the night, toileting, encouraging residents to attend the daily exercise program, engaging residents in quieter activities and rest breaks in the afternoons. Lighting and noise is minimised at night, and residents interviewed said they sleep well.

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 system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- The balcony area adjacent to the main lounge area has been made aesthetically pleasing and safer by the addition of attractive lattice work above the railing and the purchase of comfortable garden furniture. This has enabled the introduction of small group activities, such as discussion gatherings or newspaper reading. The team observed these small group sessions in operation and the RAO reported residents who usually do not participate in larger groups became more involved in these small group sessions.
- A recently purchased cordless phone has increased residents’ access and communication with the outside community.

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 details about the home’s system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to residents/representatives in the enquiry pack and resident handbook regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The resident agreement offered to all residents ensures residents’ rights are protected.
- The Charter of Residents’ Rights and Responsibilities is included in the resident enquiry pack and displayed in the home.
- Staff and volunteers are trained in residents’ rights and responsibilities in their orientation program and sign a privacy/confidentiality agreement to ensure compliance with privacy

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 details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below.

- The orientation program covering such topics as resident rights and customer service.
- The in-service program covering such topics as: Care of residents' belongings on admission and after death, conflict resolution and privacy and dignity for residents.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home, for example the latest newsletter, resident's handbook and the month's activity calendar. Staff take extra time to orientate the new resident and to introduce them to other residents and staff. Records and interviews identified that information is gathered by talking to the resident, documenting their interests and completing their life story. Staff encourage the new residents to join into any activities that may be of interest to them, or respect their right to refuse. Family photographs and personal items were observed in residents' rooms. An annual memorial service is held to remember residents who have passed away. Residents stated they are happy living at the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes to assist residents' to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Individualised care plans are developed based on assessments which identify residents' skills, abilities, interests and preferences, physical, social, emotional and cultural needs. The home provides fortnightly hairdressing services and electoral voting is available via postal voting. Residents are encouraged to decorate their rooms with personal items and connections for private telephones and televisions are available. Many residents were observed moving freely within the home with walking aids or with staff assistance. A program of activities designed to promote independence and community participation is offered. Residents' family members were observed enjoying lunch with them. Residents/ representatives are satisfied with the levels of independence they are able to maintain.

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 respected. The home has two, three and four bed rooms with shared bathrooms outside the bedrooms. Privacy screens are provided in rooms accommodating more than one resident. Residents were observed dressed in a dignified way. All computers are password protected and resident's confidential files are stored in a locked cupboard. Staff were observed speaking and caring for residents in a calm and respectful way. Staff sign a confidentiality agreement. Residents and representatives confirm staff are polite and their privacy is respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home provides a varied lifestyle program which is developed in consultation with residents. A resident satisfaction survey completed in 2011 about lifestyle resulted in 70% satisfaction. Upcoming outings and activities are discussed at the monthly resident/relative meetings. The monthly council bus outings are planned so that all residents have the opportunity to have a community outing. Residents are informed of the activities program available on the notice boards throughout the home and verbal prompts from staff. Examples of activities are, gentle exercise, entertainment, music, bingo, carpet bowls and mobile library. Residents who participated in the activities were observed enjoying themselves and commented they were satisfied with the activities.

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 that foster individual cultural and spiritual needs through the identification of interests, customs, cultures and backgrounds. Non denominational church services are held regularly. Clergy from other religions visit when the residents request. Residents from culturally and linguistically diverse (CALD) backgrounds are encouraged to continue with their customs. Volunteers from the community visitor's scheme are matched with CALD speaking residents so they can speak in their first language. The planned menu caters for residents cultural needs for example vegetarian, curries and yum cha. Residents choose to participate in special religious and cultural days such a Christmas, Easter, Australia Day and ANZAC day. Residents' birthdays are celebrated each month with a birthday cake. Residents state they are satisfied with the spiritual and cultural support they provide.

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 encourages residents' choice and control over their lifestyles through participating in decisions about the services each resident receives while not infringing on the rights of others. Documentation reviews and interviews with residents and staff indicated that residents are able to choose, for example meals each day, medical doctors, activities and personalisation of their room. Residents/relative meetings provide a forum for discussion and decisions about laundry, catering, activities, outings and any other matter that arises. The home's management is available for confidential matters. Residents/relatives state they are happy with the choices available to them and their decisions are respected.

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 has pre-admission and admission processes to inform new residents and their representatives of the services offered and to ensure the home can meet an individual resident's needs. Information packages including a resident handbook that explains security of tenure are provided. A resident agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents/representatives indicate they are satisfied with the information the home provides regarding their security of tenure and 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 about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- The ground floor of the home has been partially refurbished with new flooring, curtains, repainting and larger custom built wardrobes. New furniture for the dining room and lounge room has also been purchased in consultation with residents/representatives. This has enhanced the living environment for the residents. Plans are also in place to commence refurbishment in the first floor of the home.
- A mobile but cognitively impaired resident was habitually entering the lower ground area of the home which has staff amenities, laundry, storage and office areas. Installation of a key code in the lift and stairwell now prevents the resident from entering the basement area. This has improved the safety of the environment for this resident.

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 details about the home’s system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The home has a NSW Food Authority licence and a food safety program as required by the Vulnerable Persons Food Safety Scheme.
- Chemicals are securely stored and material safety data sheets (MSDS) are displayed adjacent to the chemicals to which they refer in accordance with occupational health and safety legislation.

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 details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below.

- Nine catering staff have attended food safety training (Hospitality 3) in 2011
- A registered nurse/infection control coordinator attended an external infection control course together with one of the home's cleaners.
- Senior staff and the chairperson of the OH&S committee attended a lecture on the new provisions of the Work, health and safety legislation. Staff working during the day and on the weekend received a briefing on the key changes.

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

Management of the home have mechanisms in place to ensure that there is a safe and comfortable environment to meet residents care needs. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, mixing valve checks, electrical equipment checks and tagging, fire safety systems, water quality testing, hazard assessment, and incident and accident reporting. There are also resident feedback mechanisms, such as residents and relatives meetings and direct discussions with management in relation to the comfort and safety of the living environment. The home is a three storey building with a mixture of two bedded, three and four bedded rooms. Interviews with staff and review of documentation confirmed that the monitoring and regular maintenance systems are in place. The team was told that following the recent installation of upgraded air conditioning a comfortable temperature is now maintained. The home is clean with no clutter. The new approved provider has commenced renovating bathrooms on the lower level and the new furnishings and appointments are comfortable and appropriate. A similar renovation of the second floor is also planned. Interviews with residents and representatives confirmed that they are mostly comfortable in their home and that they feel the ESM is approachable if they need to make requests or raise any concerns

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 has a system in place to provide a safe working environment that meets regulatory requirements. There is an occupational health and safety (OH&S) committee on site with representatives from the clinical, hospitality, cleaning, laundry and administration areas of the home. The committee's role is to oversee occupational health and safety at the home and report issues of concern to management and staff at regular meetings. All staff are trained in manual handling, occupational health and safety, fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. The home monitors the working environment and the occupational health and safety of staff through regular audits, risk and hazard assessments, accident and incident reporting and daily observations by management and staff. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out. The home is in the process of implementing the provisions of the new Work Health and Safety Act 2012 and staff recently voted to retain the committee structure, in preference to a work health and safety representative.

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 are actively working to provide an environment and safe systems that minimise fire, security and emergency risks. There are documented emergency procedures in place including contingency plans developed in response to identified risks. Fire safety systems in the home include a designated fire officer, fire alarms, main fire board and mimic panels, smoke/fire doors, fire hoses and extinguishers. Emergency flipcharts and evacuation plans are displayed throughout the home and an emergency evacuation kit with a current resident list and photographs of all residents is updated regularly and located at front entrance, in case of evacuation. The home has formal, external contractual arrangements for the monitoring and maintenance of all fire safety equipment and systems on the site. The team sighted the annual fire safety statement displayed in the home's foyer. Staff training records and the education schedule confirm that staff participate in regular fire safety training, and staff interviewed confirmed that they attended training and are aware of fire safety and evacuation procedures. Residents interviewed confirmed that they felt safe in their home.

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 ensures that its infection control program is effective through clear policies and procedures, education and an infection surveillance program. A team leader coordinates the program and reports to the continuous improvement committee. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an

outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program for residents and staff, separation of clean and dirty areas in the laundry, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, audits, benchmarking and trend analysis.

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

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All residents are assessed for their dietary preferences and needs when they move into the home. There is a rotating menu that has been reviewed by a dietician, caters for special diets and provides choices for residents. The kitchen staff take into account the needs and preferences of those residents from culturally and linguistically diverse backgrounds and adapt the menu to meet their dietary needs. Cleaning services are provided in house. Staff advised that they follow best practice and were able to confirm knowledge of appropriate infection control practices and show cleaning schedules to ensure all areas of the home are regularly cleaned. The quality of the cleaning is monitored by the management of the home and the team observed the home to be clean. Personal clothing and linen is laundered at the home. Clothing is marked to minimise any losses and there is a system in place for the management of misplaced clothing. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives interviewed say they are satisfied with the hospitality services provided.