



Aged Care
Standards and Accreditation Agency Ltd

Legacy Aged Care - Norah Head

RACS ID 0234

60 Soldiers Point Drive
NORAH HEAD NSW 2263

Approved provider: Brisbane Water (NSW) Legacy

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 3 August 2015.

We made our decision on 9 July 2012.

The audit was conducted on 5 June 2012 to 6 June 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted assessment contacts. Our latest decision on 25 September 2012 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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

Legacy Aged Care - Norah Head 0234

Approved provider: Brisbane Water (NSW) Legacy

Introduction

This is the report of a re-accreditation audit from 5 June 2012 to 6 June 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 2.4 Clinical care

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 June 2012 to 6 June 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:	Sandra Heathcote
Team member/s:	Daniel Mitroussidis

Approved provider details

Approved provider:	Brisbane Water (NSW) Legacy
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Details of home

Name of home:	Legacy Aged Care - Norah Head
RACS ID:	0234

Total number of allocated places:	53
Number of residents during audit:	49
Number of high care residents during audit:	22
Special needs catered for:	Nil

Street/PO Box:	60 Soldiers Point Drive	State:	NSW
City/Town:	NORAH HEAD	Postcode:	2263
Phone number:	02 4397 1122	Facsimile:	02 4397 1156
E-mail address:	legacy@bwlegacy.com.au		

Audit trail

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

Interviews

	Number		Number
Chief Executive officer	1	Residents/representatives	12
Manager of aged care	1	Cleaning staff	1
Manager of welfare and operations	1	Catering staff	1
Care manager	1	Maintenance staff	1
Clinical care coordinator	1	Board members	2
Care staff	3	Physiotherapy aide	1
Dietician	1		

Sampled documents

	Number		Number
Residents' files	5	Medication charts	10
Personnel files	7		

Other documents reviewed

The team also reviewed:

- Activity programs; activity participation records; activity evaluation records
- Agency induction checklist
- Annual business quality improvement plan 2012
- Audits folder
- Care alert for fire evacuation sheet
- Clinical care assessment, care planning documentation, progress notes, medical notes. medical specialists reports, allied health reports, pathology results
- Clinical monitoring charts including weights, temperature, pulse, blood pressure, blood glucose levels, pain, wound, fluid/food intake/output and bowel charts
- Comments and complaints information
- Company (aged care) and club (legacy) policy manual
- Continuous improvement documents including improvement logs, meeting minutes, audits and results, resident leisure and lifestyle survey 2012
- Contracts with external service providers
- Diet analysis sheets and dietary preference list
- Education calendar, competency assessments and attendance records
- Emergency contact list after hours
- Employee and volunteer handbook
- Fire equipment service records, log books, fire instructions, evacuation list and pack

- Food safety documentation, menu and food authority licence, internal audit reports, temperature readings for refrigerator/freezer in the kitchen
- Hazard reports and summary sheets
- Incident reports and registers
- Infection control data collection forms, infection control worksheet, audits and summary charts, medication fridge temperature monitoring charts
- Maintenance request and task sheets and preventative maintenance folder
- Mandatory reporting register
- Meeting agenda and minutes for management, staff and residents
- Memo folder
- Newsletters
- Orientation checklists
- Personnel files
- Police records check summary
- Policy and procedures
- Resident admission package, residential agreements, resident handbook and clinical admission pack
- Resident bed list
- Roster sheets
- Self assessment report for re-accreditation and associated documentation
- Staff appraisal folder
- Workplace inspections

Observations

The team observed the following:

- Activities in progress
- Aged care advocacy information brochures
- Aged Care Standards and Accreditation Agency re-accreditation audit notices on display
- Charter of rights and responsibilities displayed
- Clinical supplies and trolleys
- Document storage and records management
- Electronic and hardcopy record keeping systems – clinical and administration
- Emergency exits and fire safety equipment and fire panel
- Equipment in use, supplies and storage areas
- Fire protection equipment in place
- Interactions between clinical/care staff and medical and other health and related services personnel
- Interactions between staff, residents and relatives and visitors
- Laundry services in operation

- Linen supplies
- Living environment
- Manual handling equipment and instructions, mobility equipment in use
- Material safety data sheets
- Meal service (lunch) and staff assisting residents
- Medication administration rounds and storage areas
- Menu on display
- Mission and Vision displayed
- Notice boards
- Sharps and contaminated waste disposal containers, spills kits
- Staff handovers
- Staff work practices
- Visitors sign-in book

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively works towards improving the care and service it provides to residents and to the working environment of staff. There continues to be a review of systems and processes in this regard. The quality system consists of internal and external audits, resident and staff feedback, resident and staff meetings, improvement logs, complaints and suggestions forms, as well as resident and staff incident reporting. Quality initiatives that require further planning are noted on the quality improvement plan. Continuous improvement matters are discussed at staff meetings and suggestions are followed up and implemented. Feedback about the outcome of improvement activities is discussed in management, resident and staff meeting minutes. Staff are aware of improvement activities, and are able to describe the benefits for residents and staff.

Recent improvements in Accreditation Standard One include:

- New management, clinical leadership and governance have been introduced along with modernising practices and decision making capabilities across the organisation. There is a review of policies and procedures and documents are controlled centrally. The organisation is able to monitor its approach to leadership in a consistent manner.
- Reducing overheads for the organisation by coordinating and centralising the external contractors, service providers and suppliers. This initiative allows for consistency in ordering, purchasing, supply and delivery across the organisation.
- Developing an employee and volunteer handbook. Consultation occurred with stakeholders and there is one document and resource across the organisation that details induction processes, leave allowances and other general information. All staff and volunteers have a resource that is current, consistent and recognised across the organisation.

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 subscribes to a legislative update service and receives newsletters and information from aged care industry associations and relevant government departments. Changes to legislation are communicated to staff via memoranda, at staff meetings and on a corporate level. Management review any impact these changes may have on work practices.

The home uses its internal and external auditing processes to monitor staff compliance with legislation, regulatory requirements, professional standards and guidelines. When relevant, education sessions are arranged. Policies and procedures are reviewed and updated with review dates.

Examples of regulatory compliance specific to Standard One include:

- All staff and volunteers undergo regular criminal history checks in accordance with Australian Government legislation. A system is in place to ensure that checks are up to date.
- The home monitors external contractors to ensure that they meet their responsibilities under the relevant legislation and regulatory requirements; when relevant this includes criminal record checks and professional registrations.
- The home provides information to residents/representatives and staff about internal and external complaints mechanisms.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has appropriate systems in place to ensure that management and staff have the knowledge and skills to perform their roles effectively. The results of observations, interviews, and document review show that staff knowledge and skills is supported by an orientation and education program. The orientation program provides information for new staff on the home's policies and procedures. There are planned and impromptu education sessions provided for all staff disciplines on a range of issues relevant to their area of work in the home; and within the requirements of the four Accreditation Standards. Records of attendance are maintained and sessions evaluated. Effectiveness of education provided is monitored through competency skills testing and formal staff performance appraisals.

Examples of education provided under Standard One include:

- Elder abuse
- Rostering system
- State aged care conference attendance

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

Both internal and external complaint mechanisms are documented and displayed throughout the home. Residents and representatives prefer discussing comments and complaints directly with management and staff. They are acted on with the purpose of achieving a mutually satisfactory outcome for all parties involved and confidentiality is respected. Residents and staff know about making comments or expressing concerns through appropriate means and said that management is responsive to concerns or suggestions.

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 organisation has vision, mission, and values statements that are documented and displayed throughout the site. The commitment to quality is reflected in these statements. The commitment to quality has also been documented in policy and procedure documents pertaining to quality management.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure that there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Position descriptions for staff in all areas of work clearly define the qualifications, roles and responsibilities required to undertake their role. There is a process in place for the recruitment, selection and orientation of new staff. Appraisal of staff performance is undertaken annually following a probationary period. The rostering system has been reviewed, with strategies in place to increase or decrease staffing as appropriate. The education program provides staff with the opportunity to increase their knowledge and skills relevant to their area of work. Staff confirm support provided by management and residents are generally satisfied with the care, attention and respectful affection they receive.

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 monitors equipment, goods and stocks regularly to support and maintain good quality service delivery with certain staff being responsible for specific supplies. This is further supported through centralised processes for purchasing, inventory control, assets management and maintenance. Residents and staff confirm and the team noted there are adequate stocks of supplies and equipment. An organisational asset register is maintained and electrical goods are tagged regularly and when needed. Preventative maintenance is conducted according to an annual schedule and daily maintenance requests are prioritised by the maintenance officer, attended to and signed off as soon as possible. An out of hour's system operates.

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 processes to ensure that key information is available to management, staff, residents and relatives. These include assessment and planning of care needs which is still in the development phase, lifestyle activities program, quality improvement processes, performance monitoring, education and competency assessments, staff and resident communication, the safety system, complaint mechanisms and administration. New forms and reporting mechanisms continue to be introduced. Reporting processes are used to inform the management and staff of issues in relation to continuous improvement, regulatory compliance and other relevant aspects of service. Information in either hardcopy or electronic form is stored in ways that provide access to authorised personnel and ensures security. Staff are satisfied that they are provided with all information required and that they were consulted in relation to issues which affect them and their work practices.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The organisation negotiates all contracts and agreements with external suppliers. The quality of services supplied by external contractors is monitored via feedback from staff and residents, usually through informal discussions or during staff meetings. Terms and conditions and expectations about quality service are detailed in service agreements when applied. Review of the agreements is either formal or informal and is conducted once agreements have expired. Management and staff reported that products and services from external suppliers meet their needs and those of 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

For details of the home's systems for actively pursuing continuous improvement please refer to expected outcome 1.1 Continuous Improvement.

Recent improvements in Accreditation Standard Two include:

- Reviewing clinical documentation introducing a process to flag assessment needs for the development of a more comprehensive care plan. All residents are being re-assessed and all new residents are to commence on the new assessment suite. The new clinical documentation continues to be implemented and there are plans to have all residents' re-assessment completed in the next few months.
- A dietician has been contracted to review residents who have lost weight. They have reviewed the diet form to communicate changes and have commenced using a food and fluid chart to monitor resident intake. This has resulted in improved communication, more information being gathered to assist in assessing the residents' nutritional status. They are also introducing a residents' weight assessment which refers to body mass index to determine if weight loss/gain is significant. A malnutrition universal tool to determine resident status will also be introduced.
- Reviewing the nurse initiated medication process. The process now requires a registered nurse's input before administering nurse initiated treatment. The resident's medical practitioner has reviewed and authorised medications on the list of nurse initiated medications for their residents. This process has been updated for all residents.

2.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care".

Team's findings

The home meets this expected outcome

The home's system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard Two include:

- The home routinely monitors professional registrations of registered nurses, allied health professionals and visiting medical officers.
- The home has in place storage, administration and record keeping procedures for drugs of dependency.

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

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard Two include:

- Medication management
- Diabetes management
- Wound management

2.4 Clinical care

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

Team’s findings

The home does not meet this expected outcome

The home has not established a reliable process for ensuring effective clinical oversight including monitoring of care delivery, follow-up of acute care issues and evaluation of the effectiveness of care. Although the home has been implementing a new care assessment and planning system resident care needs have not been consistently reviewed and updated. Reassessment is not consistently undertaken when there is a change in residents’ health status. Care directives and treatment requirements are not consistently implemented.

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 recommendation

The home meets this expected outcome

Specialised nursing care needs are identified and appropriate qualified staff deliver care to meet residents’ needs and preferences. The home employs a care manager who is a registered nurse to oversee clinical care Monday through to Friday during business hours. The care manager is on call for emergency situations or to provide advice to care staff relating to specialised care provisions. Residents are referred to a range of allied health professionals and other specialists to assist the home manage residents’ complex and specialised needs. Care plans include appropriate management of residents’ specific specialised care needs such as catheter care and wound management. Residents and their representatives said they are satisfied the home’s staff are qualified and able to provide specialised nursing care.

2.6 Other health and related services

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

Team's recommendation

The home meets this expected outcome

The home ensures that residents are referred to appropriate health specialists in accordance with residents' needs and preferences. The home has processes to refer residents to a range of services such as physiotherapy, dietician, podiatry and medical specialists. In addition the home can access services from the local hospitals for palliative care advice and psycho geriatric review. Written reports are kept in the residents' clinical files. Residents are assisted to access external services through transport provided by the residents' representatives or as arranged by the home. Residents confirm they are referred to specialists as the need arises.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

The home meets this expected outcome

The home has systems to ensure that residents' medication is managed safely and correctly; including the ordering, storage, disposal, administration, recording and review of medications. The home uses a blister pack system and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. Medications are stored securely and the team observed safe and correct medication administration by staff. Regular pharmacological reviews are undertaken and medications adjusted accordingly in consultation with medical practitioners. Residents/representatives expressed satisfaction with the way residents' medication is managed.

2.8 Pain management

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

Team's recommendation

The home meets this expected outcome

To ensure that residents are as free from pain as possible all residents are assessed for pain on entry to the home and ongoing pain assessments are conducted to monitor residents' pain. Consultation with the resident, physiotherapist and their medical practitioner is conducted by the home and the specific management strategies devised to relieve the resident's pain are recorded on their care plan. The physiotherapy aide also provides pain relieving treatment such as massage and exercise. Care staff described ways to assess residents for pain and the interventions they used to relieve resident pain such as administering PRN (as required) medications after consultation with the registered nurse. The effectiveness of interventions is evaluated by care staff to ensure pain relief treatments remain effective. Residents said they are pleased with how the home manages their pain and that they are satisfied they will get attention when they ask.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s recommendation

The home meets this expected outcome

The home has systems in place to ensure the comfort and dignity of residents requiring palliative care is maintained. Residents receiving palliative care have a documented palliative care program ensuring goals have been discussed with relatives, the medical officer and analgesia is available. Initial and ongoing assessments also identify religious, spiritual and cultural requirements that match the residents’ wishes or preferences regarding end of life care. Staff demonstrated they have the knowledge and skills in the management of residents who have a terminal illness including managing pain and providing comfort and emotional support. Religious representatives visit the home to provide support for residents and their representatives if requested. Family members are able to stay with residents and meals and refreshments are available for them.

2.10 Nutrition and hydration

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

Team’s recommendation

The home meets this expected outcome

The home has systems to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements. Resident food allergies are clearly identified in documentation; as are resident likes and dislikes. A dietician reviews the menus and residents are referred to a dietician if they require a review of nutritional intake or have weight loss. Special dietary requirements or alterations to diets are specified in residents’ care plans and communicated to the catering department. The staff monitor the residents’ attendance at meal times, the amount of food and fluid consumed and will report poor intake to the registered nurse. Residents interviewed said the meals are satisfactory and they are provided with assistance by staff.

2.11 Skin care

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

Team’s recommendation

The home meets this expected outcome

The home has an effective system to ensure that residents’ skin integrity is consistent with their general health. Assessments are conducted to identify skin care needs and management strategies are incorporated into the resident’s care plan. To maintain skin integrity the home provides assistive devices such as pressure relieving mattresses and uses strategies such as regular repositioning and the application of emollients. The home has a podiatrist who regularly visits the residents for assessment and care. Residents’ wounds are managed appropriately, sufficient supplies are available and referrals are made as required. The home monitors accidents and incidents including wound infections and skin tears. Residents and their representatives report satisfaction with the way the home manages residents skin care needs.

2.12 Continence management

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

Team’s recommendation

The home meets this expected outcome

The home has systems to ensure that residents’ continence is managed effectively. On entry to the home residents are assessed for their continence needs using the aged care funding instrument urine and bowel chart. Continence management care plans are then formulated. Aids to manage and support residents with continence care include a range of pads, exercise programs and medications. The home has an adequate supply of continence aids and linen. Residents said they are satisfied with the way in which their continence needs are managed.

2.13 Behavioural management

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

Team’s recommendation

The home meets this expected outcome

Specialist advice is available from geriatricians’ and the community mental health team. Residents who are exhibiting challenging behaviours are referred to specialists when required. Staff interventions such as offering food and fluids, toileting the resident, changing the resident’s continence aid, checking for pain, repositioning or providing the resident with extra warmth often settles the resident. We observed staff engaging with residents in a warm and caring manner. Residents and their representatives are generally satisfied with the way in which the home’s staff manage resident behaviours of concern.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s recommendation

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all residents. The staff assess residents’ mobility and dexterity needs and develop an individual care plan in consultation with the resident and their representative. The home’s physiotherapist reviews referred residents and develops a program for the resident. An exercise class is run by the physiotherapy aide or activity officer and residents are encouraged to attend. The environment is kept safe to decrease the risk of falls. Handrails are throughout the home, corridors’ are free of clutter, staff supervise and assist residents to mobilise and residents are encouraged to use their mobility aids. All staff in the home attend training on manual handling. Residents and their representatives said they are satisfied with the care provided.

2.15 Oral and dental care

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

Team’s recommendation

The home meets this expected outcome

Residents’ oral and dental health is maintained. Residents are referred and assisted to access dentists and dental technicians when required. Oral health care is monitored daily by

care staff during teeth and denture cleaning. The day-to-day oral care is attended as per residents care plans with residents being encouraged to brush their own teeth or dentures to maintain their independence. Aids to maintain dental hygiene include toothbrushes, toothpastes and mouth swabs. Residents said that staff assist them to maintain their oral and dental hygiene.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

The home meets this expected outcome

Residents’ sensory losses are identified and managed effectively. Residents have access to specialist services including speech therapy, audiology and optometry. Residents said staff assist them in cleaning their glasses, fitting their hearing aids and replacing the hearing aid batteries. The physical environment is set up to assist residents with sensory impairment and includes safe walking areas, clear corridors, hand rails along the corridor and grab rails in the bathrooms. Care and activity staff said they assess residents’ sense of taste, touch and smell through their sensory and activity programs. Activities such as hand massage, relaxing music, aromatherapy, the use of soft fabrics, tactile books, large print resources and craft provide sensory stimulation. Residents said they are satisfied with the manner in which the home identifies and manages their sensory loss.

2.17 Sleep

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

Team’s recommendation

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. The home conducts a sleep assessment if the resident is having difficulties sleeping. The care plan records the residents preferred waking and settling times and preferences’ relating to sleeping. Care staff reported that if residents are having difficulty sleeping, staff will offer warm drinks, assist the resident to the toilet or provide reassurance to promote relaxation and sleep. The home also uses strategies such as dimming the lights, answering buzzers promptly and ensuring noise is at a minimum. Residents advised they are satisfied with the home’s approach to sleep management.

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

For details of the home’s systems for actively pursuing continuous improvement please refer to expected outcome 1.1 Continuous Improvement.

Recent improvements in Accreditation Standard Three include:

- Reviewing the lifestyle program and introducing a new social profile assessment and evaluation tools. As a result the needs and interests of the resident are better identified and the activities program better reflects the needs of the residents.
- The resident satisfaction survey conducted in April 2012 identified opportunities to improve the lifestyle program. As a result new activities have been added and the meals and menu have been altered to provide more variety and alternatives. Residents interviewed are happy with the changes.
- Updating the residential care service agreement by making a provision for a resident’s representatives to sign the document, including a disclosure statement and ensuring all relevant terms and clauses are current. As a result there is a current and reliable residential care service agreement across the organisation which better reflects the legislative requirements.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard Three include:

- All residents and representatives were notified in advance of the home’s accreditation site audit and dates.
- Residents’ agreements provide information regarding security of tenure and financial arrangements. The Charter of Residents’ Rights and Responsibilities is displayed in the home and is also included in residents’ agreements via the resident pack on entry to the home.
- To ensure confidentiality of residents’ personal information, all records are securely stored.

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Management plan to conduct education in relation to Standard Three in the near future.

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 recommendation

The home meets this expected outcome

Residents expressed appreciation to staff for the support and assistance staff provide during their entry to the home and the subsequent settling in period. An assessment of residents' specific needs and preferences is undertaken on entry to the home including their social history. This information is then used to formulate individualised care plans. Residents are orientated to the home and care and activity staff spend extra one-on-one time with residents during the settling in period. The community visitors' scheme is also used to provide support for residents who have few visitors. Residents said they are provided with appropriate emotional support and feel the staff are supportive in helping them to adjust to their new life within 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 recommendation

The home meets this expected outcome

Residents said they are satisfied with the opportunities available to them to participate in the life of the community. Residents are actively encouraged to participate in local community activities. Staff and residents cited several examples of residents attending local events and facilities with family members or carers. Community groups attend the home as part of the activity program. Volunteers attend the home to assist residents engaging in activities and special events. Residents wishing to maintain their civil duties are assisted to vote at election times. A newsletter and the activity program keeps residents informed of events in the home and newspapers are available to residents if they wish this service.

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 recommendation

The home meets this expected outcome

Residents and resident representatives reported that residents' privacy and dignity and confidentiality is respected at all times. Staff respect the privacy and dignity of residents by knocking and waiting for permission before entering residents' rooms. The home has single rooms with ensuite bathrooms and staff ensure the bedroom door is closed when resident care is being conducted. Information about residents is securely stored and only accessible to authorised personnel. Staff and volunteers sign a confidentiality agreement on commencement in the home. There are private areas provided where residents may entertain family and friends.

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 recommendation

The home meets this expected outcome

Residents expressed satisfaction with the activity program offered by the home. Staff use an assessment process that captures residents' social histories and leisure preferences. The monthly activity programs which include special events, take into account residents' preferred activities and significant cultural days. The program includes a mix of group and individual activities. Activities are modified as necessary to optimise residents' enjoyment and participation. Activity officers are responsive to the feedback that residents provide at resident meetings, through surveys and during informal discussions.

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 recommendation

The home meets this expected outcome

Residents reported they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and customs are identified in the assessment process on entry. Current residents at the home are predominantly of English speaking background. An interpreter service is available in the community should one be needed. Cultural and spiritual needs are considered when planning clinical care. Specific cultural days such as Australia Day, St. Patrick's Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents and representatives expressed appreciation for the efforts of staff to entertain the residents on these occasions. A number of religious clergy hold services at the home and residents are invited to attend if they wish to do so.

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 recommendation

The home meets this expected outcome

Residents reported satisfaction with the choices available to them at the home. Participation in group activities is the choice of the resident and they are asked to choose how they wish to spend time with activity staff. Residents have personalised their rooms with memorabilia and items of their choosing. Residents and representatives participate in decisions about the services residents receive through discussions with staff, resident meetings, surveys and through the comments and complaints processes. Feedback about matters raised is provided at residents' meetings. Residents expressed satisfaction with the actions taken by management on matters raised and their responsiveness to requests.

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 recommendation

The home meets this expected outcome

The home has systems to ensure residents and their representatives understand their rights and residents have security of tenure within the home. A resident agreement is offered to all residents at the time of entry to the home to formalise occupancy arrangements. The resident handbook and agreement outlines the care and services provided by the home and associated costs are discussed at the time of entry. Security of tenure is also addressed in the resident agreement and handbook and any room changes within the home are only done after consultation with the resident and/or their representative. Residents and representatives expressed awareness of their rights and responsibilities and are satisfied with the manner in which the home manages security of tenure.

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

For details of the home’s systems for actively pursuing continuous improvement please refer to expected outcome 1.1 Continuous Improvement.

Recent improvements in Accreditation Standard Four include:

- Introducing an employee assistance program which provides education, short-term counselling for issues either work related or personal, which are affecting the employee’s ability to fulfil their role to their optimum capacity.
- Establishing an evacuation pack and process that includes resident information, a helmet, vests and first aid kits. The disaster plan to be developed will identify external evacuation facilities. Staff now have a resource with current information about resident’s health and mobility status and ready for use in the event of a fire emergency.
- New outdoor furniture and removing old furniture. The maintenance of this furniture is placed on the cleaning schedule. The new furniture is safe to use and appropriate for the residents.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard Four include:

- The home has a current New South Wales Food Authority Licence to prepare and serve food to vulnerable populations.
- The home has a current annual fire safety statement.
- The home meets the requirements for implementation of changes under the Workplace, Health and Safety Act 2011.

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard Four include:

- Fire safety
- Infection control
- Food safety
- Manual handling

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

Environmental audits are used to monitor safety and comfort. Residents are accommodated in single rooms with ensuite facilities. The residents' rooms are furnished with personal belongings and mementos. There is a communal dining room and lounge rooms in addition to smaller sitting areas where residents and relatives can enjoy a more private atmosphere. The outside courtyard is covered which allows for outdoor activities and events. There is a system of corrective and preventative maintenance. Residents and representatives are satisfied with the safety and comfort of the living environment including their rooms, and the communal areas.

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 can demonstrate they provide a safe working environment for residents, staff and visitors. An occupational health and safety committee meets on a regular basis to discuss environmental issues and/or concerns. Hazard reporting processes and environment monitoring occurs and records shows management are responsive to identified hazards. Manual handling education is provided to staff annually and the individual responsibility to ensure a safe working environment is discussed with new staff on employment. Policies, procedures and regulatory guidelines were observed to be accessible to staff and staff said they are satisfied with the home's approach to occupational health and safety. Staff incidents are documented, investigated and monitored. Staff state that management responds appropriately to staff injuries.

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

Staff are aware of fire safety, security and other emergency procedures. There are emergency procedure manuals and standard fire orders displayed throughout the building. The home conducts fire safety training with further discussion and training if deemed necessary. Management are ensuring all staff complete the required mandatory training annually. Fire exits are clear of obstruction while maintenance and inspection records for the fire system, extinguishers and emergency lighting are up to date. There is an evacuation pack and a current list of residents which details mobility status. Chemicals are stored appropriately in locked areas and current material safety data sheets are accessible by staff. There are processes in place for other security and emergencies.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The infection control program at the home includes policies and procedures, education, and monitoring of infection rates. The incidence of resident infections is monitored and regular clinical and environmental audits occur including temperature control checks. Infection control education is provided as part of the annual mandatory training and included in the orientation program for new staff. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible and staff demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Outbreak kits, spill kits and sharps containers, personal protective clothing and equipment, and hand hygiene facilities are available throughout the home and processes are in place for the disposal of contaminated waste. Catering staff comply with food safety guidelines and cleaning staff use a system of coloured cloths and mops to ensure infection prevention.

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 home has systems and processes to enable the provision of hospitality services that enhances residents' quality of life. All meals are prepared at the home. There is monitoring of fridge and freezer temperatures. A menu, with input by a dietician, acknowledges each resident's preferences, likes and dislikes and other dietary and modified dietary needs and considerations. Schedules are used for cleaning duties and staff adhere to infection control procedures and practices resulting in a clean and tidy home. All linen and residents' personal laundry is provided with personal items labelled and taken to the laundry daily, workflow and infection control policies and practices are adhered to and systems are in place to monitor laundry items. Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home.