



Aged Care
Standards and Accreditation Agency Ltd

Lynvale Nursing Home

RACS ID 2515
7-9 Lynvale Close
LANE COVE NSW 2066

Approved provider: The Uniting Church in Australia Property Trust
(NSW)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 6 September 2015.

We made our decision on 24 July 2012.

The audit was conducted on 13 June 2012 to 14 June 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Lynvale Nursing Home 2515

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 13 June 2012 to 14 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:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 13 June 2012 to 14 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:	Alexander Davidoff
Team member/s:	Anne Ericsson

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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Details of home

Name of home:	Lynvale Nursing Home
RACS ID:	2515

Total number of allocated places:	74
Number of residents during audit:	69
Number of high care residents during audit:	69
Special needs catered for:	Dementia: 16

Street/PO Box:	7-9 Lynvale Close	State:	NSW
City/Town:	LANE COVE	Postcode:	2066
Phone number:	02 9411 0200	Facsimile:	02 9413 4172
E-mail address:	annew@nsr.unitingcare.org.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	15
Area manager	1	Recreational Activity Officers	2
Executive manager care	1	Physiotherapist	1
Manager learning and development	1	Chaplain	1
Registered nurses	2	Physiotherapy aide	1
Care staff	8	Regional nurse educator	1
Deputy Director of Nursing	1	Property and services manager	1
Clinical Pharmacist	1	Maintenance manager	1
Regional human resource manager	1	Regional volunteers coordinator	1
Regional WHS manager	1	Catering contractor representative	1
Cleaning and laundry contractor representative	1	Cleaner	1
Chef	1		

Sampled documents

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

Other documents reviewed

The team also reviewed:

- Audits and benchmarking reports, audits program
- Clinical monitoring records including: bowel charts, weight and blood pressure
- Complaints register
- Computerised maintenance logs system
- Computerised preventative maintenance scheduling system
- Continuous improvement plan
- Drugs of addiction register
- Emergency procedures flip charts
- Emergency recovery plan
- Environmental inspections schedule
- External complaints and resident advocacy brochures

- External contractors' agreements
- Food safety plan
- Improvements to Diversional Activities over the past 12 months August 2011/201
- Incidents documentation (electronic)
- Induction information for contractors
- Kitchen temperature records for food and appliances, and cleaning schedules
- Lynvale Social and Recreation Calendar June 2012
- Mandatory education attendance records
- Memoranda, communication diaries, daily worksheets
- Minutes of meetings
- NSW Food Authority licence
- Nurse call bells audits
- Orientation checklist for agency RN staff
- Orientation program checklist
- Pain management therapy folder
- Physiotherapy treatment folder
- Police checks registers
- Policies and procedures
- Recreational Activity Resource folders: Resident Consent and Social Profile, Residents Participation 2012 Records, Social Calendar 2012, Special Activities 2012 , Resident Surveys, Entertainers Recreational Lifestyle Handbook, Residents Outings 2012
- Regional orientation program
- Regional training calendar June 2012
- Register of reportable incidents
- Registration records for professional staff
- Resident admission pack
- Resident agreement
- Resident care plan treatments folder/care plan review (June 2012)
- Resident dietary needs records
- Residents' information handbook
- Residents' vaccination list
- Residents' survey
- Restraint folders
- Safe Work Methods
- Schedule of meetings
- Staff appraisals
- Staff handbook

- Staff training records
- Statement of mission, vision and values
- Suggestions Improvements folder
- Thermostatic mixing valves temperature records
- Wound folders containing wound management care plans

Observations

The team observed the following:

- Activities in progress, activity resources
- Activity boxes in the dementia area
- Blood glucose testing equipment/emergency equipment diabetic box
- Call bell system and staff responding promptly
- Continence products and storage
- Equipment in use and in storage
- Evacuation charts
- Fingernail kits (individual boxes)
- Fire safety equipment and emergency exits
- Infection control resources including: hand washing stations, automatic antiseptic gel dispensers, notices and outbreak box, waste management
- Information noticeboards
- Internal and external comments and complaints forms and advocacy brochures on display
- Internet access for residents
- Kitchen and food storage areas
- Laundry and cleaners' room
- Living environment, internal and external
- Medication administration round: medication storage and trolleys
- Midday meal service including the meal presentation, staff assistance and supervision
- Monthly menu displayed
- Photographs of resident activities on display
- Resident evacuation kit
- Secure storage of information
- Sign in and out books
- Staff work practices, interactions with residents and representatives
- Translating and interpreting service poster displayed
- Wound trolleys, wound care resources

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure that improvement activities are identified, actioned and evaluated for effectiveness. Improvement activities are identified through a range of systems involving residents, representatives, staff and management. These systems include suggestions logs, a system of audits (including benchmarking), surveys, meetings, comments and complaints feedback, accidents/incidents documentation system and monitoring of clinical indicators. Improvements may also be identified through management observations, group initiatives and as a result of regulatory changes and changing resident needs. Identified improvement activities in the home may be actioned directly by management or may be planned and monitored to completion and evaluation through suggestion forms, meetings and the continuous improvement action plan. Examples of improvement activities relating to Accreditation Standard One include the following:

- The home implemented a new electronic incidents documentation system which has an improved capacity to record staff related incidents as well as the resident incidents. The system also has a capability to monitor complaints data, and this will be implemented after the security of information access is improved.
- The home installed a computer in the staff room to allow staff access to their payroll information. The initiative received a positive response from staff who are now able to quickly obtain information and are able to ensure that the system contains correct information.
- The Region has implemented a website which maintains policies, procedures, document formats and other relevant information. This allows ready access to the current information and reduces paper documents and their updating. The site has also links to the group website and other external websites.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has procedures in place to identify and ensure compliance with changes in relevant legislations, professional standards and guidelines. The home is a member of a peak aged care organisation and of a legislative update service. The home also receives information on legislative requirements and regulatory changes from government departments and agencies, industry publications, consultants and professional networks.

Regulatory information is communicated within the home through memos, meetings, and orientation and education sessions as appropriate. Policies and procedures are updated as required. Regulatory compliance within the home is monitored by management observations, audits, and accident/incident and complaints systems. Specific examples of regulatory compliance relating to the Accreditation Standard One include the following:

- The home has policies and procedures for mandatory reporting of allegations of elder abuse and education is provided to staff.
- The home notified residents/representatives in the home of the forthcoming Accreditation site audit and informed them of an opportunity to have an interview with the assessment team.
- Procedures are in place to monitor the availability of current police checks for staff, volunteers and contractors visiting the home. Visa status of staff is also monitored where relevant.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to provide management and staff with appropriate knowledge and skills to perform their roles effectively. The regional and in-house induction programs for new employees ensure they are aware of the essential policies, procedures and practices. The education program is co-ordinated by the regional learning and development function and is based on the training needs survey, resident care needs, staff feedback, quality monitoring systems, incidents/accidents system, management observation of staff practices, and regulatory requirements. Staff are supported to improve their qualifications. Records are maintained of staff education activities. Staff interviewed said they are generally provided with sufficient and appropriate education and training to perform their roles effectively. Residents interviewed consider staff to be generally adequately trained. Examples of education activities relating specifically to the Accreditation Standard One include staff education on bullying and harassment and discrimination, dealing with complaints, and training provided to staff on the use of the electronic maintenance logs and incidents systems.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home provides access to the complaints mechanisms for residents and their representatives through a suggestions box and suggestions forms, resident/representative meetings, surveys and verbal communications to management and staff. Information on complaints mechanisms is displayed in the home and is included in the resident handbook and the residential care agreement. The home maintains a complaints register and a consolidated register of reportable incidents is in place. Residents/representatives interviewed stated that they are generally satisfied with the complaints mechanisms available to them and would be prepared to make a complaint if needed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has clearly documented vision, mission and values statements which outline the home's commitment to quality resident care, and which are displayed in the home. The values expressed in these statements are promoted in management and staff practices, and are contained in the staff and resident publications.

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 policies relating to human resource management and position descriptions are in place. The care staff in the home generally have Certificate III or higher qualifications in aged care, with a number of staff upgrading their qualifications under programs supported by the home. Registered nurses are available to oversee resident clinical care 24 hours a day. Staff performance appraisal system is in place and staff competencies are tested. Care staff work allocations reflect resident care needs. Staff absenteeism and leave in the home are covered generally by the use of casual staff and additional shifts of permanent part time staff. The home monitors registrations of professional staff, and a system is in place to check staff criminal records. Staff interviewed said they have adequate skills and that staff numbers are generally adequate to provide quality service to residents. Residents/representatives interviewed are satisfied with the attitude and responsiveness of staff and adequacy of care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has adequate stocks of equipment and goods to provide quality service delivery to residents. Equipment needs are identified through management observations, maintenance and other staff feedback, improvement suggestions, and monitoring changes in resident care needs. The group has assessment criteria for new equipment and new equipment is generally trialled within group facilities. Preventative maintenance of equipment is generally implemented by external contractors. Responsibilities for ordering medical, catering and other supplies are clearly allocated and appropriate procedures are in place. Staff interviewed said the home has adequate levels of equipment and supplies to provide quality resident care and that maintenance and repairs are completed as 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

The home maintains records relating to resident care which include assessments, care plans and progress notes, medical records and other clinical records which provide information to staff to help them perform their roles effectively. Residents are provided with the residential care agreement and a residents' handbook and other entry information which explain aspects of entry to and life within the home. Other information systems include documentation of incidents/accidents, medication incidents and infection incidents, shift handovers, communication books, resident and staff meetings and noticeboards. The group intranet is used to maintain policies and procedures, document formats and other information. Confidential information is securely stored and computer access is password protected. Procedures for archiving and destruction of documents are in place. Residents and staff interviewed by the team are satisfied with the information systems in the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home sources external services in a way that meets the home's needs and service goals. Services to the home are provided by approved contractors, and the contractors' insurances, licences and police checks are monitored at regional level. Performance of external service providers is monitored through management observations and resident and staff feedback. Contractors are provided with the guidelines information regarding the expected performance standards when working in the home. Procedures are in place to contact external service providers after hours. Residents and staff interviewed are satisfied with the performance of the external contractors in 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

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Two include the following:

- The home has accessed a mobile dental service which can visit the home and provide the required treatment to residents in the mobile van. The process simplifies providing oral/dental treatment to residents, eliminating the need to organise visits to outside dentists and technicians.
- Following a suggestion from the service provider, the home now receives the X-ray photographs from the mobile X-ray service in the form of a DVD. This simplifies storage of the X-rays and allows ready transmission of the information to doctors via e-mail.
- The home identified that residents with swallowing difficulties were not always provided with the most appropriate food texturing of their meals. Education was provided to catering staff and senior care staff by a dietician on the range of options available to ensure that that resident enjoyment of meals is maintained while their safety is not compromised.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Two include the following:

- The home provides continence aids and toiletries to residents receiving high level care in accordance with legislative requirements.
- The home monitors professional registrations of registered nurses working in the home.
- The home has in place storage, administration and record keeping procedures in line with the Poisons and Therapeutic Act 1966.

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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Two include continence, skin care protocol, nutrition and hydration, oral and dental care, pain management, and behaviour management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents receive appropriate clinical care. All aspects of residents’ care needs are assessed by a multidisciplinary team following entry to the home. Care is planned, delivered and evaluated with the input of staff, other health professionals, residents and/or their representatives. Any changes to residents’ condition or care needs is communicated to staff by verbal handovers, daily handover sheets, communication diaries, progress notes and care plan updates. The home has established networks with clinical support services who will visit the home and arrangements are in place to ensure residents have access to after hours medical treatment or transfer to hospital if required. Care staff demonstrate positive attitudes toward their work, a good understanding of the tasks required of them and the importance of the care of residents. Residents/representatives expressed a high level of satisfaction with the care provided and confirmed staff are very caring.

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

There are systems to ensure residents’ specialised nursing care needs are met; this includes educating staff to the appropriate level to deliver specialised care and ensuring trained staff and equipment are available. Care is carried out by registered nurses and care plans contain strategies to meet residents’ specialised needs. The home provides care for residents with specialised nursing care needs such as enteral feeding, blood glucose monitoring and management of insulin dependant diabetics, complex wound dressings, and care of indwelling and supra pubic catheters. Staff at the home access services of specialists and use resources from the local area health service. They are provided with education and training in specialised nursing procedures. Residents/representatives expressed satisfaction with the management of residents’ specialised care 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 to other health and related services are planned and consistent with residents’ ongoing needs and preferences. A number of health related services visit the home. These services include acute/post acute care (APAC), aged care response team (ART), palliative care and psychogeriatric professionals. Residents’ care plans are updated to reflect changes or recommendations in care delivery following referrals and the registered nurse monitors care to ensure changes are effective. Residents are assisted with appointments and transportation to external health specialists. Residents/ representatives confirmed they have access to external health providers and are 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 an efficient and effective system to ensure residents’ medication needs are identified and residents’ medication is managed safely and correctly. Registered nurses administer all medication at the home. Medications are stored and administered in a safe and correct manner and changes in medications are communicated and supplied in a timely way. Medication management, policies and procedures are in place to ensure that medication orders are current and reviewed regularly by medical officers and pharmacists. Medication incidents are monitored through the incident reporting system. Residents/representatives are satisfied with the home’s monitoring and management of residents’ medication.

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

Pain assessments are carried out when residents move into the home and are reviewed if the residents’ pain level changes. A pain assessment visual scale is used to monitor the efficacy of pain management strategies. Pain management interventions are implemented and recorded on care plans. Interventions to manage pain include analgesia, massage, position change, passive exercise, hydrocollator packs, one on one time, diversion activities and alternative therapies. If the level of pain changes or the strategies are no longer effective further assessments are undertaken. The physiotherapist and the home’s physiotherapy aide assist with interventions for residents who experience ongoing pain. Advice can also be obtained from palliative care professionals from the local area network. Residents/ representatives confirm staff assist residents to be as free as possible from pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a system to provide and maintain the comfort and dignity of terminally ill residents. Advanced care is discussed with residents and families to enable staff at the home to implement the resident’s wishes and care requirements. Decisions regarding management of terminally ill residents are made in consultation with the residents and/or representatives and medical officer. Staff have education on the use of specialised equipment and are able to access palliative care health professionals from the local area network. Pastoral care is offered and provided for palliating residents and their representatives. Consultation with the resident and/or representative and their medical practitioner assists with the palliation of residents.

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 demonstrates a system to ensure residents’ nutrition and hydration needs are assessed, documented and regularly reviewed. Resident dietary needs, preferences and allergies are recorded and communicated to the kitchen staff and special diets are catered for. Residents are encouraged to eat lunch and dinner in the dining room and nutrition is monitored by supervision and observation. Resident weights are recorded monthly, more frequently if there is a concern. Residents who display swallowing difficulties are referred to a speech pathologist. Residents have a choice of meal and are encouraged to maintain hydration with drinks provided at mealtimes. Supplements and modified textured food are provided when a nutritional deficit is identified. The menu is displayed and residents/representatives say they are happy with the food.

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

There are systems to assess and monitor residents’ skin integrity on their entry to the home and on an ongoing basis. Residents receive individual routine skin, hair, hygiene and pressure area care. External providers such as podiatry, hairdressing and referral to wound/skin specialists are available and accessible. Staff receive education in wound management and described the system for reporting changes in skin integrity. Preventative action is taken where indicated. Pressure relieving equipment including air mattresses and limb protectors are available for use as required. Ongoing wound management is overseen by the medical officer and attended to/monitored by a registered nurse. Residents/representatives expressed satisfaction with the care provided to them to maintain their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively, following a continence assessment on entry to the home, regular review and evaluation. Individualised toileting regimes are maintained for as long as possible for residents. Care plans identify strategies to assist in managing residents’ continence and bowel regimes. There is an effective system for the management of continence aids for residents with intractable incontinence. Staff demonstrated an understanding of how to identify urinary tract and bowel infections and the management of residents’ changing urinary/continence requirements. Continence management is included in regular education sessions for staff at the home. Residents/representatives expressed satisfaction with the management of 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 a system to effectively manage the needs of residents with challenging behaviours. Care plans are formulated for residents’ with challenging behaviours, identifying triggers and intervention strategies. Consultations with residents and resident representatives, staff members, medical practitioners and/or other health professionals are attended as required. The activity program provides for specific one to one time, music and singing and small group activities for residents with challenging behaviours. Activity boxes are available for use at all times in the dementia specific area. Staff were observed to interact with residents in a caring and calming manner. Residents/representatives said that effective behaviour management strategies are used by staff for residents with challenging behaviours.

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

An initial manual handling assessment is attended and an individualised care plan is formulated to ensure optimum levels of mobility and dexterity are achieved for residents. The physiotherapist oversees individualised programs and mobility care plans are updated three monthly or when there is a change in the residents’ level of function. The physiotherapy aide attends one on one care with residents, including assistance with mobility, hydrocollator packs and massage. Residents were observed participating in group exercises. Mobility aids and lifting devices are available for residents requiring them. Staff are provided with education on manual handling and assessed annually. Residents/representatives said they are satisfied with the mobility program and the assistance residents receive from staff.

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's system for ensuring that residents' oral and dental health needs are identified on entry to the home and are regularly maintained includes consultation with the resident and their representatives. Staff interviewed demonstrate knowledge of policy and practice in relation to the oral and dental care provided at the home including the cleaning of teeth and oral health care. Residents with their own teeth are encouraged, prompted and supported to undertake oral hygiene and teeth brushing. Residents and resident representatives indicated satisfaction with the care and services provided in relation to dental care. Dental services visit the home and residents are assisted should they need to visit a dentist in the community.

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 identify and effectively manage residents' sensory losses. Assessments of residents' sensory needs are undertaken on entry to the home and when there is a change in a resident's condition. Residents who are identified as having sensory deficits, for example, requiring glasses or hearing devices have management strategies documented in their care plans and are assisted to access services or equipment that will support them. Referrals are made to specialist services as required. Activities provided to assist residents with sensory losses include music, craft, large print books and a mobile sensory garden. Staff demonstrate the knowledge and skills to manage residents' needs as confirmed by residents/representatives.

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

Strategies are in place to assist residents to achieve natural sleep patterns. On entry to the home a past history of resident's sleep routines is obtained from the resident and/or their representative. Interventions to support residents' sleep include: offering of warm drinks or snacks, appropriate continence management, pain management and night sedation if ordered by a medical officer. Specialised pressure relieving mattresses are available to assist with residents' comfort. Staff confirmed and care plans reviewed demonstrate the various ways in which residents are supported to maintain their preferred sleep routines. Residents state the environment is quiet at night and that staff use a range of strategies to assist them to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Three include the following:

- The home has a substantial proportion of male residents, and the recreation program was reviewed to include men only activities such as trips, and showing of movies that may appeal to men. The home also subscribes to a sports TV channel to allow viewing of football games.
- Following increasing frailty of residents in the home the recreation activities staff have increased one to one interactions with residents who are not able to attend group activities.
- The recreation activities staff have conducted one to one discussions on resident rights and responsibilities with residents who are cognitively alert.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to resident lifestyle. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Three include the following:

- Staff in the home undertake to maintain confidentiality of residents’ information and residents are provided with information on their rights and responsibilities.
- Residents provide consent for collecting and use of their personal information.
- Residential agreements are in place. The agreements provide a 14 day cooling off period, information on the care and services, security of tenure and disputes resolution procedures.

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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Three include residents' rights and responsibilities, and consent and capacity. One care staff member has completed a Certificate IV course in leisure and lifestyle.

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

Staff at Lynvale Nursing Home recognise the importance of providing emotional support for new and existing residents. Information is collected on entry and documented on care plans and social profiles, which reflect resident wishes, interests and emotional needs. Information in relation to feedback from residents/representatives is gained through individual discussions, family conferences, clinical assessments, and resident and relative meetings. Interviews with management and staff confirmed that all staff are encouraged to spend time talking, comforting and supporting residents. Residents have personalised their rooms with family photographs and personal items. A review of care plans demonstrates a clear understanding of each resident's individual needs in relation to emotional support. Management has an open door policy and meetings with residents and family can be initiated at any time. Observations of staff interactions with residents showed warmth, respect, empathy and understanding. Residents/representatives provided very positive comments regarding the way the staff make them feel welcome and the ongoing support they receive.

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 an environment that encourages residents to maintain independence and friendships and participate in the life of the community within and outside the home. Individualised care plans are developed by the multidisciplinary team to promote a program of planned activities and events that supports residents' independence. Residents, who are able, are actively encouraged to maintain independence in areas such as decision-making, personal hygiene and attendance at activities. Residents able to mobilise have access to secure outdoor enclosed courtyards and these areas are available for residents to entertain family and friends. Residents/representatives state they are supported by the home to maintain their independence and the home provides a welcome environment for visiting resident representatives and community groups.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents and their representatives said staff recognise and respect residents' rights to privacy, dignity and confidentiality. Residents' privacy, dignity and confidentiality are discussed during orientation and systems and processes ensure each resident's personal information is stored securely. Information on rights and responsibilities is provided to residents and representatives and staff. The home demonstrates a system to gain consent from residents and representatives to display or publish photographs, celebrate birthdays and/or disclose any personal information. Staff were observed knocking on doors before entering residents' rooms. Residents/representatives confirm staff treat them in a dignified manner and with respect.

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

Lynvale Nursing Home provides a lifestyle program covering a wide range of interests for residents. Residents are supported to participate in group and individual activities, regular outings, celebration of special events, bingo, physical activities and visiting entertainers. Residents are informed of the daily activities by the activity calendar and verbal prompts. Residents who choose not to attend activities are offered individual options and one on one visits by activity staff. Bus outings occur regularly at the home for those residents able to participate. The activity program provides for residents with a number of deficits such as memory loss, dementia, physical impairment, visual and hearing loss. The social profile is developed, reviewed and evaluated following individual discussions with residents and representatives, requests, suggestions and input from resident meetings. Residents were observed engaging in a variety of activities during the site re-accreditation audit. Residents/representatives said they enjoy a happy and homely lifestyle at the home.

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

Staff demonstrated resident's individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered at Lynvale Nursing Home. There are systems and processes to incorporate resident's individual interests, into the home's day to day activities. The chaplain provides a person centred approach at the home for residents, their representatives and staff. Church services are held onsite and residents are visited in hospital. Days of cultural, religious and personal significance are celebrated at the home. Staff have access to information in appropriate languages. Residents/representatives confirmed residents are encouraged and supported to continue with their own interests. Residents are happy with the way the home values and supports their cultural and spiritual needs.

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

Interviews with residents and resident representatives identified that residents are satisfied with the choices available to them. The systems in the home offer residents choice and control over their lifestyles through case conferencing meetings, one to one feedback, care plan reviews and resident and relative meetings. Information is also provided in the resident and relative handbook. Residents can choose to participate in activities of their choice and furnish their rooms with their own belongings. Residents and their representatives are supported and encouraged to participate in decisions regarding personal care, meals, cultural and spiritual life and health care. Residents/ representatives confirm staff actively support residents in maintaining their right to make their own lifestyle choices and decisions. Residents' choice not to participate in activities and events is also 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

Management ensure that residents and representatives in the home are provided with information about security of tenure and residents understand their rights and responsibilities. Documentation provided to all new residents and family includes a resident handbook and a resident agreement which explains the conditions under which a resident may be transferred, conditions for ending the agreement, and complaints resolution procedures. The documentation also includes information regarding the Charter of residents' rights and responsibilities, and lists specified care and services provided by the home. Information on resident advocacy and complaints mechanisms is displayed in the home. Residents interviewed generally feel secure in their 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

- Following several needle stick incidents the home has removed all standard syringe needles and replaced them with retractable needles for improved occupational safety of staff.
- Following a report on a fire drill in December 2011 the home installed a mimic fire panel on the level 3. The panel would indicate to staff on this level the location of the fire in case of emergency, thus allowing quicker appropriate response.
- The regional OHS committee identified a potential for wrist injury from operating the manual medications pill crusher. The home purchased two electric pill crushers to replace manual devices.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an effective system in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Four include the following:

- The home has a current annual fire safety statement.
- The home has a licence from the NSW Food Authority under the regulations on Food Preparation and Service for Vulnerable Persons, and a food safety plan is in place.
- The home is implementing the new regulations relating to work health and safety.

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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education activities relating to Accreditation Standard Four include mandatory education on fire safety, manual handling and infection control, and food safety training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Residents in the home are accommodated in single and double rooms some with en suites. The accommodation is located on two levels connected by a lift. The home has a number of lounge/recreation areas, a dining room, and outdoors patios and courtyards. The common areas of the home are air conditioned. The home has corridors with level floor surfaces, good lighting and handrails, and all common areas are easily and safely accessible to residents. There is a secure dementia specific wing accommodating residents who are independently mobile. The home was noted to be well maintained, clean, free from odour and with low level of noise. External doors are alarmed and a lockdown check is in place in the evening. A CCTV installation monitors the external areas of the home. The home is serviced by a maintenance team and maintenance request logs are in place. Assessment of safe and comfortable environment in the home includes environment audits and a resident survey. Residents/representatives interviewed are satisfied with the living environment in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems in place to provide a safe working and living environment for residents and staff. There are two safety representatives and the manager attends the work health and safety committee at the regional level. New staff induction includes manual handling and other occupational health and safety aspects, and annual manual handling training is mandatory for staff. The home has an accident/incident documentation system and hazards recording, and resident manual handling plans are in place. Environmental audits are completed and material safety data sheets are in place. Staff said that the home has adequate stocks of equipment and supplies to ensure occupational health and safety when providing resident care. Staff interviewed are satisfied with the safety of the working environment in the home.

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

Fire safety systems in the home include orientation in fire safety for new staff, annual fire safety training which is mandatory for all staff, and a resident evacuation kit. Fire equipment is maintained by external contractors and its location, and the location of the emergency exits, are clearly marked and were observed to be free from obstructions. Evacuation charts are located throughout the home. Emergency procedures flip charts are located at the telephone stations. Fire safety component of the environmental audits assists in maintaining a secure and safe environment in the home. Residents interviewed feel safe in the 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 has an effective infection control system which includes policies and procedures including outbreak management procedures, audits, staff induction and the use of personal protective equipment. Infection control education is provided to staff. Spills kit, sharps disposal containers, and contaminated waste disposal are in place. Incidents of infection are documented. Residents are offered influenza vaccinations. Staff interviewed demonstrated they are aware of infection control procedures. Staff also stated they are given adequate education on infection control and have access to adequate stocks of personal protective equipment. A food safety plan is in place and the temperatures of delivered foodstuffs, cooked meals and kitchen appliances are monitored. The home has the NSW Food Authority licence under the Vulnerable Persons Act. Procedures are in place for handling contaminated linen. Cleaning procedures are in place for the cleaning staff. Colour coded equipment is used to reduce the risk of cross contamination. The staff in the home were observed to be using appropriate personal protection equipment in the performance of their duties. The home has services of a pest control contractor.

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

Meals in the home are cooked fresh on site according to a rotating four week menu which has been reviewed by a dietician. The menu provides choices for the main meals, and special meals can be provided to residents with particular requirements such as diabetic, gluten free, vegetarian, texturing of meals and thickening of fluids, and for those with other special requirements or preferences. Modified crockery and cutlery is available to promote resident independence if needed. Residents have meals in the dining room, the lounge area or in their room and are provided with assistance as needed at meal times. Resident feedback on catering service is obtained through direct contact with the chef, the resident meetings, resident surveys and through the comments and complaints system. Residents interviewed by the team are satisfied with the catering service in the home. Residents' personal items are washed in the home's laundry, and are returned to their rooms folded. The bed linen is sent outside for laundering. The home's cleaning is done by an external contractor, with cleaners working 7 days a week. The standards of cleaning are monitored through management observations and staff and resident feedback. Residents interviewed by the team are satisfied with the laundry services, and the cleaning of their rooms and communal areas.