



Aged Care
Standards and Accreditation Agency Ltd

Martyn Claver Nursing Home

RACS ID 2310
200 Megalong Street
LEURA NSW 2780

Approved provider: Siena Management Services Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 19 November 2015.

We made our decision on 18 October 2012.

The audit was conducted on 11 September 2012 to 12 September 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

Martyn Claver Nursing Home 2310

Approved provider: Siena Management Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 11 September 2012 to 12 September 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 11 September 2012 to 12 September 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: | Hiltje Miller |

Approved provider details

| | |
|--------------------|---------------------------------------|
| Approved provider: | Siena Management Services Pty Limited |
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Details of home

| | |
|---------------|----------------------------|
| Name of home: | Martyn Claver Nursing Home |
| RACS ID: | 2310 |

| | |
|---|-----|
| Total number of allocated places: | 46 |
| Number of residents during audit: | 45 |
| Number of high care residents during audit: | 45 |
| Special needs catered for: | N/A |

| | | | |
|-----------------|---------------------------------|------------|--------------|
| Street/PO Box: | 200 Megalong Street | State: | NSW |
| City/Town: | LEURA | Postcode: | 2780 |
| Phone number: | 02 4784 1281 | Facsimile: | 02 4784 1056 |
| E-mail address: | fsm.martynclaver@bcphhealth.com | | |

Audit trail

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

Interviews

| | Number | | Number |
|-------------------------------------|--------|---------------------------------|--------|
| Managing director | 1 | Residents/representatives | 14 |
| Executive director of care services | 1 | Recreational Activities officer | 2 |
| Director of Care Services | 1 | Laundry staff | 1 |
| Registered nurses | 2 | Cleaning staff | 2 |
| Care staff | 8 | Maintenance staff | 1 |
| Administration assistants | 2 | Catering staff | 2 |

Sampled documents

| | Number | | Number |
|------------------|--------|-------------------|--------|
| Residents' files | 8 | Medication charts | 14 |
| Wound charts | 12 | Personnel files | 6 |

Other documents reviewed

The team also reviewed:

- Annual training calendar
- Approved suppliers' list and contracts
- Audits
- Care conference records, clinical records and assessments including pain (verbal and non-verbal), skin integrity, vital signs (weight, meals and drinks, blood pressure), observations, weight records, bowel charts, wound assessments/treatments and dressing charts, pain charts, physiotherapy assessments, therapy care plans and treatment sign off sheets, podiatry schedule, progress notes and care plan review documentation
- Cleaning schedules
- Communication diaries, newsletters, memorandums, handover reports
- Competency tests records
- Complaint logs folder
- Consolidated register of reportable incidents
- Continuous improvement logs
- Disaster management plan
- Education sessions attendance records
- Elder abuse policy and procedures
- Emergency evacuation checklist
- Emergency flip charts
- Employment pack

- External education folder
- Fire safety equipment service logs
- Food safety plan
- Hazards alert forms
- Individual staff education records
- Infection control guidelines folder
- Kitchen temperature records for food and appliances
- Leisure and lifestyle documentation including resident assessment tool, profiles, care plans, evaluations, program schedules, program information and guidelines, pain management folder, activity records, visits folder and photos
- Maintenance requests
- Mandatory training attendance folder
- Material safety data sheets
- Medication management and administration policy, and controlled drugs register
- Meetings calendar
- Meetings/audits/surveys action plan
- Menu
- Minutes of meetings
- Mission, vision and values
- Monthly analysis of resident incidents
- Orientation/buddy checklist
- Policies and procedures
- Preventative maintenance schedules, internal and external
- Resident admission information pack
- Resident and staff vaccination records
- Resident dietary preference sheets
- Resident evacuation cards
- Resident handbook
- Resident satisfaction surveys
- Staff handbook
- Warm water temperature records and Legionella bacteria test records

Observations

The team observed the following:

- Activities in progress
- Archives storage
- Complaints, feedback and resident rights posters and pamphlets in foyer
- Equipment in use and in storage

- Fire safety equipment, emergency exits and evacuation plans
- Handover between shifts
- Interactions between staff and residents
- Kitchen and food storage areas
- Laundry
- Living environment
- Meal serving, staff assisting with meals and beverages, assistive devices
- Medication management, storage, administration, nurse initiated medications
- Spills kit and outbreak management kits
- Suggestions box
- Waste disposal facilities

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 improvement logs, audits, surveys, meetings, and accidents/incidents documentation system. Improvements may also be identified through management observations 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 the improvement logs, meetings and improvement action plans. Continuous improvement committee meets bi-monthly. Examples of improvement activities relating to Accreditation Standard One include the following:

- Following a change in ownership the home has reviewed and updated information systems to reflect new directions, changes in legislation and better practice. Areas reviewed include the work health and safety manual, clinical forms, evacuation plans, and a policy and procedures booklet for the use of the new bus.
- The home has audited stocks of goods and equipment and identified a need for upgrading and purchasing some items. Replacement of mechanical beds with hi-lo electric beds was completed and new computers were purchased for the nurses' station, deputy director of care's office, maintenance and administration. New flat screen TV sets were purchased for resident lounges and new equipment was purchased for the kitchen.
- To encourage and assist residents and relatives to submit complaints and suggestions the home developed a flowchart for complaints management which is displayed in the home. Information and encouragement on making complaints is also included in the resident newsletter.

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 subscribes to a legislative update service and has a membership with a peak aged care industry association. It also receives information from government departments and agencies, industry

publications, consultants and professional networks. Regulatory information is communicated through memos, meetings, and education sessions as appropriate. Policies and procedures are updated as required. Regulatory compliance is monitored by management observations, audits, competency testing and accident/incident system. 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 a consolidated register of reportable incidents is in place.
- 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 certificates for staff, volunteers, medical professionals and contractors.

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. Staff education needs are identified from staff feedback, assessment of resident care needs, quality monitoring systems, incidents/accidents system, management observation of staff practices, and regulatory changes. The education program includes in-services given by internal and external presenters, and attendance of external seminars. Records are maintained of staff education activities. Staff said they are generally provided with sufficient and appropriate education and training to perform their roles effectively. Residents consider staff to be generally adequately trained. Examples of education activities relating specifically to the Accreditation Standard One include complaints handling, ACFI financing, mandatory reporting, and suppliers' agreements/ maintenance contracts.

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 improvement logs 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. Consolidated register of reportable incidents for the home is maintained. Residents/representatives stated that they are 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 statements of mission, vision and values 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/duty descriptions are in place for all positions. Care staff generally have a Certificate III qualification in aged care or higher qualifications. New employees undergo an orientation to ensure that they are aware of the home's essential policies, procedures and practices. Appropriate training is given to staff when indicated by new resident care needs. Staff performance is appraised in the ongoing manner and staff competencies are tested. Staff absenteeism and leave is covered by the use of casual staff and additional shifts given to permanent part time staff, with no agency staff being used. The home monitors registrations of professional staff, and a system is in place to monitor staff criminal records. Staff said they have adequate skills and that staff numbers are generally adequate to provide quality service to residents. Residents/representatives are highly 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 staff suggestions and feedback, changes in resident care needs, maintenance feedback, work health and safety considerations, and management observations. New equipment may be evaluated prior to purchase for work health and safety and workplace trialling aspects. Preventative maintenance of equipment is implemented by the site maintenance staff and by external contractors as appropriate. Responsibilities for ordering medical, catering and other supplies are clearly allocated and appropriate procedures are in place. Purchasing is generally done through approved suppliers. Staff 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, progress notes, medical records and other clinical records. These 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 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, meetings, memos and a newsletter. Confidential information is securely stored and computer access is password protected. Procedures for archiving and destruction of documents are in place. Residents and staff are satisfied with the information systems available.

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, and there is a list of contractors approved by the home. Performance of external service providers is evaluated on the ongoing basis. Some external contractors contribute to the home's quality systems by providing staff training in the areas of their expertise. Procedures are in place to contact external providers after hours. Residents/representatives and staff are satisfied with services offered by external contractors.

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:

- Senior management discussions indicated a need to review the position of the deputy director of care services to better reflect their role as a clinical care manager. The duty statement/position description now reflects more accurately the clinical management role and tasks to ensure the best clinical outcomes for residents.
- As part of improving the nutrition/hydration outcomes for residents the home purchased an electronic weight monitoring program to identify residents who are at risk of weight variance. Information gathered through assessments and regular weight measurements is entered into the program and is then reviewed by the dietician and the medical officer, and is disseminated to the registered nurses and care staff.
- The home identified that pain management strategies could be improved. A flow chart “six steps to assessing resident pain” was developed and implemented, and this significantly assists staff in pain assessment and management. A new version of the pain assessment form and other verbal and non verbal assessment tools are used in the process.

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 and medical practitioners working in the home.
- The home has medication 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 dementia training, continence management, medications management, Parkinson’s treatment, wound management, palliative care, and oral care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Martyn Claver Aged Care provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has processes that enable residents/representatives to exercise control regarding the care they receive and to provide input into residents' care planning. The clinical care manager reviews and evaluates residents' individual care plans every three months or when required. Resident care needs are communicated to staff verbally and through progress notes, care plans, and via handover sheets. Residents' weights, vital signs and urinalysis results are recorded monthly or as ordered by the doctor. An accident and incident reporting system is in place for the reporting of resident incidents, such as falls, skin tears and behaviours of concern. Staff were able to explain how they meet residents' care needs. Residents/ representatives are satisfied with the timely and appropriate assistance provided to them by care staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with doctor input when required. This includes the clinical care manager and the registered nurse input into assessment, management and care planning for residents. The home currently provides specialised nursing care for residents requiring diabetic management, wound care, catheter care, pain management and oxygen therapy. Staff are provided with education in specialised nursing procedures and competency/skills based assessments. Staff have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives are generally satisfied with the level of specialised nursing care offered to residents by nursing, medical and/or other health professionals and related service teams.

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

Timely referrals for residents are arranged with appropriate health specialists as required. The clinical nurse manager regularly refers residents to psychogeriatricians, psychiatrists, wound consultants, optometrists, dentists, dieticians and palliative care specialists when required. Regular review and evaluation of residents’ health and well-being and referrals are carried out by the clinical nurse manager in collaboration with care staff and doctors. Effective monitoring is achieved through handover of key resident information between relevant staff. When required, residents’ doctors are alerted and consulted after evaluation for authorisation. Residents/representatives stated that residents are referred to the appropriate health specialists in accordance with resident’s needs and preferences.

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 processes to ensure residents’ medication is managed safely and correctly through policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Qualified and trained staff administer medication from packaged medications packs and the clinical care manager oversees the home’s medication management system and processes. Medication charts contain resident identification photographs and are signed, dated and reviewed by their doctor. Staff generally administer controlled drugs according to legislated guidelines and regulations. All staff who administer medication are assessed according to the home’s medication policy through competency based assessments as required. Residents/representatives said they are satisfied with the home’s management of the 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

Martyn Claver Nursing home ensures all residents are as free as possible from pain through the initial assessment of residents, care planning, evaluation processes, and through medical advice and intervention. Interventions are detailed in residents’ care plans and on-going assessments documented. The home has a pain management program under the direction of the clinical care manager and physiotherapist. The individual resident’s needs are considered to ensure the most appropriate method of pain relief is used for each resident. Effective pain control methods used are pharmacologic, physical therapies (massage, heat packs, reflexology, repositioning and gentle exercise) and emotional support. Pain relief measures are followed up for effectiveness and referral to the resident’s doctor and other services organised as needed. Residents/representatives said residents are as free as possible from pain and that staff respond in a timely manner to residents’ requests for pain control.

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 suitable environment and culture to ensure the comfort and dignity of terminally ill residents is maintained. Where possible, residents' end of life wishes (advance care plans) are identified and documented on entry to the home in consultation with residents/representatives. Martyn Claver Nursing home has access to an external palliative care community team when required to ensure resident comfort. Support is provided by the pastoral carers and volunteers with personal visits and arrangements are made for appropriate cultural/denominational interventions as the residents wish. The home has specialised clinical and comfort devices to ensure and maintain resident palliation needs and preferences. Residents/representatives confirm the home’s practices maintain the comfort of terminally-ill 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

Residents are assessed for swallowing deficits and other medical disorders, allergies, intolerance, like and dislikes, cultural or religious aspects relating to diet. Provision is made for residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a resident's dietary preferences form and sent to the kitchen. Residents are provided with assistance at meal times and dietary assistive devices were observed being used by residents at lunch time. When resident’s dietary requirements are identified as needing to change, the resident is re-assessed with care plans being updated and information forwarded to the catering staff. The home monitors nutrition and hydration status through staff observations and recording residents’ weights. Variations in weight are assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with residents’ nutrition. Residents/representatives stated that residents are satisfied with the meals, have an alternative choice and are able to have input into menus.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health. Initial assessment of the resident’s skin condition is carried out along with other assessments which relate to and influence skin integrity. Residents have nutritional support, podiatry, hairdressing, and nail care provided according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts and complex wounds are attended by RNs. The home’s reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the audit system. The home has a variety of equipment

in use to maintain residents' skin integrity. Care staff help to maintain the residents' skin integrity by providing regular pressure care, the application of skin guards and correct manual handling practices. Residents/representatives are satisfied with the skin care provided to residents and report that staff are careful when assisting residents with their personal care activities.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

The home has a system of identifying, assessing, monitoring and evaluating residents' continence needs to ensure their continence is managed effectively. There are processes for staff information and the distribution of residents' continence aid needs. Residents are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet resident's needs and they provide residents with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. These strategies include regular drinks, aperients, medication if necessary and a menu that contains high fibre foods such as fresh fruit, vegetables and a variety of fruit juices. Feedback from residents/representatives confirmed general satisfaction with the continence care provided to residents.

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's approach to behavioural management is effective in meeting residents' needs. Clinical assessment tools and behavioural charts are utilised to support the overall management of difficult and challenging behaviours. Key staff explained how they employ various interventions for specific circumstances, to manage residents' behaviours. The clinical care manager explained how residents are referred to health professionals for specialist intervention where circumstances fall beyond their normal scope of practice. Residents/representatives stated that based on their observations, staff are able to manage the needs of 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

Residents are supported to achieve optimum levels of mobility and dexterity through assessments completed on entry to the home, care planning and exercise programs provided. Trained staff carry out programs or interventions as prescribed by a specialist health professional such as the physiotherapist. Based on the assessment a plan of care is developed and evaluated for effectiveness. Individual and group exercise programs are recorded in the residents' care plans and staff are informed verbally and by demonstration.

Re-assessment of residents occurs following falls, when there is a change in their condition and on return from hospital. Strategies for residents' falls prevention include physiotherapy, provision of mobility aids, medication reviews and exercises. Residents/representatives stated they are satisfied with the way residents' mobility, dexterity and rehabilitation needs are provided.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. Residents' dental needs are identified through assessment and consultation with the resident/representative on a resident's entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the residents' needs. Dental consultations are arranged as required either to the resident's dentist of choice, or by referral to a dental clinic. Ongoing care needs are identified through resident feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Residents/representatives stated they are satisfied with the oral and dental care provided to residents.

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 assesses residents' eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken by the recreational officer or when assessing residents' nutrition, activities and dexterity. These are documented on residents' care plans to prompt and instruct staff on how to care and engage residents appropriately. The home's activity program features activities to stimulate residents' sensory functions. Staff described types of group as well as individual activities which encourage active participation from residents with sensory deficits. Staff said they employ various strategies to assist residents with sensory deficits. These include leadership, motivation, positioning, adapting materials and equipment and adapting the environment to ensure it is conducive to maximising residents' enjoyment and participation in the chosen activity. Residents/representatives state they are satisfied with the home's approach to sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff are able to explain the various strategies used to support residents' sleep. For example strategies include offering warm drinks or snacks, appropriate pain and continence

management, comfortable bed, positioning and night sedation if ordered by the doctor. Residents use the nurse call system to alert the night staff if they have difficulties sleeping. Most residents state they sleep well at night. Residents/representatives interviewed were 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

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:

- Following a resident activity survey the home has revised the activities guide which now provides a clear outline of the program. It is posted in the lounge areas, providing information to residents and relatives. Based on the resident feedback bus outings, movie outings, BBQs and personal shopping activities were introduced into the program.
- The home identified a need to make the resident newsletter more interesting and readable. The newsletter now has an expanded range of articles, including travel and cooking segments, and is available in colour. Copies are sent out to family members.

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 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 grief and bereavement, "sound for care" seminar, and recreational officer attending a workshop organised by Diversional Therapy Australia.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents/representatives expressed appreciation for the support and assistance that is provided to them during residents' entry to the home and the subsequent settling in period. Each resident receives support in adjusting to life in the home and on an ongoing basis. Assessments and care plans based on personal history identifies emotional needs and specific interventions for each resident. Care staff, leisure and lifestyle staff, volunteers all contribute and spend one to one time with residents during their settling in period and thereafter according to individual need. Specific emotional support is provided to families during the palliative care of residents. A newsletter is provided on a regular basis to inform residents and their families and we received feedback that residents/representatives are satisfied with the emotional support given by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents said they are assisted to maintain their independence and friendships, and are encouraged to entertain their visitors at the home or go out with family and friends. Assessment of residents' specific needs and preferences is undertaken on entry to the home and on an ongoing basis. Participation in the local community is facilitated, for example, through bus outings, attending community activities, television, radio, newspapers and telephones. The home has volunteers from the local community who provide support to residents by visiting, reading and listening to their stories. Provision of specialised utensils to assist with eating and drinking promotes independence at meal times. Residents are encouraged to maintain independence in areas such as decision-making, personal hygiene and attendance at activities.

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/representatives stated their privacy, dignity and confidentiality are respected. Mechanisms implemented by the organisation are designed to ensure each resident's right to confidentiality and dignity is maintained, this includes a staff code of conduct, privacy policy and ongoing education. Clinical care records are kept secure. The home has a system to

gain consent from residents/representative in relation to privacy, and information collection. Staff were observed knocking on resident's room doors before entering and addressing residents in a manner that is respectful and dignified. Residents who are reliant on staff for their dressing and grooming requirements were observed to be well presented and dressed appropriately for the weather.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents/representatives expressed satisfaction with the activities on offer and the staff who assist in providing activities of interest to them. An assessment is completed on entry in consultation with the resident/representative and individual care plans are created. The monthly activity program takes into account residents preferred activities, significant cultural days and includes a mix of group and individual activities over five days per week. Residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time. Activities staff are responsive to the feedback provided through resident activities meetings and during informal discussions. The program includes craft, bingo, shopping trips, sound for health, external entertainers and celebration of special events. Staff maintain participation records and evaluate activities to identify the residents' level of interest, this information is used when reviewing and developing the lifestyle program.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Residents/representatives 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. Currently residents at the home are of English speaking backgrounds. 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/representatives expressed appreciation for the efforts of staff to entertain and please the residents on these occasions. Resident's birthdays are celebrated. Local clergy hold regular services at the home.

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

Residents/representatives reported they are satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff and residents or

representatives. The menu provides choices of meals. Residents' choice of general practitioner and allied health services is respected. Participation in group activities is the choice of the resident and they are asked how they wish staff to support them during one-to-one time. Residents have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture. The home has mechanisms in place for residents/representatives to participate in decisions about services through resident meetings, case conferences and complaints processes.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure that residents have secure tenure and understand their rights and responsibilities. Documentation provided to all new residents and family includes the aged care resident agreement and a resident handbook, which explain the conditions under which a resident may be transferred, conditions for ending the agreement, and complaints resolution procedures. The documentation includes information regarding the Charter of residents' rights and responsibilities, and lists care and services provided by the home. The Charter of residents' rights and responsibilities is displayed in the home. Residents may be moved between rooms only after consultation with and agreement by the resident/family. 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

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

- Observations indicated that the home needed re-furbishing of internal environment and upgrading of the external areas. Additional maintenance resources have been employed and the gazebo has been re-painted. Quotes are being obtained for the repainting throughout the facility. Gardens have been weeded and re-planted and retaining walls re-positioned.
- An audit completed by the new fire service contractor indicated a need for a number of improvements in the emergency systems. Fire and emergency procedures manual is being updated, resident evacuation information has been improved, and work will commence shortly on upgrading emergency lighting, smoke detectors and smoke doors.
- An audit following recent storm damage indicated presence of asbestos material in an area under the building. After a review by specialist consultants the hazardous material was removed.

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 food safety plan is in place in the kitchen operated by an external contractor.
- The home has implemented 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, testing of hand washing competencies, and the new work health and safety regulations update seminar.

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 multi-bed rooms, some with shared ensuites. The accommodation is located on one level and includes the main lounge/dining area and two smaller lounge areas. The home is pleasantly and comfortably furnished and is air conditioned. The home has wide corridors with good lighting and handrails; all common areas are easily and safely accessible to residents. There is a pleasant external garden area. The home was noted to be well maintained, clean, free from odour and with low level of noise. A lockdown check is in place in the evening. The home is serviced by the site maintenance officer and maintenance request logs are in place. Assessment of safe and comfortable environment in the home includes environment audits. Residents and 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. Work health and safety (WHS) policy is in place and the WHS matters are addressed at the quality committee which meets bi-monthly. New staff orientation includes manual handling and other work health and safety aspects, and annual manual handling training is mandatory for staff. The home has an accident/incident and hazard assessment systems, 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 emergency instructions manual, designated fire officers, annual fire safety training which is mandatory for all staff, and a resident evacuation kit. Fire equipment is regularly 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. The home has an emergency procedures flip chart and evacuation plans are displayed. The home has a visitors 'sign in' book. Fire emergency aspects such as exit lights are monitored through workplace inspections. Residents interviewed feel safe in the home. Staff interviewed were able to describe actions in case of fire alarm.

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. Spills kits, sharps disposal containers, contaminated waste disposal and outbreak management kits are in place. Incidents of infection are documented and analysed. Staff interviewed demonstrated that they are aware of infection control procedures and stated that they have access to adequate stocks of personal protective equipment. Vaccinations are offered to residents. A food safety plan is in place in the kitchen and the temperatures of delivered foodstuffs, cooked meals and kitchen appliances are monitored, and prepared food items are dated. The laundry has equipment with programmed cycles and detergent dispensing and there are designated areas. Procedures are in place for handling contaminated linen. Cleaning procedures and schedules are in place for the cleaning staff and dispensing of cleaning chemicals is used. 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

The meals in the home are cooked fresh on site according to a rotating four week menu. The menu provides one choice for the main meal, but residents may be provided with an alternative if requested. Special meals can be prepared for residents with particular requirements such as diabetic, gluten free, 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 a pleasantly appointed dining room. Resident feedback on catering service is obtained through resident meetings, a food survey, comments and complaints system and through verbal feedback. Residents interviewed by the team are generally satisfied with the catering service in the

home. Residents' personal items are laundered in the on-site laundry and are returned three times a week, folded and on hangers. The home labels residents' clothing to minimise the incidence of lost items. The home's cleaning is done by own staff, with cleaners working 7 days a week; a cleaning schedule is in place. Residents interviewed by the team are satisfied with the laundry services, and the cleaning of their rooms and communal areas.