



Aged Care
Standards and Accreditation Agency Ltd

Mountainview Nursing Home

RACS ID 2789
57 Mulgoa Road
PENRITH NSW 2750

Approved provider: Mountainview Nursing Home Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 September 2015.

We made our decision on 15 August 2012.

The audit was conducted on 10 July 2012 to 12 July 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

Mountainview Nursing Home 2789

Approved provider: Mountainview Nursing Home Pty Ltd

Introduction

This is the report of a re-accreditation audit from 10 July 2012 to 12 July 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 10 July 2012 to 12 July 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:	Frances Stewart
Team member/s:	Kathryn Powell

Approved provider details

Approved provider:	Mountainview Nursing Home Pty Ltd
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Details of home

Name of home:	Mountainview Nursing Home
RACS ID:	2789

Total number of allocated places:	99
Number of residents during audit:	97
Number of high care residents during audit:	97
Special needs catered for:	N/A

Street/PO Box:	57 Mulgoa Road	State:	NSW
City/Town:	PENRITH	Postcode:	2750
Phone number:	02 4721 3411	Facsimile:	02 4721 4660
E-mail address:	mountainview@hardiagedcare.com.au		

Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		Number
Chief executive officer	1	General managers	2
Facility manager	1	Residents/representatives	14
Assistant manager	1	Facility educator	1
Registered nurses	3	Volunteers	1
Physiotherapist	1	Medical officer	1
Care staff	6	Laundry staff	1
Pharmacist	1	House keeper	1
Catering supervisor	1	Cleaning staff	2
Catering staff	2	Maintenance staff	1

Sampled documents

	Number		Number
Resident files	12	Medication charts	20
Residents' financial files	12	Personnel files	12

Other documents reviewed

The team also reviewed:

- Accidents and incidents data
- Activities and diversional therapy documentation
- Annual fire statement (fire safety and emergency maintenance records, policy & procedure)
- Assessment information forms
- Audit folders (2011 & 2012)
- CI plan, register and CI documentation
- Complaints folders
- Duties statements and job descriptions
- Education planner, folder and education records
- Electronic database (remote information storage)
- Fridge and food temperature monitoring
- Infection control documentation
- Medication audits, medication incidents and medication committee meetings
- Meeting minutes
- MSDS folders

- Physiotherapy documentation
- Policy and procedure (flow charts)
- Resident risk assessments (smoking)
- Residents' likes dislikes and nutritional information
- Staff & resident satisfaction survey results
- WHS policy

Observations

The team observed the following:

- Activities in progress
- Administration area
- Call bell system
- Charter of Residents' Rights and Responsibilities
- Computers for key staff
- Displayed art and crafts works of residents
- Equipment and supply storage areas
- Fire safety and emergency management equipment
- Hand hygiene antiseptic dispensers around the home
- Infection and hazard control
- Interactions between residents, representatives and staff
- Kitchen, laundry, cleaning and maintenance areas
- Living environment
- Medication rounds
- Mission, vision and values statements
- Mobility assistive devices in use
- Notice boards
- Outdoor gardens
- Residents being assisted and served during meal/tea times
- Secure storage of resident files at nurses stations
- Waste disposal system

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 home actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The home is part of a larger organisational group. There are a number of systems and processes at an organisational and local level that are ensuring the home's pursuit of continuous improvement. The home has systems to maintain quality assurance and identify and action improvement opportunities. The management team regularly collate and review information including; feedback from committee meetings, satisfaction surveys, comments, complaints, observations of practice, suggestions, audit results, internal and external consultant reviews. Stakeholders are consulted and encouraged to make suggestions using their preferred method of communication. Continuous improvement activity is monitored and evaluated to ensure the desired outcomes are being achieved. Residents/representatives and staff interviewed as part of the accreditation process express satisfaction with the home's level of responsiveness to their feedback and confirm improvement activity is consistent and ongoing. A review of the home's continuous improvement plan, action plan documentation and discussions stakeholders demonstrate that the home's improvement activity is maximising outcomes across each of the Accreditation Standards. Examples include:

- The home has a number of electronic databases and information management systems in active use. The organisation is in the process of implementing an internet based management system that will include resident health and lifestyle planning. The scope of the system is comprehensive of systems across standard 1, 2, 3 and 4. Key staff have had introductory training regarding the system, with further action planned to fully implement the system.
- To improve communication across the site and reduce cost. The organisation has negotiated a new phone contract with a service provider. Staff and residents express satisfaction with their access to telephones and the general exchange of information.
- The organisation has completed a review of the executive management structure. Two pre existing executive positions have been amalgamated in to new roles. There is an increased focus on succession planning, the use of specialist external consultants and introduction of information management systems. A review of documentation and discussions with staff and management demonstrate that the home is achieving positive outcomes across standard one.
- The organisation has completed a review of all service provider contracts. In close consultation with the home a number of contracts have been renegotiated. Management confirm this has resulted in improved quality service provisions.

1.2 Regulatory compliance

This expected outcome requires that “the home’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 receives contemporary information regarding regulatory compliance from the organisation. The organisation is a member of relevant peak bodies and receives regular notification and disseminations regarding their legislative responsibilities. The Facility Manager, who reviews relevant notifications and initiates action as required, monitors the system at a local level. Comprehensive notes regarding legislative changes are recorded in meeting minutes and the home’s flow charts are regularly reviewed and amended to reflect the identified changes required. The home collates regulatory compliance information and provides opportunities for consultation and education to all stakeholders. A review of practice demonstrates that changes in legislation are promptly actioned and disseminated to relevant stakeholders. The home’s regulatory compliance system is achieving results across each Accreditation Standard. Examples include:

- The monitoring of national criminal record checks for all staff.
- The monitoring and reporting of mandatory reporting criteria.
- The home ensures all resident/representatives sign a resident agreement and are provided with relevant and appropriate advice.
- Monitoring of nursing registrations.
- Current contracts are maintained with external providers.

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 a planned approach to education and staff development and is ensuring that staff have appropriate knowledge and skills to perform their roles effectively. Staff education and training records are maintained on a centralised data base that has provisions to generate reports and sort information. There is an annual and three monthly education plan that has been developed from staff, management and resident/representative feedback, observations of practice, changes in legislation and best practice. Staff education is reflective of the changing care needs of residents’. There is mandatory and compulsory training that is mandated by the organisation. Staff attendance is tracked and strategies put in place to follow up with those that have not attended. Staff competency levels in key areas are routinely assessed. Education and development opportunities are inclusive of on the job training, internal and external training. Staff skills gaps are promptly addressed. The home’s education system is achieving results across each Accreditation Standard. Examples include:

- Safe food handling program
- Team work
- ACFI
- Accreditation Education (19 staff)

- Accreditation & Standards of care (15 staff)
- Contingency plan (9 staff)

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 has systems to promote access by residents/representatives' to both internal and external comments and complaints systems. Comments and complaints information is readily available and consistent with legislation and the values and vision of the home. Comments, complains, suggestions and issues are collated and managed in a transparent and timely manner. There are examples of complaints, comments and a suggestion feeding into the home's overarching continuous improvement system. Complex complaints are investigated and complainant feedback provided. Resident/representatives and staff are satisfied with the home's complaints system, providing positive feedback about the home's complaints systems and the level of responsiveness demonstrated by management.

1.5 Planning and leadership

This expected outcome requires that "the home 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 a well-publicised vision, mission, and values statement; the document is on display in the home's foyer area. The intent of the home's commitment to quality is clear and well documented. The home's mission is centred on providing quality, person centred care and recognising staff contributions the vision states "to ensure we provide a service which make a difference to the quality of life to our residents and to ensure are valued for their diverse contributions". The home and organisation have strategic planning processes in place to recognise and foster sound leadership practice.

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 demonstrates sound systems to ensure appropriately skilled and qualified staff are employed. A review of practice reveals that services are delivered in accordance with the needs of residents, the home's vision, values and mission statement and the Accreditation Standards. The home has clear policy and process regarding human resource management, which covers staff recruitment, orientation, performance appraisals, competency assessment retention, performance management, staff grievances and the monitoring of staff records. A review of documentation and the team's observations demonstrate the home's roster and skill mix is appropriate in meeting the needs of residents. Resident/representatives interviewed are positive regarding their interactions with staff and management. Staff

employed across all areas of service provided feed back that in general there is sufficient and suitably qualified staff to complete their tasks and meet resident's needs.

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 a range of organisational and local systems to monitor inventory and equipment. These systems are ensuring that there are stocks of appropriate goods and equipment to provide quality service provisions to residents. Designated staffs are responsible for monitoring stock levels and ordering stock from preferred suppliers. The home demonstrates that they monitor the quality of stock and replace faulty equipment as required and there are processes to replace damaged items such as linen. The system includes the maintenance of electronic inventory records, standing orders, monitoring of stock levels, ongoing preventative maintenance and servicing of equipment. We observed ample clinical, catering, cleaning and linen supplies. Residents, their representatives and staff interviewed are satisfied with the amount and quality provisions within the home equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to manage the creation, usage, storage and destruction of paper based and electronic records. The home has recently installed an Internet based information management system, the systems stores information remotely. The home has processes to disseminate relevant information to all stakeholders. The home's computer systems are password protected and paper based records are securely stored. The home's information system evidence consistency and systematic monitoring and is inclusive of e-mails, archiving of information, general data management, reporting, auditing, education sessions, meeting minutes, flow charts and policy and procedure. A review of documentation demonstrates version control, consistency in completion of forms including dates, signatures and relevancy of information. Staff interviewed had a sound knowledge of how to access and use the information systems. Residents/representatives interviewed have access to information of interest to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems local and organisational systems to ensure that externally sourced services are provided in a way that meets the home's needs and quality goals. Contracts and/or service agreements are in place with suppliers and external service providers. The home maintains external service provider details and copies of current signed external

service provider agreements and details of their insurance. The home monitors the performance of external service provisions and these results feed into the home's continuous improvement system. This system assists the home to track problems with suppliers so that this information is available at the time of reviewing contracts. The organisation is proactive in sourcing the most efficient and cost effective service and provision. Resident/representatives and staff interviewed indicate satisfaction with the external services the home provides.

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 home actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

The home demonstrates that they actively pursue continuous improvement through a systematic evaluation of service quality for Standard 2 – Health and personal care. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system. Examples of improvements include:

- The home has introduced a pre-packed medication dispensing system. Staff received a range of medication management training. The home's flow charts have been changed to reflect the change in system. The home is holding medication review committee meetings more frequently than prescribed to ensure medication incidents are actioned and tabled promptly. Management report that there have been improvements.
- The home reviewed residents dental care needs and have negotiated a new contract for an onsite dental van to attend the site. Residents/representatives have been consulted resident/relative meeting minutes demonstrate residents are eager for the onsite access to dental care to commence.
- The home has introduced the saving of residents' care plans onto the home's remote access server. This is ensuring additional security for resident's information and facilitating centralised monitoring regarding the quality and relevance of residents care plans.
- The home has changed the medication incident form to capture more information about the investigation and outcomes of medication incident reports. The new forms now capture more detail.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's regulatory compliance system ensures compliance in relation to Standard 2 – Health and personal care. Refer to expected outcome 1.2 Regulatory compliance for details of the home's regulatory compliance system. Examples of regulatory compliance include:

- The home has policy and procedures in place to ensure the safe medication management in line with legislation.
- The home has detailed and current medical practitioner agreements in place.
- The home has processes in place to monitor the professional registrations of registered staff.

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’s education and training framework is relevant to each accreditation standard. The home has systems including an ongoing education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home’ education and staff development systems. Examples include:

- Pain management.
- Continence management.
- Care planning documentation.
- Skin integrity.

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 systems and policies to ensure residents receive clinical care appropriate to their needs. Residents are admitted by the care staff and comprehensive assessments are undertaken including pre admission/admission assessment. Information from the assessments, interim care plan helps formulate the resident’s care plan to meet individual health care needs. The home has a system where all residents’ general observations and weights are attended and reviewed monthly and care requirements are documented and communicated to relevant staff. Residents have choice of medical officers and medical officers attend the home regularly. Case conferences are arranged and residents and their representatives are invited to attend to discuss and review the resident’s care. Staff interviews demonstrate staff are knowledgeable about the care requirements of individual residents and procedures related to clinical care. Residents/representatives said the care they receive is appropriate and meets their needs and preferences.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to assist staff in identifying, assessing and providing appropriate management of residents’ specialised nursing care needs by the appropriate staff. The review of documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home. The staff use initial assessment and focused care planning processes as a guide for the staff to follow when managing the specialised nursing needs. The individual needs are documented in progress notes and care plans. Education is provided to the registered nurses and endorsed enrolled nurses. Residents/representatives are satisfied with the level of specialised nursing care offered to residents.

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

The home has systems to identify and assist the care staff to identify, assess and refer residents to the appropriate health specialists when necessary. The documentation contained a wide range of information documented in residents’ medical notes, progress notes, allied health notes and communication diaries. Many service providers attend the home regularly and as required. Residents/representatives report management and staff ensure they have access to current information to assist in decision-making regarding referrals to specialist services.

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 demonstrates that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A pre packed medication system whereby medications are packed by a pharmacist and administered by appropriate staff is in place. The registered nurses and enrolled nurse interviewed demonstrated appropriate knowledge and understanding of the home’s medication management system. The medical officer assesses residents who wish to self medicate. A review of medication management documentation including medication charts, policies and procedures, shows doctors regularly review medications and charts are documented appropriately. All medications are stored safely and correctly. Staff are required to demonstrate competency with medication management, internal audits and review of medication management are conducted and a multidisciplinary Medication Advisory Committee meets regularly. Residents/representatives said they are satisfied with the home’s management of 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

The home has systems to ensure that residents are as free as possible from pain. On entry to the home the residents are assessed by the registered nurses using comprehensive pain assessments. The nursing care plan is formulated from the assessment information and ongoing monitoring and regulars are conducted by the registered nurse. Documentation review and resident interviews indicated that pain management strategies are effective. The cognitive abilities of residents are considered when assessing and developing strategies for residents. Staff are given education on palliative care and pain management through internal and external providers. Residents/representatives interviewed said a variety of interventions are used to ensure residents are 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 systems to ensure that all residents’ palliative care is managed effectively and sensitively in consultation with residents and their representatives and medical officer. The home has a designated palliative care room available for residents and their families who wish to stay close to their loved one during this time. A palliative care team is available by contacting the local hospital. Spiritual support is available in accordance with residents’ wishes. The home has equipment such as mattresses designed for maintenance of skin integrity and mouth care products. The home has regular visits from several clergy of different denominations.

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 residents receive adequate nutrition and hydration. Regular assessments of residents’ dietary and hydration preferences and needs are conducted and communicated to relevant staff. All meals are cooked on site and a monthly rotating menu is provided for the residents with daily meal choices available for the residents to suit their preferences. There is regular consultation with allied health professionals and relevant others about nutrition and hydration needs and strategies to ensure these are effectively met. Residents/representatives said they are satisfied with the home’s approach to meeting their nutrition and hydration needs.

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 practices and processes to ensure the skin integrity of residents is maintained in a state consistent with their general health status. The skin integrity of residents is assessed using the body chart and Braden score assessment forms. Care plans and progress notes reflected these assessments. Photographs of wounds assist in monitoring the wound healing process. Ongoing entries in the progress notes and wound treatment charts relevant to residents’ skin integrity also identify issues relating to personal care, continence, manual handling, hair and nail care. Documentation review and staff interviews confirmed there is appropriate education provided. Residents interviewed expressed satisfaction with the skincare provided and the access to appropriate specialists and allied health professionals.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to identify residents’ continence needs on entry to the home and on an ongoing basis to ensure effective management of residents’ continence. The care plans is formulated from the assessment information and assist to direct care staff to manage individual toileting programs. Care plans are reviewed every three months or when changes in care occur. Continence aids are located inside each resident’s cupboard appropriate for their identified need. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. Infection data, including urinary tract infections, is regularly collected, collated and analysed. Staff interviewed confirmed there are adequate supplies of disposable continence aids of varying types and sizes available for residents. Residents/representatives advised they are satisfied with the assistance provided by staff in managing 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 effective systems to manage residents’ behaviours. The home conducts an interview with resident, relatives and their representatives to obtain relevant information to ensure their needs will be met. The home uses a behavioural assessment tool to determine triggers or patterns of behaviours. Residents identified behaviours are recorded in the progress notes and a strategy of best management documented in the individual focused care plan. A psycho-geriatrician and mental health team are accessed when necessary by the home. Staff interviews and observation of staff practices confirmed staff are familiar with appropriate behaviour management strategies. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing behaviours. On-going education is provided to the staff. Residents/representatives said they are satisfied with the home’s management of behaviour and the care provided.

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 the physiotherapist and physiotherapist aid employed at the home. Initial assessments are completed and the care plan and exercise programs are developed based on the assessments.’ Reassessment of residents occurs if the resident falls or a change in their condition and on return from hospital. The physiotherapist gives education on manual handling to staff and visual prompts of mobility levels are located inside the resident’s bedroom cupboard. The residents were observed using mobility aids and an accident and incident reporting system is also in place that includes analysis to identify trends and the implementation of strategies to reduce falls. Residents/representatives interviewed advised they are very satisfied with the approach taken by the home to maintain mobility and safety.

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 the information is documented on the care plans. Dental consultations are arranged as required either to the resident’s dentist of choice, or by referral to a dental clinic. The home has arranged the mobile dentist to visit the regularly. 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 gathers initial information regarding communication difficulties, vision or hearing impairment and any other sensory losses when residents enter the home. Residents are referred to appropriate services that include optometry, audiology and speech pathology. Residents are assisted and reminded by staff to use their spectacles and ensure that hearing aides are applied and are functioning appropriately. Residents’ sense of smell is stimulated by the aromas from the fresh cooking in the onsite kitchen which is central in the home. Recreational activities officers include residents in a wide range of individually structured programs suitable for their needs and preferences involving all five senses. Residents/representatives are happy with the assistance given to maintain residents’ glasses and hearing aids.

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. Residents use the nurse call system to alert the night staff if they have difficulties in sleeping. Most residents state they sleep well at night. Residents/representatives interviewed did not identify any problems with residents achieving natural sleep patterns and are satisfied with the home’s approach to sleep management.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrates that they actively pursue continuous improvement through a systematic evaluation and improvement of service quality for Accreditation Standard 3 – Resident lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the home’s overarching continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources that provide examples of ongoing improvement. Examples of improvements include:

- The home has a volunteer program. The home has reviewed the training and orientation offered to all volunteers through a local provider. Resident/relatives express high levels of satisfaction with the lifestyle program provided by the home.
- The home has introduced additional pet therapy sessions in to the home. Two teams of pet therapists now attend the home providing services to residents weekly. Residents participating in the therapy were observed to demonstrate enjoyment and engagement with the pet therapy session.
- The home has reviewed and is in the process of improving the composition and location of residents’ financial files. Resident agreements, guardianship and/or power of attorney information are now centrally monitored onsite. Management report this is the first stage in developing a new file system.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s regulatory compliance framework is relevant to each accreditation standard. Refer to expected outcome 1.2 for an overview of the system. The home’s regulatory compliance system ensures compliance Accreditation Standard Three. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory compliance system. Examples of regulatory compliance include:

- All residents and/or their representatives are offered a resident agreement on entry to the home which includes information according to current legislative requirements.
- The resident and relative handbook provides information on the security of tenure and accommodation services.
- The home demonstrates resident/representatives were advised on a number of occasions in a number of forums about the accreditation process and the dates for the onsite visits.

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 effective policy and procedures in place including an ongoing education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems. Examples of education include:

- Residents' rights.
- Grief, loss and funeral services
- Mandatory reporting
- Behaviours.

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

The home is able to demonstrate that each resident receives emotional support in adjusting to life in the home and on an ongoing basis. Residents' records show that the social, cultural and spiritual history details and support needs of residents are documented on entry to the home and are used to formulate individualised care plans that are regularly reviewed and evaluated. Residents and their representatives are orientated to the home and care and recreational staff spend one-to-one time with residents during their settling in period and thereafter according to need. The diversional therapy program is conducted seven days a week for the residents. Feedback about residents' levels of satisfaction with the provision of emotional support is gained informally and through surveys. Residents/representatives are satisfied with the emotional support offered by the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintenance of friendships and participation in the community. Individual and general strategies are implemented to promote independence, and promote mobility and independence. Relatives, friends and community groups frequently visit the home and a bus is available to assist residents to undertake activities outside the home. Residents/representatives said they are satisfied with the assistance the home provides in maintaining their independence and continuing participation in the life of the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that the privacy and dignity of each resident is respected in accordance with their individual needs. Residents interviewed said staff are very mindful of their privacy and dignity and are particularly considerate when attending to personal care. There is restricted access to resident's personal information and this is stored in a locked cupboard. The staff were observed knocking or introducing themselves before entering a resident's room. Regular education and training is conducted on maintaining resident's privacy and dignity. Employees and service contractors are made aware of their responsibilities in relation to privacy and dignity. Residents are satisfied with how privacy and dignity is managed in the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems for the assessment of activities and interests preferred by each resident. The activities assessment is completed by the recreational activity officers and information gathered assist in developing the residents care plan. Records are maintained on participation numbers and the residents are encouraged to provide feedback on new and ongoing activities. One on one interaction is provided to those residents who choose not to participate in group activities and residents are able to participate in small groups or large social events. The organisation has contracted external lifestyle trained professionals to assist with resident participation and interaction in organised therapy. The home keeps residents informed of activities via noticeboards located throughout the home, in their rooms or the verbal prompts announced daily. Residents/representatives indicated they are supported to be involved in the activities and interests appropriate to their needs and preferences.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held within the home by ministers from different denominations. Provision is made for the celebration of special national, cultural and religious days, for example, birthdays, Christmas, Easter, Chinese New Year and Anzac Day. Residents interviewed said they are encouraged and supported to continue with their own interests, customs and beliefs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

The home can demonstrate that each resident or representative participates in decisions about the services provided, and are consulted about their individual needs and preferences. When residents move into the home the Charter of Resident's Rights and Responsibilities and internal and external comment/complaints mechanisms are discussed and they are included in the resident's handbook, displayed in resident's rooms and throughout the home. The menu provides residents with choices for each meal, residents' choice of medical officer is respected and participation in activities and which type of activity is the choice of the resident. Staff interviewed said they respect the rights of residents to make choices and residents are consulted on all matters regarding care at the home. Residents/representatives indicated they are able to participate in decisions about the services residents receive and lifestyle issues.

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 to ensure information about services, fees and charges is provided to residents and/or representatives. Residents are offered a written resident agreement, on entry to the home, which outlines information in relation to security of tenure. Management clarify any issues and advise residents/representatives to seek independent advice regarding the home's agreement and financial information ensure that the agreement is understood. The resident and relative handbook also provides information on resident rights and responsibilities and accommodation information. The Charter of Residents' Rights and Responsibilities is displayed in the home. Residents and resident representatives interviewed state they are satisfied with the information the home provides regarding their security of tenure, fees and charges and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrates that they actively pursue continuous improvement through a systematic evaluation and improvement of service quality for Accreditation Standard 4 – Physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for details of the home’s overarching continuous improvement system. There is evidence of documentation, care practices, audits and feedback from several sources that provide examples of ongoing improvement. Examples of improvements include:

- The home has researched and consulted broadly to develop a new disaster management plan. The plan is inclusive of fire safety and emergency management and meets legislative requirements. A review of all related policy and procedure, equipment and the physical environment has taken place by an external consultant. As a result of the review yellow evacuation folders detailing the home’s nominal role are in place. The External consultant provided positive feedback regarding the home’s system. The evening manager has attended disaster awareness training.
- The home has processes in place to monitor the safe working procedures of equipment. New safe working procedures have been developed for catering equipment and the BBQ. Residents/representatives and staff expressed satisfaction with the home’s approach to workplace, health and safety.
- The home has sound processes to ensure regulatory compliance. We saw evidence that the home had consulted staff regarding the implementation of the Work, Health and Safety legislation. Key staff have completed relevant training. The home’s systems are effective in identifying and rectifying hazards and risks.
- The home has reviewed and revised the home’s procedure regarding the debulking of linen prior to entering the laundry. The staff practice has improved to reflect the home’s procedure. Residents/relatives are satisfied with the home’s linen service.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s regulatory compliance framework is relevant to each accreditation standard. Refer to expected outcome 1.2 for an overview of the system. Some examples of regulatory compliance that have occurred relevant to this Accreditation Standard include:

- The home is fire safety certified and maintains fire safety and emergency equipment servicing inline with regulatory compliance.
- The home has a food safety program.
- MSDS sheets are located in key areas.
- The home maintains monthly pest control in all catering areas.

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 a comprehensive education program that ensures management and staff have the knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development systems. Examples include:

- Fire theory and practice
- First aid course
- Infection control
- Key staff have attended training regarding workplace, health and safety
- Manual handling.
- Safe food handling
- Training on how to use sling transfer and lifters.

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

The home is providing a safe and comfortable environment consistent with residents' care needs. Residents and visitors enjoy the use of appropriately furnished lounge, dining and communal sitting areas. Residents' also have access to well maintained outdoor areas and gardens. The use of heating and cooling devices such ducted air-conditioning, ensure that a comfortable climate is maintained throughout the home. Large windows allow appropriate levels of natural light to enter the building and provide views of the outdoors and landscaped gardens. The safety of the environment is underpinned by a range of systems to meet residents' care needs, as well as monitoring of their environmental needs on an ongoing basis. Internal and external environmental audits and the planned preventative and corrective maintenance systems ensure that the environment (grounds, building and equipment) is well maintained. Residents/representatives interviewed expressed high levels of satisfaction with the living environment.

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 is actively working to provide a safe environment. This is being achieved through a program of staff awareness, accident and incident reporting, hazard reporting, a functional meeting system that reviews work place health and safety. The home has implemented changes relevant to the NSW Work Health and Safety Regulation 2011. The home has a workers compensation program that includes an injury management and staff return to work program. In addition, the home has a number of preventative strategies including compulsory education and competency testing, safe work practices and the provision of suitable equipment to assist with manual handling. We observed safety signage during cleaning processes and the use of personal protective equipment by staff. A review of meeting shows workplace inspections/environmental audits are undertaken and remedial action is taken to rectify hazards or risks identified. Staff confirmed the home is a safe environment to work where hazards, poor practices and risk are actioned in a timely manner

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

The environment and safe work systems are minimising fire, security and emergency risks. This is achieved through well publicised and clearly understood emergency and fire evacuation procedures plus fire warning and fire fighting equipment whose performance is regularly assessed against the relevant Australian Standard. The building is fire certified. Fire prevention measures in place include education, practical competency assessment, inspections, safe storage of chemicals, a program of electrical equipment tagging and a no smoking policy with designated outdoor areas provided for staff and residents. We observed correctly orientated evacuation plans. Staff are aware of the location of emergency equipment, of emergency procedures and confirm they undertake regular fire training. The home's security system includes, window/door locks, secure fencing, security lighting and routine lock up procedures. Staff wear uniforms and/or identification badges which indicate that they are authorised to be in the home. A sign in/sign out book is maintained for visitors and contractors.

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's infection control program consists of ongoing education, infection prevention strategies including: systems for the management and disposal of general and contaminated waste; a resident vaccination/immunisation program; and tracking and analysis of infection rates. Management maintain clinical indicators for infection control statistics and interventions are developed for individual residents. Management and staff can describe the procedures for dealing with an outbreak in the home. Staff interviewed are familiar with infection control practices and confirm personal protective equipment is readily available.

Staff use various infection control strategies including: the use of a colour coded system during cleaning; a first in first out system in operation for food storage; and daily temperature checks on fridges, freezers and food. Laundry is washed using a suitable sanitising agent and temperature to ensure infection control is achieved in the washing process. In addition, appropriate equipment, staff practices and workflows are in place to minimise the risk of cross infection. The home has a hazard risk management system, and appropriate disinfection/cleaning methods. Staff associated with the provision of catering, cleaning and laundry services and care staff demonstrate an awareness of infection control as it pertains to their work areas.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home's hospitality services are primarily managed onsite with the exception of the laundering of linen which is outsourced, and provided in a way that enhances residents' quality of life and the staffs' working environment. The home has a central kitchen where meals are prepared fresh each day in line with their food safety program and records relating to residents' individual preferences, special requirements and allergies. All catering staff have participated in food safety training and the home has current certification in relation to food safety. Resident/representatives interviewed express high levels of satisfaction with the home's catering services. The home's cleaning services are carried out by the home's staff. The cleaning schedule ensures that cleaning standards are maintained. Cleaning audits are also conducted. The home has a house keeper that oversees the cleaning and laundry services, the systems are consistently applied and there is a strong focus on maintaining quality assurance and identifying improvement opportunities. The on site laundry service employs effective systems for the storage, identification, laundering and delivery of residents' personal clothing and the outsourcing of the home's linen. Residents are happy with the laundry, catering and cleaning services provided.