



Aged Care  
Standards and Accreditation Agency Ltd

## **Murravale Aged Care Facility**

RACS ID 0330

6-10 Haydon Street

MURRURUNDI NSW 2338

Approved provider: Murrurundi Retirement Homes Association Inc

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 21 July 2015.

We made our decision on 31 May 2012.

The audit was conducted on 1 May 2012 to 2 May 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

## Murravale Aged Care Facility 0330

**Approved provider: Murrurundi Retirement Homes Association Inc**

### Introduction

This is the report of a re-accreditation audit from 1 May 2012 to 2 May 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 1 May 2012 to 2 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Sandra Heathcote
Team member/s:	June Connolly

## Approved provider details

Approved provider:	Murrurundi Retirement Homes Association Inc
--------------------	---

## Details of home

Name of home:	Murravale Aged Care Facility
RACS ID:	0330

Total number of allocated places:	25
Number of residents during audit:	24
Number of high care residents during audit:	12
Special needs catered for:	Dementia

Street/PO Box:	6-10 Haydon Street	State:	NSW
City/Town:	MURRURUNDI	Postcode:	2338
Phone number:	02 6546 6668	Facsimile:	02 6546 6491
E-mail address:	murravale@hunterlink.net.au		

## Audit trail

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

### Interviews

	Number		Number
Manager	1	Residents	6
Registered nurse	1	Representatives	6
Care coordinator	1	Laundry staff/cleaning staff	1
Care staff	6	Catering staff	2
Administration assistant	1		

### Sampled documents

	Number		Number
Residents' files	6	Medication charts	15
Personnel files	3		

### Other documents reviewed

The team also reviewed:

- Activity programs; activity participation records; activity evaluation records
- Clinical care assessment, care planning documentation, progress notes, medical notes. medical specialists reports, allied health reports, pathology results
- Clinical monitoring charts including weights, temperature, pulse, blood pressure, blood sugar levels, pain, wound and bowel charts
- Communication manual
- Complaints folder
- Contaminated waste collection docket
- Hazards register – with loose additives
- Human resource management folder
- Incident reports
- Job descriptions
- Kitchen audits
- Local newsletter – with information column from the home's manager
- Maintenance equipment registers – including cleaning and catering
- Maintenance sheets
- Material safety data sheets
- Medication fridge temperature monitoring charts
- Minutes folder – with staff and resident meeting minutes and information
- Missing persons and mandatory reporting folder
- Police check documentation

- Policy manuals
- Referrals to dementia advisor, geriatrician, medical imaging, ophthalmology, pharmacy, podiatry
- Resident emergency evacuation list; emergency flip charts; evacuation sheets
- Residents' information package, agreements, resident handbooks– including for respite residents
- Self assessment tool
- Staff handbook
- Tradespersons sign-in sheets

### **Observations**

The team observed the following:

- Activities in progress; photographs of residents participating in activities, including group exercise class
- Archive storage
- Charter of residents' rights and responsibilities
- Cleaning trolleys, equipment and chemicals
- Complaints and suggestions box
- Equipment and supply storage areas
- Fire certification, equipment and service check documentation
- Interactions between staff and residents
- Laundry with sluice area
- Living environment – internal and external
- Maintenance shed
- Medication rounds and safely stored medications
- NSW Food Authority licence
- Sharps container
- Spills kits
- Vision, mission and values displayed

## **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 a continuous improvement plan which demonstrates continuous improvement is actively pursued. Examples of improvements were noted in the plan and some were sighted during the tour of the home and as pointed out to us by staff. The program to support improvements includes resident and staff meetings, complaints and the management of resident and staff incidents. Improvement examples – suggestions and as were being introduced and completed, were noted in meeting minutes.

Continuous improvement activities undertaken in relation to Accreditation Standard One include:

- Updated handbooks have been developed for resident and respite residents, and staff handbooks
- Electric beds and an up/down recliner chair have been donated to the home. These have improved access and comfort for residents and access and resident handling for staff.
- The home has installed an aged care education system through televised live presentations to staff, or viewing of previous presentations on DVDs. Work books for each presentation are able to be down loaded and completed by staff who have viewed them and participation recorded.
- A better access and tidier system has been installed for the filing of pay slips and blank forms
- A staff satisfaction survey is to be given to staff using the updated staff survey document. Results are expected by the end of June 2012.

#### **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 systems to identify and ensure compliance with relevant legislation and regulatory requirements. The home is a member of a peak body, which provides the home with updates when legislative or regulatory changes occur. Information is also received from other bodies such as Federal and State health departments.

Examples of regulatory compliance relating to Accreditation Standard one includes:



- The home has current criminal record checks for all staff members. All staff must have a current criminal record check prior to commencing work at the home. The manager advised staff are notified their criminal record check is due for renewal prior to their existing certificate expiring.
- The home displayed documentation to ensure residents and representatives were informed of the re-accreditation audit.

### **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 manager has recently completed the assessor course provided by the Agency and is using the information in initiating further education options for the home. The home is displaying a list of education sessions to be shown live on the recently acquired electronic aged care education channel. Education is provided in various manners such as to trainee staff by experienced staff, through viewing the live electronic aged care programs or DVDs and completing workbooks downloaded for each of these programs. Attendance sheets of staff who completed recent programs were sighted. A large number of previously shown DVD programs have also been acquired by the home and are being prepared for staff to view and extend knowledge options. Staff interviewed were able to give information on education attended and also education planned to be introduced to the home.

### **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

Information on comments and complaints for residents and representatives is in the residents' handbook, including contact details of external complaints management. The home has a policy in place to advise residents, representatives and staff on how comments or complaints may be made. Forms and a locked box were sighted at the entry to the home. Minimal complaints were noted documented in the complaints folder. The manager advised they are always available for residents and representatives if they wish to discuss any issues. Interviews with residents and representatives indicated they are satisfied with all aspects of care provided and the home's environment.

### **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 documented and displayed their mission, vision and values. These were observed displayed in the entrance area to the home. The quality care philosophy was also

sighted. The mission, vision and values are also included in the resident and staff handbooks.

## **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 ensures there are sufficient staff with appropriate skills to provide care and support for the residents. All staff employed have certificate III or certificate IV in aged care, with two staff having completed certificate IV in leisure and lifestyle. A registered nurse attends for part shifts during the week to provide specific advice and documentation for high care residents. There is a care coordinator Monday to Friday, team leader supporting care staff during the day and a stand up staff member over night. When required, recruitment is through the local papers or from an internet job seeking placement. We were advised many staff are multiskilled to fill their selection and/or the home's requirements, for care, cleaning, catering and laundry shifts. New staff are provided with an orientation program and they are supported through each of the three shifts. Staff interviewed indicated they have time to complete care of residents and equipment is available to provide residents support as required.

## **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

Reviews of stocks in the home and discussion with staff regarding needs, confirmed there are adequate supplies of goods and equipment for quality service delivery. We observed linen supplies are maintained for the home by the external contractor; chemicals and cleansing agents are in the home's laundry for laundering residents clothing and cleansing of bed pans and urinals. Cleaning chemicals and equipment are in the cleaning rooms in different areas of the home. Staff explained continence aids and dressings are ordered regularly and meet the home's schedule. There are a number of locked cupboards throughout the home for maintaining storage of requirements. Most maintenance of equipment is either provided by the maintenance staff or by external tradespersons who provide service in a timely manner. Where new equipment is required, requests are submitted to the Board for approval. Staff interviewed indicated they are satisfied with availability of goods and 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 an effective information management system. The manager and staff showed examples of appropriate information needed to perform their roles. Resident documentation

covers the care needs and evaluations and any interaction between residents and representatives as required. There are systems to review and store documentation and to archive older examples in secure areas where these are currently not required. The home also has a secure storage container which is collected by a security service to destroy the documents. New computer terminals have recently been provided to improve staff access and recording of information. Staff meetings are documented and reports are provided to the Board on the home's functioning. We observed resident documentation is in a locked area in the nurses' station and staff documents are securely stored in the manager's room. Information was observed displayed on noticeboards for staff, residents and representatives.

### **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 ensures external services are provided in a way that meets resident needs and the home's needs and quality requirements. The home has contracts for services such as fire equipment monitoring and provision of external linen laundering. There are also providers who service other equipment such as in the kitchen and laundry. There are processes for ensuring relevant individuals either have a current criminal record check or are supervised while they are on site at the home. Documentation was sighted with examples of providers' current licensing and public liability insurance. Residents and representatives confirm satisfaction with externally sourced services they access at the home.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's findings**

The home meets this expected outcome

The home pursues continuous improvement. This was confirmed through interviews, observations and document review. Please refer to expected outcome 1.1 Continuous improvement for information relating to the home's quality management system.

Continuous improvement activities undertaken in relation to Accreditation Standard Two include:

- A falls monitor mat has been purchased to reduce falls for residents getting out of bed unaided
- Restraint forms have been updated to allow residents to sit and participate in activities and reduce falls. New restraint belts have been purchased for residents where required.

### **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 to ensure regulatory compliance. Please refer to expected outcome 1.2 Regulatory compliance for information on the system which was confirmed through interview, observation and document review.

Review of staff practice shows they are aware of the need to ensure medications are stored and administered safely. A registered nurse provides support for high care residents care needs and develops, reviews and updates their care plans

### **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 implements an education program to ensure staff have appropriate knowledge and skill to perform their roles effectively. Please refer to expected outcome 1.3 Education and staff development for information on the system.

Education is provided to staff on topics required with these provided on the recently acquired electronic aged care system. Pain management has been one of these programs. Competencies are in place for other care aspects such as medication administration.

## **2.4 Clinical care**

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

### **Team’s recommendation**

The home meets this expected outcome

Management demonstrates residents receive appropriate clinical care. The home has systems to assess, identify, monitor and evaluate residents’ care needs on entry to the home and on an ongoing basis. Information obtained from residents and representatives when residents move into the home, together with a range of assessments, is used to prepare individual care plans. Medical practitioners conduct regular reviews and in emergencies residents are transferred to hospital. Staff practice is monitored through the review of incident /accident data, the comments and complaints mechanism and management observation. Residents and their representatives expressed satisfaction with the care provided.

## **2.5 Specialised nursing care needs**

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

### **Team’s recommendation**

The home meets this expected outcome

Specialised nursing care needs are identified and appropriately qualified staff deliver care to meet residents’ needs and preferences. Residents are referred to a range of allied health professionals and other specialists to assist the home manage residents’ complex and specialised needs. Residents and their representatives said they are satisfied the home is able to provide residents with specialised nursing care and the home’s staff are qualified and able to provide this level of care.

## **2.6 Other health and related services**

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s recommendation**

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with their needs and preferences. The home has processes to refer residents to a range of services such as occupational therapy, speech pathology, podiatry, hearing, ophthalmology and hairdressing. In addition the home can access services from the local hospitals for mental health and geriatric review. Residents are assisted to access external services through transport provided by the residents’ representatives or as arranged by the home. Information and recommendations made by health professionals are incorporated into the residents’ care plans, and written reports are maintained within the residents’ clinical files. Residents confirm they are referred to specialists as the need arises.

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s recommendation**

The home meets this expected outcome

The home has systems to ensure residents’ medication is managed safely and correctly, including the ordering, storage, disposal, administration, recording and review of medications. The home uses a blister pack system and liaison with the supplying pharmacist ensures new or changed medications are supplied promptly. Medications are stored securely and we observed safe and correct medication administration by staff. Medications are given out by appropriately trained staff who are competency tested in this task. Residents and representatives said they are satisfied with care provided, including medication management.

## **2.8 Pain management**

*This expected outcome requires that “all residents are as free as possible from pain”.*

### **Team’s recommendation**

The home meets this expected outcome

To ensure residents are as free from pain as possible all residents are assessed for pain on entry to the home and ongoing pain assessments are conducted to monitor residents’ pain. Consultation with the resident and their medical practitioner is conducted by the home and the specific management strategies devised to relieve the resident’s pain are recorded on their care plan. Care staff are able to explain how to recognise residents experiencing pain especially those who are unable to verbalise their pain. Pain management strategies described by staff included analgesia, heat therapy, massage and exercise. Residents said when they are in pain staff provide treatment which relieves their pain.

## **2.9 Palliative care**

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

### **Team’s recommendation**

The home meets this expected outcome

The home provides palliative care which ensures the comfort and dignity of residents’ who are terminally ill is maintained. Advance care directives are formulated to direct staff in the management of residents who are palliating. Assessments also identify religious, spiritual and cultural requirements matching the residents’ wishes or preferences regarding end of life care. Staff demonstrate they have the knowledge and skills in the management of residents who have a terminal illness including maintaining skin integrity, managing pain and providing comfort and emotional support. Religious representatives visit the home to provide support for residents and their representatives if requested. Family members are able to stay with residents and meals and refreshments are available.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements. Resident food allergies are clearly identified in documentation, as are resident likes and dislikes. Special dietary requirements or alterations to diets are specified in residents’ care plans and communicated to the catering department. The staff monitor the residents’ attendance at meal times, the amount of food and fluid consumed and will report poor intake to the registered nurse. Residents are weighed monthly to monitor changes and significant weight loss is investigated and appropriate action taken. Residents and their representatives were complimentary about the meals and the assistance provided by staff.

## **2.11 Skin care**

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

### **Team’s recommendation**

The home meets this expected outcome

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

## **2.12 Continence management**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems to ensure residents’ continence is managed effectively. On entry to the home residents are assessed for their continence needs. Care staff are knowledgeable about residents’ care needs and preferences for toileting and the use of continence aids. Bowel management programs are in place for residents and monitoring is via daily recording and reporting by care staff. The home has an adequate supply of continence aids and linen. Residents are satisfied with the way in which their continence needs are managed.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

The home meets this expected outcome

The home has systems to assess and manage residents with challenging behaviours. This includes using initial and ongoing assessment tools and monitoring charts to develop appropriate care plans and interventions. Specialist advice is available from geriatricians, the dementia advisory service and the community mental health team. Residents who are exhibiting challenging behaviours are referred to specialists when required. Staff demonstrate an understanding of residents’ behaviours and resident specific interventions they use to minimise the incidence of the behaviour. They report they also use interventions such as offering food and fluids, toileting the resident, changing the resident’s continence aid, checking for pain, repositioning or providing the resident with extra warmth. We observed staff engaging with residents in a warm and caring manner. Residents and their representatives said they are satisfied with the way in which the home’s staff manage resident behaviours of concern.

### **2.14 Mobility, dexterity and rehabilitation**

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

#### **Team’s recommendation**

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all residents. The staff assess residents’ mobility and dexterity needs and develop an individual care plan in consultation with the resident and their representative. Mobility assessments and falls risk assessment tools are used to reassess a resident’s mobility post falls; strategies are implemented such as bed mat alarm sensors, stand up alarm sensors, hip protectors and close staff supervision. An exercise class is run three times a week by the activity officer and residents are encouraged to attend. The environment is kept safe to decrease the risk of falls. Handrails are throughout the home, corridors are free of clutter, staff supervise and assist residents to mobilise and residents are encouraged to use their mobility aids. All staff in the home attend training on manual handling. Residents and their representatives indicate they are satisfied with the care provided.

### **2.15 Oral and dental care**

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

#### **Team’s recommendation**

The home meets this expected outcome

Residents’ oral and dental health is maintained. Oral health care is monitored daily by care staff during teeth and denture cleaning. The day-to-day oral care is attended as per residents’ individual care plans, with residents being encouraged to brush their own teeth or dentures to maintain their independence. Aids to maintain dental hygiene include toothbrushes, toothpaste and mouth swabs. Residents are referred and assisted to access dentists and dental technicians when required. Residents confirm staff assist them to maintain their oral and dental hygiene.



## **2.16 Sensory loss**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems to identify and address the sensory loss of individual residents. A management plan is developed incorporating these needs. Residents said staff assist them in cleaning their glasses, fitting their hearing aids and replacing the hearing aid batteries. The physical environment is set up to assist residents with sensory impairment and includes safe walking areas, hand rails along the corridor and grab rails in the bathrooms. The activity program incorporates sensory stimulation such as hand massage, music and large print resources. Residents are satisfied with the manner in which the home identifies and manages their sensory loss.

## **2.17 Sleep**

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

### **Team’s recommendation**

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns. The home identifies if residents have any sleep difficulties on entry. Care staff reported if residents are having difficulty sleeping staff will offer warm drinks, assist the resident to the toilet or provide reassurance to promote relaxation and sleep. The home also uses strategies such as dimming the lights, answering buzzers promptly and ensuring noise is at a minimum. Residents interviewed are satisfied with the home’s approach to sleep management.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement. This was confirmed through interviews, observations and document review. Please refer to expected outcome 1.1 Continuous improvement for information relating to the home’s quality management system.

Continuous improvement activities undertaken in relation to Accreditation Standard Three include:

- Following a request by residents during a resident meeting, a rain gauge has been purchased and installed. A rain chart has also been provided and residents’ record rain falls.
- A new television has been provided in the activities room. This has been installed in a better viewing position for residents.

### **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 a system to ensure regulatory compliance. Please refer to expected outcome 1.2 Regulatory compliance for information on the system which was confirmed through interview, observation and document review.

Review of documentation showed staff have access to a register and documentation for mandatory reporting and elder abuse. Staff have all signed documentation regarding maintenance of confidentiality for residents and practices in the home. Residents and representatives have support of security for tenure at the home.

### **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 implements an education program to ensure staff have appropriate knowledge and skill to perform their roles effectively. Please refer to expected outcome 1.3 Education and staff development for information on the system.

The home provides education and supports staff to attend external education where the need is identified by staff. One of the new programs viewed by a large number of staff was on dignity in care with both attendance sheets and some completed work books sighted. Staff were reported to find this course of benefit. Other courses are being planned. Two staff have completed the certificate IV in leisure and lifestyle.

### **3.4 Emotional support**

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

#### **Team's recommendation**

The home meets this expected outcome

The home actively works to support residents to adjust to life in the new environment and provides residents with emotional support on entry to the home and on an ongoing basis. The entry process includes gathering information from residents and representatives to identify residents' existing care and lifestyle preferences. Care staff and activity staff spend one to one time with residents during their settling in period and thereafter according to residents' needs. On arrival at the home residents are orientated and introduced to other residents and staff. Residents expressed appreciation to staff for the support and assistance staff provide during their entry to the home and the subsequent settling in period.

### **3.5 Independence**

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

#### **Team's recommendation**

The home meets this expected outcome

Residents said they are satisfied with the opportunities available to them to participate in the life of the community. Residents advised they are encouraged to entertain their visitors at the home and residents may go out independently or with family and friends. Staff facilitate resident participation in the life of the community, for example, through the arrangement of bus trips. Community groups visit the home including service clubs, entertainers, special interest groups and school children. Residents use mobility aids and the regular exercise sessions assist residents to maintain their mobility levels and independence.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

The home meets this expected outcome

The home actively works to support each resident's right to respect, privacy, confidentiality and dignity. Staff were observed knocking on doors and calling out before entering rooms. Resident personal information such as hard copy care plans was observed to be kept secured. Staff sign privacy and confidentiality agreements on commencement of employment. Residents with dementia or compromised cognitive ability are sensitively monitored by care staff to ensure the appropriateness of appearance, hygiene, clothing and behaviour. Residents said they are addressed by their name of choice and staff treat them with great respect and consideration.

### **3.7 Leisure interests and activities**

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

#### **Team's recommendation**

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Staff use an assessment process capturing residents' social histories and leisure preferences. The monthly activity programs, which include special events, take into account residents' preferred activities and significant cultural days. Those residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time with activity staff to support them to engage in activities of meaning to them. Activity officers are responsive to the feedback residents provide at resident meetings, through surveys and during informal discussions. Residents said they are very happy with the activities offered, there is always plenty to do and if they should choose they do not have to do anything at all.

### **3.8 Cultural and spiritual life**

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

#### **Team's recommendation**

The home meets this expected outcome

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

### **3.9 Choice and decision-making**

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

#### **Team's recommendation**

The home meets this expected outcome

Residents reported a high level of satisfaction with the choices available to them at the home. The menu provides choices for each meal. Participation in group activities is the choice of the resident and they are asked to choose how they wish to spend individual time with activity staff. Residents have personalised their rooms with memorabilia and items of their choosing. The home has a number of mechanisms in place for residents and representatives to participate in decisions about the services, including discussions with staff, resident meetings and through the comments and complaints processes. Feedback about matters raised is provided at residents' meetings. Residents expressed satisfaction with the actions taken by management on matters raised and their responsiveness to requests.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

The home meets this expected outcome

Residents and representatives reported they are satisfied with the information the home provides on entry regarding details of tenure as well as the fees and charges. Details of residents' tenure are included in the written residential service's accommodation agreement which is offered to residents on entry and which meets the requirements of the *Aged Care Act 1997*. Information on the processes for making complaints and residents' rights and responsibilities is also contained in the resident information handbook residents receive on entry. Management advises residents and their representatives are consulted prior to moving rooms.

## **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 pursues continuous improvement. This was confirmed through interviews, observations and document review. Please refer to expected outcome 1.1 Continuous improvement for information relating to the home’s quality management system.

Continuous improvement activities undertaken in relation to Accreditation Standard Four include:

- New smoke detectors have been installed in sections of the building to ensure compliance with fire standards.
- A rail has been installed along the front path to improve safety for residents walking here. A ramp and railings at an exit from a resident common area to the rear garden with the gazebo and barbeque, has improved access for residents.
- The home is planning to install heaters to the bathrooms in the original wing of the home. This is following requests by residents.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure regulatory compliance. Please refer to expected outcome 1.2 Regulatory compliance for information on the system which was confirmed through interview, observation and document review.

We sighted documentation of the home’s adherence to requirements for food safety. Two staff have recently completed training on the new workplace health and safety and advised they will provide information to colleagues at staff meetings.

### **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 implements an education program to ensure staff have appropriate knowledge and skill to perform their roles effectively. Please refer to expected outcome 1.3 Education and staff development for information on the system.

Occupational health and safety officers have attended workplace health and safety courses to update knowledge on the new laws. Fire and emergency training is arranged for next month and staff who participate in catering shifts are to complete food safety training. Chemical training has also been planned in June 2012 for staff to complete who do cleaning in the home. All staff completed training in manual handling by an external training provider late last year and documentation was sighted.

#### **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 has systems to ensure a safe and comfortable environment for residents. The maintenance request list is displayed in the nurses' station for the maintenance officer to complete any work required and this was mostly completed. The home consists of two residential wings with the newer one constructed in 2005. The activity room is in the new section and the dining room in the original wing adjacent to the kitchen. All resident rooms are individual with en suite bathrooms. The heating and cooling systems are different between the two wings with residents mostly satisfied with these systems. There are differing heating options between the resident bathrooms in the two wings and changes are now planned to be reviewed to ensure all are heated to residents' preferences. Most resident rooms have carpeted floors but some flooring is now being improved to vinyl. There are a number of common areas both inside and out for residents and their representatives to have pleasant time together as they wish. Residents and representatives expressed they are satisfied with the amenities of 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

Review of the environment and systems showed there is a safe and comfortable environment for residents. Interviews with staff confirmed that they provide care support to residents in a safe manner. The two staff who support occupational health and safety for the home have both completed training relating to the new workplace health and safety program. The staff will provide information on this new program to colleagues during staff meetings. Staff members report if workplace incidents occur these are followed up and managed. The home's manager provides return to work programs for staff members as needed. Staff members advised manual handling training is compulsory and a program was provided for all staff late last year.

#### **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 manager and staff are actively working to provide a safe environment and work systems. The manager and staff were able to give information on actions that would be taken if residents needed to be evacuated. Current resident lists are available and were sighted to ensure all residents may be moved to the assembly points if an alarm is triggered. A reflector is displayed on each resident's room door to indicate the level of assistance required to evacuate. The home has three assembly areas to move residents to from their rooms. The home has a lock up system of securing all common access points and checking all resident external doors during the evening. The manager also advised and showed the security bracelet the night staff wear for the shift. If necessary, the bracelet is alerted and the security company alerts the on-call staff of the home who attend and provide additional support where necessary. A security panel is available in the nurses' station for staff if required. All residents and representatives interviewed confirmed they are satisfied with the safety and security of the home.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home has practices in place which demonstrates there is an effective infection control program. Infections contracted by residents are recorded, treated and monitored; monthly records of infections occurring are maintained. Review of infections documented showed there is not an extensive range of infections recorded. Residents are observed on a regular basis and also where residents may be presenting with symptoms of infections. Residents and staff are offered vaccination against influenza and this program has been completed for residents this year. The home is kept clean and a supply of hand cleansing gels are available in specific areas as well as at hand washing basins. Colour coordinated cleaning equipment is available and known by staff and personal protective equipment is available where required by staff. A contaminated waste disposal container is available and changed by a contracted company. Staff are satisfied with how infections are managed in the home.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's findings**

The home meets this expected outcome

The home has systems in place to ensure hospitality services are provided in a way that supports the residents' quality of life and the staffs' working environment. Food is cooked fresh on site and the residents interviewed were satisfied with the menu provided. The kitchen was observed to be clean and well organised in planning and storing food and equipment. The home has recently been inspected by the NSW Food Authority with requirements met. The home was observed to be clean and set to meet residents' needs. Care staff attend to cleaning as part of their shift with one additional cleaning staff member adding to this arrangement. Laundry services are provided in such a way as to ensure



residents' personal items are washed and returned to their owner within a reasonable turnaround time. The laundering of linen is done by a contract laundry service off site and sufficient linen stores were noted. Interviews with residents and representatives confirmed they are satisfied with the provision of catering, cleaning and laundry services.