Decision to accredit
Murrumburrah Harden District Hospital

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Murrumburrah Harden District Hospital in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Murrumburrah Harden District Hospital is three years until 31 August 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Murrumburrah Harden District Hospital
RACS ID:	1495

Number of beds:	20	Number of high care residents:	18

Special needs group catered for:	• Nil

Street/PO Box:	Swift Street

City:	HARDEN	State:	NSW	Postcode:	2587
Phone:		02 6386 2200	Facsimile:		02 6386 2931

Email address:	NIL

Approved provider

Approved provider:	NSW State Government (NSW Dept of Health)

Assessment team

Team leader:	Sandra Daly
Team member/s:	Helen Ellwood
Date/s of audit:	10 June 2009 to 11 June 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome		Assessment team recommendations	Agency findings
1.1	Continuous improvement	Does comply	Does comply
1.2	Regulatory compliance	Does comply	Does comply
1.3	Education and staff development	Does comply	Does comply
1.4	Comments and complaints	Does comply	Does comply
1.5	Planning and leadership	Does comply	Does comply
1.6	Human resource management	Does comply	Does comply
1.7	Inventory and equipment	Does comply	Does comply
1.8	Information systems	Does comply	Does comply
1.9	External services	Does comply	Does comply

Standard 2: Health and personal care

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

Executive summary of assessment team's report

Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome		Assessment team recommendations	Agency findings
4.1	Continuous improvement	Does comply	Does comply
4.2	Regulatory compliance	Does comply	Does comply
4.3	Education and staff development	Does comply	Does comply
4.4	Living environment	Does comply	Does comply
4.5	Occupational health and safety	Does comply	Does comply
4.6	Fire, security and other emergencies	Does comply	Does comply
4.7	Infection control	Does comply	Does comply
4.8	Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Murrumburrah Harden District Hospital
RACS ID	1495

Executive summary
This is the report of a site audit of Murrumburrah Harden District Hospital 1495 Swift Street HARDEN NSW from 10 June 2009 to 11 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance
The assessment team considers the information obtained through audit of the home indicates that the home complies with:

● 44 expected outcomes

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Murrumburrah Harden District Hospital.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 10 June 2009 to 11 June 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Sandra Daly
Team member/s:	Helen Ellwood

Approved provider details

Approved provider:	NSW State Government (NSW Dept of Health)

Details of home

Name of home:	Murrumburrah Harden District Hospital
RACS ID:	1495

Total number of allocated places:	20
Number of residents during site audit:	18
Number of high care residents during site audit:	18
Special needs catered for:	Nil

Street/PO Box:	Swift Street	State:	NSW
City/Town:	HARDEN	Postcode:	2587
Phone number:	02 6386 2200	Facsimile:	02 6386 2931
E-mail address:	Nil		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Murrumburrah Harden District Hospital.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		**Number**
Manager Health Service	1	Residents	8
Nurse manager	1	Relatives	4
Endorsed enrolled nurses	2	Volunteers	1
Care staff	4	Hotel services manager (area health service)	1
Administration officer, occupational health and safety officer	2	Cleaning staff	1
Catering staff	1	Maintenance staff	2
Administrator	1	Registered nurse	1
Infection Control officer, CNS/ RN	1	Physiotherapist	1
Pharmacist	1	Quality co-ordinator	1
Clinical nurse educator	1	Fire officer	1
Hotel services supervisor	1	Diversional therapist	2

Sampled documents

	Number		**Number**
Residents' files	8	Medication charts	8
Personnel files	6		

Other documents reviewed

The team also reviewed:

- Admission package
- Advance care directives
- Approved contractors and suppliers lists (electronic)
- Audit calendar 2009
- Audit results and charts
- Audit schedule, tools and results
- Benchmarking folders
- Bereavement pack
- Charter of residents rights and responsibilities
- Chemical register and material safety data sheets
- Cleaning manual
- Cleaning schedules
- Comments and complaints register
- Communication diaries
- Communication folder
- Computerised incident data, summaries and reports
- Consent/privacy forms
- Continuous improvement logs 2009
- Continuous improvement plan
- Continuous improvement plan 2009
- Contractors handbook
- Core temperature check-cooked meals records
- Dishwasher temperature records
- Doctors folder
- Education attendance records and learning outcome records
- Education folders and memos
- Education packages e-learning
- Education schedule and attendance sheets
- Feedback forms
- Fire alarm and evacuation procedures and staff responsibilities
- Fire service records
- Folder for residents dietary needs and food preferences
- Food safety program
- Fridge freezer temperature records
- Hazard reports
- Human resources manual
- Incident/accident reports
- Incoming goods temperature records
- Infection control notification, summary and procedure documentation
- Injury management plan
- Job descriptions
- Laundry manual
- Maintenance requests
- Maintenance schedules and records
- Meeting minutes
- Memoranda
- Memoranda folder
- Menus for four weeks
- Mission statement, vision and values
- Monthly worksheet – clinical indicators
- Newsletters for residents and staff
- Noticeboards, attached memos and education flyers
- Police check registers for staff and volunteers
- Policies and procedure manual

- Policy and procedure manuals
- Procedures and work instructions
- Quality logs
- Recruitment policies and procedures
- Resident and staff surveys
- Resident diet sheet records
- Residents' information handbook
- Residents' information package and surveys
- Risk assessments for equipment and tasks
- Staff Handbook
- Staff information package
- Staff orientation package and records
- Temperature checks for thermostatic mixing valves
- Temperature records for cool rooms, freezer and refrigerators
- Work cover register of injuries
- Wound and pain management documentation

Observations
The team observed the following:
- Activities in progress
- Aged care channel schedule
- Air mattresses
- Assistive devices in use
- Brochures for the aged care complaints investigation scheme
- Brochures for the NSW health complaints commission
- Care provision
- Change of shift handovers
- Cleaning in progress
- Clinical training room with training aids
- Colour coded cleaning equipment
- Comments forms, suggestion boxes
- Computer system
- Continence and wound management supplies
- Dated and rotated food stock
- Dated and tagged fire equipment
- Diversional therapist interviewing resident
- Door alarms
- Equipment and supply storage areas
- Equipment and supply storage areas
- Food probe thermometer
- Hand washing posters
- Incident reporting system
- Interactions between staff and residents
- Kitchen in operation
- Laundry in operation
- Linen supplies
- Living environment
- Manual handling equipment
- Nurses station
- Noticeboard information
- Outdoor environment
- Personal duress alarms
- Staff researching care issues on the internet
- Storage of medications
- Suggestion box and complaints forms

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 recommendation
Does comply

A quality management system is in place and the home actively pursues continuous improvement. The home is part of the Greater Southern Area Health Service, which provides support for the home's continuous improvement through its management systems. The home's continuous improvement is based on completion of quality logs by staff, scheduled audits and surveys. The quality committee has representatives from all staff categories within the home. The committee meets monthly to discuss results of continuous improvement action, and follows up through its continuous improvement plan, which includes detailed evaluation. The quality system is responsive to comments and issues raised by residents, relatives and staff via meetings, audits, trend analyses, incident reports, complaints and suggestions. Residents, representatives and staff interviewed were aware of the ways they could make suggestions for improvement. As a result of its continuous improvement system, the home has implemented a number of improvements relating to Accreditation standard one, including:
- Quality has been included in the home's mandatory training program, and the staff orientation checklist. A quality newsletter for staff has been introduced.
- Circulation lists have been implemented for staff to sign that they have read and understood information provided to them, including new policies and regulations.
- The process has been revised for action and review of quality logs. Issues raised in the logs are discussed at department meetings. If unresolved, the issues are referred to department head meetings.
- Responsibility for performance appraisals and performance development plans has been devolved to direct supervisors to improve relevance and completion rate. Both management and staff report that this process is working well.
- The home has installed the aged care channel for staff education, and introduced on line self directed learning packages.

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 recommendation
Does comply

The organisation has processes for identifying relevant legislation and regulations, and receiving updates. The home receives information about legislative changes through subscription to a specialised update service, memoranda and policies from the area health service, and NSW Health Department circulars. The home has systems in place for informing staff and residents about changes, reviewing policies and procedures and for monitoring compliance with requirements. Changes to regulation or legislation are communicated to staff via a read and sign process, and discussed at staff meetings. Residents and relatives are updated via resident meetings, newsletters and correspondence. The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to accreditation standard one:
- Police checks are conducted on all staff, medical practitioners, volunteers and regular external service providers. Registers of police checks are maintained in electronic and hard copy formats.

- The home has mandatory reporting procedures to be used in the event of elder abuse, and has established a mandatory reporting register. Staff have attended training sessions on mandatory reporting.
- The home has a procedure for missing residents, including notifying the Department of Health and Ageing if the matter is reported to the police.

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 recommendation
Does comply

All new staff take part in an orientation program. Training needs are determined through individual annual performance appraisals, staff surveys, quality logs, audit and incident results, clinical indicators, and regulatory compliance. Scheduled education includes topics covering the four Accreditation Standards. Individual learning outcomes are assessed by questionnaire and competency assessment. Records of attendance at training are maintained; and staff interviewed reported they are supported to develop skills and knowledge relevant to their responsibilities. Residents and relatives interviewed were of the view staff have the skills and knowledge to perform their roles effectively. Education relating to Accreditation Standard One during 2008 and 2009 includes mandatory reporting, privacy of personal information, the aged care funding instrument, aged care standards and accreditation. Four staff have completed certificate IV qualifications in workplace assessment and training.

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 recommendation
Does comply

Residents and relatives interviewed by the team indicated that they feel free to raise issues; and that the home is responsive to their concerns and suggestions. Information is readily available to residents and relatives about internal complaints processes, the Aged Care Complaints Investigation Scheme, and the NSW Health Care Complaints Commission. Action is taken to resolve concerns and complaints in a timely manner, and followed up through the continuous improvement system. The process is outlined in resident and staff information packages, and is included in the orientation process for all new staff.

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 recommendation
Does comply

The organisation's mission statement is displayed in the nursing home, and documented in the resident and staff information packages. The home's commitment to quality is reflected in the mission statement. Management's commitment to quality is documented in policies and procedures, and communicated to staff through meetings, education, newsletters, supervision and management support

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 recommendation
Does comply

Management, staff, residents and their representatives confirmed that there are sufficient numbers of staff available to meet residents' care needs. Registered nurses are in the building on all shifts, with additional support from registered nurse management staff Monday to Friday. A number of enrolled nurses have completed medication endorsement. A mix of enrolled nurses and assistants in nursing undertake responsibility for supporting residents' care needs. Residents' care, safety and lifestyle needs are also supported by administration, catering, cleaning, laundry, and maintenance staff. The home has a stable work force that enables continuity of care; and has an internal bank of staff to fill unexpected shift vacancies. New staff are orientated to their role in the home. All staff are appraised annually or as required. Residents said that staff provide individual care and respond promptly to their call bells. The residents and relatives interviewed were very complimentary about the skill and professionalism of all staff.

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

Team's recommendation
Does comply

A system is in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes in place to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. Maintenance records show that planned work is being conducted in accordance with schedules and corrective work is being completed in a timely manner. Adequate supplies of goods and equipment were observed to be available for provision of care, to support residents' lifestyle choices and for all hospitality services. Staff interviewed are aware of avenues to obtain additional supplies and arrange for items to be repaired. Maintenance staff are on call at all times.

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

Team's recommendation
Does comply

There are information management systems in place to provide management and staff with information to perform their roles effectively and keep residents and their relatives well informed. Policy and procedure manuals and work instructions are available for staff reference. Residents' clinical and other information is comprehensive and up to date and care plans are reviewed regularly to ensure they are sufficient to guide care. Formal collection and collation of data takes place through the continuous improvement process, incident reporting and audits. Mechanisms used to facilitate communication between and amongst management and staff are meetings, handover sheets, memoranda, information folders, and noticeboards. All personal information is stored securely and there are procedures for archiving and disposing of documents. The home follows clear procedures to maintain privacy in the collection, use and disclosure of personal information for both residents and staff. Information that is stored electronically is password protected and backed up regularly.

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 recommendation
Does comply

Systems are in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors to

ensure they meet the necessary regulatory requirements relevant to their service. Service agreements are negotiated by the area health service or by the NSW Health Department. There are schedules for all routine work to be undertaken by contractors and the services provided are monitored through audits, improvement logs, delivery checks, and by formal reports to the area health service. There are lists of approved suppliers and approved service providers. A contact list is in place to enable staff working outside business hours to access contractors in an emergency if the problem is outside the scope of the on call maintenance staff.

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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 recommendation
Does comply

The home's approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including health and personal care. As a result of its continuous improvement processes, the home has implemented a number of improvements including:
- Registered nurses' planning meetings have been introduced, and the care planning process has been updated to be more resident focused.
- A local doctor has initiated discussions with residents and families about their medication wishes during the terminal stages of life.
- Digital chair scales were purchased to accurately monitor residents' weights.
- A clinical nurse educator was appointed in January 2009, and covers five sites in the area health service, including Harden.

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 recommendation
Does comply

The home has systems in place to ensure that information about legislation, regulatory requirements and other standards and guidelines relating to health and personal care is available to all stakeholders. Regulatory compliance related to clinical care is monitored through audits, ongoing supervision and by observation. Medications are managed and stored according to legislative requirements. Registered and enrolled nurses and visiting health professionals hold current registration. Registration status is monitored by the nurse manager via internet access to registration board records, and copies of current practising certificates are on file. Staff confirm they are well informed about legislative and regulatory requirements.

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 recommendation
Does comply

All new staff take part in an orientation program and clinical competencies are assessed. An education schedule includes topics relating to health and personal care. Individual learning outcomes are assessed by questionnaires. Residents interviewed were of the view staff have the skills and knowledge to perform their health and personal care roles effectively. Education relating to Accreditation Standard Two during 2008-2009 includes behaviour management, contractures, catheter care, wound care, venipuncture, resuscitation, medication management, palliative care, and care documentation. Each year, one enrolled nurse undertakes an emergency care course, and nine are now trained. Three enrolled nurses are currently completing transition to registered nurse qualifications.

2.4   Clinical care
This expected outcome requires that "residents receive appropriate clinical care".

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Team's recommendation
Does comply

The home has systems in place to ensure residents receive appropriate clinical care. Discussions with staff and residents/resident representatives and a review of documentation show a comprehensive program of assessments is carried out when residents move to the home. A care plan is formulated from this information and is regularly reviewed and evaluated to meet the changing needs and preferences of residents. If residents' physical or mental health deteriorates the general practitioner is consulted and further medical instructions are documented. A registered nurse is available either in the home or the co-located acute care hospital twenty four hours a day to assist staff with residents' clinical care needs. Residents/resident representatives say they receive effective clinical care and staff are responsive to their individual needs and preferences. Staff report they have access to appropriate resources and equipment, educational opportunities and clinical supervision to ensure residents continue to receive high quality clinical care.

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
Does comply

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Resident's medical files confirm links between the appropriate medical specialists, nursing consultants and allied health professionals to assist with the management of their specialised nursing care needs. The nursing care plan is formulated by a registered nurse, in consultation with the resident/resident representatives. The registered nurse regularly reviews, manages and evaluates the individual strategies in place for each resident. There is sufficient equipment and supplies to ensure specialised nursing care can be provided. Residents/resident representatives confirm that the residents who have specialised care needs receive appropriate and timely 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
Does comply

The home refers residents as required to appropriate health care specialists, including medical and allied health professionals, in accordance with their needs and preferences. Several allied health professionals visit the home regularly including a dietician on one day of the site audit. A review of documentation shows residents' needs and preferences are assessed on moving to the home and referrals to other health related services are arranged as needed in consultation with the resident/resident representatives and relevant staff. Transport arrangements are made for residents requiring services in larger nearby rural towns. Staff interviews confirm that they have a sound understanding of the residents' need for other health and related services. Residents/resident representatives say they are satisfied with the referral process and are consulted when referrals to health specialists are required.

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

Team's recommendation
Does comply

There is an effective system in place to ensure that residents' medication is prescribed, dispensed, stored, administered and disposed of correctly. The home has clear policies and procedures for the safe administration and correct management of medication. All staff responsible for administering medication are appropriately trained in medication management and have their competencies

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assessed annually. On admission each residents' medication need is assessed in consultation with the resident/resident representatives and their medical officer and their need is reviewed three monthly. On each medication chart a photograph of each resident identifies them with their date of birth and any known allergy is clearly noted and staff sign the medication signing sheets appropriately. Medication is stored securely in the medication trolley in the locked medication room. Resident/resident representatives' feedback indicates that they are satisfied with the way their medication is managed.

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

Team's recommendation
Does comply

The home has systems in place to ensure all residents are as free as possible from pain. The home uses a variety of tools to assess and manage pain depending on the resident's cognitive status. Care plans are developed in consultation with residents/resident representatives and referrals to pain management and palliative care specialists are arranged as needed. The pain management care plan is formulated by the registered nurse who regularly reviews and updates it as required. Review of documentation and resident interviews confirm the effectiveness of pain management strategies. The home provides alternative therapies to assist with pain relief including physiotherapy, pressure relieving mattress, heat packs and repositioning of the resident and these alternative therapies are evaluated regularly.

2.9   Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's recommendation
Does comply

There is a system in place to ensure that the comfort and dignity of terminally ill residents is maintained through the dying process. Terminal care wishes are identified through advance care planning processes, if appropriate on admission or at a later time, in consultation with the resident/resident representatives. Policies and procedures on palliative care, pain assessments, pain management records and regularly reviewed care plans confirm that palliative care needs are met. A palliative care registered nurse on staff provides regular education on end of life issues. Staff interviewed confirm they feel adequately supported and have received education relating to grief and loss and palliative care.

2.10   Nutrition and hydration
This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's recommendation
Does comply

A system is in place to ensure that residents receive adequate nutrition and hydration through individual assessment of resident needs for assistance with eating, their likes, dislikes and preferences. On admission the nutrition and hydration care plan is formulated and thereafter reviewed monthly, quarterly and annually by a registered nurse and the kitchen is advised of any changes to a resident's diet. A dietician reviews the menu as required and all meals are prepared at the home. Menus offer a wide choice and careful attention is paid to portion size, presentation and special diets. Staff interviewed demonstrate a sound understanding of the residents' dietary needs. Weight losses or gains over two kilograms are reported to the registered nurse and the medical practitioner for further investigation. Residents/resident representatives confirm they are very happy with the freshness and variety of food provided.

2.11 Skin care
This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation
Does comply

There are systems in place to ensure resident's skin integrity is consistent with their general health. A review of care plans and progress notes shows that skin integrity assessments and regular monitoring is undertaken which identifies any contributing issues relating to personal care, continence, manual handling, hair and nail care. The team reviewed residents' documentation including wound charts that identify the problem area, size and state of wound including type of treatment and follow up required. Interviews with residents/resident representatives and staff and documentation review demonstrate that residents' skin integrity issues are appropriately documented and that referrals are made to appropriate specialists and allied health professionals.

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

Team's recommendation
Does comply

Clinical documentation review and staff interviews show that continence management strategies are developed for individual residents and that these strategies are regularly reviewed and evaluated to ensure their preferences are met and that effective continence management is achieved. Residents have access to toilets in their shared bathrooms access to a call bell if they require assistance. The external continence aid supplier can be accessed as required for both advice and staff education on product use. Bowel management policies and procedures are under review and daily programs are in place that monitor, record and report bowel activity daily. Residents/resident representatives confirm they are not hurried while toileting and staff ensure their privacy and dignity is maintained at all times.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's recommendation
Does comply

All residents, in consultation with their representatives, are assessed on entry for any behavioural care needs and management. Residents are involved in problem solving any lifestyle choice issues that impact upon others such as smoking and access to smoking areas. Management confirm that behavioural management strategies take into account the safety of the resident, other residents and staff. The nursing care plan is reviewed regularly to ensure existing strategies remain effective. Behaviour monitoring forms identify any triggers, times of occurrence and this information is reviewed regularly by their medical practitioner. The home provides a safe environment including invisi-beam equipment when required to monitor wandering residents. The team observed staff interacting appropriately with residents with histories of behavioural issues. Review of progress notes and incident reports confirms the documentation of challenging behaviours and staff responses. Staff confirm there is ongoing education through the Aged Care Channel for staff on management of challenging behaviours and could demonstrate how to identify and manage individual resident's behaviours. Residents/resident representatives state they are satisfied with the way staff manage behavioural issues.

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
Does comply

The home can demonstrate that each resident's level of mobility and dexterity is optimised through the regular assessment and review of needs undertaken by the physiotherapist at her twice weekly visit. Mobility aids, independent living aids and appropriate activities are available to all residents that need them and these are consistent with those needs identified on residents' individual care plans. Residents are encouraged to walk around the facility, participate in group keep fit exercises, accept massage therapy and if immobile, undertake passive exercises while personal hygiene is attended. Residents/resident representatives are satisfied with the home's approach to maintaining the mobility and dexterity of residents.

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

Team's recommendation
Does comply

The home has policies and procedures to maintain residents' oral and dental health. Assessments of residents' oral and dental health are conducted on admission and care needs are documented on care plans that are reviewed regularly. Where appropriate residents are encouraged and supported to maintain their independence in terms of oral hygiene and care of teeth. Referrals for assessment are made to a dentist who will visit and further appointments and transportation arrangements are facilitated at their dental surgery. Assistance with denture maintenance is provided to residents as required. Residents/representatives confirm they are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss
This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation
Does comply

There is a system in place to identify and effectively manage residents' sensory loss through the assessment of residents' needs on entry to the home and when a change in condition is identified. Staff demonstrate knowledge of various ways they assist residents with a sensory loss and residents that are identified as having sensory deficits, such as requiring glasses or hearing devices, have management strategies documented in their care plans. A large screen television is available for the residents and talking books, large print cards and assistive devices are used to enhance residents' quality of life. Residents/resident representatives confirm that staff assist them with the care and maintenance of their glasses and hearing devices.

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

Team's recommendation
Does comply

On admission information is obtained on the residents' normal settling routine and sleep and care strategies are developed using this assessment information. There is an emphasis on their choice of retiring and waking times, their day/night rest routine and activity levels, use of medication to assist sleep, falls risk, cognition and any sensory impairment or physical disability. When required, the diversional therapist uses aromatherapy and massage with residents to reduce any restlessness and improve their sleep patterns. Residents/resident representatives are satisfied with the homes 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 recommendation
Does comply

The home's approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including resident lifestyle. As a result of its continuous improvement processes, the home has implemented a number of improvements including:
- Since February 2009, the home has participated in an area health service project to introduce advanced care directives. The project includes appointment of two "champions", brochures in the resident information package, production of a short film, coverage in the local newspaper, and colour coding on residents' medical record folders.
- A social activities committee has been formed with two members who are residents. Terms of reference have been developed. To date, the committee has met once, and intends to meet monthly to plan the activity program.
- A bereavement package has been introduced for the relatives of palliative care residents, including information about counselling services and pastoral care services.

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 recommendation
Does comply

The organisation has processes for identifying relevant legislation and regulations, and receiving updates, as described in expected outcome 1.2 Regulatory compliance. The home was able to demonstrate its system for ensuring regulatory compliance is effective in relation to Accreditation Standard Three. There is detailed information in the resident agreement and information package for residents and relatives about their rights relating to security of tenure and the care and services to be provided to them which is in accordance with the *User Rights Principles 1997* (Cth) and *Quality of Care Principles 1997* (Cth)

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 recommendation
Does comply

Scheduled education includes topics relating to resident lifestyle. Individual learning outcomes are assessed by questionnaires. Residents interviewed were of the view staff have the skills and knowledge to support residents' lifestyle effectively. Education relating to Accreditation Standard Three during 2008-2009 includes advance care planning, bereavement, privacy and dignity. One staff member is currently undertaking a certificate III course in leisure and lifestyle.

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

Team's recommendation
Does comply

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There is a system in place to support residents' adjustment to life in the home's environment including an orientation to the home's environment and meeting the other residents on entry and the provision of a resident information pack detailing the Residents Charter of Rights and responsibilities. New residents are encouraged to attend and actively participate in residents meetings, bring in special furniture, items or photographs to decorate their room. The emotional state and needs of residents are identified on an ongoing basis and strategies to support these needs are regularly evaluated. Residents/resident representatives confirm that they are satisfied with the home's management of the settling in period and are provided with appropriate ongoing emotional support.

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
Does comply

Residents/resident representatives' interviews confirm that they are encouraged to maintain their independence, have opportunities to continue to participate in community life and activities and to continue to make choices about their lifestyle preferences. Staff assess each resident's cognitive and physical ability to ensure their independence is optimised through their activities of daily living and recreational activities. The charter of residents' rights and responsibilities is on display within the home and documented in the residents' handbook. Community groups and entertainers are encouraged to visit the home, and residents are supported in maintaining their contacts with family and the community. Residents who wish to participate in activities and community outings are encouraged to do so. The resident activities program ensures that residents, who are able, have access to the community via bus trips and visits to local organisations.

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
Does comply

There are systems in place to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Interviews with residents/resident representatives confirm that residents' privacy and dignity is respected at all times and that staff are particularly considerate when attending to personal care. The team observed and residents/resident representatives confirm that staff speak to them respectfully. Residents' records are stored in the nursing home office in locked shelving. The refurbishment of a dis-used bathroom to become a quiet room for residents/resident representatives to meet quietly to talk has improved privacy for residents. During the site audit the team observed staff to be diligent about maintaining residents' privacy by drawing curtains around a resident's bed, knocking before entering a resident's shared room and closing doors to residents' rooms.

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
Does comply

Residents are encouraged and supported to participate in a wide range of activities of interest to them; their interests, social, cultural backgrounds and leisure and activity preferences are assessed on entry to the home. Residents' care plans record group and individual activities of interest and the monthly activity and special events program takes into account residents' preferred activities and any significant days or events. Diversional therapy services of 20 hours per week are contracted

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from a large provider nearby that provides diversional therapy and physical and cognitive activities five mornings a week at both group and individual sessions. Residents are provided with a copy of the newsletter and activities program monthly and the lounge room notice board shows residents upcoming events in the wider community as well as the weekly activities. Volunteers offer a 'special day activity' once a month on a weekend. The activities program is evaluated monthly at a residents' meeting to ensure that specific activities continue to meet residents' recreational and leisure needs. Residents/resident representatives confirm the home supports residents to be involved in 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 recommendation
Does comply

There are systems in place that support and value residents' individual interests, customs, beliefs and cultural backgrounds. Residents' individual cultural/spiritual and leisure needs are documented and provision is made for the celebration of culturally or spiritually significant events, and friends, family and the community are encouraged to participate. Weekly Catholic and monthly Anglican and Uniting church services are provided at the home for residents who wish to participate. A memorial service is arranged on a six monthly basis in memory of those residents that have recently died and relatives of deceased residents are invited to attend. A cultural resource kit has been developed and is available for staff. Residents/resident representatives are satisfied with the home's level of support for their 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 recommendation
Does comply

The home demonstrates that each resident/or resident representative is consulted about their individual needs and preferences and is encouraged to exercise choice and control in making decisions about what services they wish to receive. Residents are able to voice concerns and suggest improvements through one to one discussion with management, by attending the resident committee meetings or using the home's internal comments and complaints process. Residents choose the meals they wish from the menu and have the right to decline or participate in any recreational activity offered. The 'Charter of residents' rights and responsibilities' is displayed in the home.

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
Does comply

Residents/resident representatives interviewed by the team confirm that they understand their rights and responsibilities. A residency agreement is offered to all residents and is discussed with them and/or their representative prior to admission to the home. It contains information for residents and resident representatives about security of tenure, residents' rights and responsibilities, resident fees and rules of occupancy. Residents/resident representatives interviewed by the team confirm that they received the resident handbook during the entry process and that they feel comfortable to raise any issue of tenure and their rights and responsibilities with the staff or management. The NSW Government recently announced that they will be transferring the nursing home beds to the non-government sector and sought expressions of interest from interested organisations. This announcement has significantly reduced the residents' sense of security of tenure.

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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 recommendation
Does comply

The home's approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Physical environment and safe systems. As a result of its continuous improvement processes, the home has implemented a number of improvements relating to Accreditation standard four including:
- The disaster manual has been reviewed, and an updated manual is in draft form.
- Following an audit, a security improvement plan was developed in January 2009, and is now being implemented.
- With fund raising by the auxiliary, a roof has been built over a verandah to provide shelter for residents outdoors.
- The web based NSW Health Department food safety program is being implemented at the home. The program will be centrally updated as necessary.

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 recommendation
Does comply

The organisation has processes for identifying relevant legislation and regulations, and receiving updates, as described in expected outcome 1.2 Regulatory compliance. The home was able to demonstrate its system for ensuring regulatory compliance is effective in relation to Accreditation standard four. There are systems and processes in place to ensure compliance with relevant legislation regarding occupational health and safety, fire and emergencies, infection control and food safety.

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

Team's recommendation
Does comply

The home identifies the requirements for staff knowledge in relation to the physical environment and safe systems, and actively provides training and education opportunities for staff in relation to Accreditation standard four. Staff are supported to develop their skills and knowledge through participation in in-service education and recognised training courses. Records of attendance at training sessions are maintained. Education and training has recently been completed in relation to fire safety, manual handling, infection control, and food safety. Tenders have been called to provide training for hotel services staff who will all be offered the opportunity to undertake certificate III in hospitality services.

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 recommendation
Does comply

The team's observations and interviews revealed that residents are satisfied with the living environment, which provides them with accommodation in single or shared rooms with ensuite bathrooms. Residents are encouraged to decorate their rooms with personal items. Corridors are wide and have hand rails for additional resident support. Private space is limited in communal areas, but a quiet room is available for residents to entertain visitors. Residents have access to gardens and outdoor areas. The home is clean and residents state it is kept at a comfortable temperature. The safety of the environment is underpinned by the identification of the residents' care needs, the monitoring of their environmental needs on an ongoing basis and planned preventative and corrective maintenance programs.

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 recommendation
Does comply

The home is active in the area of occupational health and safety, for example regular provision of education (including "no lift" and manual handling education), hazard management processes and the provision of suitable equipment that supports safe work practices. For example, lifting aids such as slide sheets and mechanical lifters are available to transfer residents and personal protective equipment is available throughout the home. All staff interviewed said that they had been trained in correct manual handling procedures, the use of manual handling equipment and chemical safety. The team observed that chemicals were stored in locked areas, were labelled correctly and material safety data sheets present. Hazards, accidents and incidents are reported to the occupational health and safety committee, and followed up by management through the NSW Health Department on line incident reporting system.

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 recommendation
Does comply

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 that is regularly tested and serviced. Inspection of the external contractor records and equipment tagging confirmed that the fire fighting equipment is regularly maintained. Emergency exits are clearly marked with exit signs and were free from obstruction. Fire prevention measures in place include education, environmental audits, safe storage of chemicals, a program of electrical equipment checking and tagging and safe smoking procedures for residents. The security system includes staff lock up procedures, door alarms, personal duress alarms for staff, and outdoor security lighting. The staff interviewed indicated that they know what to do in the event of an emergency.

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

Team's recommendation
Does comply

The home has an effective infection control system for identifying, managing and minimising infections. The system includes regular staff education and audits, discussion and reports of infection control issues at meetings, a surveillance program and evaluation of resident infection data, auditing and monitoring of fridge, freezer and food delivery temperatures, a rotation system for dry food stock, use of colour coded equipment and protective clothing and the provision of adequate hand washing facilities. Analysis is undertaken of infections and audit results to improve clinical outcomes. There are cleaning schedules and processes for the removal of waste, including

clinical waste, to maintain good hygiene levels. Staff interviewed demonstrate an understanding of, and commitment to, infection control principles and guidelines. The home has policies, procedures and equipment to effectively manage an infection outbreak and management and staff were able to describe the strategies to prevent an outbreak and effective measures to contain it.

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 recommendation
Does comply

All meals are prepared and cooked on site according to appropriate food safety regulations. Meals are prepared according to residents' preferences and dietary requirements. Residents are offered a variety of meals and are offered alternatives at every meal. Personal laundry is completed on site and delivered daily to residents' rooms. Staff and residents state that they have plentiful supplies of linen and items are returned in a timely manner. An external contractor launders linen, and information provided by the contractor states that the laundry operates in accordance with the Australian laundry standard (AS4146). Cleaning is completed according to a schedule and colour coded equipment is used in specific areas. Residents and relatives state that the home is always clean and odour free