



Aged Care
Standards and Accreditation Agency Ltd

Narrandera Nursing Home

Approved provider: Principal Healthcare Finance No
3 Pty Limited

This home was assessed as meeting 43 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 13 January 2015. We made the decision on 15 November 2011.

The audit was conducted on 25 October 2011 to 26 October 2011. The assessment team's report is attached.

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

ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

Home and approved provider details

Details of the home

Home's name:	Narrandera Nursing Home				
RACS ID:	2673				
Number of beds:	80	Number of high care residents:	56		
Special needs group catered for:	nil				
Street/PO Box:	1A Chantilly Street				
City:	NARRANDERA	State:	NSW	Postcode:	2700
Phone:	02 6959 2466		Facsimile:	02 6959 3362	
Email address:	Teresa.Walton@domainprincipal.com.au				

Approved provider

Approved provider:	Principal Healthcare Finance No 3 Pty Limited
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Assessment team

Team leader:	Denise Marianne Touchard
Team member/s:	Delia Cole
Date/s of audit:	25 October 2011 to 26 October 2011

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 13 February 2012 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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

Site Audit Report

Narrandera Nursing Home 2673

Approved provider: Principal Healthcare Finance No 3 Pty Limited

Introduction

This is the report of a site audit from 25 October 2011 to 26 October 2011 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 a site 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 2.4 Clinical Care

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 25 October 2011 to 26 October 2011

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:	Denise Marianne Touchard
Team member/s:	Delia Cole

Approved provider details

Approved provider:	Principal Healthcare Finance No 3 Pty Limited
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Details of home

Name of home:	Narrandera Nursing Home
RACS ID:	2673

Total number of allocated places:	80
Number of residents during site audit:	56
Number of high care residents during site audit:	56
Special needs catered for:	Nil

Street/PO Box:	1A Chantilly Street	State:	NSW
City/Town:	NARRANDERA	Postcode:	2700
Phone number:	02 6959 2466	Facsimile:	02 6959 3362
E-mail address:	Teresa.Walton@domainprincipal.com.au		

Audit trail

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

Interviews

	Number		Number
General manager-west region	1	Recreational activity officers	2
Facility manager	1	Fire officer/OH&S committee chairperson	1
Clinical manager	1	Maintenance officers	2
Administrative officer	1	Catering staff	3
Registered nurses	2	Cleaning staff	2
Assistants in nursing	6	Laundry staff	1
Physiotherapist	1	Residents/representatives	20

Sampled documents

	Number		Number
Residents' care files (including clinical notes, progress notes, clinical assessments, case conferences, care plans, observations, weight and medication reviews, physiotherapy and manual handling assessments)	10	Wound assessment and ongoing management charts	6
Residents' lifestyle assessments in files and related care plans	6	Diabetic orders charts	3
Pain monitoring charts	5	Medication incident reports	12
Accident and incident reports	31	Signed resident agreements	6
Restraint authorities	6	Staff personnel files	6
Medication charts	20		

Other documents reviewed

The team also reviewed:

- Accident and incident reports and results
- Activities program including weekly calendars, activities records and evaluations, attendance forms, meeting minutes, lifestyle assessments and activity care plans
- Annual fire safety statement
- Archive ledger
- Audit and clinical indicator folders including audit program calendar, flowcharts, graphs and results
- Care manuals including clinical care procedures and flowcharts
- Chemical supplier records, including environmental checks
- Cleaners' weekly orders
- Cleaning checklists
- Cleaning, laundry and kitchen monitoring records

- Clinical and care assessment documentation (including assessments for Aged Care Funding Instrument (ACFI) and initial and ongoing resident care needs and preferences such as resident dietary and menu choices, observation charts including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy; wound assessments and authorisation for restraint forms, leisure and lifestyle)
- Clinical indicator results for falls, pressure areas, infections, medication errors, skin tears, aggressive incidents, wounds and restraints
- Communication books for medical officers, physiotherapist, podiatrist and dietician
- Complaints records
- Compliance peer review risk audits
- Compliments register
- Compulsory reporting register, flowcharts and records
- Criminal record checks tracking sheets: staff, volunteers and external service providers
- Dietitian and resident weigh-in records held in the kitchen
- Education records: learning and development needs analysis; learning and development program; learning materials/packages; mandatory training attendance tracking sheet; learning and development program attendance tracking spreadsheet
- Environmental quality assurance check lists
- Falls risk assessments
- Fire service records
- First aid box content list
- Four week rotating menu and recipes
- Handover report
- Improvement logs, plan for continuous improvement, and continuous improvement projects records
- Individual dietary preferences sheets and summary for all residents
- Infection data collection forms
- Job descriptions and duty lists
- Legislative and annual / six monthly service and testing records
- Letter from external service provider donating gift vouchers for staff
- Lifestyle calendars, policies and procedures
- Lifestyle history and assessment forms
- Lists of staff working on the days of the reaccreditation audit
- Maintenance record logs
- Material safety data sheets
- Medical notes, assessments and specialists reports
- Medication management documents including medication management information and schedule eight drug records, medication policy and procedure and medication advisory meeting minutes
- Meeting minutes: activities; all staff; general service officers; hazard analysis critical control point; medication advisory committee; nurses; occupational health and safety/infection control; quality, risk management and occupational health and safety committee; residents/relatives
- Menu preference records including listing on residents dislikes list and dietary needs
- Mission, vision and values statement
- New resident information pack, including resident handbook
- NSW Food Authority licence and 2011 audit findings
- Occupational health and safety management system handbook
- Outbreak management box contents list
- Performance appraisals tracking sheet
- Pest control records
- Policy, procedure and resource manuals
- Preventative maintenance schedule and records

- Quality program, tools, findings and graphs
- Resident list
- Security / lock-up procedure check lists
- Self-assessment report
- Staff and resident immunisation program records
- Staff and visiting health professional registration check records
- Staff communication diaries
- Staff orientation folders
- Staff rosters
- Weight monitoring chart
- Wound care folder

Observations

The team observed the following:

- Activities in progress
- Activities room - with memorabilia, arts and crafts, photography albums, books, magazines
- Archive room
- Education resources
- Equipment and supply storage areas
- Fire safety/evacuation signage and fire suppression equipment
- Interactions between staff and residents
- Living environment
- Medication rounds and safely stored medications
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Morning tea and lunch-time meal service in progress
- Notice boards containing large print resident activity notices, menus, memos, staff and resident information including residents' rights and responsibilities statement, comments and complaints information
- Noticeboards including education, OH&S, activities and menu
- Complaints and resident rights' posters and brochures on display
- Outbreak management boxes
- Personal protective equipment
- Reference materials accessible to staff
- Resident record keeping systems
- Secure storage of residents' files
- Staff attending a extraordinary meeting on the morning of 26 October 2011
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources and computer terminals
- Staff handovers
- Staff replacing residents' in-room water jugs and cups
- Staff work areas

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

A continuous improvement system is in place including policies and procedures, stakeholder feedback mechanisms, an audit and survey program, clinical indicator monitoring and task sheets. There are continuous improvement forms for stakeholders to complete and their suggestions are also sought through meetings and surveys. Residents, representatives and staff interviewed by the assessment team are aware of ways to put forward a suggestion for improvement. Improvements are acted upon with input and oversight from the home’s quality, risk management and occupational health and safety (OH&S) committee. Continuous improvement activity is tracked through a plan with more significant improvements managed as projects. Through review of relevant documentation, observations and interviews with residents, representatives and staff the assessment team identified that improvements are being made on an ongoing basis at the home.

Recent improvement initiatives relevant to Accreditation Standard One are:

- A new office/education room has been established using an unoccupied resident room. It has meant that the clinical manager, who was previously sharing an office with the facility manager, has more space to work. It has also meant there is a dedicated space for staff education. Previously the therapy room was used and had to be vacated by the recreational activities officers and residents when staff education took place.
- The organisation decided to introduce a new staff handover sheet. At Narrandera Nursing Home a procedure was developed for its implementation and staff received training. The new sheet was introduced in August 2011 and the initial feedback from staff is positive.

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

There are systems in place to identify and ensure compliance with relevant requirements. Information about new and amended requirements is received from the organisation’s head office and directly from government agencies and an aged care industry peak body. Internet access is available to management to research regulatory requirements, professional standards and guidelines. Head office makes changes to policies and procedures as necessary in response to regulatory changes. Relevant information is disseminated to staff through the policies and procedures, discussion at meetings, notices, memoranda, via information sent with payslips and education. Staff say they are informed of regulatory changes relevant to them. Relevant information is provided to residents and their representatives at meetings, in notices, and via information sent with the accounts. The effectiveness of the system in place for identifying and ensuring compliance with regulatory requirements is monitored by management and peer review regulatory compliance audits.

Example of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are:

- The organisation ensures that staff, volunteers and relevant external service providers have a current criminal record check and are cleared to work at the home.
- A compulsory reporting register is maintained for any incidents of elder abuse or missing residents.
- Residents and their representatives were notified of the upcoming re-accreditation visit and of their opportunity to speak with the assessors in confidence. This was done through resident/relative meetings, notices displayed around the home and one-to-one discussion.

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 organisation has demonstrated that management and staff have appropriate knowledge and skills to perform their roles effectively. An annual staff training needs analysis is undertaken and staff can also make suggestions and comments through a satisfaction survey. A learning and development program is developed based on staff input, the organisation's priorities, the needs of residents, and areas identified for improvement through audits, clinical data and complaints. Education is delivered through orientation, on the job, at staff meetings, and through formal in-service and external courses. Attendance records are kept and there is follow-up of non-attendance at compulsory sessions. The effectiveness of the education is monitored through observations of staff practices, knowledge based questionnaires and competency assessments. The organisation supports staff to obtain or upgrade their formal qualifications. Staff say they are satisfied with the education and development opportunities available to them.

Education sessions that management and staff attended recently relating to Accreditation Standard One, include aged care funding instrument, compulsory reporting, and communication and documentation. In addition to this staff are supported by the organisation to access a range of relevant Certificate III, Certificate IV and nursing qualifications.

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

A system is in place to ensure that all residents, their representatives and other interested parties have access to internal and external complaints mechanisms. Information about how to lodge internal and external complaints is outlined in the resident handbook and agreement. It is discussed initially when a resident moves into the home and is promoted through posters and brochures displayed in the home. There is provision for written complaints to be lodged in confidence, although management advised that most complaints are made verbally. Most complaints are addressed immediately, but where necessary, they are investigated, actioned and feedback is provided to the complainant. Staff are familiar with the home's procedure for dealing with complaints. Residents/representatives are aware of internal and external avenues for making complaints.

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 organisation's mission, vision and values, including a commitment to quality have been documented. The information is published in documentation given to residents, representatives and staff.

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

A system is in place to ensure there are enough appropriately skilled and qualified staff to meet the needs of residents. The recently appointed facility manager and clinical manager are already familiar with the organisation's procedures for staff recruitment and orientation. New staff are provided with support, including supernumerary "buddy" shifts, to become familiar with their duties. A performance appraisal system is in place and assists in identifying under-performing and high-performing staff. There are procedures in place for dealing with staff who under-performing. There is recognition of well-performing staff who may be rewarded for their efforts through development opportunities and staff awards. A base roster is in place with the staffing mix and levels determined based on occupancy levels, the current needs of residents and budgetary considerations. Shifts on the base roster are mostly being filled and agency staff are rarely used. Most staff say they have enough time to complete their duties. Residents/representatives say that staff are competent, caring and are available to meet residents' needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The organisation has a system in place to ensure that stocks of appropriate goods and equipment are available for quality service delivery. Inventory and equipment is obtained from major contractors organised through the organisation's head office and more locally organised by management at the home. Staff across different departments explained how they take account of stock and order new stock. They all say they get enough quality stock, and there is enough equipment, to ensure resident care and staff safety. There are procedures in place for checking that stock is fit for use when received. Equipment is being maintained in good working through preventative maintenance and repairs as needed. A significant amount of new equipment has been purchased in recent months. When new products arrive staff are provided with training to ensure correct use. Observations by the assessment team, and feedback from residents/representatives, confirms there are sufficient supplies and equipment for the delivery of quality services.

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 organisation has effective information management systems in place. The policies, procedures, manual, forms and quality system documentation in use at the home are controlled by the organisation's head office. There is an organisational intranet, which management and other key staff can access. Computers available to management and staff are password protected and systems are in place for protection of data. There are procedures in place for the management of archived records, and residents' personal information is stored to maintain confidentiality. There are mechanisms in place for management and staff to communicate with each other, and with resident representatives and external health professionals, to ensure residents' receive the care and services they need. Management communicates with staff through meetings, notices, memoranda and correspondence sent with payslips. Residents, representatives and staff say they are satisfied with the amount of communication taking place. They consistently advised the assessment team that management are approachable and responsive.

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

A system is in place to ensure that all externally sourced services are provided at a standard that meets the organisation's needs and goals. The organisation's head office enters into contracts with major external service providers and is responsible for monitoring their performance. There is opportunity for management to have input into those processes, and they also procure goods and services from local suppliers and contractors. Checks are undertaken to ensure external service providers have relevant clearances, registrations/certificates, and insurances. If a new external service provider needs to spend time on site they are provided with orientation and their conduct and work is closely monitored. If an external service provider is under-performing there is follow-up with them and, if unresolved, a new provider will be found. Management and staff are predominantly satisfied with the arrangements in place with external service providers.

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

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Two are:

- Management observed that the frequency of PRN medication usage by individual residents was not being closely monitored. 'PRN' stickers were purchased for use and are entered in the progress notes when PRN medications are given. This has made it easier to monitor regular use of PRN medications so that medical officers can be asked to review orders.
- A restraint audit was conducted in January 2011 and found a 92 per cent compliance rate. Issues were identified in relation to release and repositioning of residents on an hourly basis. Education was provided to staff and the results of a repeat audit in June 2011 were a 100 per cent compliance rate.

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

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- Registered nurses are responsible for the care planning and assessment processes for all residents.
- The home maintains schedule eight drug registers in accordance with relevant legislation.
- The home monitors the annual registration of nurses working at the home and of the visiting health professionals.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Two include behaviour management; care planning; continence management; dementia; international normalized ratio/anticoagulant therapy; massage therapy; methicillin-resistant

staphylococcus aureus; nutrition and hydration; pain management; and Parkinson's disease. In addition to this the clinical manager has organised for staff to receive education in dementia care from an expert external training organisation, and this will commence in November 2011.

2.4 Clinical care

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

Team's findings

The home does not meet this expected outcome

The home does not have effective systems in place to ensure that each resident receives appropriate clinical care. The assessment team acknowledges that a comprehensive program of assessments are carried out when residents move to the home and care plans are prepared by registered nurses in consultation with the resident/representatives and others involved in clinical care. Residents/representatives say they are satisfied generally with the clinical care and staff who deliver the care. Staff are familiar with individual residents' needs and preferences. However, the assessment team identified that the home's systems failed to ensure that a resident received appropriate and timely clinical care following a fall. Care staff did not report the incident, the resident's condition was not closely monitored, and changes in the resident's condition were not followed up to obtain diagnosis and treatment in a timely manner.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

The home has systems in place to identify residents specialised nursing care needs and for appropriately qualified nursing staff to deliver those needs. Specialised nursing care needs are assessed and documented in care plans on moving to the home by the registered nurses. Changes are noted in progress notes and care plans are regularly reviewed and evaluated and include specific information on each area of specialised care required. The care plans include reference to any particular resident preferences about specialised nursing care. Registered nurses attend to residents' specialised care such as catheter and wound care management and equipment is supplied as necessary to meet identified needs. The staff interviewed said they have the appropriate skills, resources, equipment, education and support from management to provide specialised nursing care for residents. Residents and representatives said they are happy with the standard of specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings

The home meets this expected outcome

The home has systems to identify and assist the registered nurses to identify, assess and refer residents to the appropriate health specialists when necessary. A review of documentation shows residents' needs and preferences are assessed on moving to the home and referrals arranged in consultation with the resident/representatives and relevant staff as needed. The assessment team also reviewed a wide range of information documented in residents' medical notes, progress notes, care plans, allied health folders and communication diaries. Residents/representatives said they are satisfied with the referral

process and are consulted when referrals to health specialists are required. They also say that staff assist them to access these services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems in place for the management of medication. Delivery of medication is via a pre-packed system which is administered by registered or endorsed enrolled nurses. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. A photo identification of each resident with their date of birth and clearly defined allergies is on each medication chart. A review of medication management documentation including medication charts shows doctors regularly review medications and charts are documented appropriately. An external medication review by the consultant pharmacist is in place to ensure medication management is safe and correct. Staff are required to demonstrate competency with medication management. An internal audit and review of medication management are conducted and a multidisciplinary medication advisory committee meets regularly. Residents/representatives say medications are received on time and any adverse reactions or incidents are reported immediately and acted on appropriately.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure all residents are as free as possible from pain. Residents’ cognitive abilities are taken into account and the home uses a variety of tools to assess and manage pain. Initial assessments identify any pain a resident may have and a care plan is developed based on the individual needs of the resident. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify monitor and evaluate the effectiveness of pain management strategies. The care staff assists the physiotherapy aide and recreational activity officers to reduce residents’ pain by encouraging residents’ participation in gentle exercise programs and therapies that include massage. Pain management measures are followed up for effectiveness and referral to the resident’s medical officer and other services are organised as needed. Residents/representatives reported that staff respond appropriately to residents’ pain and offer interventions in line with resident preferences and needs.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that all residents’ palliative care is managed effectively and sensitively in consultation with residents/representatives and medical officers. Review of documentation identifies end of life wishes and staff discussions show the needs of residents receiving palliative care are assessed and considered in care planning. Staff at the home receive education about managing the palliative care needs of residents and have access to appropriate health professionals for advice and assistance. All staff interviewed expressed sensitivity and understanding of meeting the needs of frail residents. Discussions with relatives and cards and letters of appreciation show family and friends are appreciative of the care and support provided by staff and others at the home. Residents/representatives are

encouraged to participate in case conferences and discussions relating to end of life decisions. Families are invited to stay with the resident in the late stages of life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to ensure residents receive adequate nourishment and hydration. The home can demonstrate that residents receive adequate nutrition and hydration through an initial assessment and through ongoing consultations about residents’ likes and dislikes and the provision of specialised diets and nutritional supplements. The clinical manager identifies and monitors residents at risk of weight loss and malnutrition. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents’ preferences and special requirements. Residents/representatives have input into menu planning through residents meetings, comments and complaints mechanisms, informal discussions with staff and resident case conferences. Review of documentation and discussions with staff, residents and representatives show residents are offered daily choice of meals.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home can demonstrate that each resident’s skin integrity is identified, managed and treated if compromised. Regular and ongoing assessments occur in consultation with residents/representatives and other health professionals as required. A review of documentation, including audits of accident and incident forms confirms residents skin integrity is monitored daily by trained care staff and any changes reported to the registered nurse for review and referral to the medical officer as needed. A wound care specialist is consulted on a regular basis to review individual wounds. Products to assist in maintaining skin integrity are provided, such as pressure relieving devices, skin emollients and protective bandages and are available to all residents consistent with individual care plans and identified resident need. Residents/representatives said staff provide appropriate skin care and some reported that the resident’s skin condition has improved since moving to the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems in place to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Personal care staff said they assist residents with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet the needs of residents.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage residents with challenging behaviours. On entry to the home residents undergo assessments and monitoring to identify any challenging behaviour and to identify ‘triggers’ that may lead to challenging behaviours. Residents are referred to their medical officers and psycho-geriatricians for clinical review, pain management and assessment when necessary. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and individualised behaviour care plans formulated. Management said behavioural management strategies take into account the safety of the resident, other residents and staff. The resident’s preferences and needs and care plans are regularly reviewed and evaluated for effectiveness. Referral to mental health teams occurs on an ongoing and regular basis. All staff interviewed demonstrated understanding and knowledge of addressing the needs of residents with challenging behaviours. Incidents are recorded and addressed in a timely manner. Staff receive ongoing education in managing challenging behaviours and work as a team to provide care. Residents/representatives interviewed said the home manages the needs of residents with challenging behaviours sensitively and effectively.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home can demonstrate that optimum levels of mobility and dexterity is achieved for residents. Documentation and discussions with staff show all residents are assessed on moving into the home for mobility, dexterity and transfers. The physiotherapy program is implemented by a trained physiotherapy aide and is regularly reviewed and evaluated by the external physiotherapist. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, pelican belts, mechanical lifters and wheelchairs are available. Falls incidents are generally documented, analysed and information about the results are given back to staff via staff meetings. Residents/representatives say the home encourages resident independence through individual mobility and exercise programs and appropriate referral to specialist services in a timely and effective manner.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has strategies in place to ensure residents’ oral and dental health is maintained. A review of documentation show residents’ oral and dental health is assessed on moving to the home and individual care plans are regularly reviewed and evaluated to meet the changing needs of residents. Diet and fluids are provided in line with the resident’s oral and dental health needs and preferences and specialist advice for residents with swallowing problems is sought as needed. Policies and procedures guide staff practice and any dental problems are reported to the registered nurse. Dental appointments and transport are arranged in

accordance with the resident's and/or representative's needs and preferences. Residents/representatives say staff provide assistance with oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Initial assessment of all the residents' sensory loss is identified on moving to the home and management strategies are implemented, regularly reviewed and evaluated in consultation with the residents/representatives and referral to specialist services arranged as needed. Residents/representatives say they have access to massage, music, gentle exercise and staff are attentive to individual needs including care of glasses and hearing devices. Regular services are provided by an external optometry service. The assessment team observed the environment to have adequate lighting, uncluttered rooms and corridors that facilitate resident safety. Staff say they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents sleep patterns including history of night sedation are assessed on moving to the home and care plans are regularly reviewed and evaluated. Residents' preferences for rising and retiring are incorporated into daily care. A review of documentation and discussions with staff show residents are offered snacks, warm milk, emotional support and toileted to assist natural sleep. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are subdued at night. Residents say they sleep well at night and many like an afternoon nap.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Three are:

- Residents made a suggestion that they would like to be involved in more community events and showcase what their skills. It was agreed that residents would enter craft into the local show. Residents worked on their craft items, which ended up being displayed as part of the local show in 2011. One resident had the opportunity to visit the show to see the residents’ craft on display and was pleased to overhear compliments from visitors.
- Early in 2011 the recreational activity officers’ hours of work were changed to provide residents with improved program coverage. The recreational activity officers previously finished working at 3.30pm and now one is on-site until 7pm. In particular this has led to improvements in the management of residents with dementia who tend to become more unsettled in the late afternoon.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

- A privacy policy is in place, which clearly sets out the ways residents’ personal information is collected, used, disclosed, stored and destroyed and residents’ rights in relation to access and correction.
- When a resident moves into the home they or their representative are offered a resident agreement, which they can choose to sign.
- Education and guidelines have been provided to ensure that management and staff are aware of their responsibilities in relation to elder abuse and missing residents, including compulsory reporting requirements.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Management and staff have

attended elder abuse education and a recreational activity officer is completing diploma level studies in diversional therapy.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure each resident receives initial and ongoing emotional support through the initial admission period and on an ongoing basis. Assessments are completed on entry to the home, including social history, hobbies, interests and emotional needs. Residents/representatives are orientated to the home and care and recreational staff spend one-to-one time with residents during their settling in period and thereafter according to need. Management reported residents' and their representatives are invited to participate in life at the home and referrals to allied health professionals are arranged for residents as needed. All staff are encouraged to provide appropriate emotional support for residents and staff practice is supervised. Residents/representatives reported management and staff are caring, supportive and responded appropriately to changes in residents' emotional needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Documentation and discussions with staff and residents/representatives show residents are encouraged to be as independent as possible and are provided with appropriate information and equipment to maintain their independence. The activity program helps facilitate community access by the use of community groups and volunteers. Community entertainers and school groups visit the home. Assistance with transport to external appointments is arranged as needed. Residents and representatives say they are satisfied with the services provided at the home including outings for lunch at the local clubs and tours around the local area. The residents also say they are encouraged and assisted to keep in touch with family and friends.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to monitor that residents' privacy, dignity and confidentiality is recognised and respected. Management is committed to residents' rights to privacy, dignity and confidentiality and this topic is included in staff orientation and monitored through audit programs. Staff handover and all resident matters are discussed in private and resident information is securely stored. Resident consent is obtained before exhibiting photographs of special events and outings on noticeboards. Staff were observed to be addressing residents by their preferred name and consulting residents about their preference to participate in activities. All residents were well groomed and appropriately attired.

Residents/representatives said staff are sensitive in their approach with residents, respect individual right to privacy, and are confident personal information is kept confidential. Representatives said there are sufficient private and communal spaces to meet with family and friends.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has developed a comprehensive leisure interests and activities program that runs seven days a week. The program is developed monthly and is prominently displayed throughout the home a week at a time. The home has a team of volunteers to assist with the residents' leisure and lifestyle activities, including nail care and church services. A review of documentation including resource manuals, resident surveys, resident progress reports and diary entries, and minutes of resident meetings show individual and group programs are developed in response to individual interest and need. Residents say they enjoy the programs on offer. Music groups and entertainers visit and provide individual and group activities. The recreational activities officer says the activities program is very interactive and residents' preference not to attend activities is always respected. The activities officers stated they have sufficient resources and equipment to provide a comprehensive program for residents.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems in place to foster residents' cultural and spiritual needs through ongoing assessment, discussions with residents/representatives, community involvement and individual strategies to meet the changing needs of residents. The home has regular religious services from various denominations. Any specific religious or cultural preferences would be respected and catered for on a needs basis. Residents/representatives reported their preference not to participate in religious and other celebratory events is respected and noted in care plans. Special religious and other significant days such as Christmas and Good Friday, Anzac day, NAIDOC week and common cultures are celebrated. There is a list of special days for other religions and cultures including dietary requirements available for staff. Residents/representatives say they feel safe and happy at the home and they can have their own possessions in their rooms and be cared for by friendly staff and volunteers.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure each resident/representative is able to participate in decisions about their care and service provision. The initial assessment process on entry to the home, and on an ongoing basis, documents residents' preference for diet/meals, choice of medical officer and the level of involvement in activities. The assessment team observed staff consulting with residents about their day-to-day wishes and preferences.

Resident meetings, surveys, comments and complaint mechanisms and input into care planning are avenues by which residents/representatives can participate in decision making regarding the services provided. Information is communicated to residents/representatives through letters, the resident notices and meetings, discussion and display on noticeboards. A review of documentation shows residents and their representatives participate in choice and decision-making while not infringing on the rights of other people.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has in place procedures to ensure that residents have secure tenure within the residential care service, and understand their rights and responsibilities. Residents and their representatives are provided with information about their rights in a resident agreement and handbook. The Charter of Residents' Rights and Responsibilities is displayed in a prominent area of the home. Resident room moves only occur following consultation and with the consent of residents and/or their representatives. Occasion has not arisen for asking a resident to leave the home. Procedures are in place for management to follow should such an occasion arise. Residents/representatives did not raise any concerns with the assessment team regarding security of tenure or residents' other rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Four are:

- During a recent resident/relative meeting a request was made to have sausages put back on the menu. Management looked into the situation and discovered that sausages had been taken off the menu due to the potential choking risk for some residents. A decision was made to put sausages back on the menu for residents who do not have swallowing difficulties. Residents say they are enjoying eating sausages once again.
- A foyer has been created at the entrance of the home by installing a set of doors which now have to be passed through to get to the residents’ living environment. This was done to provide residents’ with more privacy and dignity as previously everyone coming into the home, even if only making deliveries, could see into the areas occupied 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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

- A committee has been established as the mechanism by which the organisation consults with staff in relation to OH&S.
- The home has a current annual fire safety statement.
- The home has a current licence with the NSW Food Safety Authority and received a positive result at its most recent food safety audit.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Four include fire awareness and evacuation, infection control and hand-washing, and manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in mostly multi-bed rooms and have access to shared bathroom facilities in a single storey, older style building. There are lounge areas, an activity room, a quiet room and a central courtyard, which are all comfortably furnished. There is air-conditioning throughout the building for heating and cooling. The home is clean, well lit and clear of clutter. Call bells are located in resident rooms and bathrooms so that residents can summons assistance when needed. There are handrails along the corridors for resident safety. The perimeter of the home is secure for residents who wander and are at risk of absconding. Responsive maintenance is undertaken as needed and a preventative maintenance program is being implemented. Residents/representatives are generally satisfied with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. There is a quality, risk management and OH&S committee and also a separate OH&S/infection control committee. Members of the committee have received OH&S committee member training. Policies, procedures and education are available to guide management and staff in OH&S. Manual handling training and competency is compulsory for all staff. Equipment and supplies are available to support safe work practices by staff and the assessment team observed them being used. There are regular inspections of the environment, by staff and external service providers, and accident and incident reporting and hazard alert systems are in place. Staff incidents and injuries are discussed at OH&S committee meetings and strategies identified to prevent recurrence. Workers who are injured are encouraged to access treatment and are supported to return to the workplace in suitable duties. Staff say management is responsive to their OH&S suggestions and requests.

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

A system is in place to ensure management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Staff attend mandatory fire safety awareness and evacuation training. They know what to do in the event that the fire alarm sounds, including how to evacuate and where to assemble. The home has an annual fire safety statement and there is regular servicing of fire detection and suppression systems. Emergency exits are clearly marked and kept free of obstruction. There is an evening security lock-up procedure and outside lighting. Emergency flip-charts can be accessed around the home and a major project underway is review of the disaster management plan. The regular environmental inspections cover aspects of fire and security.

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

Infection control policies, procedures and resource manuals are in place. There is education for staff and hand-washing is a mandatory annual competency they are required to demonstrate. Equipment and supplies are available to staff so they can prevent cross-infection, including personal protective equipment and hand-sanitiser located in each resident room. Immunisation programs are in place for residents and staff. A licence has been obtained from the NSW Food Authority and a hazard analysis critical control point system is in place in the kitchen. Disinfection in the laundry is through thermal and chemical means. There are cleaning procedures in place for all areas of the home. There is monitoring for signs of infection in residents, data is collated monthly and is reported to the relevant committees for discussion and follow-up. The facility manager and clinical manager are the home's outbreak management co-ordinators and kits have been established for use during an outbreak. Contaminated waste is stored separately and securely. Staff are knowledgeable about infection control principles and practices.

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

Systems are in place to ensure hospitality services are provided in a way that enhances residents' quality of life. Meals are fresh cooked according to a four week rotating menu that offers variety and choice. The menu is being reviewed with input from residents, representatives, staff and a dietician. Residents' special dietary needs and daily meal choices are being identified and met. Residents/representatives say they get enough to eat, the meals are the right temperature, and they enjoy the food. Basic cleaning of resident rooms and cleaning of bathrooms and all other areas of the home is being undertaken on a regular basis. The assessment team observed all areas of the home to be clean, and residents/representatives say this is always the case. A full laundry service is provided on site. Staff say there are enough freshly laundered items for them to complete their work, and laundry staff say they launder residents' clothing within a reasonable timeframe. Laundry staff assist with labelling clothing to reduce the incidence of missing items. Residents/representatives are generally satisfied with the laundry service.