



Aged Care
Standards and Accreditation Agency Ltd

Percy Miles Villa

Approved provider: Catholic Healthcare Limited

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 15 January 2015. We made the decision on 18 November 2011.

The audit was conducted on 11 October 2011 to 12 October 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Percy Miles Villa				
RACS ID:	0252				
Number of beds:	40	Number of high care residents:	4		
Special needs group catered for:	<ul style="list-style-type: none"> • nil 				
Street/PO Box:	227-235 Forest Road				
City:	KIRRAWEE	State:	NSW	Postcode:	2232
Phone:	02 9545 1773		Facsimile:	02 9545 4244	
Email address:	landerson@chcs.com.au				

Approved provider

Approved provider:	Catholic Healthcare Limited
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Assessment team

Team leader:	Colleen Fox
Team member/s:	Denise Dwyer
Date/s of audit:	11 October 2011 to 12 October 2011

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Principle:

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

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

Principle:

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

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

Principle:

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Percy Miles Villa 0252

227-235 Forest Road

KIRRAWEE NSW

Approved provider: Catholic Healthcare Limited

Executive summary

This is the report of a site audit of Percy Miles Villa 0252 from 11 October 2011 to 12 October 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 11 October 2011 to 12 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:	Colleen Fox
Team member/s:	Denise Dwyer

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Percy Miles Villa
RACS ID:	0252

Total number of allocated places:	40
Number of residents during site audit:	39
Number of high care residents during site audit:	4
Special needs catered for:	nil

Street/PO Box:	227-235 Forest Road	State:	NSW
City/Town:	KIRRAWEE	Postcode:	2232
Phone number:	02 9545 1773	Facsimile:	02 9545 4244
E-mail address:	landerson@chcs.com.au		

Audit trail

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

Interviews

	Number		Number
Residential manager/Registered nurse	1	Residents/representatives	8
Care co-ordinator	1	Catering staff	2
Registered nurse (RN)	1	Activities officers	2
Care staff	5	Cleaning contract manager	1
Administration assistant	1	Cleaning staff	1
Physiotherapist	1	Maintenance staff	1
Pastoral carer	1		

Sampled documents

	Number		Number
Residents' paper-based and electronic files (including progress notes, assessments and care plans, letters to and from external health specialists, X-Ray and pathology reports)	5	Medication charts	9
Weight charts	33	Staff files (including performance reviews)	4
Pain assessment and response to treatment charts	8	Resident care agreements	3
Wound charts	4	Service agreements	5
Case conference records	5		

Other documents reviewed

The team also reviewed:

- Activities calendar and newsletter
- Annual business plan
- Approved suppliers' list
- Audit schedule, results
- Bowel charts
- Case conference list
- Cleaning schedules, inspection reports, cleaning staff orientation, training records
- Clinical indicators, monthly analysis
- Code of conduct
- Continuous improvement register, improvement forms
- Dietary likes, dislikes and needs documentation
- Dietetic menu review
- Education calendar, training participation records, evaluation records
- Emergency procedures manual

- Food safety plan
- Four weekly menu
- Handbooks – staff, resident, volunteer
- Incident register, incident forms
- Infection control data collection records
- Infection control manual
- Kitchen cleaning schedules
- Kitchen temperature control logs – food, equipment
- Legionella test report
- Leisure interests, activity plans and participation records
- Maintenance request logs
- Medication error and incident forms, audit results
- Meeting minutes - staff, residents, medication advisory committee
- Menu choice forms
- New employee pack
- Observation charts, including for blood glucose level and blood pressure
- Organisation charts
- Orientation and core skills development workbook
- Pest control reports
- Physiotherapy assessments and recommended programs including chair exercises
- Plan for continuous improvement
- Police check registers
- Policies, procedures, flowcharts
- Position descriptions, duty lists
- Preventative maintenance schedule
- Reportable incidents register
- Resident admission pack
- Resident departure surveys
- Resident shower lists, laundry list
- Risk assessment and task analysis form
- Staff assessment and review list
- Staff and doctors' communication books, handover sheets
- Staff confidentiality agreements
- Staff memos
- Staff registrations
- Staff roster
- Staff skills' assessments
- Surveys – resident, resident representative
- Thermostatic mixing valve records
- Vaccination registers – staff, residents

Observations

The team observed the following:

- Activities, including the residents' exercise programs, in progress
- Activity program, year planner
- Annual fire safety statement
- Brochures – external complaints services, return to work
- Charter of Residents' Rights and Responsibilities
- Chemical storage, material safety data sheets
- Cleaning in progress, 'wet floor' signage
- Disaster contingency plan
- Electronic incident registering system
- Emergency evacuation kit

- Equipment and supply storage areas
- Fire safety inspection reports, equipment, evacuation plans, resident instructions
- First aid kit
- Food safety information for residents/representatives
- Improvement forms, including confidential
- Infection control resources – hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, spill kits, sharps containers
- Information on noticeboards – staff, residents
- Interactions between staff and residents
- Library
- Living environment - internal and external
- Medication round and storage of medications
- Mobility equipment in use and in storage
- Movie room with more than 200 movies stored
- NSW Food Authority licence
- Outbreak management kit
- Public phone
- Quiet room
- Residents' laundries and ironing boards
- Secure storage of information
- Shop containing a range of small items
- Staff handover
- Staff room
- Suggestion box
- Supply storage areas
- Use of loudspeaker for resident information
- Video surveillance
- Visitor, contractor, sign in/out books
- Walking programs
- Water coolers

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. A review of relevant documentation and interviews with management and staff confirm that the continuous improvement program includes activities to monitor, assess, action, review and evaluate the home’s processes, practices, and service delivery. Actions for improvement are developed in relation to the corporate business plan and the home’s residential care needs. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, feedback and incident forms, audit results, surveys and verbal discussion. Activities which support quality improvement include regular resident/representative, staff and committee meetings, an internal and benchmarking audit program and trend analyses of key performance indicators. Stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One include:

- Slow computers were contributing to unproductive staff time management. To address this computer upgrades, new cabling and new equipment have been installed. This has improved the speed of access to organisational systems and processes. Office equipment for staff, such as the photocopier, has also been replaced which is faster and more productive.
- A review of staffing hours for the maintenance officer and the recreational activity officer has resulted in increased hours. The maintenance officer is rostered an additional day per week to attend to the maintenance of the environment. A second activity officer has been recruited and works 20 hours a week. Staff are now in attendance six days a week and are offering more activities for residents.
- Following discussion with staff it was identified that considerable time was being taken to complete transfer forms when residents need to be transferred to hospital. A new procedure has been introduced with partially completed transfer forms placed in residents’ folders ready for final completion. Staff say this is proving a more efficient practice and allows staff more time to spend with residents waiting for the ambulance.
- An investigation of recorded medication incidents showed that pharmacy related incidents were not being actioned to the satisfaction of management. As a result a new pharmacy has been appointed. Education has been given to staff by the pharmacy on correct procedures and services are proving to be more efficient.

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

A review of documentation and interviews with management and staff demonstrate systems are in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. An organisation subscription to legal

services and membership to peak bodies and associations assist in ensuring management staff receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual compulsory education sessions. Updated information is communicated at handover, education sessions and meetings, and through staff memos. Head office departments ensure policies, procedures and flowcharts are current. Interviews with staff indicated awareness of current regulations and legislation. Monitoring of compliance includes scheduled internal audits, staff skills' assessments, performance reviews, and observation of staff practices. Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, allied health personnel and contractors, as necessary, have national criminal history checks and these are monitored for renewal.
- The team noted updated policies in response to legislative changes.

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

Documentation, observation and staff interviews confirmed the home has systems in place to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported in attending education programs internally and externally which cover the four Accreditation Standards. Skill assessments are conducted at orientation and are ongoing to monitor staff practices. Staff development needs and compulsory training requirements contribute to the development of the annual education program. An audio visual series is included in the program. Other sessions are based on trend analyses of clinical indicators, audit results, resident care needs, and legislative changes. Education notices are on display for staff. Training and education is offered on-site in small groups, one-on-one and through self directed learning packages. Participation and program evaluations are recorded. Staff members are encouraged and supported to attend certificate programs. All residents/representatives interviewed said they are satisfied that staff provide appropriate care when needed.

Education and training attended in relation to Accreditation Standard One includes: frontline management, certificates III and IV in aged care, team leadership, administration workshop, accreditation, new office equipment, complaints management, teamwork, and continuous improvement.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints accessible and available to all residents and their representatives in the home. These are outlined in the resident agreement and handbook. On entry all new residents are made aware of feedback mechanisms and forms and the manager has an 'open door' policy. Feedback forms and brochures for accessing external complaints services are displayed throughout the home. A suggestion box is centrally located. Resident meetings and discussion groups provide forums for feedback and updates on actions taken in relation to resident initiated issues. All suggestions and complaints are registered, collated, and analysed monthly. They are transferred to the quality improvement program if requiring further action. Staff interviewed

demonstrated awareness of complaints' procedures. Complaints are received verbally or in writing. All complaints reviewed indicated they are acknowledged, investigated, and feedback is given to complainants. All complaints are handled confidentially. Residents/representatives interviewed said that if they had any concerns they would raise them with staff. Those who have raised issues said these have been actioned appropriately.

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

Management and staff practices, interviews and review of documentation, such as policies and procedures, confirm a commitment to quality within the home. The operations manager assists with day-to-day operations and senior staff, in organisational departments, provide leadership and support to management. The mission, vision and values statements are on display and, with the philosophy of care, are included in staff and resident handbooks. The Charter of Residents' Rights and Responsibilities is displayed and included in the resident agreement and handbook. The home's audit and quality improvement programs, and staff education, ensure an ongoing commitment to quality care for residents.

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

Interviews, documentation review and observation confirm the home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs. All care staff have, or are working towards, a certificate III level qualification. A comprehension orientation program includes core skill development and a mentoring and buddy system. Position descriptions, policies, procedures, flowcharts and duty lists inform all staff of the requirements for the delivery of quality care and services. Expectations of staff performance are conveyed through the staff handbook, code of conduct and the annual feedback and development system. Organisational and in-house incentive programs reward staff commitment. Staff practices are monitored by observation, feedback and audit results, and professional development is encouraged. An employee counselling service is available to staff. Staff registrations and police check renewals are monitored and recorded. Staff rosters are adjusted according to workloads and feedback from staff. The manager is a registered nurse and is available after hours if necessary. Casual staff or extra hours by part time staff cover leave occurrences. Staff interviewed said there is good teamwork, they enjoy working at the home and they usually have sufficient time to complete duties on their shift. Residents interviewed said they are assisted as needed in a timely manner, and they expressed satisfaction with the care given.

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

Documentation and interviews with staff confirm the home has systems in place to order and

have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for replacement of unsuitable goods. The preventative maintenance program ensures equipment is monitored and replacement needs are identified. For any new equipment training of staff is conducted. All storage areas viewed showed there are adequate supplies and there is a stock rotation policy. The team noted items are stored in locked storage areas. Staff and residents interviewed said there are adequate supplies of goods and equipment available for use.

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

Interviews, documentation review and observation confirm the home has effective information systems in place to provide access to current information to all stakeholders. Audit and survey results, and feedback mechanisms, provide information to management and staff about the home's performance. Staff members are informed on all aspects of care and service delivery by the staff and resident handbooks, position descriptions, and duty lists. All staff have intranet access to policies, procedures and flowcharts which head office departments update to ensure currency. All staff sign confidentiality agreements and privacy policy and disclosure statements are included in resident agreements and other documentation. All staff have password protected access to electronic information systems. Care staff said updated information is available through handover, care documentation, memos, communication diary, and staff meetings. A resident agreement and handbook inform residents/representatives and updated information is provided through meetings, newsletters, noticeboards and verbal communication. Residents/representatives interviewed believe they are kept informed and up to date. Processes are in place for confidential storage, electronic back up, archiving and destruction of documentation at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. The organisation has established preferred suppliers for staff access. Most external providers are managed at corporate level by service agreements or contracts with agreed specifications of service and standards or delivery. Documentation reviewed showed that appropriate qualifications and criminal history checks are held, and insurance and registration details are in place. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Changes are made when services received do not meet expected requirements for the needs of residents or the home. Prior to the renewal of agreements consideration is given to services provided. Staff interviewed stated they are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Accreditation Standard Two include:

- Management identified that it would be more suitable to have a medication advisory committee at the home rather than attend one at another facility. This has been arranged with the pharmacy and an external medical services provider, and meetings are held to discuss medication management issues. Doctors are invited to the scheduled meetings.
- Discussions with staff showed that some staff were unsure of wound care techniques. A wound care focus month was introduced with additional education about different wounds and dressing techniques. Staff competencies were completed. Staff are more confident in wound management as a result.
- To increase awareness and to provide better care for people living with dementia, a group of staff have completed certificate programs in dementia care.
- Audit results indicating an increase the incidence of falls prompted the development of a focused falls' awareness month. Education by the physiotherapist was given to both residents and staff to increase their awareness. Subsequent indicators show a decrease in fall incidents.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard Two include:

- The home has a system to monitor and record professional and allied health staff registrations and authorities to practice.
- Medication management practices are monitored and reviewed for compliance.
- A system is in place to manage unexplained absences of residents in accordance with 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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that over the last year a range of education and training sessions have been attended in relation to health and personal care. Some of the topics include: medication management, dementia, sensory loss, wound care, falls prevention, behaviour management, continence management, pain management and registered nurse professional development day.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Staff described the processes implemented to ensure that residents' physical, psychological and cultural needs are identified and care plans developed to provide appropriate care for all residents. The needs of new residents are assessed on or before entry to the home. A short summary care plan is developed in consultation with staff before a more comprehensive plan is compiled using entry data, assessments of a number of aspects of clinical care and feedback from staff members. Care plans are evaluated regularly and updated when a resident's needs change. Care management of residents classified as requiring a high level of care is supervised by a registered nurse. A review by the team of residents' clinical notes and care plans confirmed this process. Information relating to residents' care needs is communicated: between shifts during a verbal handover report, on a handover sheet, in the communication book and in the progress notes. Clinical care incidents such as falls, skin tears and infections are documented, collated on a monthly basis and discussed at relevant meetings. All residents/representatives interviewed stated that they are very satisfied with the care provided by the home's visiting medical officers and nursing staff.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

The home has documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents' specialised nursing care needs. A registered nurse (RN) works part time at the home and is available to advise staff on appropriate care of residents. Documentation reviews and interviews with residents, resident representatives and staff indicate that residents' specialised nursing care needs including pain management, palliative care, oral hygiene and wound care are met. They said residents are referred to appropriate specialists and health professionals as necessary. There are also systems in place to ensure that appropriate stock is available, equipment is checked regularly, is accessible and maintained to ensure that the home is equipped to manage specialised nursing care needs.

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

All residents’ clinical notes reviewed by the team indicated that they have been referred to other health professionals of their choice when necessary. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents/representatives. Assistance may also be provided in arranging transport for appointments. The team noted in the clinical records reviewed that residents have accessed a wide range of allied health professionals including physiotherapy, audiology, optometry, speech pathology, dietetic, surgical, oral and dental, podiatry, radiology and pathology services. A staff member with aromatherapy qualifications also treats residents to assist in relaxation, pain and/or behaviour management when indicated.

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 team’s observations and interviews with staff members and residents indicate that systems are in place to ensure medication orders are current, residents’ medications are reviewed, the medication management system is monitored and medications are administered safely. Since the home recently changed its pharmacy supplier there has been an improvement in medication management. Medications are supplied in unit dose blister packs containing an illustration of the contents and any substitution of another brand for the ordered medication is listed for staff information. There is a system in place to ensure safe administration and accountability of schedule eight (S8) medications and the disposal of eye drops and ointments according to manufacturer’s instructions. Medications are administered by care staff who have been trained and deemed competent to administer medications to residents. A few residents who have been assessed manage all or part of their own medications. Medications in use are stored in and administered from medication trolleys which are secured when not in use. The team found that medication charts have been completed appropriately and signed by staff when medication is given. The pharmacist provides appropriate service to the home and manages the disposal of ceased medications. Medication administration practices are monitored regularly and reviewed by the home’s medication advisory committee.

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 that residents are as free as possible from pain. Assessment of verbal and non-verbal indicators of pain and strategies for its relief are recorded on entry to the home and reviewed regularly. The RN is currently assessing all residents regarding pain management. Each resident who is having analgesia or other pain management has a chart on which is recorded the effectiveness of any treatment given. The home consults other allied health services as necessary to manage residents’ complex pain needs. Care and some allied staff are trained in a range of treatments which include physical therapy, gentle exercises, re-positioning, massage, aromatherapy, and analgesia. Interviews with residents, staff and document review confirmed that all residents are as free as possible from pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

There are systems in place to ensure that the end of life wishes of residents are documented and the comfort and dignity of terminally ill residents is maintained. If residents require care beyond the capacity of the home to manage, assistance would be given in arranging their transfer to a facility providing the necessary level of care. If residents are able to be cared for in the home during their last days, staff ensure that their comfort and dignity is maintained by the use of such things as comfortable beds, regular repositioning, appropriate diets/drinks, pain relief and gentle massage. Family members are supported to remain with their relative for as long as they wish. The home accesses the local palliative care team and other allied health services as necessary to manage terminally ill residents’ needs. Pastoral care is available to provide emotional and spiritual support for residents and their representatives.

Also refer to Expected outcome 3.8 Cultural and spiritual 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

A review of clinical documentation and discussion with staff members and residents identified that systems are in place for ensuring adequate levels of nourishment. A four week rotating menu which has been reviewed by a dietician is in place. There is an initial and ongoing assessment of each resident’s likes and dislikes, nutritional and hydration needs, eating and drinking requirements, medical requirements, and a process for the monitoring of each resident’s nutritional status through regular measurement of weights. Nutritional supplements are provided to address weight loss when necessary. Residents’ swallowing ability is assessed by a speech pathologist if indicated. Care staff promote adequate fluid intake and arrangements are made for residents to be seen by a dentist if indicated. Feedback from residents is acted upon. Staff supervise and assist residents with their meals as necessary. Residents and representatives interviewed stated residents have choices, are satisfied with the meals offered and there has been a recent improvement in the meals offered.

For further information please refer to Expected outcome 4.8 Catering, cleaning and laundry services.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system of assessment, interventions and reporting requirements to ensure that residents’ skin integrity is consistent with their general health status. Documentation review and interviews with residents, and staff confirmed that residents’ skin is assessed on entry to the home and as necessary in order to maintain skin integrity. Tools used include assessments, regular care plan reviews, documentation of care and providing for residents’ specific skin, hygiene, continence, hair and nail care needs. Treatments required are documented and referrals to appropriate specialists and allied health professionals are

undertaken when indicated. The team noted that limb protectors are used if appropriate and residents are given special dietary supplements to promote healing when necessary. Skin integrity statistics are collated and presented at regular meetings and the team observed that there are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents' skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Residents' continence, urinary flow patterns, bowel management and toileting needs are assessed on entry to the home and the effectiveness of continence management programs is monitored and evaluated. There is a system in place to assist residents with their toileting needs and to assist in accessing disposable continence aids of appropriate size and type for residents if required. A review of care plans by the team indicated residents' continence needs are identified and staff assist by taking residents to the toilet according to identified voiding patterns. Bowel movements are monitored and residents with a history of constipation and/or those receiving opiate medications have bowel management strategies aimed at reducing the risk of constipation. These strategies include the use of fruit, high fibre diets, a high fluid intake and a regimen of aperients as necessary. When indicated, residents' urine is tested for the presence of infection and action is taken to verify any infection and obtain antibiotic sensitivities before treatment is commenced. Residents interviewed expressed satisfaction with continence management.

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

A review of documents, observation and resident interviews indicated that the needs of residents with challenging behaviour are identified and met. Entry information obtained from residents/representatives and medical officers, together with staff observations, input and assessments are used to identify triggers and strategies to minimise challenging behaviour. Care plans are monitored and reviewed regularly to assess effectiveness, and changes are made if indicated. The home is unable to accept any resident with the potential to wander and restraint is not used. Team members observed calm, relaxed and supportive interactions between residents and staff. Residents/representatives interviewed are very happy with staff and the care provided.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

A physiotherapist visits weekly to assess the mobility, dexterity and balance of residents. Changes in mobility are identified and documented as part of the care planning process. A physiotherapy aide assists by carrying out the exercise plan. Individual and group exercises, and walking groups also contribute to maintaining or improving residents' mobility, strength and balance. Each resident's manual handling instructions are documented and a range of mobility aids including hand rails in corridors walking sticks and frames is provided for residents who need them. Falls risk is assessed and residents wear hip protectors where

appropriate. Staff have been provided with education on manual handling and maintaining mobility and dexterity and residents and representatives interviewed informed the team that they are satisfied with the efforts made to maintain mobility

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’s systems for the initial and ongoing assessment, maintenance and evaluation of residents’ oral and dental health include the use of appropriate dental products, arranging for the provision of dental services such as denture care and visits to, or by, a dentist as necessary. A review of clinical documentation showed that residents’ oral hygiene is assessed and documented in care plans that are regularly reviewed and all residents interviewed stated that residents’ oral and dental care needs are effectively managed. This was confirmed by the team’s observation during the accreditation visit and an interview with a resident who was on their way to visit a dentist.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system in place to assess, monitor and evaluate residents’ sensory losses to ensure that they are managed effectively. A review of clinical documentation and care plans confirmed that the home liaises with providers of ophthalmic, audiometry, and speech therapy services if necessary to ensure that residents’ sensory needs are identified and addressed. Clinical notes reviewed by the team indicate that residents are checked for ear wax which is syringed when necessary. Part of the assessment process also includes observation about whether residents can smell or taste their meals. It is noted that another resident can still “smell the roses.” Staff monitor that residents are wearing their spectacles and that hearing aids are functioning correctly. Adequate lighting and a large screen television assist residents with sensory impairment to maintain enjoyment, independence and safety. Staff have been provided with education on sensory loss and residents interviewed expressed satisfaction with the management of their sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Information regarding residents’ natural sleep patterns is obtained on entry to the home and individual needs are documented on care plans. These include retiring and rising times, the number of pillows and blankets desired, listening to music before settling, and information about one resident not wishing staff to enter their room during the night. (The team viewed a signed risk acknowledgement to this effect). Review of progress notes and care plans showed that staff assess residents who are unable to sleep by investigating causes such as pain or agitation and described management, such as medication, repositioning, offering a warm drink or toileting. Residents interviewed say that generally the environment is quiet at night, and staff are available to provide care and support.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Accreditation Standard Three include:

- The activity program has been reviewed and revised to ensure the program is meaningful and reflects residents’ experiences and wellbeing. Additional activities include those for individual participation such as cooking, craft, quizzes and mind games. It has been observed that more residents are participating, enjoying, and are more satisfied with the program. A music appreciation program has been introduced for residents with dementia.
- Although several men are present in the home staff identified that they did not attend organised activities. Following discussion with the residents a men’s group has been formed. A competition was held to name the group, ‘The good guys gathering’. They are enjoying monthly bus outings and their formal meetings with discussion and refreshments.
- Following discussion with the pastoral care worker a room for reflection has been developed. A room has been refurbished with appropriate furniture and is available for resident and/or family discussion for any issues or problems. The room gives privacy for individual use.
- Residents raised concerns that they were unaware of long term activity plans. They were missing out on some events and entertainers to the home as they were committed to outside appointments. This was discussed and as a result a yearly planner is on display so residents and families are aware of what is happening and can make their own appointments accordingly. More residents are now able to attend planned events.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Three include:

- All new residents receive a resident agreement and handbook which include information about security of tenure and residency rights and responsibilities.
- A system is in place for compulsory reporting in accordance with regulatory 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

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that over the last year education and training sessions have been attended in relation to resident lifestyle. Some of the topics include: elder abuse, the new resident, residents' rights, and communicating with grieving people.

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

All residents and representatives interviewed are very satisfied with the ways in which staff provided information prior to entry and assisted them to adjust to life within the home. Systems are in place to ensure each resident receives initial and ongoing emotional support through the entry processes, assessments, care planning, case conferences and the evaluation of the care provided. Visiting families and friends are welcomed and residents are encouraged to go on outings. Residents are welcome to bring in personal items and photos to help create a homelike atmosphere. New residents are introduced to staff and other residents. The home has pleasant outdoor areas and the team observed staff providing support to residents and encouraging them to participate in the life of the home whilst also respecting their independence. Staff interviewed informed the team of ways they provide residents with emotional support, such as the provision of one to one support, and visits from family pets, volunteers and the pastoral care coordinator.

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

Strategies to enable residents' independence to be maximised are identified and added to the resident's record. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. The home welcomes visits from resident representatives, and volunteers, and residents are free to participate in life outside the home when possible. A review of records revealed that residents are encouraged to achieve independence in health care choices, participation in decision-making, and personal care. There are physiotherapy and exercise programs to assist residents to maintain or improve independence through individual and group interventions, the use of mobility and other aids and encouraging them to do as much as they can for themselves. Residents were observed to have personal belongings such as televisions, furniture, photographs and other items of memorabilia in their rooms and many residents have phones connected. The home also facilitates voting for those residents who wish to vote at election time and encourages residents to maintain control of their finances where possible. There has been a recent increase in the number of bus trips and some residents regularly go out with family and

friends. Residents interviewed by the team stated that residents' independence is actively encouraged and supported.

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 recognises and respects each resident's privacy, dignity and confidentiality and this was confirmed by information contained in the residents' and staff handbooks, by resident/representative feedback and observation during the site audit. Permission is sought from residents for the display of photographs, disclosure of personal or clinical information and residents understand that their consent is required before treatments are carried out. Staff and management interviewed and observed demonstrated an awareness of privacy and dignity issues in their daily practices, such as appropriate door signage, addressing residents by their preferred names and knocking prior to entering rooms. Confidential resident records and belongings are stored securely. There are lounge areas within the home and gardens and walkways containing outdoor furniture where residents can be with their friends and relatives in private and staff sign a confidentiality agreement before commencing employment. Staff interviewed by the team are able to demonstrate an understanding of privacy, dignity and confidentiality issues and residents/representatives interviewed confirmed that staff respect residents' privacy and treat them with respect.

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

Document review, resident and staff interviews and observation confirm that the home has systems to encourage and support residents to participate in a wide range of activities of interest to them. On entry to the home, residents' interests are documented and contribute to the development of an individual activities plan. A copy of the home's activities program is displayed. The home has a small bus and there are regular bus trips for residents. The activities officers provide a program of group and individual activities six days a week. Activities include a music group, a men's group, bingo, card and board games, visiting entertainers, celebration of special days, including birthdays, happy hours, quizzes, craft, and group exercises. A review of documentation demonstrates that residents have individual recreation programs, participation is recorded and the programs evaluated regularly and changed as necessary. Large print books and many videos and digital video discs (DVDs) are available for residents. At least one resident has their own computer and another spends most of their time tending the outdoor garden areas. Residents/representatives are informed of recreational activities available through the recreational activity programs on display, newsletters, and verbal prompts about the activities of the day.

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 the identification and communication of residents' individual interests, customs, cultures, dietary

preferences and religions. If required, residents would be provided with support for participation in culturally diverse celebrations and meals. Provision is made for the celebration of special national, cultural and religious days. Information obtained on entry to the home is documented and communicated to relevant staff. Regular non-denominational and specific religious services are held in the home, and chaplaincy services are accessed for palliative care residents as desired. Residents/representatives interviewed are satisfied with the care the home provides for the support of residents' spiritual lives. The pastoral carer visits weekly and holds regular spiritual reflection sessions in the chapel and provides a great deal of one to one support for residents. Together with the activities officers the pastoral carer has developed and supported a men's group which is gaining in popularity with some previously isolated residents now taking part with enthusiasm.

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

Personal preferences, needs and choices are identified on entry to the home, using a comprehensive range of assessments and consultation with health care providers and residents and/or their representatives. Residents' rights and responsibilities information is displayed in the home and is contained in the resident handbook which also outlines complaints mechanisms and the care and services provided. Residents are encouraged to exercise choice and control regarding all aspects of care by using processes such as surveys, meetings, and other feedback mechanisms. Residents interviewed indicated they are very satisfied with choices available to them and that their decisions are respected.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and residents' rights is discussed with prospective residents and/or their representative prior to, when possible, and on entering the home. Information about advocacy and external complaints services are available. All residents/representatives receive a resident agreement and the handbook which outlines care and services, residents' rights and complaints resolution processes. The Charter of Residents' Rights and Responsibilities is on display. Ongoing communication with residents/representatives is encouraged through scheduled meetings, individual meetings and notices. Residents/representatives interviewed indicated satisfaction with residents' security of tenure at the home and their awareness of residents' 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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Accreditation Standard Four include:

- Following complaints generally received across the organisation about the standard of food from external providers, Catholic Healthcare Ltd has taken over running their own catering services. Staff are employed by the home and cook fresh on-site daily. Feedback from residents is that even “better” meals than previously served are being provided.
- To enable staff to have ready access to hand sanitising agents, dispensers have been installed in the dining room and in each wing in corridors. This has increased awareness of infection control requirements for staff in caring for residents.
- Following an internal fire safety audit it was identified that a second outside assembly area was required. This area has been designated and signage erected. To draw attention and to deter cars from parking in this area, yellow lines have been painted.
- External pathways and steps have been cleaned with high pressure equipment. Yellow paint has been applied to all step edges to improve visibility and to assist in preventing falls through slips or trips.
- Coloured table runners have been purchased for use with dining room table cloths. These brighten up the room and enhance the dining experience for residents.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Four include:

- Annual compulsory education is provided for fire safety and manual handling.
- A current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held.

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of education and training sessions have been attended over the last year in relation to the physical environment and safe systems. Some of the topics include: manual handling, fire safety, infection control, Certificate III in Hospitality, and safe food 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

Documentation reviewed and interviews with staff demonstrated the home has systems in place to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with ensuites. A homelike environment is encouraged and residents personalise their rooms. Activity rooms and several sitting areas, including a private quiet room, are available. Preventative maintenance and actioning of daily maintenance requests ensure safety of the environment. Preventative processes include equipment checks and electrical appliance inspections. Regular audits monitor the safety of communal and outside areas and risk assessments are conducted. Residents' rooms are monitored for clutter. The home was observed to be of an agreeable temperature for residents. All residents' rooms and bathrooms are fitted with nurse call alarms. The team observed that corridors and ramps are well lit and walkways are unobstructed. Residents have access to a secure paved garden area. Residents/representatives interviewed said the environment is comfortable, well maintained and repairs are attended promptly.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system in place to ensure that management and staff are actively working together to provide a safe working environment that meets regulatory requirements. A review of documentation confirms the system involves audits, inspections, accident and hazard reporting systems. Training in safe work practices and procedures is held and a return to work program is available. Occupational health and safety (OH&S) matters are addressed at staff meetings with issues transferred to improvement action plans as appropriate. Staff members are trained in OH&S consultation. Policies, procedures and notices inform staff. OH&S training is given to all staff during orientation and is compulsory annually. An external supplier provides education in safe chemical handling. The team observed safe work practices, protective clothing, and first aid kits readily available. Staff interviewed said they have attended compulsory education and demonstrated awareness of OH&S practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems in place to minimise fire, security and emergency risks which include regular maintenance checks of fire fighting equipment, alarms and systems by an external company. Fire and emergency policies, procedures and notices inform staff and an emergency procedure manual is available. A disaster contingency plan is held. The team observed a current resident evacuation pack, fire evacuation plans, signage and emergency exits free from obstruction. Checks by the team noted fire fighting equipment inspection and testing is current and an annual fire safety statement is held. Staff interviews and documentation demonstrated staff awareness of procedures and attendance at compulsory fire training. Preventative processes include environmental audits, appropriate electrical appliance inspections and a designated smoking area. Security measures for the home include video surveillance and lock up procedures. Night security patrols are conducted and external and sensor lighting are installed.

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

Documentation, staff interviews and observation of staff practices demonstrated the home has an effective infection control program. Use of personal protective equipment and colour coded equipment is observed in all areas. Staff interviewed demonstrated awareness of infection control. The home accesses infection outbreak information from government departments, the local hospital and head office. Guidelines, procedures, supplies of personal protective equipment and outbreak kits are available. Staff practices are monitored and hand washing assessments are conducted annually. Infection statistics are recorded, analysed and reviewed monthly. Infection control training is given at orientation and annually. A food safety program, cleaning schedules, and laundry practices are observed to follow infection control guidelines. External providers are used for contaminated waste collection and pest control services. Hand wash basins, sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for residents and staff on-site.

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

Documentation, staff interviews and observation confirmed that processes, policies, and duty statements are in place for all aspects of hospitality services. Observation and interviews demonstrated they are conducted in accordance with infection control and OH&S guidelines. Audits and resident surveys provide feedback and residents/representatives interviewed expressed satisfaction with hospitality services provided.

Catering

Meals are cooked on-site daily and served in an adjacent dining room. The four weekly rotating menu is reviewed by a dietician. A food safety program is in place and food preferences, allergies, and special dietary needs are identified and communicated to catering staff. The team was advised that the home received an 'A' rating at a recent NSW Food

Authority audit. Interviews with staff confirmed education and awareness of safe food handling. Residents have access to tea and coffee making facilities if they wish on each floor.

Cleaning

Cleaning services are provided by an external contractor five days a week according to set schedules. Detailed resident room cleaning and extra cleaning programs are in place. Residents' rooms and common areas were observed to be clean. Staff interviewed showed an awareness of safe chemical use and infection control. The team observed colour coded cleaning equipment in use and 'wet floor' signage.

Laundry

Laundry services for residents' personal items are provided by care staff seven days a week. Each resident's items are laundered separately. Residents have the choice to do their own clothing if they wish and risk assessments are conducted. Laundries are located on each floor and observation and staff interviews confirmed laundry operations are in accordance with infection control guidelines. All linen is laundered offsite with a twice weekly collection and delivery service. Procedures are in place for delivering residents' personal items and linen. The team observed linen storage and available supplies.