



Aged Care
Standards and Accreditation Agency Ltd

Rathgar Lodge

RACS ID 0439

30 Lynhaven Crescent

ULMARRA NSW 2462

Approved provider: United Protestant Association of NSW Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 2 September 2015.

We made our decision on 10 August 2012.

The audit was conducted on 4 July 2012 to 5 July 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Rathgar Lodge 0439

Approved provider: United Protestant Association of NSW Limited

Introduction

This is the report of a re-accreditation audit from 4 July 2012 to 5 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 4 July 2012 to 5 July 2012.

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

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

Assessment team

Team leader:	Jan Herbert
Team member/s:	Stephanie Roberts Crowhurst

Approved provider details

Approved provider:	United Protestant Association of NSW Limited
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Details of home

Name of home:	Rathgar Lodge
RACS ID:	0439

Total number of allocated places:	32
Number of residents during audit:	29
Number of high care residents during audit:	21
Special needs catered for:	Residents with dementia

Street/PO Box:	30 Lynhaven Crescent	State:	NSW
City/Town:	ULMARRA	Postcode:	2462
Phone number:	02 6644 5475	Facsimile:	02 6644 5441
E-mail address:	deebub@bigpond.net.au		

Audit trail

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

Interviews

	Number		Number
Regional Manager	1	Residents/representatives	19
State Care Co-ordinator	1	Recreation activities officer	1
Care Manager	1	Music therapist	1
Quality co-ordinator/Educator	1	Remedial therapist	1
Registered nurses	2	Catering staff	1
Care staff	5	Laundry/cleaning staff	1
Administration assistant	1	Maintenance staff/Fire officer	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	10
Summary/quick reference care plans	8	Personnel files	3

Other documents reviewed

The team also reviewed:

- Audit, survey and benchmarking results, continuous improvement tool (CIT) logs, continuous improvement plan
- Cleaning schedules, records and cleaning audit results
- Complaints register
- Completed residents' assessments/pain, continence, behaviour, sleep, nutrition and hydration, skin integrity
- Criminal record history check register
- Critical Operations Standing Operating Procedures (COSOP) manual
- Daily communication books
- Education calendar, education attendance and evaluation records, orientation program, skills competency assessment records, certificates of attendance and attainment
- Fire safety and equipment inspection and maintenance reports, annual fire safety statement, fire safety audits, electrical equipment testing and tagging records, chemical register, chemical risk assessment, resident emergency evacuation lists,
- Human resource management documentation including staff orientation kit, rosters, performance appraisals, job descriptions, staff confidentiality agreements, staff handbook, employee induction manual
- Incident and accident records, medication incident log books, medication incident analysis forms
- Infection statistics, residents' vaccination records, vaccine batch numbers

- Leisure and lifestyle records including activities calendars, program records, attendance sheets, evaluations, assessments and activities care plans
- Maintenance documentation including preventative and corrective maintenance schedule and service reports, hazard reports and maintenance requests on computer, workplace inspection checklists, asset register, external contractors' service agreements, criminal record checks and insurance documentation, contractor/supplier/service provider annual evaluations
- Mandatory reportable and non-reportable consolidated register
- Medical officers' notes and referrals, referrals to/from specialists
- Medication refrigerator temperature records
- Meeting minutes
- Newsletters
- NSW Health Food Authority licence, food safety program, four week rotating menu, menu review, communication diary, residents' meal preferences, food storage and dishwasher temperature records, food temperatures from delivery to service records, food chlorination records
- Policies and procedures
- Registered nurse, medical practitioner and allied health registration certification
- Resident documentation including dietary requirements, resident food preferences, residents case conference notes, residents data base and social profiles, wound management charts
- Residents' handbook
- Residents' terminal care wishes
- Staff confidentiality agreements
- Staff specimen signatures

Observations

The team observed the following:

- Activities in progress, activities program (displayed)
- Assistive eating utensils
- Charter of residents' rights and responsibilities
- Chemical storage
- Clinical equipment and supplies, dressing trolley
- Daily menu (displayed) and meal service
- Equipment and supply storage areas, manual handling equipment, mobility aids, air mattresses
- Fire detection and fire fighting equipment, evacuation plans, emergency exit signage, evacuation bag, colour coded emergency wall charts, sign in/out registers
- Infection control resources including hand washing facilities, hand sanitiser dispensers, spills kits, sharps waste disposal containers, outbreak kits, personal protective and colour coded equipment
- Interactions between staff and residents
- Living environment

- Medication administration, trolleys and storage areas
- Mission and values statements on display
- Notice boards for resident and staff
- Oxygen equipment, storage and signage
- Reference resources
- Security camera monitor
- Staff handover

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems to identify, document, plan, implement and evaluate opportunities for continuous improvement across all Accreditation Standards. Opportunities for improvement are identified through audit and survey results, benchmarking, meetings, hazard identification, incident reporting and analysis, comments and complaints and individual feedback. Opportunities for improvement are documented in the home's continuous improvement tool (CIT) logs and the continuous improvement plan. Management, staff, residents and their representatives are encouraged to make suggestions for improvements and to provide feedback. A review of the education program, meeting minutes and memoranda shows improvements and audit results are discussed with staff and residents when appropriate. Improvements are evaluated through staff and resident feedback, CITs, audits and surveys, individual feedback and at meetings. Staff and residents interviewed were satisfied the home actively pursues continuous improvement.

Following are examples of recent improvements related to Standard 1:

- Management identified care staff would benefit if photocopiers were provided for use in the two care staff offices. Following the purchase and installation of photocopiers, staff no longer leave clinical areas to copy documents in the administration office. Management report this initiative also ensures documents are less likely to be lost.
- Staff reported residents' files had become bulky. Each file contained all information about the resident making it difficult to find, access and file information. Files were reviewed, sorted and documents archived where appropriate. Documents which are used regularly by staff were filed in a separate folder. As a result staff, medical and allied health staff report they can quickly find and retrieve documents and information and the files and folders are easier to handle.
- Catering staff identified the introduction of a communication diary would improve communication between care and catering staff. A diary is now used to record and track, for example, when residents are fasting or have been transferred to hospital. Planning for future events is streamlined as catering requests can be recorded on specific dates in the communication diary.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home receives information from the organisation's regional and corporate office, New South Wales and Commonwealth government departments and through membership of a peak industry body. Information is disseminated to staff through education, meetings, memos, communication books and updated policies and procedures. Compliance is monitored through the continuous improvement system, internal and external audits and performance appraisals and skills competency assessments. Policies and procedures are monitored to ensure compliance with regulatory requirements.

Following are specific examples of regulatory compliance relating to Standard 1:

- All staff, volunteers, and relevant external service providers undergo criminal history record checks prior to commencement of employment, voluntary service or contract. The home maintains a schedule of due dates for criminal history record checks renewal.
- Staff are required to sign confidentiality agreements to remind them of their obligation to comply with privacy legislation and standards.

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

Staff development needs are identified through performance appraisals, by observation and from verbal feedback. Residents' specialised care needs are taken into account when planning the program. Mandatory training includes elder abuse and mandatory reporting, fire safety and evacuation, infection control and manual handling. Regular competency assessments ensure staff have the appropriate skills and knowledge to provide care and services. Records of attendance at education and training programs are maintained to monitor attendance and ensure staff attend compulsory education. Staff have access to a commercial aged care education channel and educational DVDs. In-service education attended by management and staff in relation to Standard 1 - Management systems, staffing and organisational development in the past year includes the aged care funding instrument (ACFI), revitalising the team and care planning and documentation.

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 provides information about internal and external complaints mechanisms to residents and their representatives prior to residents entering the home. Information on complaints mechanisms is displayed in the home and is included in the resident handbook and the resident agreement. Continuous improvement tool (CIT) forms, a locked box and

information about internal and external complaint mechanisms and advocacy services are available in the home. Residents and their representatives are encouraged to raise any concerns in writing, at meetings and personally with management. A review of completed forms shows action is taken to resolve complaints or concerns, provide feedback and implement suggestions. Residents and representatives interviewed stated they have no concerns. They are satisfied any concerns would be dealt with promptly by management and to their satisfaction.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home's mission and value statements are documented in the residents' and staff handbooks and are displayed in the home. They are reflected in the home's policies, procedures and practices.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has sufficient appropriately skilled and qualified staff to ensure services are delivered in accordance with the home's mission and values and residents' identified care needs. The Care Manager interviews applicants for positions and seeks references from referees prior to appointment. Staffing levels are reviewed in accordance with residents' changing care needs and rosters adjusted to meet care requirements. Staff on leave are replaced. All employees, volunteers and relevant contractors must undergo criminal history record checks prior to the commencement of employment, service or contract. The home monitors and retains records of professional registrations. Newly appointed staff participate in an orientation program and work 'buddy shifts' with experienced staff. Staff have job descriptions to assist them to carry out their duties. Staff interviewed consider they can complete allocated duties during their shifts and have received in-service education to assist them to meet residents' care needs. Residents and representatives interviewed are satisfied with the responsiveness of and care provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home monitors the performance, suitability and maintenance of equipment and stock, and researches equipment prior to purchase to ensure it is appropriate and meets the home's requirements. Equipment needs are identified through staff requests, audits, maintenance and asset acquisition and replacement programs. Staff are trained in the use

and maintenance of new stock and equipment. A preventive and corrective maintenance program ensures equipment is serviced on a regular basis and unsafe equipment is identified and removed for modification or repair. Staff enter maintenance requests onto an on-line maintenance register which assists maintenance staff to prioritise and attend to requests in a timely manner. Maintenance records, observations and feedback from residents and staff indicate there are sufficient stocks of supplies and equipment, and equipment is well maintained.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to manage information effectively. Information is disseminated to residents, their representatives, staff and other service providers through policies and procedures, memoranda, meetings, newsletters and staff education and training. Information is also communicated through noticeboards, communication books, resident and staff handbooks and correspondence. Computers are password protected and access is restricted according to designation to ensure data is secure and is not compromised. Observation showed resident information; clinical records and staff personnel files are securely stored and archived. Staff, residents and representatives interviewed stated they are kept well informed and are consulted about matters relevant to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's needs and quality goals. The home has contracts with external contractors and details of insurance, workers' compensation and criminal history record checks where appropriate are recorded and monitored. Contractors' performance and quality of work is monitored through supervision, observation and feedback from staff and residents. This information is taken into account when purchasing supplies or renewing contracts. Action is taken immediately if the quality of supplies does not meet the home's required standards; for example, the Care Manager liaises with external providers to address any dissatisfaction with supplies, equipment or services. Residents and staff expressed satisfaction with the quality of services provided by 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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system and processes.

In relation to Standard 2 - Health and personal care, the home collects and analyses information about resident incidents and other clinical data to identify opportunities for improvement.

Following are examples of recent improvements related to Standard 2:

- Management identified the need to obtain more information about medication errors and signing omissions. The home introduced a medication error log and medication error evaluation forms to be completed following all medication incidents. After analysis, the Care Manager observed staff were not signing when creams and eye drops were administered. The introduction of a new signing system for these items has resulted in a reduction in medication errors and omissions.
- Management and staff observed some frail residents could be at risk of pressure areas when sitting during the day. In addition to encouraging their mobility, the home purchased gel cushions for these residents. Staff have observed residents are comfortable and report their skin integrity is maintained.

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's system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 2:

- The home monitors and maintains records of registered nurses' and relevant contractors' professional registrations.
- The home has processes to meet the requirements for the provision of care and specified services for high care residents. Residents are advised of scheduled services in residents' agreements and when existing residents become eligible for high care services.

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

For a description of the education and staff development system refer to expected outcome 1.3 Education and staff development. Education attended by management and staff in relation to Standard 2 in the past year includes oral health, wound care, pain management and management of challenging behaviours.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives say they are satisfied with the clinical care provided for residents. Residents’ clinical needs are identified on entry to the home and individual care plans are developed from information collected on admission. Care plans are regularly reviewed and evaluated by the registered nurse in consultation with the resident, their medical officer of choice and others involved in their care to ensure individual needs and preferences are met. Staff say they have access to ongoing education, supervision and support from management. Appropriate supplies of equipment and resources are maintained in good working order to meet the ongoing changing needs of residents. Residents’ representatives interviewed say they are informed of changes in the resident’s condition and are involved in the care planning processes if they so choose. Residents interviewed told us they are “satisfied with all aspects of the home and the staff take good care” of them.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. A review of documentation and discussions with staff show residents’ specialised nursing care needs are identified on entry to the home and care plans are developed, reviewed regularly and evaluated by the registered nurse. Specialised nursing care provided includes, but is not limited to, diabetic management, complex pain management, wound care and oxygen therapy. Staff have access to the home’s internal and external education program and staff practice is supervised by management. Staff say they can liaise with other specialist nursing services in the area including palliative care, speech pathologist, a continence consultant or wound management specialist to ensure residents’ individual needs and preferences are met. Residents and representatives interviewed state satisfaction with the specialised nursing care provided at the home.

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

Residents and representatives say management and staff ensure residents have appropriate referral to specialist services. Residents and representatives interviewed say they are satisfied with the way referrals are made and the way changes to residents’ care are implemented. Transport and escort for specialist appointments are arranged as necessary. A review of documentation, including care plans, shows any changes to care following specialist visits are implemented in a timely manner by staff. Any concerns following specialist visits are followed up with the medical officer of choice or the specialist as soon as possible.

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

Residents and representatives say they are satisfied with the way medications are managed. There are systems to ensure the safe and correct storage and administration of residents’ medications in accordance with the medical officers’ instructions and safe and correct disposal of medications. Staff interviewed described the home’s system for medication management and say they receive ongoing education, competency assessment and supervision by management. Medication charts are reviewed regularly by the resident’s medical officer and external audits are conducted by an accredited external pharmacist to ensure medication management is safe and correct in the home. We observed staff administering medications in accordance with the home’s procedures.

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

Residents are assessed on entry to the home and on an ongoing basis to ensure they are as free from pain as possible. Residents interviewed say staff respond in a timely manner to their requests for pain control. Staff interviewed say they are trained in pain management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. A review of documentation shows strategies to manage residents’ pain include attendance to clinical and emotional needs, analgesia and alternative therapies, delivered by the home’s remedial therapist, as ordered. Pain relief measures are followed up for effectiveness and referral to the resident’s medical officer and other services organised as needed. Residents’ representatives say they are informed of any changes in pain management and are involved in decisions regarding the resident’s pain management.

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 the comfort and dignity of terminally ill residents and support for their families. Management say residents’ cultural, spiritual, psychological and emotional needs are considered in care planning and pastoral care is provided as requested. Documentation, including end of life wishes, shows representatives are informed of the resident’s condition and are involved in care planning. Representatives are also invited to stay with the resident during the dying process.

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

Residents say they are satisfied with the variety of food and drinks supplied by the home. A review of documentation shows residents’ nutrition and hydration status are assessed on entry to the home. Individual needs including sensory loss, special diets, swallowing difficulties and individual preferences are identified and included in care planning. In consultation with the resident and others involved in their care appropriate referrals are made to the speech therapist or dentist. Staff monitor residents’ weight, food and fluid intake and care plans are regularly reviewed and evaluated by a registered nurse. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Residents interviewed say kitchen staff prepare meals for special events including birthdays and we observed mealtimes in the dining rooms are social occasions and visitors are invited to attend.

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

Residents and representatives say staff pay careful attention to residents’ individual needs and preferences for skin care. Care staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurse or Care Manager for assessment, review and referral to the medical officer as needed. Care staff have access to sufficient supplies of appropriate equipment and resources to meet residents’ needs. A review of documentation shows care staff receive ongoing training and supervision in skin care. Residents have access to a physiotherapist, podiatrist and hairdresser and said a healthy diet is encouraged to maintain skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ continence is managed effectively. A review of clinical documentation and discussions with care staff show continence management strategies are developed for each resident and care plans are regularly reviewed and evaluated for effectiveness by a registered nurse. Care staff say they assist residents with their continence program as required and monitor residents’ skin integrity. Care staff are educated in continence management including the use of continence aids and ensure residents have access to regular fluids, appropriate diet and medication as ordered by the medical officer to assist continence. We observed the home has appropriate supplies of continence aids to meet individual needs of residents. Residents and representatives say they are satisfied with the continence care provided for the home’s 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

Documentation and discussions with management and care staff show residents with cognitive impairment are assessed on entry to the home. Documentation includes care plans and the results of regular audits of accidents and incidents. Care plans are reviewed regularly by the registered nurse. Strategies including one-on-one and group activities are regularly reviewed. Consultation with the residents and representatives and other specialist services ensure care and safety are provided for all residents and staff. A geriatrician is consulted for residents with behaviour and dementia care needs. Staff work as a team to provide care. Staff use a variety of management strategies and resources to effectively manage residents with challenging behaviours. They ensure residents’ dignity and individual needs are respected at all times. Residents and representatives interviewed say they are satisfied with the care given.

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 review of documentation and discussions with care staff show all residents are assessed on entry to the home for mobility, dexterity, transfers and falls risk. Individual and group programs are designed to promote optimum levels of mobility and dexterity. Care plans are regularly reviewed and falls incidents, the results of regular audits and risk assessments are analysed to ensure optimum levels of mobility and dexterity are achieved for residents. Care staff say they are given education in falls prevention, manual handling and the use of specialist equipment. Residents say appropriate referrals to the physiotherapist, remedial therapist and podiatry are made in a timely manner. We observed residents assisted by care staff participating in games designed to assist mobility and dexterity. Residents and representatives say they are satisfied with the care provided for residents in relation to mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed on entry to the home and individual care plans are developed, reviewed regularly and evaluated by the registered nurse in consultation with the resident, their representative and others involved in their care. A review of residents’ documentation shows residents are receiving regular dental assessments and referrals to dental specialists as required. Care staff say they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Care staff report residents’ swallowing difficulties and pain to the registered nurse or manager for assessment and review. Residents and representatives say they are satisfied with the care given.

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

Residents and representatives interviewed say the care staff are supportive of residents with sensory loss and promote independence and choice as part of their daily care. Sensory loss is assessed on entry to the home and care plans are developed, reviewed and evaluated regularly by the registered nurse; appropriate referrals are made to ensure residents’ needs are managed effectively. The activity officer has implemented a variety of programs and resources to assist residents with sensory loss. These programs promote sensory stimulation, interaction with others, independence and creativity. Care staff interviewed say they have education in sensory loss. We observed large print books, audio books and large print bingo cards and texture mats providing tactile stimulation for residents to use.

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 are assessed on entry to the home including their history of night sedation. Lighting and noise is subdued at night. Residents ongoing sleep patterns are reviewed and sleeping disturbances monitored, and appropriate interventions put in place to assist residents to achieve natural sleep. Care staff interviewed say residents who experience sleep disturbances are re-assessed, given emotional support, assisted with toileting and are provided with warm drinks and snacks as requested. Residents interviewed told us they are happy with the way the care staff look after them at night.

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 about the home’s continuous improvement system and processes.

In relation to Standard 3 - Resident lifestyle, resident surveys, meetings, suggestions and feedback are used to identify opportunities for improvement. Residents and their representatives are supported and encouraged to provide feedback.

Following are examples of recent improvements related to Standard 3:

- The Quality Co-Ordinator identified communication with some residents could be improved. The home purchased multi-purpose communication boards which assist staff to communicate with residents; in response to questions residents can point to appropriate words, pictures or numbers. Staff report they are better able to understand and meet residents’ needs and wishes and residents are less frustrated when trying to communicate.
- After residents expressed a wish for activities at the weekend, a resident offered to organise bingo each Sunday. The bingo sessions are well attended, residents report they enjoy the social activity and the opportunity to assist with the activities program has improved the resident’s self-esteem.

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’s system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 3:

- Management notified all residents and representatives of the details of the audit prior to the home’s re-accreditation audit.
- The home maintains a consolidated register to record the mandatory reporting of alleged and suspected assaults and reporting of missing residents.
- Residents’ agreements and the handbook provide information regarding security of tenure and financial arrangements. The Charter of residents’ rights and responsibilities is displayed in the home and is also included in information provided to residents and their representatives when residents enter the home.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

For a description of the overall education and staff development system refer to expected outcome 1.3 Education and staff development. Education attended by management and staff in relation to Standard 3 in the past year includes elder abuse , mandatory reporting, privacy and dignity.

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

A review of documentation and discussions with staff show residents' individual emotional needs and history are assessed on entry to the home. Care plans are developed and reviewed regularly in consultation with the resident, their representative and others involved in their care. Residents interviewed say they were made to feel welcome when they entered the home and ongoing support by all staff and management made the transition easier. Staff practice is monitored to ensure emotional support provided to the residents is consistent with the home's philosophy.

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

Residents and representatives interviewed said residents are encouraged to maintain their independence, friendships and to participate in all aspects of community life within and outside the home. Transport, escort by staff, assistance with phones and mail is arranged as requested; we observed staff encouraging and promoting resident independence. A review of documentation and discussions with management and staff show the organisation is committed to enriching the lives of residents and bringing community, within and outside the home, together. Residents' social leave is supported and arranged as requested. Residents said they can go out whenever they like. We observed well maintained equipment designed to assist residents' independence and a variety of individual and group programs designed to promote independence and friendship.

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

Residents interviewed say their right to privacy, dignity and confidentiality is recognised and respected. Residents confirmed staff knock on doors before entering their room and they feel comfortable raising any concerns with management or staff. Staff and volunteers sign confidentiality agreements and receive ongoing education concerning privacy, confidentiality and dignity of residents. Care and service provision is monitored by management. Care staff handovers and confidential resident information is discussed in private and non-current medical and associated records are archived and securely stored. We observed attractive communal and private areas for residents to spend time alone or with others.

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

Residents and representatives say the activities program is well implemented at the home and residents enjoy visits from local groups. Other activities in the program include visits from school children on a regular basis, bingo, special morning teas, pet therapy and concerts, to name a few. All activities are designed, implemented and evaluated to ensure they reflect the ongoing and changing interests of residents. Some residents say they prefer not to participate in activities and their right not to participate is respected. Residents and their representatives are encouraged to attend the residents' and representatives' meetings held three monthly. We observed colourful photographic displays of resident outings and activities displayed on walls throughout the home and residents participating in activities.

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 to foster the cultural and spiritual needs of residents. This includes ongoing assessment of individual preferences and the active promotion of community involvement in life at the home. Residents and representatives say they are very happy with the way the home is looking after residents' interests. The home has developed networks with different religious denominations and regular services are held in the home. Special religious and other significant days are celebrated and a resident's preference not to participate is respected. Management say the home has systems to cater for the needs of residents from culturally and linguistically diverse communities.

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

Residents and representatives say they are provided with up-to-date information, in the appropriate format. This enables them to exercise choice and decision-making without infringing on the rights of others. Documentation shows residents' personal needs and preferences are identified and a social profile is completed on entry to the home. Residents choose their own medical officer and case conferences and referrals are arranged in consultation with the residents and their representatives. Care staff say the rights of residents to refuse treatment and residents' terminal wishes are documented and respected. Management said information is provided in a timely manner to enable residents to exercise choice and decision-making concerning care and lifestyle. Residents say they choose whether they wish to participate in activities and other events run in the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and their representatives are provided with information about security of tenure, financial arrangements, and residents' rights and responsibilities prior to residents moving into the home. The residents' occupancy agreement and handbook include information about security of tenure, schedules of the specified services, including those for high care residents, and information about complaints mechanisms. The Charter of residents' rights and responsibilities is included in the agreement and is on display in the home. Residents interviewed feel secure in their tenure within the home.

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 about the home’s continuous improvement system and processes.

In relation to Standard 4 - Physical environment and safe systems, audit and survey results, corrective and scheduled maintenance and reporting systems are used to identify opportunities for improvement.

Following are examples of recent improvements related to Standard 4:

- After identifying the need to improve the residents’ living environment, renovations and additions to the home are underway. Improvements include a covered entrance, a separate ambulance entry, kitchen extensions and improved toilet facilities. Management report the kitchen extensions will result in reduced noise in the residents’ dining room. The covered entrance will protect residents and visitors in inclement weather. A separate ambulance entry will provide privacy and dignity for residents who will no longer be wheeled through the main foyer.
- Management considered additional staff trained as fire officers would be beneficial. Three staff members who are rostered on night shifts have completed fire officer training. As a result safety and security for residents and staff is improved, especially at night.
- The Care Manager reviewed the home’s Critical Operations Standing Operating Procedures (COSOP) manual. The revised plan now includes additional New South Wales Local Health District contact details and a new heatwave contingency plan. Fire contingency plan have been clarified and more information added. As a result management consider resident and staff safety and well-being is improved and staff have a more informative resource document.

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’s system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 4:

- The home has a current fire safety statement on display. External contractors regularly test and service equipment including fire fighting and electrical equipment, and sprinkler systems. Staff attend mandatory annual fire safety and evacuation training.

- The home has a current NSW Food Authority licence and a food safety program.

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

For a description of the overall education and staff development system refer to expected outcome 1.3 Education and staff development. Education attended by management and staff in relation to Standard 4 in the last year included fire training, manual handling, infection control and the safe use of chemicals.

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's management is actively working to provide a safe and comfortable environment for residents consistent with their care needs. Residents are encouraged to personalise their rooms with photographs and mementoes and they have input into decisions regarding their living environment through personal feedback and at meetings. Residents and their visitors have access to spacious lounge and dining areas and gardens. Observation showed the home is clean and free of odour. Communal areas, corridors and bedrooms are bright and well lit. Residents' comfort and safety needs are met through hazard reporting, a preventive and corrective maintenance program and environmental audits. Staff interviewed advised that hazards are identified and corrected promptly. Residents and representatives interviewed stated they are happy with the appearance, comfort and maintenance of their 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 through policies and procedures, hazard identification and management and incident and accident reporting. Staff work practices are supervised and a scheduled and preventative maintenance program is in place to minimise risk. Work health and safety is discussed at meetings and education is provided to ensure staff understand regulatory requirements. Observation confirmed safety signage on display and personal protective equipment available for staff use. Chemicals are stored securely, staff are trained in the storage and use of chemicals and material safety data sheets are provided for all chemicals in use. Staff receive mandatory manual handling training and complete competency assessments during orientation and on an ongoing basis. Staff interviewed stated they are encouraged to report potential and actual risks within the home and repairs or replacement takes place in a timely manner.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Fire, security and safety systems are maintained through policies and procedures, regular fire equipment testing and maintenance and mandatory fire safety training; the home has an agreement with a fire protection company to regularly test and maintain the fire detection system and fire fighting equipment. Other measures include safety signage throughout the home, safe storage of chemicals and a program of electrical equipment testing and tagging. The home has a fire and evacuation plan, an emergency evacuation bag and evacuation lists. We observed emergency exit signs and correctly orientated evacuation plans throughout the home. Spills kits and material safety data sheets are available where chemicals are stored and used. Residents, representatives and staff interviewed are satisfied with the safety and security of the physical environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program to identify, document, manage and minimise infections. The program includes a food safety program, pest control measures, a vaccination program for residents and staff and outbreak management contingency plans. Infection control education is provided to staff. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed. Residents' infection statistics are recorded, analysed and reviewed monthly. Observation confirmed the use of personal protective equipment and colour coded equipment. Handwashing facilities, hand sanitisers, sharps containers and spill kits are readily accessible. Staff described infection control measures, including the appropriate use of personal protective equipment and hand hygiene procedures.

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

All meals are prepared fresh in the home's kitchen. The home has a rotating menu which is reviewed regularly by a dietician. Residents' dietary requirements and preferences, allergies and supplementary fluid requirements are conveyed to catering staff in writing. Information is updated when residents' dietary requirements or preferences change. Residents are consulted about meals and their preferences are taken into account in menu planning. The home has a food safety program and catering staff follow hazard analysis and critical control point principles (HACCP), including the use of colour coded equipment and personal protective equipment. Temperature monitoring includes food storage and food from delivery to consumption. Cleaning schedules are followed throughout the home. The home has a system for the identification, collection and delivery of residents' personal items of clothing and the handling of soiled linen. Staff advised adequate supplies of cleaning equipment and

linen are available. Management seeks feedback about hospitality services from residents through residents' meetings, audits and individual feedback. Residents interviewed stated they are very happy with the catering, cleaning and laundry services.