



Aged Care
Standards and Accreditation Agency Ltd

Richardson House

RACS ID 0013
24 Gotha Street
BARRABA NSW 2347

Approved provider: Barraba and District Retirement Homes
Association Incorporated

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 12 February 2015.

We made our decision on 21 December 2011.

The audit was conducted on 29 November 2011 to 30 November 2011. 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

Site Audit Report

Richardson House 0013

**Approved provider: Barraba and District Retirement Homes Association
Incorporated**

Introduction

This is the report of a site audit from 29 November 2011 to 30 November 2011 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 29 November 2011 to 30 November 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:	Kathleen McDonagh
Team member/s:	Indra Arunachalam

Approved provider details

Approved provider:	Barraba and District Retirement Homes Association Incorporated
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Details of home

Name of home:	Richardson House
RACS ID:	0013

Total number of allocated places:	21
Number of residents during site audit:	21
Number of high care residents during site audit:	10
Special needs catered for:	nil

Street/PO Box:	24 Gotha Street	State:	NSW
City/Town:	BARRABA	Postcode:	2347
Phone number:	02 6782 1563	Facsimile:	02 6782 1937
E-mail address:	lib@richardsonhouse.com.au		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Facility manager	1	Residents/representatives	16
Board member	3	Medical officer	1
Care manager	1	Recreational activities officer	1
Registered nurse	1	Catering staff	2
Care staff	3	Laundry staff	1
Administration staff	1	Cleaning staff	1
Maintenance contractor	1		

Sampled documents

	Number		Number
Residents' files (including assessments, progress notes, care plans and associated documentation)	6	Primary medication charts	21
Resident agreements	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Activities attendance records/activities evaluations
- Activity calendar
- Annual fire safety statement and monthly maintenance book
- Behaviour monitoring charts
- Clinical refrigerator monitoring records
- Clinical monitoring records
- Complaints register
- Continuous improvement plan
- Fluid balance charts
- Food safety program, current NSW Food Authority licence, monitoring records and audits
- Human resources records including skills audit, performance appraisal, training certificates, current police checks, employment contracts and current registrations
- Infection control surveillance data
- Job descriptions and duties lists
- Linen change schedules, cleaning checklists, equipment maintenance schedules,
- Maintenance logbook and schedule of preventative maintenance program
- Medication incident reports
- Meeting minutes/memoranda/appointment diaries/handover reports
- Occupational health and safety audits and incident reports
- Organisational philosophy, chart and strategic plan
- Plumber's maintenance folder with regular monitoring records
- Policies and procedures manual

- Quality audit schedule and benchmarking results
- Referrals to external specialists and reports
- Reportable offences register
- Resident and representatives satisfaction surveys
- Resident newsletters
- Residents' dietary records and preferences
- Residents' information package and handbook
- Service providers contracts, insurance policies and licences
- Social history and leisure and lifestyle preferences
- Staff handbook
- Staff satisfaction surveys
- Warfarin charts
- Wound assessments and management plans

Observations

The team observed the following:

- Activities in progress
- Charter of Residents' Rights and Responsibilities displayed
- Complaints mechanisms and advocacy brochures on display
- Emergency call bell and personal pendant access
- Emergency evacuation pack
- Equipment and supply storage areas
- Fire fighting equipment, emergency evacuation plan and emergency procedures flip chart
- Infection control resources including hand washing facilities, appropriate signage, hand sanitising gel, sharps containers, contaminated waste disposal, spills kits, personal protective and colour coded equipment
- Information notice boards
- Medication administration
- Mobility equipment including mechanical lifters, transfer belts, wheel chairs and walkers
- Posters promoting safe work practices and resident care resources for staff
- Residents utilising pressure relieving mattresses, pressure relieving chairs, hip and limb protection equipment
- Secure storage of oxygen, resident' files and medications
- Staff handover
- Staff room with policies and procedures manual, training resources and staff amenities
- Staff work areas (including nurses' stations, offices, treatment room, laundry and kitchen)
- Staff work practices and interactions with residents, visitors and other staff
- The dining environment during midday meal service including the meal presentation, the provision of assistive cutlery, staff assistance and supervision. Morning and afternoon tea/ fluid rounds

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

Richardson House actively engages in continuous improvement across all four Accreditation Standards through processes that incorporate self-assessment, risk-assessments, quality audits, external benchmarking, resident and staff surveys, meetings, comments and complaints, hazard and incident reports. Feedback on improvements is provided through newsletters, meetings as well as regular direct communication with various stakeholders. Documentation review and residents’, board members’ and staff interviews confirmed that Richardson House welcomes feedback and jointly discusses any concerns or suggestions in enhancing residents’ quality of life and promoting a safe work and living environment. The Barraba community values Richardson House and this is demonstrated by the high level of community engagement and generous contribution towards enhancement of the home.

Recent improvements in relation to Standard One include:

- Purchase of a new printer/copier/fax machine to update the home’s information management capabilities.
- Installation of a new telephone system to enhance the internal communication system.
- Reviewed and changed fire services provider based on assessment of service quality and pricing.
- Engaged a new provider for police checks that will alert the home of pending reviews and maintain regulatory compliance.

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

Organisational policies and procedure have been developed to ensure a consistent approach to compliance with regulations, legislation, professional standards and guidelines across the home. Richardson House obtains current information about legislative requirements and changes from peak industry bodies, government bulletins, networking with other homes and the internet. When changes occur, staff and board members are made aware through memoranda on staff noticeboards, education sessions, board briefing papers and meetings. The home also has a resource library available for staff use. Management monitor staff compliance through skills audit, performance reviews, observations, audits, incident reports and education attendance.

In relation to Standard One the home ensures police checks are carried out for all staff, volunteers, external service providers and contractors who have unsupervised access to

residents. All resident information is securely stored and computer access is password protected. The resident handbook, policies and procedures were recently reviewed and updated, incorporating recent legislative amendments including the changes to the complaints principles and the prudential arrangements.

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

Richardson House has a robust education and staff development system, which ensures that staff and management have appropriate knowledge and skills to perform their roles effectively. The home identifies education and training needs through staff feedback, incident reports, audits, management observation, regulatory changes and industry best practice. The education calendar is responsive to the ongoing and changing residents' care requirements. The program includes both internal and external education sessions. The registered nurse conducts skills audits and competency assessments to evaluate the transfer and retention of knowledge. Basic competencies have been developed and implemented for clinical, catering and infection control functions. The home has an orientation program that covers topics on clinical and personal care competencies, confidentiality, fire and safety, manual handling and infection control. New staff are familiarised to the home and mentored by senior staff to learn the home's way of delivering care. Staff interviewed state that they have regular mandatory and other training sessions. Education received by staff in relation to Standard One includes conflict resolution and elder abuse.

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 actively encourages comments, complaints and feedback from all residents and representatives, visitors and staff. This is achieved through meetings, incident reports, resident surveys and a suggestion box. The home ensures access to complaint mechanisms by having available brochures, information posters displayed in communal areas and an open door policy. A board member regularly visits all residents to welcome new residents and seek feedback from all residents about the services provided. This feedback is shared with management and reported at board meetings. All comments and complaints are dealt with confidentially by management, logged into the complaints register, and followed through for a timely and satisfactory resolution. Residents meet every quarter and meeting minutes reviewed showed that residents regularly raise concerns which are followed-up and reported back by staff. Residents interviewed state that they are comfortable raising concerns with the staff, management and the board.

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 statement and philosophy are clearly displayed in the home and documented in the resident and staff handbooks. The management of Richardson House work to engender a culture that reflects the home's values. Accessibility to high quality service is flexible and responsive to individual resident's needs and is delivered with a sense of commitment and care. Documentation review, observations, resident interviews and staff comments indicate that they are satisfied with the support, management and leadership of Richardson House. The high level of community participation and donation that the home receives reflects this.

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's human resource management system ensures that there are appropriately skilled and qualified staff sufficient to ensure that services delivered is in accordance with the Accreditation Standards and their philosophy. Components of the system incorporate policies and procedures, employment contracts, position descriptions, duties lists, education and training, skills audit, current professional registrations, performance management, reporting and communication lines, orientation program, audits, surveys and meetings. Management monitors knowledge and skill levels by observation of staff practices, feedback from supervisors, meetings, performance reviews and audits. Staff are trained to be multi-skilled to address the shortage of skilled staff in rural Barraba. All care staff have Certificate 3 in Aged Care and a current First Aid Certificate. The home manages staffing levels to meet resident care needs by monitoring resident care levels, benchmarking and by adjusting the staffing hours accordingly. Richardson House has increased nursing hours in order to support staff in dealing with the higher care needs of the residents. The residents interviewed verified that staff are attentive and caring in their approach to resident care. Staff stated that they receive good support from management and nursing staff. Staff and management at Richardson House were observed to work collaboratively, providing opportunities for job enrichment and development resulting in high level of staff dedication and commitment.

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 has systems and processes in place to ensure that stocks of appropriate goods and equipment for quality service delivery are readily available. The inventory is managed by monitoring of stock levels, placing of weekly orders and distribution of delivered supplies. The home has a comprehensive preventative and proactive maintenance program to ensure that equipment is operating appropriately and within regulated parameters. Review of

meeting minutes, continuous improvement plan, maintenance folder, staff and resident interviews indicate a timely response to maintenance requests. Management and staff together with the board identify and implement an equipment replacement regime. Observation and staff interviews confirm that there are sufficient supplies of food stocks, linen, cleaning chemicals and clinical supplies to perform their tasks and provide quality care. Residents report that there are adequate supplies of goods and equipment to meet their needs.

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

There are effective information management systems in place at Richardson House. The communication flow between residents, staff and management occurs via a variety of forums, including care plans, communication book, meetings, noticeboards, memoranda, maintenance folder, communication diary, risk assessments, incident reports and policies and procedures manual. There are comprehensive assessments and communication systems to identify residents' needs, develop care plans, evaluate and review them on an ongoing basis. Management monitors compliance and effectiveness of these processes through quality audits. There are policy and procedure manuals throughout the facility for easy access for staff. Resident and staff information is securely stored. The home's systems of locked doors, password protection and other documented procedures ensure that privacy is maintained by restricting access to authorised personnel only. The home has a system of reviewing policies and procedures on a regular and as needed basis in response to residents' needs, identified improvements and regulatory changes. Resident interviews and survey results indicate that residents and their representatives are kept informed and are comfortable to approach staff to discuss their personal, health and organisational matters.

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

Richardson House demonstrated that external services are provided at a standard that meets the needs and quality objectives of the home. Management ascertains the needs in consultation with staff, residents and representatives. The home engages a combination of local service providers for prompt service and regional suppliers for more competitive pricing. The home has good working relationship with the local area health service and negotiates access to specialists' health services for the residents. When service providers are found to deliver unsatisfactory service, their contract is reviewed. Residents and staff interviewed express satisfaction with the goods delivered including food stocks, the work undertaken by external services contracted to the home and external service providers including allied health and related professionals.

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

Richardson House actively pursues continuous improvement. Please refer to expected outcome 1.1 Continuous improvements for additional information relating to the homes' quality management system.

Recent improvements in relation to Standard Two include:

- Increased nursing hours in response to changing resident needs.
- Implementation of the Unit 7 Blister Packed System to ensure safe and correct medication management.
- Reconfiguration of the former office into a treatment room for health professionals and hairdresser for residents.
- When family are unavailable, the care manager transports residents to out-of-town medical appointments to ensure optimum communication of changes to resident care.
- New resident call system has been installed in response to increasing number of high care residents and palliative care needs.

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 an effective system to manage regulatory compliance related to health and personal care. For comments regarding the system please refer to expected outcome 1.2 Regulatory compliance. In relation to Standard Two residents' medications are stored and administered in accordance with the relevant legislation including the *Poisons and Therapeutic Drugs Act and Regulations*. The home maintains records of staff professional registrations and skill levels ensuring staff are appropriately skilled and qualified.

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

Richardson House has a robust education and staff development system, which ensures that staff and management have appropriate knowledge and skills to perform their roles

effectively. For comments regarding the system please refer to expected outcome 1.3 Education and staff development. Staff development received by staff in relation to Standard Two includes medication management, foot care, first aid and nursing refresher training. Care staff are also regularly assessed for clinical competencies such as temperature, pulse, blood pressure observations, hand washing, meals and fluids.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Richardson House has systems, processes, policies and procedures to ensure that residents receive appropriate clinical care. Resident clinical care is overseen by the care manager and the registered nurse. Review of documentation, including resident files, shows assessments are completed when a resident moves into the home. Individualised care plans are formulated and reviewed by the registered nurse on a two monthly basis or more often if required. Care is planned in consultation with the resident and their representative, the resident’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Residents interviewed are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

There are systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. The registered nurse co-ordinates assessments of the residents’ specialised care needs. Referrals to the local area health service ensure residents’ specialised nursing care needs are met. The home liaises with external health professionals as needed. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Residents are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Documentation including resident files shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a physiotherapist, podiatrist, speech pathologist, pathology services and members of the palliative care and mental health teams. Residents report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents interviewed are satisfied with the way referrals are made and the way changes to care are implemented.

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

Management demonstrates that resident medication is managed safely and correctly. Staff assessed as competent administer medication via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. A photo identification of each resident with their date of birth and clearly defined allergies is on each medication chart. Pharmacy and medical officer protocols have been established in the home and staff practices are consistent with policy and procedures evidenced through audits and training. Staff advise they access internal and external education programs; staff practice is overseen by the registered nurse and care manager. Regular medication reviews are completed by a consultant pharmacist and medical incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the care manager and the registered nurse. Residents interviewed are satisfied that their medications are managed in a safe and correct manner.

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

Richardson House has systems in place to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management programs are developed. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage residents' pain include attendance to clinical and emotional needs, pain relief and alternative approaches including massage, the application of heat and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the resident's medical practitioner and other services is organised as needed. Staff regularly liaise with medical practitioners and allied health personnel to ensure effective holistic care planning. Residents report that they are as free as possible from pain and that staff respond in a timely manner to their requests for pain control.

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 can demonstrate that the dignity and comfort of residents who are terminally ill is maintained within the scope and resources of the home. Residents may require relocation to hospital, dependent on their care needs. Documentation and staff discussions show the spiritual, cultural, psychological, physical and emotional needs of residents receiving palliative care are assessed and considered in care planning. The home accesses external palliative care services as necessary. Pastoral care is offered and provided as requested. Representatives are informed of the palliative care process and the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care 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

Documentation reveals residents’ nutrition and hydration status is assessed when moving into the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and representative and others involved in their care. The menu provides residents with an alternative for the midday and evening meal. Residents are weighed monthly and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents’ preferences and special requirements including supplements, pureed and soft food. Residents interviewed are highly satisfied with the frequency and variety of food and drinks supplied.

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’ skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the care manager or registered nurse for assessment, review and referral to the medical practitioner as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Documentation reveals that staff receive ongoing training and supervision in skin care and the use of specialist equipment such as lifting devices used to maintain residents’ skin integrity. The home’s reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Residents have access to a physiotherapist, occupational therapist, podiatrist, hairdresser and other external health professionals as necessary. Residents report staff pay careful attention to residents’ individual needs and preferences for skin care. Residents were observed utilising limb protecting and pressure relieving devices.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems in place to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly and monitor residents’ skin integrity. The registered nurse and care manager oversee the continence program. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. The care manager is the continence link nurse and is responsible for the ordering of continence products and that there are

appropriate supplies of continence aids to meet the individual needs of residents. Residents state they are satisfied with the continence care provided to them.

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

Richardson House has systems to effectively manage residents with challenging behaviours. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has access to other health professionals including the area health service mental health team and psychogeriatrician. Staff were observed to use a variety of management strategies and resources to effectively manage residents with challenging behaviours and to ensure the residents’ dignity and individual needs were respected at all times. The home uses restraint only as a last resort to ensure resident safety. Residents interviewed are satisfied with how challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. Richardson House has access to a physiotherapist. Individual programs are designed and implemented by the care staff and are designed to promote optimum levels of mobility and dexterity for all residents. The home has a heightened awareness of falls prevention. Falls prevention strategies include daily exercise classes, the monitoring of footwear and the lowering of beds. Falls incidents are analysed and are monitored in the quality clinical indicators. Residents report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, walking belts, mechanical lifters and wheelchairs are available. Access to sunshine is effortless via enclosed garden areas and open verandas thereby contributing to the resident’s potential intake of vitamin D. The home is well lit, clutter free and with handrails on all corridors.

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

There are systems in place to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home. Residents are referred to the dentist or to the area health service dental clinic if needed. Staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral

health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents interviewed state they are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

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

Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents care needs are managed effectively. Residents attend external ophthalmology appointments and a nurse audiologist conducts regular audiology clinic at the adjacent Barraba Multi Purpose Health Service. The recreational activity officer has implemented programs and uses resources to assist residents’ with sensory stimulation including of taste, touch and smell. The home has a sensory garden under construction. The library provides a selection of large print and audio books that residents can access. Staff receive training in sensory loss and specialist equipment is maintained in good working order. Residents interviewed report staff are supportive of residents’ with sensory loss and promote independence and choice as part of daily care.

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

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and any sleep difficulties are identified. Individual sleep management strategies are developed depending on residents’ needs and preferences. The home has an environment of single rooms enabling choice of retiring and waking time and allows for music and low light environments. A call bell system is in place that identifies residents’ rooms and alerts staff to any night time requests or disturbances. Evening drinks and snacks are provided on request. Residents interviewed were satisfied with the home’s approach to sleep management.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Richardson House actively pursues continuous improvement. Please refer to expected outcome 1.1 Continuous improvements for additional information relating to the homes’ quality management system.

Recent improvements in relation to Standard Three include:

- Purchase of a wide screen television for the residents in response to requests from the recreational activities officers and residents. The new television has enhanced residents’ viewing and enabled resident participation in a new exercise program that is delivered through the wide screen television.
- Flexible rostering of recreational activities officer to cater for evening activities such as Karaoke Night.

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 an effective system to manage regulatory compliance related to resident lifestyle. For comments regarding the system please refer to expected outcome 1.2 Regulatory compliance. In relation to Standard Three residents are informed of their rights and responsibilities when they move into the home. The Charter of Residents’ Rights and Responsibilities is displayed on the wall of the home. Personnel folders contained signed privacy and confidentiality agreements by staff. Resident folders have resident agreements and copies of power of attorney where relevant.

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

Richardson House has a vigorous education and staff development system, which ensures that staff and management have appropriate knowledge and skills to perform their roles effectively. For comments regarding the system please refer to expected outcome 1.3 Education and staff development. Staff development received by staff in relation to Standard Three includes elder abuse, conflict resolution and laughter workshop.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has effective systems in place to ensure that each resident receives initial and ongoing emotional support. This includes orientation to the home, staff and services for new residents and their families, a quarterly newsletter, resident and relatives meetings and involvement of family in the activity program. Emotional needs are identified through the residents' lifestyle care plan, case conferencing, one-to-one support and family involvement in planning of care. Residents are encouraged to personalise their living area and visitors, including pets, are encouraged. Residents interviewed are highly satisfied with the way they are assisted to adjust to life at the home and the ongoing support they receive from the home.

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

Richardson House ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence that includes mobility and activities programs, and mobility equipment for resident use. Community visitors, volunteers and entertainers are encouraged and arranged. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practice and resident feedback confirms residents are actively encouraged to maintain independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure privacy and dignity is respected in accordance with residents' individual needs. Residents are accommodated in single rooms with ensuite bathrooms ensuring privacy for activities of daily living. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Information pertaining to privacy and confidentiality is contained in the resident handbook. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Staff education promotes privacy and dignity and staff sign a confidentiality agreement; staff handovers and confidential resident information is discussed in private and resident files securely stored. Staff practices respect privacy and dignity of residents. Residents at Richardson House are satisfied with how privacy and dignity is managed.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home demonstrates that residents are encouraged and supported to participate in a wide range of interests and activities. Residents' activity needs, interests and preferences are assessed on moving into the home and on an ongoing basis. There is a recreational activities officer at the home who ensures that the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. The comprehensive activities program covers five days a week and includes bus outings, entertainment, daily exercises, walking group, craft, word games, quizzes, indoor bowls, movies, bingo and happy hour. School children visit weekly. Ongoing evaluation of the activities program ensures that the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Residents and representatives are informed of programs through display of the activities program on noticeboards throughout the home. Residents are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm that residents are highly satisfied with the activities provided to them.

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

Residents' cultural and spiritual needs are fostered through the identification and communication of residents' individual interests, customs, religions and ethnic backgrounds during the home's assessment processes. The home recognises and celebrates culturally specific days consistent with the residents residing in the home, and residents' preference not to participate is respected. Richardson House did not have any residents from a culturally or linguistically diverse background at the time of the site audit. Culturally significant days and anniversaries such as Australia Day, Anzac Day, Melbourne Cup, Easter, Mothers' Day and Fathers' Day are celebrated. Residents are asked about end of life wishes when they enter the home and this information is documented in their file. The home has regular religious services of different denominations and several residents go out to local church services. The home celebrates residents' birthdays and welcomes involvement from families. Residents interviewed report that their cultural and spiritual needs are being met.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home can demonstrate that each resident and/or representative participates in decisions about the services of the home and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. Management have an open door policy that results in continuous and timely interaction between the management team, resident and/or representatives. Observation of staff practice and staff interviews reveal that residents have choices available to them including waking and sleeping times, shower times, meals and activities. Resident meetings and surveys occur regularly to enable residents to discuss and provide feedback about the services provided by the home. Residents state that they are satisfied with the support of the home relative to their choice and decision making processes.

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 policies and procedures in place to ensure that residents have secure tenure within the residential care service, and understand their rights and responsibilities. New residents and/or their representatives are provided with comprehensive information about their rights and responsibilities prior to the resident moving into the home. This information is explained and a resident agreement is offered to each resident and/or their representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. The Charter of Residents' Rights and Responsibilities is on display. Residents indicate that they are satisfied with the information the home provides regarding their security of tenure and their 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

Richardson House actively pursues continuous improvement. Please refer to expected outcome 1.1 Continuous improvement for additional information relating to the homes’ quality management system.

Recent improvements in relation to Standard Four include:

- New floor coverings for the entrance, resident dining areas and care manager’s office to improve hygiene as the existing carpet was badly stained and becoming increasingly difficult to keep clean.
- Recarpeting of the hallway and staff room to match with the extension to enhance the living environment.
- New futon for the staff room to improve the staff amenities.
- Changing of the resident’s room door handles from door knobs to levers so that residents can easily open their room doors and maximise independence.

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 an effective system to manage regulatory compliance related to physical environment and safe systems. For comments regarding the system please refer to expected outcome 1.2 Regulatory compliance. In relation to Standard Four the home has a current annual fire testing statement and a current NSW Food Authority licence with ‘A’ rating. The home has an infection control officer and occupational health and safety officer whose roles include the monitoring and the maintenance of a safe living and work place.

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

Richardson House has a strong education and staff development system, which ensures that staff and management have appropriate knowledge and skills to perform their roles effectively. For comments regarding the system please refer to expected outcome 1.3 Education and staff development. Staff development received by staff in relation to Standard Four includes mandatory infection control, manual handling and fire safety and evacuation as

well as a seminar on the new *National Work Health and Safety Legislation* that will be effective from January 2012.

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

Richardson House, located in the New England region, provides accommodation for 21 residents in single ensuite rooms. The home has pleasant and comfortable communal living rooms, spacious courtyard gardens where residents sit with family and friends listening and observing the local birdlife under shady verandas. Residents are invited to decorate their rooms with their personal belongings. The residents' handbook informs residents and their representative of suitable items to bring to the home. The care and hospitality staff work with the maintenance staff to monitor and maintain a safe and secure living environment that is clean, clutter-free and in line with the residents' preferences. The home has a preventative and corrective maintenance program incorporating regular maintenance schedules as well as maintenance request folder. Residents do not hesitate to ask the maintenance contractor to move furniture and hang up pictures. Residents interviewed reported that they are very happy, safe and comfortable living in Richardson House.

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 comprehensive systems and processes in place to provide, assess, regularly monitor and improve the work practices and work environment of Richardson House. A maintenance contractor is responsible for ensuring that equipment, furnishings, buildings and grounds are safe. Management has a proactive and a reactive approach, which incorporates maintenance requests, incident and hazard reports, continuous improvement plans and environment audits. Management utilises these systems to identify areas for improvement and meet regulatory requirements. Management and the occupational health and safety officer are responsible for the risk assessment of all machinery and equipment, development of a safe work method statement and the development of safe operating procedures. Document review included hazard reports, incident reports, risk assessments and annual inspection audits. The analysis of incident report resulted in the introduction of sensor mats to minimise resident wandering. Staff interviewed are aware of the home's occupational health and safety systems and confident that management is actively working to provide a safe working environment.

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

Management of the home is actively working to provide a safe and secure environment for residents, staff and visitors. The fire, security and emergency systems implemented at the home include policies and procedures, emergency equipment, lockup procedures, workplace

inspections, emergency charts, safety signage throughout the home and an evacuation kit of basic supplies and resident information in the case of an emergency. The home has a current contract with a fire protection company who provide monthly checking and maintenance of the fire detection system and fire fighting equipment. The home has annual independent reports indicating it meets fire safety standards. Annual fire safety training is mandatory for all staff. Richardson House has a designated fire warden, a member of the local fire brigade, who provides interim fire safety training to new staff. Residents are orientated to the home's fire, security and other emergency systems and procedures. Richardson House is located next to Barraba Multi Purpose Health Service. An internal connecting corridor enables ambulance officers to directly transfer residents to the service when needed. Interviews with residents and staff, documents reviewed and observations of the homes' environment and staff work processes confirmed that management of the home is actively working towards providing an environment and systems of work that minimise fire, security and emergency risks.

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

Richardson House has an integrated infection control program which includes hand sanitisation, compulsory staff education, resident and staff immunisation, management and disposal of contaminated and ordinary waste, use of colour coded food preparation, laundry and cleaning equipment, spill kit, gastroenteritis pack, influenza emergency kit and an infection control procedures manual. Infection rates are monitored, analysed and reported on a monthly basis by the infection control officer. Staff interviewed indicate a good knowledge of infection control practices, including outbreak management and confirm personal protective equipment is readily available throughout the home. Isolation incidents are dealt with in a manner that maintains residents' privacy and dignity. Catering staff follow safe food practices including monitoring of food storage conditions, temperature checks at critical points on food preparation and serving, fridges, freezers and the dishwasher. The laundry has designated contaminated, clean and folding areas, the hot water temperature in washing machines is monitored, and chemical sanitising agents are used. Cleaning procedures include regular schedules that are signed off by designated staff on completion and reviewed by supervisors. Residents and their representatives' feedback, documentation review and observation indicate that Richardson House has an effective infection control system.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services that enhance the quality of life of residents, and provide a clean and comfortable working environment for staff. Residents' dietary needs and hydration and nutritional preferences, as well as level of assistance required at meal times are identified and documented when they move into the home and when their needs change. All meals are prepared fresh on site each day with residents' special dietary needs and preferences catered for. The home has a summer and winter menu that rotates over a five week cycle. Catering staff are trained in, and implement safe food handling practices. Cleaning services are conducted throughout the home systematically following a regular schedule using appropriate chemicals and colour coded equipment. Laundry services are provided onsite for residents' personal laundry with procedures in place to ensure residents' clothes are laundered carefully, ironed if required and returned to their rightful owner.

Hospitality staff are trained and assessed for infection control competencies. Residents are encouraged to give feedback regarding catering, cleaning and laundry services at meetings, directly to staff and through survey forms. Interviews with residents and staff, documents reviewed and observation of the homes' environment confirmed that residents and their representatives are satisfied with the catering, cleaning and laundry services provided by the home.