



Aged Care
Standards and Accreditation Agency Ltd

Riverside Gardens Nursing Care Centre

RACS ID 0648

Riverside Drive

NAMBUCCA HEADS NSW 2448

Approved provider: Nambucca Valley Care Ltd

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 28 September 2015.

We made our decision on 22 August 2012.

The audit was conducted on 17 July 2012 to 18 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

Riverside Gardens Nursing Care Centre 0648

Approved provider: Nambucca Valley Care Ltd

Introduction

This is the report of a re-accreditation audit from 17 July 2012 to 18 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 17 July 2012 to 18 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:	Margaret Williamson
Team member/s:	Jennifer Woodman

Approved provider details

Approved provider:	Nambucca Valley Care Ltd
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Details of home

Name of home:	Riverside Gardens Nursing Care Centre
RACS ID:	0648

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

Street/PO Box:	Riverside Drive	State:	NSW
City/Town:	NAMBUCCA HEADS	Postcode:	2448
Phone number:	02 6568 1166	Facsimile:	02 6568 2739
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Executive care manager	1	Residents/representatives	12
Facility manager	1	Resident support services manager	1
Quality and education coordinator	1	People services manager	1
Registered nurses	2	Purchasing officer	1
Endorsed enrolled nurses	2	Physiotherapist	1
Care staff	7	Speech pathologist	1
Administration officer	1	Cleaning staff	2
Catering staff	2	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files: assessments, care plans, doctors' notes, progress notes	10	Medication charts	18
Medication incidents	5	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity programs, procedures, risk assessments, evaluations, participation records, survey results
- Audit schedule, audits, summary reports
- Behaviour monitoring logs, pain management charts
- Case conference notes, palliative care pathway, emergency care directives
- Cleaning schedules
- Communication diaries, handover sheets, treatment lists, shower lists
- Complaint register and forms, thank you letters and cards
- Complex health care directives, wound management charts, blood sugar levels, weight records, catheter and line management charts, bowel records, dietary intake forms
- Continuous improvement plan, improvement forms
- Emergency flipcharts
- Incident/accident reports
- Infection control manual, audits, statistics
- Job descriptions, duty lists
- Mandatory reporting incident register

- Medication: schedule eight registers, refrigerator temperature records, audits
- Meeting minutes: residents, registered/enrolled nurses, lifestyle staff, medication advisory committee
- Newsletter, staff memorandum
- NSW Food Authority audit report, kitchen temperature records, food safety manual, resident dietary preferences lists, menu
- Organisational structure, strategic plan, operational plan
- Orientation program, education and training schedules, education records, competency assessments
- Police check registers, staff registrations
- Preventative maintenance schedules, maintenance request sheets
- Registered nurses hints and tips for documentation
- Resident care policies and procedures, aged care practice manual
- Residential care agreement
- Residents pre admission information booklet, resident information handbook
- Satisfaction survey results: resident, staff
- Self assessment report for re-accreditation
- Service reports: pest control, fire
- Staff handbook, code of conduct, staff confidentiality agreements
- Staff rosters, enterprise agreement, performance appraisals
- Wandering residents incident register
- Work health and safety (WHS): procedures, risk management register, workplace inspection audits, safe work procedures, site safety instruction handbook

Observations

The team observed the following:

- Activities in progress, resources, resident art displayed
- Charter of residents' rights and responsibilities displayed
- Cleaning in progress
- Contractor sign in/out book
- Emergency procedure flipcharts, emergency evacuation folder
- Equipment and supply storage areas
- Feedback forms and suggestion box
- Fire safety: instructions, equipment, evacuation plans, annual fire safety statement
- Infection control resources: outbreak kit, hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, spill kits
- Information on noticeboards: staff, residents
- Interactions between staff and residents
- Living environment including sun room, covered outdoor area, secure garden

- Medication system: packing, storage, opening dates, expiry dates and administration rounds
- Mission and values statements displayed
- NSW Food authority licence displayed
- Residents at midday meal
- Secure storage of resident information
- Security: video surveillance system, key coded doors,
- Treatment rooms, dressing trolleys and clinical supplies
- Visitor sign in/out book

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

Improvement activities are identified through a range of systems involving residents, representatives, staff and management. These systems include improvement forms, audits and surveys, residents/representatives and staff meetings, comments and complaints and the accidents/incidents system. Improvements may also be identified through management observations and as a result of regulatory changes. Opportunities for improvement that are identified are recorded on a continuous improvement action plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the quality coordinator and facility manager in collaboration with the management team. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. The home's continuous improvement plan identifies improvements across all accreditation standards and from all stakeholders. Examples of improvement activities relating to Accreditation Standard One include the following:

- To respond to the need for care staff the organisation has partnered with the local vocational college to recruit trainees. Prospective trainees are offered one month pre-vocational training during which they complete five units of the Certificate III in aged care course. If the home and the trainee are still interested at the end of this period they are offered a traineeship and complete the remaining nine units of the course. To date 15 traineeships have been offered. Management said feedback from staff and trainees has been positive.
- To facilitate training programs the home has purchased an interactive whiteboard (smart board) to replace the data projector. This enables the home to run education such as orientation and competency training programs. The system has the potential to link all the homes in the group for training. Management said the implementation of the system has saved travel times and provided consistency of information as well as more efficient training. In addition the home has developed facilitator manuals for staff to use with each program such as person centred care and elder abuse and ocular care
- The home has recognised the role of staff with Certificate IV in aged care qualifications. These staff have now taken up roles as mentors to new staff and become leadership champions. Prior to becoming a mentor they received training in 'Being a better buddy'. Management said this has led to new staff feeling more supported and the Certificate IV staff having greater job satisfaction

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of a peak aged care organisation and also receives information on legislative requirements and regulatory changes from government departments and agencies, industry publications and other sources. Regulatory information is communicated within the home through memos, meetings, handovers, notices, and education sessions as appropriate. Policies and procedures are updated as required. Monitoring of compliance includes scheduled internal audits, staff competency assessments, performance appraisals, and observation of staff practices. Specific examples of regulatory compliance relating to the Accreditation Standard One include the following:

- Residents/representatives were informed of the forthcoming re-accreditation audit and offered an opportunity to have an interview with the assessment team.
- There is a system to ensure all staff, volunteers and contractors if necessary, have national criminal history checks and these are monitored for renewal.

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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. There is an orientation program for all new staff and a buddy system is used to support new staff during their first days of employment. There is an education program which includes in-service training by senior staff and training by visiting trainers and suppliers. In addition, one to one training, electronic and audio visual programs and access to external courses are offered. Education needs are identified through staff surveys, requests, staff appraisals and observations of staff practices. Records of attendance at training are maintained and training sessions are evaluated. Staff report they are supported to attend relevant internal and external education and training.

Resident/representatives said they were confident with the staff ability to perform their roles.

Examples of education activities relating specifically to the Accreditation Standard One include frontline management training, bullying and harassment, complaints management and understanding Accreditation.

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

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home and notices. Forms for comments and complaints are available in the home and brochures about external complaint services are also available. Management maintains a register of all comments and complaints and the team noted any issues raised are addressed in a timely manner and feedback is provided. Residents/representatives can also raise concerns and identify opportunities for improvement through resident/relative meetings and satisfaction surveys. All complaints are handled confidentially and analysed monthly and if appropriate issues are transferred to the quality improvement program. Staff demonstrated an awareness of complaints procedures. Residents/representatives said if they have any concerns they are happy to raise them with staff.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a clearly documented statement of the vision, aims and ways which outline the organisation's commitment to quality resident care, and which is displayed in the home. The values and philosophy of service are promoted in management and staff practices, and are contained in the staff and resident publications. The Charter of residents' rights and responsibilities is displayed and is included in handbooks. The values of the organisation are incorporated in strategic and operational planning and organisational staff provide leadership and management support.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There is a system to manage human resources which includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. Criminal history and registration checks are conducted prior to employment and these are monitored for renewal. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. Staff rosters are adjusted according to workloads if required and registered nurses are on duty for all shifts. Staff practices are monitored through observation, annual performance appraisals, feedback, surveys and audit results. Staff said they have adequate skills and that staff numbers are generally adequate to provide quality service to residents. Residents/representatives expressed satisfaction with the 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 has adequate stocks of equipment and goods to provide quality service delivery to residents. A routine and preventative maintenance program ensures all equipment is regularly checked and serviced. Responsibilities for ordering medical, catering and other supplies are clearly allocated and appropriate procedures are in place. The system is monitored through regular audits and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff said the home has adequate levels of equipment and supplies to provide quality resident care and that maintenance and repairs are completed as needed.

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 the creation, usage, storage and destruction of all information. The home maintains electronic records relating to resident care which include assessments, care plans (which are regularly reviewed), progress notes, medical records and other clinical records. These provide information to staff to help them perform their roles effectively. There are mechanisms in place to record and disseminate information via meeting minutes, newsletters, handover and noticeboards. The staff orientation process and staff handbook include the importance of confidentiality. Other information systems include documentation of incidents/accidents, medication incidents and infection reports. Confidential information is securely stored and computer access is password protected. Procedures for archiving and destruction of documents are in place. Staff and residents/representatives report they are kept well informed about matters that impact on 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

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Management oversees the process of accessing external services and entering into service agreements for the provision of services as required. External service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. Routine maintenance work is undertaken by contractors according to the maintenance program. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Some external contractors contribute to the home's quality system by providing staff training in the area of their expertise. Staff are satisfied with the products and services offered by external contractors.

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

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Two include the following:

- In conjunction with the dietician a flow chart has been developed to advise staff on the steps to take if there are changes to the weight and body mass index (BMI) of a resident. The flow chart and corresponding weight loss guidelines clearly inform staff of actions to be taken including monitoring of food intake and commencement of a supplement whilst waiting for review by a dietician. Staff in both the catering area and care staff have been informed of the new guidelines and we noted evidence of the practice being followed.
- The home has developed a palliative care pathway. Management said staff, medical officers and the pharmacist have been consulted and given training in the pathway. An infusion pump has been purchased and staff have been trained in its use. Management said use of the pathway will ensure the appropriate care for residents and their families is provided.
- The home has put in place a schedule for case conferences and developed new guidelines and prompts for staff to follow. The schedule has been timed to link in with three monthly care plan reviews. A range of staff are involved including the registered nurse, the physiotherapist and the lifestyle coordinator. The residents/representatives are also invited to participate and information obtained is used to update the care plan as necessary. Management said by providing the opportunity for residents/representatives to raise issues there are fewer complaints. Staff said they find the conferences helpful and make care plans easier to review.

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 a system to manage regulatory compliance relating to health and personal care. For a description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Two include the following:

- Medication administration is managed in accordance with legislative guidelines.
- A record is kept of the current registration of registered nurses and other health care professionals.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development.

Examples of education provided specific to Accreditation Standard Two include palliative care, safe swallowing, falls management, diabetes and dementia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Riverside Gardens Nursing Care Centre implements a clinical care system which ensures residents receive appropriate care. The home implements an electronic care system which includes comprehensive assessments, care planning, progress note documentation and health monitoring. Consultation with residents/representatives, doctors, other health professionals and care staff ensures care plans reflect each resident’s care needs and preferences. Registered nurses oversee the clinical system and regularly review and update care plans. Case conferences provide an additional opportunity for residents/representatives to provide input into care. Residents’ health monitoring is undertaken on a monthly basis or more often if required including measurement of weight and general observations. Results show current individualised care plans which reflect the care provided for residents. Residents/representatives say they are satisfied with the clinical care provided by the home.

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

Registered nurses identify, assess, document and provide residents’ specialised nursing care needs. Consultation with residents/representatives, doctors and specialist nurses provides information for specialised nursing care provision. Registered nurses review and update care plans and complex health care directives which document residents’ specialised nursing care needs and guide staff in care provision. Specialised nursing care provided at the home includes diabetic management, catheter care, oxygen therapy, palliative care, pain management and complex wound care. Staff consult specialist nurses for support and advice as needed such as for continence management, palliative care or behaviour management. Residents/representatives say they are satisfied with the specialised nursing care provided for residents.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home ensures the referral of residents to appropriate specialists or other health professionals occurs according to their needs and preferences. The organisation employs a physiotherapist who provides assessment, therapy planning and specialised therapy provision. Other health professionals who visit the home on a regular basis include a podiatrist, a dietician and a speech pathologist. Home visits for hearing, vision and dental assessments may also be arranged. Assistance is provided by staff to make and attend external appointments as needed. Registered nurses update care plans with changes after appointments. There are systems to ensure care staff know about changes in resident care. Residents/representatives say they are satisfied with residents’ access to external specialists and health related services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Registered nurses, doctors, pharmacists and a medication advisory committee oversee the medication system to ensure residents’ medication is managed safely and correctly. Registered nurses, enrolled nurses and care staff who have completed training and assessment complete medication rounds using a pre-packed system of medications supplied by the pharmacy. The home stores medications safely and securely in locked treatment rooms and cupboards. A pharmacist conducts regular medication reviews with results provided to the resident’s doctor and registered nurses for review. Staff report medication incidents which are documented, investigated and followed up by management. A medication advisory committee meets regularly to review medication policies, incidents, audit results and staff competency. Residents/representatives say they are satisfied with the medication management provided for residents.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home implements a pain management system which ensures all residents are as free from pain as possible. Registered nurses identify residents who experience pain and complete pain assessments which include verbal and non-verbal responses. Consultation with residents/representatives, the resident’s doctor, the physiotherapist and staff provides additional information for pain management care planning. Complex health care directives guide registered nurses on provision of heat pads, massage and electrical nerve stimulation therapy. Staff provide a range of comfort measures such as regular repositioning, distraction with activities, gentle exercise or rest during the day. Staff monitor residents, report to registered nurses and pain reassessments are completed if necessary. The effectiveness of pain relief measures including medication is monitored and registered nurses refer residents back to their doctor for unrelieved pain. Residents say the therapies relieve their pain and they are comfortable.

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 provides end of life care for residents which respects their privacy and dignity and ensures their comfort. Registered nurses assist residents/representatives to complete emergency care directives which are stored with transfer papers in the event a resident requires hospitalisation. Residents may choose to stay at the home for end of life care where the resident and staff know each other rather than transfer to hospital. The home implements a palliative care pathway which guides staff on the care required as resident’s needs change. All residents have their own room which facilitates privacy. Staff provide interventions such as pain management, nutrition and hydration, mouth care, pressure care and emotional support. Representatives may stay with residents if they wish and are made comfortable by staff. Religious representatives provide spiritual support according to the wishes of residents/representatives. The home has letters and cards of appreciation from family members thanking staff for dedicated and caring support. Residents say staff are gentle and kind.

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

Registered nurses complete eating, drinking and nutritional assessments to identify individual dietary needs and preferences when residents first move into the home. Information identified includes special diets, food allergies, changed consistency of meals, special cutlery or plates, food likes/dislikes, usual routines and meal preferences. Registered nurses forward ‘nutrition data cards’ to the kitchen to ensure appropriate staff have access to relevant information. Staff notify the kitchen if residents’ needs and preferences change. The home provides special diets, between meal snacks and nutritional supplements if needed. Care staff provide discreet assistance to residents who require support at meal times. Health monitoring by staff includes regular weight recording with results reviewed and followed up by registered nurses. This may include referral to the resident’s doctor, a dietician or a speech pathologist to ensure the resident receives provision of adequate nutrition and hydration. Residents say they like the meals and there is always plenty to eat.

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

Registered nurses complete clinical assessments to identify the skin integrity of each resident when they first move into the home. Consultation with residents/representatives ensures any concerns related to skin care are identified documented in care plans and care is provided according to residents’ needs and preferences. Registered nurses oversee skin

care provision and complete wound assessments, treatments and dressing changes. The home has pressure relieving equipment such as air mattresses, skin moisturising creams for dryness and limb protectors to prevent skin tears. Care staff provide regular pressure care and inform registered nurses if any changes to residents' skin integrity are observed such as redness, bruises or rashes. Other care available includes visits by a podiatrist and hairdressing services on site. Residents/representatives say they are satisfied with the wound and skin care provided for residents.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Registered nurses and a designated continence nurse oversee the home's continence management system. Clinical assessment and consultation with residents/representatives provides information for individualised toileting and bowel management programs. The home has sufficient supplies of continence aids and appropriate equipment such as raised toilet seats and hand rails in the bathrooms. Bowel management programs include increased dietary fibre, fresh fruit, an exercise program and good hydration. The effectiveness of continence and bowel management programs is monitored on a daily basis by care staff with any anomalies reported to a registered nurse or the continence nurse for follow up. A continence consultant attends the home to provide advice, support and education for staff. Residents/representatives say they are satisfied with the continence care provided and representatives say the home always smells fresh.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home implements systems to effectively manage residents with challenging behaviour. Clinical assessments, consultation with residents/representatives and monitoring of behaviour identifies triggers and successful interventions which are included in care planning. Social and leisure care planning includes specific individualised information to guide staff on ways to effectively manage challenging behaviour. Registered nurses review the effectiveness of behaviour management plans and refer to the resident's doctor as needed. A specialist nurse visits the home to provide resident assessments and advice for staff. Referral to a geriatrician or psycho-geriatrician is arranged when required. Observation of resident and staff interaction shows a patient and gentle approach to behaviour management. Residents/representatives say the needs of residents with challenging behaviour are effectively managed.

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

Clinical assessments by registered nurses identify the assistance required by residents for transferring and mobility. A physiotherapist employed by the organisation provides assessment, therapy planning and some specialised therapies. Reassessments completed after falls or if a residents condition changes provides information for updating of care plans. Registered nurses implement complex health care directives which include massage, heat and electrical nerve stimulation therapy. Care staff provide liniment massages, range of movement exercises and assistance to walk where possible. The activity program includes chair exercise sessions to maintain muscle strength, balance and joint range of movement. The physiotherapist provided examples where residents ability to move has been maintained or in some cases improved through therapy. Residents’ dexterity is encouraged during participation in games, jigsaw puzzles or craft. The home investigates and monitors accidents to identify interventions to prevent further occurrences. Residents say they enjoy the therapy which reduces pain and staff assist with walking where possible.

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

Clinical assessments identify the oral and dental needs and preferences of residents which are then included in care plans. Staff assist residents to maintain their oral and dental routine including set up assistance, cleaning of teeth or dentures and soaking of dentures according to resident preference. Staff report any changes in residents’ oral health or eating habits to registered nurses to ensure any concerns are identified and followed up to resolution. Terminally ill residents receive specialised care including refreshing mouth swabs and fluids to ensure they remain comfortable. Staff say there are sufficient supplies of toothbrushes and denture care equipment. Staff assist residents to make and attend external appointments. Residents say they are satisfied with the assistance provided by staff for the cleaning of their teeth.

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

Registered nurses complete clinical assessments, review medical histories and consult with residents/representatives to identify any sensory impairment such as vision or hearing loss. Care plans include daily routines such as cleaning and placement of glasses and application of hearing aids. Residents sense of taste and food preferences identified during assessment are forwarded to the kitchen. Interventions to reduce the impact of sensory losses include good lighting, large print books, newspaper readings, large screen televisions and the smell of food at meal times. Residents’ sense of touch is stimulated through daily care provision, massages and other interaction with staff. Staff assist residents to make and attend external

appointments such as optometrists and hearing specialists. Residents say they are satisfied with the support provided by staff for any sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Clinical assessments identify resident’s usual routine for rising in the morning, rests during the day and retiring time at night. Care plans include individualised information on each resident’s preferences for settling at night including warm drinks. Staff assist residents to rest in bed or a chair according to their choice throughout the day. Registered nurses review residents who experience sleep disturbances in consultation with their doctor. Staff check residents regularly throughout the night providing repositioning, continence care and pain management if required. Residents who are unable to sleep are provided with a warm drink and sandwiches to help them settle. Residents say they sleep well 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

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Three include the following:

- The organisation has introduced a volunteer training program in response to the introduction of the new Work health and safety (WHS) legislation and volunteer feedback. The home runs a four hour training program for volunteers covering WHS, elder abuse, fire, dementia, infection control and manual handling. Management said it also gives volunteers the opportunity to raise issues and network with other volunteers across the organisation. Management said feedback from volunteers has been very positive.
- Resident feedback identified the home did not provide the same quality café service as other homes in the group. As a result the home has made improvements to the in-house café with the purchase of a barista machine and the provision of home cooked cakes. The café runs weekly and families and friends attend. Management said the feedback has been very positive since the changes and during the visit we observed family participation in the event.
- A leisure and lifestyle coordinator has been appointed to coordinate activities across the organisation and a relief activity officer has been employed. This came about as a result of resident and staff feedback. The new coordinator meets with the activity officers across the organisation on a fortnightly basis to allow the opportunity for issues to be raised and ideas to be shared. Management said the relief activity officer position has allowed for leave planning to be undertaken. Residents are very happy with the activity program in the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to manage regulatory compliance relating to resident lifestyle. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Three include the following:

- Residents provide consent for collection and use of their personal information.
- Information is provided to residents/representatives in the residents and relatives’ handbook and the resident agreement regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.

- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents.

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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development.

Examples of education provided specific to Accreditation Standard Three include person centred care, privacy and dignity, meaningful activities for residents with dementia and training for volunteers.

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

Riverside Gardens Nursing Care Centre provides information and emotional support for new residents and their representatives prior to and during the moving in process. Staff ensure residents are introduced to each other and other staff and explain daily happenings at the home. A weekly café on level two is used to introduce residents to each other and for family members to socialise. Recreational activity staff visit new residents/representatives and invite residents to join the social program as they feel ready. Family members are encouraged to visit whenever they wish and say they feel welcome by staff. Ongoing support for existing residents includes management and staff support, contact with volunteers and visits by religious representatives by resident choice. Residents say they are happy at the home and their representatives say they are satisfied with the care and support provided for residents.

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

Management and staff provide assistance for residents to remain as independent as possible for as long as possible. Clinical assessments identify the independence level of residents and the amount of assistance they require on a daily basis to complete their usual activities. Therapy and exercise programs promote independence through maintenance or improvement of movement strength, balance and mobility where possible. Residents have access to their own funds if they wish to purchase items or visit the hairdresser. Interaction with the local community is through family members, volunteers and entertainers who visit. Newspaper readings and radio and television broadcasts connect residents with happenings

around the world. Residents/representatives say staff encourage residents' independence as much as possible and the home ensures residents feel part of a wider community.

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

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Residents sign consent forms for the release of information to appropriate people and staff sign confidentiality agreements in relation to residents' personal information. All residents have private rooms with en-suite bathrooms some of which are shared. Staff are careful to protect resident's privacy during care and knock on doors or request permission prior to entering rooms. Secure storage of care and other information in locked rooms ensures confidentiality of personal information. Residents/representatives say staff are considerate, treat them with respect and close doors prior to care.

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 organisation employs a leisure and lifestyle coordinator who provides the activity and social program of the home. Individual assessments identify resident's background history, leisure interests and preferences for social interaction. Social, cultural and spiritual care plans encapsulate residents' personal needs and preferences for daily leisure activities. Program activities reflect the choices of residents and include quizzes, games, art therapy, bingo, carpet bowls, entertainers, craft, newspaper readings and a weekly café gathering for residents, their family and friends. The home is well supported by volunteers who visit with residents, assist with activities and provide pet therapy. Residents who are too frail or choose not to attend activities enjoy hand massages, nail care, talking books and individual visits by staff. Residents choose whether to join in with the activity program and participation is monitored to ensure all residents receive support. Residents say they enjoy the activities and there is plenty of choice.

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 cultural and spiritual preferences of residents are supported and celebrated at the home. The home identifies information related to residents' cultural and spiritual background when they first move into the home which is incorporated into care planning where appropriate. Residents enjoy special theme days to recognise different cultures from around the world. Access to interpreters is available if required and the internet provides information on other countries and customs. Religious representatives from various denominations provide church

services at the home and staff assist residents to attend services at the co-located low care home if they choose. Staff plan celebrations of significant cultural days to ensure important events to residents are recognised and respected including their birthday by choice. Residents say they are happy living at the home and feel their beliefs are supported and fostered.

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 exercise choice and control over their lives and lifestyle. Staff complete assessments and consult with residents/representatives about residents preferred daily routines, meal choices, doctor and other choices which affect their lives. Residents personalise their rooms with memorabilia such as photographs, pictures and personal belongings. Survey completion, suggestions and meetings provide opportunities for residents/representatives to be involved in the running of the home. Voting is by choice and arrangements can be made for postal votes or residents may be assisted to have their name removed from the roll if they choose. Residents/representatives say they speak up without hesitation and the home enables residents to make choices of importance to them.

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/representatives are provided with information on security of tenure and their rights and responsibilities in resident agreements and the resident handbook. All residents or their representatives are offered an agreement on entry to the home. The resident 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 displayed in the home. Management stated any movement of residents' accommodation is fully discussed with the resident and their representatives, and each resident is supported in their transfer.

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

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Four include the following:

- An infection control coordinator position has been developed following management identifying the need for the role. The coordinator offers advice on infection control, assists in the development of policies and procedures and oversees clinical practice. In addition, the coordinator also undertakes infection control audits and staff training. Since the position commenced an outbreak kit has been developed and the undertaking of regular audits has resulted in a reduction of identified issues. Staff were very positive about the assistance the new position provides them.
- The home has developed an electronic data collection system to collect infection control data. Management said this provides them with current information and enables them to act promptly to contain any infections
- Following feedback from residents about the temperature of meals sometimes being less than desired, the home investigated implementing staggered meal times. This involves each floor being served meals at a different time and changes on each floor. Those residents who are independent will receive meals first, allowing staff time to help those residents needing assistance. Staff and residents have been informed of the changes and catering staff duty lists reflect they will also assist in meal delivery. Management said whilst staff are happy with the changes, the changes will be fully implemented in the week following the audit when resident feedback will be sought.

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 relating to physical environment and safe systems. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Four include the following:

- The home has a licence from the NSW Food Authority under the regulations on Food Preparation and Service for Vulnerable Persons, and a food safety plan is in place.
- A work health and safety management system has been developed in line with the Work health and safety regulations 2011.
- A current annual fire safety statement displayed.

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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to expected outcome 1.3 Education and staff development.

Examples of education provided specific to Accreditation Standard Four include fire safety, infection control, food safety and work health and safety training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with en-suite bathrooms, some of which are shared. Residents can personalise their rooms and all rooms are fitted with nurse call alarms. There are several communal lounge areas on each of the two accommodation levels as well as outdoor areas for use by residents. The living environment is clean, well furnished, well lit, free of clutter and a comfortable temperature is maintained. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff and management. Residents/representatives interviewed expressed their satisfaction with 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

The home has systems to provide a safe working and living environment for residents and staff. A work health and safety (WHS) policy is in place and the home has a WHS committee. New staff orientation includes manual handling and other WHS aspects. The home is supported by the organisation for the return to work program and employee counselling assistance for staff is available. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. The home monitors the working environment and the work health and safety of staff through regular environmental inspections, incident and accident reporting and daily observations by management and staff. Interviews demonstrate staff have a knowledge and understanding of safe work practices and were observed carrying them out.

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

Systems to minimise fire, security and emergency risks are in place. A trained fire safety officer oversees fire safety at the home and all staff take part in mandatory training in fire safety and awareness. The home is equipped with fire warning and fire fighting equipment including a sprinkler system, extinguishers and fire blankets, all of which are regularly checked and maintained by external contractors. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. There is an emergency and disaster plan for the site and an emergency evacuation folder including a current list of residents. The home has a 'sign in' book for visitors and a security patrol visits the grounds at night. Staff said there are lock up procedures at night. Staff indicate they know what to do in the event of an emergency and residents state they feel safe in the home.

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 effective infection control program with a system for identifying, managing and minimising infections. This includes staff education, audits, evaluation of resident infection data, monitoring of temperatures in fridges and freezers, colour coded equipment, wearing protective clothing and providing adequate hand washing facilities. A registered nurse coordinates the infection control program at the home. Staff attend mandatory training in infection control and hand washing competencies are assessed. The infection control program also includes an outbreak management policy and kit, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. Staff said they are given adequate education on infection control and have access to adequate stocks of personal protective equipment.

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

Processes are in place to ensure that hospitality services enhance the residents' quality of life and the staff's working environment. These processes include a food monitoring system, staff education, infection control guidelines and an audit schedule. It also includes a process for communicating resident preferences and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. The kitchen operates a cook/chill food system in conjunction with the organisation's central kitchen. There is a six week rotating menu catering for special diets and providing choices for residents. The cleaning is done by the home's own staff seven days a week, according to a schedule which covers resident rooms and common areas. We observed the home to be clean. Personal clothing and linen is laundered off site by the organisation's central laundry. Clothing is labelled to minimise any losses and there is a system for the management of misplaced

clothing. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives interviewed say they are satisfied with the hospitality services provided.