Decision to accredit
Saint Augustines Aged Care

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Saint Augustines Aged Care in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Saint Augustines Aged Care is three years until 28 November 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Saint Augustines Aged Care
RACS ID:	2692

Number of beds:	50	Number of high care residents:	27

Special needs group catered for:	• Nil

Street/PO Box:	6 - 10 Bonville St

City:	COFFS HARBOUR	State:	NSW	Postcode:	2450

Phone:	02 6652 5086	Facsimile:	02 6650 0084

Email address:	n/a

Approved provider

Approved provider:	Catholic Healthcare Limited

Assessment team

Team leader:	Frances Stewart
Team member/s:	Diane Sanderson
Date/s of audit:	23 September 2009 to 24 September 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations	Agency findings
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome		Assessment team recommendations	Agency findings
4.1	Continuous improvement	Does comply	Does comply
4.2	Regulatory compliance	Does comply	Does comply
4.3	Education and staff development	Does comply	Does comply
4.4	Living environment	Does comply	Does comply
4.5	Occupational health and safety	Does comply	Does comply
4.6	Fire, security and other emergencies	Does comply	Does comply
4.7	Infection control	Does comply	Does comply
4.8	Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Saint Augustines Aged Care
RACS ID	2692

Executive summary

This is the report of a site audit of Saint Augustines Aged Care 2692 6 - 10 Bonville St COFFS HARBOUR NSW from 23 September 2009 to 24 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Saint Augustines Aged Care.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 September 2009 to 24 September 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Frances Stewart
Team member/s:	Diane Sanderson

Approved provider details

Approved provider:	Catholic Healthcare Limited

Details of home

Name of home:	Saint Augustines Aged Care
RACS ID:	2692

Total number of allocated places:	50
Number of residents during site audit:	47
Number of high care residents during site audit:	27
Special needs catered for:	Nil

Street/PO Box:	6 - 10 Bonville St	State:	NSW
City/Town:	COFFS HARBOUR	Postcode:	2450
Phone number:	02 6652 5086	Facsimile:	02 6650 0084
E-mail address:	Nil		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Saint Augustines Aged Care.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations
The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

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

Interviews

	Number		Number
Operations manager	1	Residents/representatives	13
Facility manager	1	Recreational activities officer/fire safety officer	1
Support service supervisor /registered nurse	1	Food services officer (chef)	1
Learning and development consultant (regional)	1	Cleaning staff	2
Regional co-ordinator cleaning services	1	Laundry staff	2
Quality manager	1	Maintenance officer	1
Registered nurse	2		
Carers	4	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files	6	Service contracts	3
Medication documents	20	Personnel files	5

Other documents reviewed
The team also reviewed:

- Activities program including newsletters, weekly calendars, activities records and evaluations, attendance forms, meeting minutes, volunteers' handbook
- Care manuals including clinical care procedures, human resource policies
- Certification instrument 1999 summary report from Department of Health and Ageing, current annual fire safety compliance statement, fire safety maintenance contractor records, colour coded emergency procedures flip charts, emergency evacuation site plans, building security protocols (including staff lock up procedures)

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- CHC staff handbook, and human resource record folders (containing letters of appointment, position descriptions, duty lists, task sheet, Feedback and Development System (FADS) forms/staff appraisals, federal police record check register, professional registration records for RNs and ENs), rosters, the Dynamic Outstanding Values Employee (DOVE) Awards information brochures on the exceptional care and service award, innovation award and spirit and action award; CHC Internet and Intranet HR staff recruitment pages
- Cleaning programs, including schedules and chemical information including material safety data sheets
- Clinical and care assessment documentation (including assessments for Aged Care Funding Instrument (ACFI) and initial and ongoing resident care needs and preferences such as resident dietary and menu choices, observation charts including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy; wound assessments and authorisation for restraint forms, leisure and lifestyle)
- Comments and complaints 2009 (including complaints register and continuous improvement forms for compliment, suggestions, complaints and hazard data). Fact sheet on providing feedback through the internal comments and complaints process. Aged Care Complaints Investigation Scheme brochure and TARS advocacy brochures
- Communication books for medical officers, physiotherapist, care staff
- Comprehensive medical assessments
- Continuous improvement (CI) documentation 2009 (including CHC corporate, St Augustine's CI plans, quality activity/audit schedule, audit and survey results, trend data, CI improvement report forms and register)
- Education records (including St Augustine's education and training program 2009 incorporating orientation, mandatory training and in-service. Staff attendance records, and competency records. Course outlines and education resources (including new orientation and mentoring handbook)
- Electronic communication systems (including e-mail, computer hardware, CHC Residential Aged Care Intranet containing quality management system, on line legislation)
- Four week cycle menu, initial assessment data, residents likes and dislike and special dietary needs information
- Incident and accident/hazard reports forms, summaries and trend data, OH&S environmental safety inspections, material safety data sheets (MSDS), manual handling instructions.
- Infection control material (including manual, monthly summary and trend data, temperature records for food and equipment, food safety plan, NSW Food Authority License No 22447 to 13 November 2009, immunisation records and outbreak management program)
- Legislation alert service material (including information on CHC Intranet and legislation alert service folders containing relevant legislation)
- Maintenance records (preventative and corrective) including preventative maintenance program 2008/09, maintenance request logs/work orders, and maintenance work records. computerised maintenance management system,
- Medication management documents including medication management information and schedule eight drug records, medication policy and procedure
- Newsletters –
- Planning documentation (including mission, vision, values, goals and commitment to quality in framed statements and fold out brochure versions, CHC and service organisational charts)
- Policy and procedural flow chart manuals (hard copy and electronic copies on CHC Intranet site). Document management framework
- Preferred suppliers/contractors information, a sample of suppliers' contracts and agreements (some maintained on site some held centrally at head office). Sample

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included contracts for the supply of pharmacy and chemicals. Imprest system documentation for laundry supplies

- Resident information pack (incorporating CHC resident handbook and resident care agreements)
- Resident lists and evacuation profiles
- Staff communication diary and handover sheets
- Various meeting minutes 2008-2009 (including those of the medication committee, continuous improvement committee, CHC residential managers, registered nurse, general staff and the resident/relative committee).
- Visitors & contractors sign in sign out books

Observations

The team observed the following:

- Access to telephone
- Activities room - with memorabilia, arts and crafts, photography albums, books, magazines, second stage of mural under construction
- Cleaning in progress (including equipment, trolleys and wet floor signage boards)
- Equipment, archive, supply storage
- Fire safety system equipment (including fireboard, extinguishers, fire blankets, emergency exits, fire egresses and emergency evacuation areas)
- Flu and gastro information for family and visitors
- Interactions between residents, medical and other health and related services personnel
- Kitchen staff practices, environment, selection of foods, food storage areas and stock rotation system
- Laundry staff practices, environment, stocks of linen
- Living environment (internal and external, including residents rooms and ensuite bathrooms, communal living areas including house dining and lounge areas, numerous smaller sitting areas, chapel, cafe, large activity room, large print book library, , hairdressing salon, landscaped gardens and outdoor areas with shade structures and outdoor furniture).
- Manual handling equipment and instructions for use
- Medication rounds and safely stored medications
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Notice boards (containing large print resident activity notices and large print resident committee minutes, menus, memos, staff and resident information including residents' rights and responsibilities statement, comments and complaints information)
- Oxygen cylinders stored safely
- Personal protective clothing in all areas, colour coded equipment in the kitchen and cleaning areas, first aid kit, spills kits, hand washing signs, sinks, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information, waste disposal systems (including sharps containers, yellow contaminated waste bins and general waste bins)
- Residents' suggestion boxes
- Safe storage of chemicals
- Secure storage of residents' files
- Security systems (including phones, the nurse call systems resident wall and pendant buzzers, external lighting, alarm systems)
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources and computer terminals
- Staff handovers
- Staff work areas (including kitchen, serveries, laundry, cleaning rooms, clinic/treatment rooms, meeting rooms, staff rooms, reception and offices).

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 recommendation

Does comply

The home demonstrates it has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. A review of relevant documentation and interviews with management and staff confirm that a quality framework includes a continuous improvement program to monitor and review processes, practices, and service delivery which results in the identification and implementation of actions for improvement. Suggestions and ideas for improvement are initiated by staff and residents/resident representatives through improvement logs, incident forms, meetings, surveys, audit reports and verbal discussion. Activities which support quality improvement include regular staff and quality committee meetings and trend analysis of key performance indicators.

Examples of improvements in relation to Standard One during the last year include:

- A part time learning and development consultant has been appointed across the region. In addition to the regional program of education the educator will be able to provide more local and specific education to the staff at the home, including education identified from incidents.
- The organisation has developed a mentor program to assist in the orientation of new staff. The home's identified mentor has almost completed the training in readiness to implement the program at the home.
- A computer and printer have been installed in the kitchen for the cook to improve efficiencies of reporting/recording and improve access to the organisation's intranet.

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 recommendation

Does comply

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. The system is managed and coordinated by Catholic Homecare's central office. The program is informed from a number of different sources such as a legislative update service, information from peak bodies, state and federal; government departments and the Aged care Standards and Accreditation Agency. The central office registers legislative updates and identifies the potential impact of these changes on policies and procedures. Policies and procedures are reviewed and updated as required and training scheduled. Interviews and documentation confirm that management and the staff are informed of regulatory requirements, current legislation and guidelines through email, intranet, policies and procedures, memos, training sessions and meetings.

Examples relating to Accreditation Standard One include:

- All staff, volunteer and contractor criminal history record checks are monitored and stored.

- Systems at the home ensure that private resident and staff information is stored securely and only accessible to authorised persons; archived documents are securely stored and all computers are password protected. Staff sign confidentiality statements at the commencement of employment.

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 recommendation
Does comply

Documentation, observation and staff interviews confirm the home has systems in place to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported in attending education programs internally and externally which cover the four Accreditation Standards. A regional learning and development officer has been appointed to the region to assist with the development and implementation of the education plan. Staff education is implemented by mechanisms that include the orientation program, one-to-one instruction, audio-visual programs, competency assessments and staff appraisals. Management and staff education that has been provided to staff relating to Accreditation Standard One includes Aged Care Funding Instrument (ACFI) documentation, modules from Cert IV Training and Assessment, performance management training, budget and finance training. .

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 recommendation
Does comply

The home has internal and external mechanisms for feedback and complaints which are accessible and available to all residents and their representatives in the home and are outlined in the resident agreement, and resident and staff handbooks. The system includes internal forms that capture suggestions and issues for continuous improvement, resident and staff meetings, resident and resident representative surveys and verbal feedback. The resident handbook outlines the system for expressing any comments and complaints and provides the contact details to lodge a complaint with the Catholic Healthcare's central office and/or externally. The staff handbook identifies that the organisation views resident and relative complaints as an opportunity for continuous improvement. Resident feedback is an agenda item at staff meetings and resident meetings include updates on management actions taken in relation to resident initiated issues. Staff interviewed demonstrate awareness of complaint procedures and documentation confirms complaints are acknowledged, followed up, and feedback given to complainants. Staff, residents/resident representatives state that they are comfortable in raising issues or concerns with management who are described as very responsive.

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 recommendation

Does comply

The home has documented the vision, mission and value statements at an organisational level and has communicated these to residents, representatives and staff. The team observed that these are displayed in the home and are included in the resident and staff handbook.

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 recommendation

Does comply

A system is in place to ensure there are enough appropriately skilled and qualified staff to meet the needs of residents. Staffing numbers are monitored and changed by management through information obtained from residents' condition and care requirements, audit reports, and staff feedback. The human resource management system includes flow charts, policies and procedures for staff recruitment, job descriptions, orientation, buddy shifts, staff appraisals, monitoring of professional registrations, appropriate rostering and an education program. The home has a casual pool of staff who fill shift vacancies and agency staff are used if the home is unable to fill a vacancy internally. Residents/resident representatives speak highly of the staff, and said they are caring and helpful.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Documentation and interviews with staff confirm the home has systems in place to order and have available, stocks of appropriate goods and equipment to provide quality care and services. A comprehensive preventative and corrective maintenance program is undertaken by maintenance officers who are supported by some external maintenance contracts to ensure that all equipment is in good working order. An external provider manages and maintains chemical stocks and provides education in their use. The appropriateness and effectiveness of equipment is monitored through the use of audits, surveys, staff, resident and representative feedback, continuous improvement forms or committee, monitoring of hazards and resident needs. Purchases are considered according to need, specialist advice and occupational health and safety issues and staff are trained in the use of new equipment. All storage areas viewed indicate that there are adequate supplies which are maintained through an inventory system and the team observed that the home has stock rotation procedures. Staff, residents/resident representatives interviewed state that adequate supplies of goods and equipment are available.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place. There are mechanisms for communication between management and staff, including an employee starter pack, staff handbook, intranet, meetings, memos, noticeboards, suggestions for improvement and performance appraisals. There are mechanisms for communication amongst staff about residents including shift handovers, handover forms, a communication diary and progress notes in residents' care files. There are mechanisms for communication between the home and residents and their representatives, including the resident welcome pack, resident handbook, meetings, complaints and suggestions for improvement, surveys, family conferences, and an open door policy. Staff have access to the intranet via a generic password and designated staff have higher level access protected by password. The home has systems in place to manage the creation, usage, storage and destruction of all information. The team noted that all staff and resident records are kept locked to ensure security of access and confidentiality. All staff sign confidentiality agreements on commencing employment.

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 recommendation

Does comply

The home has systems and processes to ensure external services are provided to meet the needs and quality requirements of the home. Contracts and service agreements are in place for all regular suppliers of goods and services to the home. Major suppliers and contracts are managed from the Catholic Healthcare's central office and smaller site specific contracts are managed by the facility manager. Systems are in place to ensure that all external suppliers are appropriately qualified and have current police checks and indemnity insurance, where appropriate. Monitoring is conducted on continuous improvement forms and feedback is sought centrally on a quarterly basis and any identified issues are communicated to the service provider. Staff, residents/resident representatives state they are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement
This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's recommendation
Does comply

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

● A new seven day, single dose blister pack medication system along with new style medication orders and signing sheets have been implemented. Management report that the new system has increased the carer's confidence in the medication administration with the increase in clarity of orders and blister packs. The new system has also reduced the time required by the doctors to order and re-order medications. Overall the new system has enhanced medication compliance at the home.
● New mattresses have been purchased for all residents in the high care area together with three special mattresses and three flotation chairs for residents with higher level needs. The new mattresses enhance residents' comfort and skin integrity.
● The spa bath has been recommissioned to provide an additional option for the relief of residents' pain, and residents' general comfort and well being, especially to those residents who are receiving palliative care.

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 recommendation
Does comply

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

● The home has a system to monitor and record staff have current authorities to practice.
● Medication management practices are monitored and reviewed for compliance.

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 recommendation
Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. New staff have received orientation including education in the home's medication administration systems, infection control systems and

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manual handling. The team verified that over the last year staff attended training in Aged Care Funding Instrument documentation and some staff attended Schedule 8 medication, legislation and opoids workshop. In addition some staff completed Certificate III in aged care. Staff at St Augustine's have access to televised aged care education and are encouraged to attend and participate in the sessions.

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

Team's recommendation
Does comply

The home has systems and policies in place to ensure residents receive clinical care appropriate to their needs. Clinical care is regularly evaluated, monitored and reviewed and care requirements are documented and communicated to relevant staff. Documentation within resident clinical files, show that each resident undergoes a comprehensive program of assessments when they first move into the home. Residents/resident representatives are required to identify a doctor of choice who is available to care for the resident and visit the home. Residents can independently visit their own medical officer in the community if they wish. Care is delivered in accordance with the care needs documented in the care plans. Staff interviews confirm staff are knowledgeable about the care requirements of individual residents and procedures related to clinical care. Residents/resident representatives confirm that the care they receive is appropriate and meets their needs and preferences.

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 recommendation
Does comply

The home has effective systems in place to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by nursing staff and consultation with other health professionals occurs when required. A review of documentation including care plans shows any changes to care following specialist visits are implemented in a timely manner by staff. Staff interviews confirm that appropriately qualified staff are responsible for overseeing specialised care needs of residents. Residents/resident representatives are satisfied with the specialised nursing care provided to residents and know the system for specialist/external services referrals.

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 recommendation
Does comply

The home ensures referrals are arranged for appropriate health specialists in accordance with assessed needs and preferences. Staff are aware of specialist services and the need for referrals and arrange appointments and transport as required. Review of documentation confirms residents needs are assessed and they are referred to other health and related services when needed. These include physiotherapy, podiatry, dentistry, speech pathology and optometry. Residents /resident representatives confirm residents are referred to appropriate specialists as needed and that staff assist them to access these services.

2.7 Medication management
This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation
Does comply

The home has clear policies and procedures for the safe and correct management of medication and all staff responsible for administering medication are appropriately trained and have their competencies assessed. The personal care assistant or registered nurse administers the medication directly to the residents from a prepacked system from the pharmacy. A photo identification of each resident with date of birth and allergies is clearly defined on each medication chart. The medication charts are signed in an appropriate manner and between medication rounds the medication trolley is locked. An external pharmacist attends to medication management reviews as well as providing ongoing education to staff on medication issues. The documentation reviewed confirms the home manages resident's medication in a safe and correct manner. Medication incident are monitored and reviewed monthly and resident/resident representative interviewed are satisfied with the way their medication is managed.

2.8 Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation
Does comply

The documentation reviewed by the team confirms that all residents are as free as possible from pain. Assessment of pain is carried out on resident to assess their pain levels through observation, discussion and resident /resident representative input. Pain management programs are reviewed regularly and adjusted in consultation with the relevant member of the health care team. The nursing care plan is formulated by the care staff from the assessment information and evaluated by the registered nurse. Documentation review and resident interviews confirmed that pain management strategies are effective. Staff are given education on palliative care and pain management through internal and external providers Residents/residents representatives interviewed by the team confirmed that pain management in the home is adequate in meeting their needs.

2.9 Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's recommendation
Does comply

The home has a system to ensure the comfort and dignity of terminally ill residents is maintained. Initial assessments, carried out in consultation with the resident and family as appropriate provide the staff with the information to fulfil the resident's end of life wishes. Residents are offered the opportunity to complete advanced care directives on admission where appropriate. St Augustine's has a designated palliative care room and a quiet area including the chapel for families and friends. A palliative care team is available through the local hospital. Staff receive education in management of residents requiring palliative care Residents/resident representatives interviewed by the team confirmed that pain and palliative care management in the home is adequate in meeting their needs.

2.10 Nutrition and hydration
This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's recommendation
Does comply

The home demonstrates residents receive adequate nutrition and hydration. Regular assessments of residents' dietary and hydration preferences and needs are conducted and communicated to relevant staff. Residents' weights are recorded monthly and a sustained weight loss triggers close monitoring of food intake and a referral to the consultant dietitian for a review. Menus offer choice and careful attention is paid to portion size and presentation. The menus are displayed in the dining room for the residents. The staff interviewed have a sound understanding of the residents' dietary needs and report any weight changes to the registered nurse for further investigation. Residents/resident representatives are generally happy with the variety of food provided and provide feedback in relation to their satisfaction through case conferencing, resident surveys, meetings and continuous improvement forms.

2.11 Skin care
This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation
Does comply

The home has practices and processes in place to ensure the skin integrity of residents' is maintained in a state consistent with their general health status. The skin integrity of residents is assessed on entry to the home. Care plans and progress notes reviewed by the team reflected these assessments and ongoing monitoring of residents' skin integrity. The team reviewed documentation including residents' dressing charts that identify the problem area, size and state of wound including type of treatment, photos and follow up required. Data on incidents is provided through monthly reporting system and on a needs basis to identify trends. Interviews with residents/resident representatives and staff and documentation review demonstrate that residents' skin integrity issues are appropriately documented and that there are referrals to appropriate specialists and allied health professionals.

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

Team's recommendation
Does comply

The home has systems to identify residents' continence needs on entry to the home and on an ongoing basis to ensure effective management of residents' continence. Residents have an assessment completed on entry to the home and ongoing needs are documented. Individual toileting programs are noted on care plans and these are reviewed as necessary. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. Infection data, including urinary tract infections, is regularly collected, collated and analysed. Staff interviewed confirmed there are adequate supplies of disposable continence aids of varying types and sizes available for residents. Residents/resident representatives interviewed by the team stated general satisfaction with care, inclusive of continence.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has a system in place to manage residents with challenging behaviours including a pre-entry assessment to determine if placement within the home is suitable. Case conferencing is attended to encourage resident relative involvement in all aspects of the resident care. Triggers and strategies are identified and documented on care plans and episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the effectiveness of strategies used. Care and therapy staff play a significant role in one on one and group diversional activities. Other health professionals are consulted to assist with planning and evaluation of behavioural management programs if necessary. Staff are educated in behavioural management through the education system in the home. . Interviews with residents/resident representatives confirmed that residents with challenging behaviours are monitored by staff and identified strategies are implemented as required.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. Regular and ongoing assessments occur in consultation with residents/resident representatives and other health professionals as required. A physiotherapist is consulted on a regular basis to review individual mobility, dexterity needs and preferences. The team observed residents using mobility aids and handrails suitably placed throughout the home. An accident and incident reporting system is also in place that includes analysis to identify trends and the implementation of strategies to reduce falls. Residents/resident representatives interviewed advised that they are satisfied with the approach taken by the home to maintain mobility and safety.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

The home has systems in place to ensure residents' oral and dental health care is maintained. Assessments of residents' oral and dental health are conducted and care needs are documented on care plans. The home is able to access an external dental and denture service and there are some local dentists who visit the home when requested. Assistance with denture care is provided to residents as required. The home can assist in arranging transport for those residents who attend external dental services. Residents/resident representatives confirm they are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home has a system in place to identify and effectively manage residents' sensory losses. A review of the home's documentation confirmed that assessments of residents' sensory losses are conducted on entry to the home and then annually. External services can be accessed and residents are assisted to attend external appointments. The recreational activities program caters for those with hearing and sight impairment.Care staff assist residents with the cleaning and application of sensory aids and the recreational activity officers provide gentle touch massage to comfort and settle residents as well as accessing a variety of music, home cooking, garden tours compact discs videos and music, large print and talking books for residents. The team observed that the home's corridors are well lit and free of clutter.

2.17 Sleep

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

Team's recommendation

Does comply

The home has an environment of single, double and three bedded rooms with ensuite, and there is an emphasis on choice of retiring and waking times in accordance with the needs and preferences of residents. The home has a system in place to assist residents achieve natural sleep patterns. The residents' usual sleep patterns are assessed on entry to the home with strategies for staff to follow sleep patterns as documented on care plans. Residents are able to choose the time when they retire as much as possible. Residents/resident representatives interviewed that they are able to sleep well and that staff are available to assist them during the 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 recommendation

Does comply

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

- To enhance the communication between residents, representatives, family and staff a newsletter has been published with the aim of a publishing monthly or bi-monthly edition. The first editions have been warmly welcomed.
- "Coffee in the courtyard" has been introduced on a trial of every two weeks. The activities officer creates a theme for the afternoon tea events which have been a great success with residents, their friends and family members.
- Residents' choice has been enhanced with the introduction of an increase evening meal options. Staff ask residents on a daily basis for their evening meal selection.

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 recommendation

Does comply

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

- New residents receive a resident agreement which includes information provided in accordance with regulatory compliance such as security of tenure and residency rights and responsibilities
- Staff sign an agreement in relation to privacy and confidentiality of resident information.
- In response to recent changes in legislation the team noted updated procedures and documentation in relation to reportable incidents and missing residents.

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 recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that over the last year

education and training sessions have been attended in relation to resident lifestyle and some of these include elder abuse awareness and palliative care training.

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 recommendation
Does comply

The home has systems in place to ensure each resident receives initial and ongoing support during the adjustment to the new environment including assessments of emotional, leisure, physical, cultural, social and family care needs. The diversional therapist assesses the emotional and social needs of the each resident and this is followed-up through use of care plans. In particular, that the resident's religious and spiritual requirements are respected and supported. Staff interviewed described appropriate ways that they assist new residents and their family on entry to the home and on an ongoing basis. Residents/resident representatives are very satisfied about the way that staff make them feel welcome to the home and say staff are very supportive and welcoming.

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 recommendation
Does comply

St Augustines ensures residents are assisted to maintain friendships, maximise independence, and participate in all aspects of community life within and outside the home. The charter of residents' rights and responsibilities is on display within the home and documented in the admission pack and also in the staff handbook. Community groups and entertainers are encouraged to visit the home, and residents are supported in maintaining their contacts with family and the community. Residents said they are supported to achieve maximum independence and feel included in the life of the community they live in and that their ability to make choices about their care and lifestyle is facilitated and respected. Many of the residents continue to access the community independently.

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 recommendation
Does comply

The home has systems in place to ensure that the privacy and dignity of each resident is respected in accordance with their individual needs. There are single and shared rooms for residents and all have their own ensuite. Staff knock before entering a resident's room and receive regular education and training on maintaining resident's privacy and dignity. The team's observation of staff and resident interaction showed that staff respects the privacy of residents by referring to residents by their preferred name in a dignified manner. There is restricted access to resident's personal information and this is stored in a locked cupboard. Staff are instructed in how to maintain residents dignity when they are attending personal hygiene. Employees and service contractors are made aware of their responsibilities in relation to privacy and dignity. Residents are satisfied with how privacy and dignity is managed in the home.

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 recommendation
Does comply

The home has systems in place for the assessment of activities and interests preferred by each resident. Social profiles are completed on entry to the home and the home's recreational activity officers develop care plans based on these assessments. Records are maintained on participation numbers and the residents are encouraged to provide feedback on new and ongoing activities. One on one interaction is provided to those residents who choose not to participate in group activities and residents are able to participate in small groups or large social events. The home keeps residents informed of activities via noticeboards, verbal prompts and the home's newsletter. Residents/resident representatives confirm the home supports resident involvement in activities and interests appropriate to their needs and preferences.

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 recommendation
Does comply

St Augustines has systems in place that support and values residents' individual interests, customs, beliefs and cultural backgrounds. Residents/resident representatives confirm a number of choices and decisions that they are offered. These include for example choice of meals, medical officer and choice of participation in activities. Residents' individual cultural/spiritual and leisure needs are documented and provision is made for the celebration of culturally or spiritually significant events, and friends and family are encouraged to participate. The home has community volunteers to assist and comfort residents. The residents attend church services in the home's chapel. Residents/resident representatives confirm that residents are encouraged and supported to continue with their own interests, customs and beliefs.

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 recommendation
Does comply

St Augustines can demonstrate that each resident /resident representative participates in decisions about the services provided, and through consultation about their individual needs and preferences are able to exercise choice and control over their lifestyle. Choices of residents are respected in areas including personal care, financial management, leisure interests, lifestyle and beliefs. The menu provides residents with choices for each meal and the residents' choice of medical officer is respected. The 'Charter of residents' rights and responsibilities' is displayed in the home and residents/resident representatives have access to a comments and complaints process. Residents/resident representatives confirm they are able to participate in decisions about the services residents receive and lifestyle issues.

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 recommendation
Does comply

The home demonstrates that residents have secure tenure in the home and understand their rights and responsibilities. Residents/resident representatives are offered a resident agreement and provided with information about the home including resident's rights and responsibilities, the comments and complaints system, available services and security of tenure. Information about the internal and external complaints mechanisms and resident rights and responsibilities are provided in a resident's handbook and are on display in the home. Residents/resident representatives interviewed by the team indicated understanding of the information in regards to security of tenure.

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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 recommendation
Does comply

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

- Enhancements to the residents' environment have been made by the addition of outdoor furniture, shade cloth and upgrading of the garden in the front courtyard. Similarly the back garden area of the home has a new awning, beautified gardens and an interesting gnome garden. This has greatly improved the outdoor environment for residents, family and friends to socialise.
- The home participated in a pilot program with the NSW Food Authority and as a result of the preliminary and follow-up pilot audits, improvements have made to the home's food safety program to achieve the highest rating of compliance in the pilot program. The catering manager is confident of maintaining the standards for the formal audit.
- As a result of education/training undertaken by the chef, the menus have been reviewed to improve the nutritional content to better meet the needs of residents with wounds. The new four week rotating menu has also been carefully planned to ensure that there are no repetitions in the content of the meal courses.

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 recommendation
Does comply

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

- Training records indicate that staff have received compulsory training on fire safety and manual handling and these are conducted annually.
- Current fire safety statements and certification scores meet regulatory requirements.
- A food safety program is in place and a NSW Food Authority licence is held to comply with legislation for vulnerable persons.

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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 recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of education and training sessions have been attended over the last year in relation to the physical environment and safe systems and some of these include, menu planning and dietary planning for residents suffering wounds and pressure areas, occupational health and safety (OH&S), certificate III in cleaning and laundry, food safety handling, fire and safety, manual handling, chemical safety, duress alarm system, hand washing and infection control.

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 recommendation

Does comply

Management of the home are actively working to provide a safe and comfortable environment consistent with residents' care needs. St Augustine's has been partly refurbished and is built over two levels with lift access between the floors. Each floor has direct access to an outdoor area that offers shade, outdoor furniture and well maintained gardens. All the rooms in the low care area of the home are single with ensuites and there is also accommodation for couples. In the high care area of the home, two or three residents share a room and each room has a large ensuite. There are several small lounge rooms with kitchenettes, a large communal dining and activities area. The home is well maintained via preventative and corrective maintenance systems and regular environmental inspections ensure the grounds, building and equipment are well maintained. Staff interviewed confirm that hazards are reported and rectified promptly. The home is a comfortable temperature, with security, fire and emergency procedures in place. Residents and representatives are highly complimentary of the cleanliness of the home and confirm that the home is well maintained.

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 recommendation

Does comply

The home has a system in place to ensure that management and staff are actively working together to provide a safe working environment that meets regulatory requirements. A review of documentation confirms the system includes education during staff orientation and on an ongoing basis, manual handling training and competencies, discussion of occupational health and safety (OH&S) issues at meetings, environmental audits, hazard forms and incident and accident reports. A noticeboard, memos, policies and procedures inform staff. Identified OH&S issues are transferred to the continuous improvement program as appropriate. The team observed safe work practices, and personal protective equipment and clothing readily available. Interviews with staff members confirm awareness of OH&S practices and attendance at compulsory education. The team noted all issues identified by

staff through the OH&S system are followed up and actioned appropriately and in a timely manner.

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

Team's recommendation
Does comply

The home has systems in place to minimise fire, security and emergency risks which includes regular maintenance checks of fire fighting equipment, alarms and systems by an external company. Fire and emergency policies and procedures provide information for staff and an emergency evacuation resident list with current information was observed by the team. Residents are informed about fire evacuation procedures through documentation and notices displayed in their units. Staff interviews indicate awareness of procedures and confirm compulsory fire training is attended. Checks by the team confirm evacuation plans and signage is in place, fire fighting equipment inspection and testing is current, and a current fire statement is on display. Security measures for the home include staff night lock-up procedures, surveillance and outdoor lighting.

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

Team's recommendation
Does comply

The home demonstrates that it has an effective infection control program in place. An infection control co-ordinator ensures infection control practices and procedures are maintained and policies are available. The infection control system includes staff education, resident and staff immunisation, management and disposal of contaminated waste, pest control, use of colour coded equipment, the use of personal protective equipment and an infection surveillance program. Infection rates are monitored, trended and reported on a monthly basis in relation to wounds, urinary tract infection, respiratory skin and gastro intestinal tract and other infections. A food safety program, cleaning schedules, and laundry practices follow infection control guidelines. The team observed that protective clothing, outbreak management packs, spills kit and sharps containers are readily available. Staff interviews confirm awareness of standard precautions for infection control.

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 recommendation
Does comply

Documentation, interviews and observations confirm that the has home systems in place to ensure that all aspects of hospitality services are provided in a way that enhances residents' quality of life and staff working conditions.

Catering
The home prepares all meals on site according to a rotating menu which has been developed in consultation with a dietician and residents. Catering staff are advised of the specific dietary requirements of residents and their likes and dislikes and hat appropriate meal choices and alternatives are offered. Catering staff have implemented hazard analysis critical control point (HACCP) principles in the kitchen. Food delivery, storage and serving temperatures are monitored and recorded and there are systems to order, quality check,

store, rotate and identify food in accordance with the home's policies. Residents/resident representatives are complimentary about the meals provided at the home.

Cleaning
St Augustine's cleaning is managed by an external service provider. The cleaning system includes daily, weekly and monthly duties ensuring a high standard of regular cleaning throughout all areas of the home. The team observed that the residents' rooms, en suites and the communal area are clean and tidy. Cleaning staff demonstrate a good knowledge of their role and responsibilities in respect to all aspects of cleaning and the home's infection control policy. Staff, residents/resident representatives expresses a very high level of satisfaction with the cleanliness of the home.

Laundry
Personal laundry services are laundered on site at St Augustine's by an external provider. Residents and their representatives state that they are very pleased with the way the clothes are laundered and advise that the clothes are returned to residents in a timely manner. The home's linen is outsourced to another external service provider. The laundry staff demonstrate appropriate handling of the soiled linen and clothes at the various stages of the laundry processes. The team observed adequate stocks of linen.

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