



Aged Care
Standards and Accreditation Agency Ltd

Scalabrini Village Nursing Home (Bexley)

RACS ID 2828
34 Harrow Road
BEXLEY NSW 2207

Approved provider: Scalabrini Village 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 21 October 2015.

We made our decision on 10 September 2012.

The audit was conducted on 7 August 2012 to 9 August 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

Scalabrini Village Nursing Home (Bexley) 2828

Approved provider: Scalabrini Village Ltd

Introduction

This is the report of a re-accreditation audit from 7 August 2012 to 9 August 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 7 August 2012 to 9 August 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Ruth Heather
Team member/s:	Veronica Hunter
	Jennifer Denham

Approved provider details

Approved provider:	Scalabrini Village Ltd
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Details of home

Name of home:	Scalabrini Village Nursing Home (Bexley)
RACS ID:	2828

Total number of allocated places:	164
Number of residents during audit:	150
Number of high care residents during audit:	132
Special needs catered for:	Dementia, Italian culture

Street/PO Box:	34 Harrow Road	State:	NSW
City/Town:	BEXLEY	Postcode:	2207
Phone number:	02 9597 1333	Facsimile:	02 9597 6509
E-mail address:	svbexley@scalabrini.com.au		

Audit trail

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

Interviews

	Number		Number
Village manager	1	Residents/representatives	37
Care manager	1	Quality officer	1
Clinical nurse consultants	2	Volunteers	3
Registered nurses	8	Contract managers for cleaning and laundry	3
Care staff	15	Laundry staff	2
Administration assistant	2	Cleaning staff	1
General manager education and quality	1	Maintenance staff	1
Senior quality coordinator	1	Chef	2
Pastoral care team	4	Catering staff	4
Physiotherapy aides	2		

Sampled documents

	Number		Number
Residents' files	22	Medication charts	24
Quick care plans	18	Mobility and manual handling charts	18
Resident agreements	6	Personnel and education files	10

Other documents reviewed

The team also reviewed:

- Activity program for low care, high care and dementia areas, activity attendance lists
- Admission checklist
- annual fire safety statements
- Cleaning schedules
- Clinical care documentation: reviews and clinical audits folder no.4, incidents and accidents folder no. 3, doctors' communication books, clinical observations folders, handover sheets, restraint authority folder, specialist register, carers treatment worksheet, general observation folder, agency staff orientation, nurse working folder, wound management resource book, wanderers profile, clinical procedures manual, emergency procedures, Italian communication folder.
- Compliments and complaints registers
- Education records – attendance records, evaluations, calendars, monthly reports
- Emergency evacuation folder
- Incidents and accident forms

- Maintenance records - cleaning schedules, legionella test records, thermostatic mixing valves tests, contractor documents, electrical tagging records, audits
- Mandatory reporting register
- Medication management: protocol for blood glucose level monitoring and insulin administration, diabetes emergency information, Patient in pain information, S8 Drugs of addiction register, medication charts for high care, low care and dementia specific unit, separate management systems for insulin, anti coagulant medication, antibiotics, S8 drugs, assessment for self medicating residents, nurse initiated medication information, patch charts
- Meeting minutes and meeting schedule
- Memorandums and emails
- Menu in high and low care kitchens
- Newsletters
- NSW Food Authority licences
- Nutrition and hydration folder: diabetic resident list, fluid restricted residents, food allergies, breakfast list, diet list, nutrition list, feeding list, diet preferences, dining room sitting.
- Physiotherapy documentation: physiotherapy folder, physiotherapy assessments, carers/physio aide treatment worksheets, physio exercises and pain treatment lists, physio aide schedule.
- Police check register
- Policies, procedures, forms and flowcharts
- Position descriptions, appraisal schedule and appraisals
- Professional registrations
- Quality improvement plan, summary of achievements, issues register, education continuous improvement plan, audit schedule, audits, audit actions sheets, survey results
- Resident agreement
- Resident handbook
- Resident and staff vaccination lists
- Resident/relative newsletter
- Risk assessments
- Roster and rostering framework for nursing personnel
- Service contracts
- Staff and volunteer handbook, induction handbooks
- Temperatures for fridges, freezers and meals
- Volunteer file

Observations

The team observed the following:

- Activities in progress
- Annual Fire Safety Statements displayed
- Charter of resident rights and responsibilities displayed

- Chemical storage area
- Colour boards for renovations
- Contaminated waste bins
- Electric beds, lo to the floor beds, floor mattresses, sensor mats, wanderers alarms, air mattresses
- Equipment and supply storage areas
- Evacuation bags and fire equipment
- Hand washing facilities
- Infection control measures. Creams and eye drops separately packed and labelled with resident's name
- Interactions between staff and residents
- Internal and external complaints information in English and Italian and suggestion boxes
- Living environment and staff work areas
- Lunch service, staff assisting residents with their meal and drinks
- Material safety data sheets
- Medication storage, expiry dates, drug resister and administration rounds
- Menus displayed
- Mission, vision and values displayed
- Noticeboards
- NSW Food Authority licences
- Personal protective equipment and colour coded equipment
- Residents using mobility equipment, lifters, slings, walking belts
- Residents using oxygen concentrators
- Spills kit
- Training resources
- Visitors sign-in book
- Wound care trolleys and supplies

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

Scalabrini Village Nursing Home (Bexley) actively pursues continuous improvement in a systematic and cyclical manner. The corporate office supports the continuous improvement process with the provision of oversight and assistance. Areas for improvement are identified through resident, staff and committee meetings, surveys, the complaints process, reporting of incidents and accidents, results of audits, clinical data and verbal feedback. Strategies are developed and documented in the computerised continuous improvement system. Once completed, improvements are evaluated by the management team. Staff confirm they are involved in continuous improvement activities such as audits and surveys. They contribute to suggestions for improvement through continuous improvement logs, meetings and surveys. Interviews with residents/representatives confirm feedback has resulted in improvements for residents.

The home has made planned improvements in relation to Standard One - Management Systems, Staffing and Organisational Development, including:

- In response to feedback from a variety of sources, human resources have undergone a review. A number of changes have been made including a restructure of the management team to provide increased clinical leadership across all areas of the home. New positions have been created, including a coordinator to oversee the claims for funding and a recreational therapist to lead the recreational activity team and coordinate volunteers. A workforce coordinator has commenced to manage rostering, payroll and staff recruitment. The focus of the roster is meeting resident needs and a roster review has resulted in increased staffing numbers and 24 hour registered nurse coverage for the low care and dementia care unit. Residents and resident representatives provided feedback during the re-accreditation audit the changes have improved resident care and they are very satisfied with the improvements.
- An in-house information technology system has been implemented for the management of continuous improvement initiatives, maintenance requests, complaints and policies and procedures. The system provides computer access to all staff; they are able to log maintenance requests, complaints and improvement ideas and access policies and procedures. The management team are able to monitor all activities and obtain reports on an ongoing basis. Staff and management state the system is working well and has improved communication and documentation processes.

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 all relevant legislation, regulatory requirements, professional standards and guidelines. Scalabrini Village Ltd has organisational processes which ensure ongoing information about industry issues and regulatory changes are identified, actioned and communicated to the village manager. The home receives relevant legislative and regulatory updates from the corporate office and an industry association. The home’s management team monitor the adherence to regulatory requirements through audit and reporting processes and observation of staff practice. Resulting changes in policy and procedure are communicated to staff via meetings, memos, notice boards and staff education programs.

Examples of compliance with regulatory requirements specific to Accreditation Standard one - Management systems, staffing and organisational development include:

- Systems and processes are in place to ensure all staff, volunteers and appropriate contractors have current police checks.
- Residents and resident representatives were notified of the re-accreditation audit via notices in the home and via mail.
- The provision of information to residents and stakeholders about internal and external complaint mechanisms occurs.

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 the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through staff appraisals, competency assessments, observation of work practices, the results of audits, the monitoring of clinical indicators and staff requests. Mandatory, programmed and tertiary training opportunities ensure all staff have the necessary knowledge and skills to meet residents’ care needs. There is a recruitment procedure and induction program for new staff. All staff interviewed report they have access to internal and external education on a regular basis and undertake regular competency assessments.

Review of the education program and attendance records confirms education has been provided in relation to Accreditation Standard one. Examples include, training in the use of the computerised resident care documentation system, the new issues tracking data base system and the aged care funding instrument. Registered nurses are participating in leadership training which includes conflict management. Five staff are currently completing studies in aged care at certificate four level.

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

There are internal and external mechanisms for residents, resident representatives and other interested parties to put forward suggestions, comments and complaints. External and internal complaints information and forms in English and Italian are accessible throughout the home. Suggestion/complaints boxes are provided for confidential lodgement. Resident and staff meetings provide a forum for comments, suggestions and complaints to be raised. Residents and staff interviewed are aware of the home's comments and complaints system and expressed satisfaction with the resolution of any concern they raised. The management team have an open door policy. Residents/representatives and staff find them approachable and they respond in a timely manner to any concerns raised.

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 Scalabrini board have developed a new mission, vision and values providing direction for the strategic planning of the organisation for the next five years. Observations demonstrate the home's mission, vision and values are on display. Documents such as the resident and staff handbooks will be updated with the new mission, vision and values in the near future. Staff confirm their awareness of the home's commitment to quality and they are involved in quality initiatives. Interviews with residents/representatives and our observations indicated management and staff model behaviours consistent with the home's values.

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 are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the organisation's mission, vision and values. The home has processes for recruitment and induction of new staff and police checks are required for all staff prior to commencing employment. Staff are replaced when unable to work. Management report they adjust staffing levels based upon a rostering framework which includes residents' care needs and feedback from residents and staff. Staff are encouraged and assisted to pursue internal and external education. Residents/representatives state staff are responsive to residents' needs and have a caring attitude towards the residents.

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

Staff and residents state they have access to appropriate and adequate goods and equipment to ensure quality service delivery. The village manager has clear guidelines which have been documented by the organisational board to enable the timely purchasing of goods and equipment. Various staff and management have responsibility for purchasing and receipt of goods and equipment. Equipment needs are identified through observation and staff input. Training is provided to staff in the use of new equipment. There is a corrective and preventative maintenance program for all equipment. Observation showed sufficient stocks of appropriate goods and equipment throughout the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems for the creation, storage, archiving and destruction of documentation within the home. We observed confidential information such as resident and staff files are stored securely. Processes are in place to consult with residents and/or their representatives and to keep them informed of activities within the home. Information is disseminated through meetings, email, notice boards, newsletters, memoranda, shift handover reports, clinical documentation and informal lines of communication. Where needed the computer programs, are password protected and the system is maintained by the corporate office. A system of surveys, audits and meetings provides information regarding resident and staff needs and the quality of care provided at the home. Residents/representatives and staff state they are kept well informed and are consulted on matters that may impact them. This occurs through the display of information such as notices, memos and newsletters and at various meetings and informal discussions.

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

Feedback from management, staff and residents demonstrates satisfaction across the home with the goods and services provided by external suppliers. There are contracts or agreements with suppliers and service providers and there is a system to monitor the currency of all contracts/agreements. The home monitors the quality of goods and services provided by external service providers through observation and feedback from residents and staff. There are corporate systems to evaluate the performance of all external service providers. The monitoring of service providers to ensure compliance with relevant safety and related legislative requirements occurs as needed.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

In relation to Standard 2 Health and personal care, staff record a range of clinical incidents including resident falls, skin tears, medication incidents, behaviours of concern and infections. Collation and analysis for trends results in improvements in resident care. Management are satisfied with the improvements in residents' health which have resulted through these processes. Residents expressed satisfaction with how their health and well being is maintained.

The home has made planned improvements in Accreditation Standard two - Health and personal care that include:

- A review of the pharmacy supply arrangements has resulted in improved medication management for residents. There were multiple suppliers of medications and several medication management systems. The review has resulted in the standardisation to one medication system and one pharmacy supplier who is providing regular auditing and a reliable supply of medications. Since the implementation of the changes regular auditing is showing a reduction in medication errors. These improvements will enable a smooth transition to a computerised medication chart in the near future to further ensure the safe administration of medications.
- To ensure staff have the necessary clinical knowledge, a clinical skills audit was carried out. The audit identified gaps in staff knowledge in relation to medication management. Twelve staff have completed recognised tertiary training in medication administration, which has helped to address the identified gaps and improved medication management.
- A consultant has carried out a review of clinical care across all care areas and identified opportunities for improvement. In response to recommendations, a wound care consultant was appointed to improve the wound care through the provision of assessment and clinical advice. A continence consultant has assisted staff to improve continence management. Improvements have also occurred in infection control and nutrition. Our review of health and personal care during the re-accreditation audit confirms improvements have been made in all the identified areas.

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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements specific to Accreditation Standard two - Health and personal care:

- The home ensures residents are provided with supplies and equipment as required under the Quality of Care Principles.
- There is a policy and procedure for reporting missing persons which reflects the legislative requirements.
- An accredited pharmacist undertakes residents’ medication management reviews for the home.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists confirms education relating to health and personal care has been provided for management and staff in the past year. Examples include first aid, falls and medication management in the elderly, wound management, pressure area care, continence management, duty of care and negligence, preventing urinary tract infections, palliative care and pain assessment. Focused training on the aspects of caring for residents with dementia is being provided to all staff.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Scalabrini Village Nursing Home (Bexley) ensures residents receive appropriate clinical care. The clinical care system throughout the home is overseen by the care manager. Initial clinical care planning is managed by the clinical nurse consultants and completed in consultation with residents/representatives. Input is from the results of clinical assessments, information from the healthcare team and from the resident’s medical assessment. Care plans are regularly reviewed and updated and changes are communicated to staff. Care conferences are held regularly and representatives are encouraged to discuss concerns. There is a clinical audit schedule to identify areas for improvement. Residents’ clinical care is regularly reviewed and evaluated by the care management team and the organisation’s clinical

governance framework to ensure it is effective, appropriate and based on best practice. Residents/representatives said management and staff provide quality clinical care and residents' individual needs and preferences are met.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

The home ensures specialised nursing care needs are identified and met by appropriately qualified nursing staff through assessment, planning, care delivery and review. Registered nurses have an effective system to manage and deliver specialised care including pain management, catheter care, oxygen therapy, diabetes management and complex wound care. The home employs specialist clinical staff to direct specific care and accesses the area health services when other advice is required. Care staff are supervised by the clinical nurse consultants and registered nurses. Residents and representatives are satisfied with the care received in relation to specialised nursing care needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with their needs and preferences. Residents have access to a range of health professionals in the community and are assisted by the home to access these services. Health professionals including podiatrist, dental services, speech pathologist, dietician, palliative care and psychogeriatric services visit the home and residents may choose their own medical practitioner. Referrals to health and related services may be through written or verbal means by the home or medical practitioner as required. Residents and their representatives are satisfied with access to specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Residents/representatives said they are satisfied with the way medications are managed. There are processes to ensure medication orders are current and resident medication needs, including allergies and administration needs, are identified and met. Residents' medications are regularly reviewed by the resident's medical officer and changes in medications are communicated and supplied in a timely manner. Medications are ordered received, stored, administered, documented and discarded safely, in line with policies and procedures and regulatory requirements. Medications are administered by registered nurses and certificate IV staff. The medication management system is monitored, reviewed and improved through regular audits, pharmacy reviews and input from the medication advisory committee. Staff administering medications receive regular education and are competency tested to ensure medications are managed safely and correctly.

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’s system for identifying, assessing and managing residents’ pain ensures all residents are as free as possible from pain. Residents’ pain is assessed on entry to the home and as required using both verbal and non-verbal assessments. Pain is monitored daily and non-pharmacological interventions are used including repositioning, redirection and gentle exercise. Exercise and physical activities to encourage mobility and balance are incorporated into the activities calendar. The physiotherapy aides, using care plans formulated by the physiotherapist, assist in managing residents’ pain through individual exercise programs and range of movement plans. The home employs a registered nurse qualified in therapeutic massage for three days each week to specifically target pain relief. Pain management strategies are evaluated to ensure treatments are effective. Residents/representatives are very satisfied with the home’s approach to pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Management and staff ensure the comfort and dignity of terminally ill residents is provided and families are supported. Advanced care directives and/or end of life wishes are discussed with residents/representatives as appropriate. Palliative care planning incorporates a multidisciplinary approach, with access to palliative care specialists and specialist equipment. Religious sisters visit the home on a daily basis and are available at all times for the support of palliating residents. Priests and ministers are welcome and called by staff if requested by residents/representatives. Staff practice is monitored to ensure it is consistent with resident needs and preferences and staff undertake education in palliative care. Residents/representatives and volunteers said management and staff are very caring and the dignity and comfort of terminally ill residents is maintained.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

Residents’ dietary needs and preferences are obtained when they move to the home and communicated to catering staff to ensure their individual and cultural needs and preferences are met. Nutrition and hydration plans are regularly reviewed and any changes are communicated to relevant staff in a timely manner. A speech pathologist is available to assess and manage resident’s swallowing difficulties. Winter and summer menus are reviewed by a dietician. Fresh food is prepared at the home and special diets are provided. Nutritional supplements are introduced as required to assist weight and wound management. Staff practice is monitored by management and education provided. Residents expressed satisfaction with the food choices and drink provided at the home.

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

Each resident’s skin integrity is assessed when they move to the home and resident/representatives are involved in care planning to ensure any concerns relating to skin care are identified and met. Specialist staff provide wound care. Care plans are regularly reviewed by the registered nurses and appropriate referrals to specialist services are made. All care staff undertake mandatory manual handling education yearly. Massage, emollients and pressure reducing equipment and protective clothing are used to manage resident’s skin care. Staff practice is monitored to ensure resident’s daily skin needs are met. Residents/representatives said they are satisfied with the way skin care is managed.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents/representatives commented on the appropriate manner in which continence is managed at the home. Assessments are used to develop individualised programs in consultation with the residents/representatives. A toileting program assists residents maintain their continence. Continence management plans are regularly reviewed by the clinical nurse consultants and referrals to specialists are arranged as needed. Continence interventions are regularly evaluated to ensure effectiveness. Staff practice is monitored by management to ensure residents’ privacy and dignity is maintained at all times.

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’s behavioural management system is effective in meeting the needs of residents with challenging behaviours. The home employs senior staff with wide experience in behaviour management. Each resident with identified behaviours of concern will have a full behavioural assessment undertaken whenever necessary. Care plans ensure consistent approaches in strategies and interventions to manage behaviours. Family members are consulted if behaviours increase and causes are discussed. Interventions are continually monitored and external support is sourced from behaviour management services as required. Residents/representatives are satisfied with the home’s approach to managing challenging behaviours.

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

Residents/representatives are satisfied optimum levels of mobility and dexterity are achieved for all residents at Scalabrini Village Nursing Home (Bexley). The physiotherapist works at the home for eight hours each week assessing residents and formulating care plans. Two physiotherapy aides carry out physiotherapy treatments for residents six days per week. Residents are assisted with passive movement and to mobilise and exercise. Falls prevention measures are under constant review and sensor alarms and alerts to promote resident safety are in use. Analysis and trend identification is undertaken to identify risks or strategies that can be used to reduce overall risk to residents.

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

Resident's oral and dental health is assessed on entry using recognised assessment tools. Oral and dental health care plans are developed and regularly reviewed and evaluated for effectiveness by the clinical nurse consultant. Care staff monitor resident's oral health during daily care and are educated to identify oral disease, pain, infection and other abnormalities. Any changes are reported to the registered nurse for follow up. Dental clinics are held yearly and external dental appointments are organised as needed in consultation with the residents/representatives. Residents/representatives expressed satisfaction with the management of oral and dental care.

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

Each resident's hearing and vision, taste, touch and communication status are assessed and a care plan formulated upon entry to the home. External audiology visits are arranged in consultation with residents/representatives and an optometrist visits the home several times during the year. Residents/representatives said the fresh cooked food, fresh smelling oil burners through the home, visiting live musicians, respectful staff and volunteers and the outdoor areas in the gardens stimulate and soothe the senses. Residents living with dementia use tactile hand mats and have a sensory garden including chooks as part of their unit. Care staff are educated to report any change in sensory loss for review. Residents/representatives are satisfied with the management of 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

Consultation with residents/representatives is undertaken to identify resident’s preferred routines for day time resting, their patterns for settling at night and any concerns that may interfere with natural sleep patterns. Pain management, toileting and repositioning are considered and warm drinks, snacks and emotional support is given if residents sleep is disturbed. If necessary medical intervention will be requested to assist in obtaining a good nights sleep. Residents/representatives are satisfied with sleep management.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

In relation to resident lifestyle, resident and relative meetings, the complaints system and resident surveys are used to gather feedback from residents. The home has made planned improvements in Accreditation Standard three - Resident lifestyle including:

- A review of the lifestyle program by an occupation therapist resulted in a recommendation for a recreational therapist to be employed to lead and direct the lifestyle team. Other recommendations included the provision of specific training in dementia care for lifestyle staff to assist them in developing and providing suitable activities for residents with dementia. One improvement has been the introduction of tactile mats which have a variety of textures which the residents enjoy touching, keeping them engaged and interested for periods of time.
- A sensory garden has been designed and recently completed for residents in the dementia care unit. The garden has aromatic herbs, two water features, garden seating, and garden art. A chicken coop is also in the garden and baby chickens were placed in the coop during the re-accreditation audit. Once renovations to the dementia unit are completed residents will be encouraged to utilise the garden whenever they choose as an access ramp has been built to improve access to the area. Staff and resident representatives expressed satisfaction with the improved garden and the opportunities it will provide residents.

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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements specific to Accreditation Standard three - Resident lifestyle:

- The Charter of residents’ rights and responsibilities is displayed in the home in English and Italian and is included in documents provided to all residents.
- Resident and staff information is stored securely.
- There is a policy, procedure and regular staff training for the reporting of actual or suspected resident abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists confirms education relating to resident lifestyle has been provided for management and staff in the past year. Examples include person centred care, advocate for residents - residents rights and leisure and lifestyle activities. Three staff are currently completing studies in leisure, lifestyle and health at certificate four level.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to support residents adjusting to life in their new environment and that continue throughout the resident's stay in the home. A handbook and admission package is given to residents and their representatives on admission. Documentation reviewed shows residents' social, cultural and spiritual backgrounds are recorded, along with their support needs, shortly after entry to the home. The information is used to formulate and individualise a care plan that is evaluated regularly. Residents are able to have personal items in their room. Visits by community representatives, the pastoral care team and families provide emotional support and friendship to residents. Resident/representatives are complimentary about the emotional support provided to 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

Documentation reviewed and staff interviewed confirmed the home encourages residents to be as independent as they are able, to maintain friendships and to participate in life both within and outside of the home. The home welcomes and encourages visitors and residents to participate in the life within and external to the home. Family and friends are welcomed into the home and have access to external and internal areas for visiting. Residents are assisted to use mobility aids and the home is able to make aids available to assist residents to maintain independence. The home provides opportunities for residents to maintain their independence, for example, supporting them on individual outings. Residents interviewed confirmed they are able to exercise their independence at the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has a system ensuring each resident's right to privacy, dignity and confidentiality is recognised and respected. Interviews with staff, observation of staff practices and interactions with residents demonstrate staff treat residents with dignity; for example, calling residents by their preferred name and knocking on doors before entering their room. Information on residents' rights and responsibilities is provided to the resident and their representative on entering the home. The Charter of residents' rights and responsibilities is clearly displayed. Staff sign a confidentiality agreement when commencing employment and residents sign a consent form for the display of their photographs and the use of personal information. Residents/representatives confirm staff treat them with respect and residents' privacy and dignity is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate residents are encouraged and supported to participate in a wide range of interests and activities. The monthly activity programs take into account residents' preferred activities and significant cultural days. There are specific activity programs for the nursing home, hostel section and dementia area. Activities include bingo, memory games, exercise program, bus trips, happy hour and beauty care. The recreational activities are planned in consultation with the residents. Residents/representatives interviewed expressed satisfaction with the range of activities provided.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The home has systems through which residents' cultural and spiritual needs are valued and fostered. The system includes the identification and documentation of residents' religious and cultural backgrounds. The home has its own pastoral care team and church representatives from various denominations visit the home when requested. Mass is conducted twice a week and the Rosary is said daily. Interviews with staff confirm the home respects all residents' cultural needs and encourages residents to uphold them. The home has many residents from an Italian background so Italian festivities and religious days are celebrated. Italian television is also connected to all areas for resident access. The home will access interpreter services where necessary and a number of staff speak Italian. Interviews with residents/representatives confirmed they are satisfied with how the home supports their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are able to participate in making choices and decisions about their care and environment and are able to exercise choice and control over their lifestyle. Residents and representatives participate in decisions about the services residents receive, for example, resident and relative meetings and the comments and complaints process. The Charter of residents' rights and responsibilities is displayed in the home. Some examples of residents exercising choice and decision making include meal choices, choices in activities, choice of doctor and personalising their room. Interviews with residents/representatives identified residents are satisfied with the choices available 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 interviewed said they are satisfied with the information provided to them on the resident's entry to the home. Information included details of tenure as well as fees and charges. A residential aged care service agreement is provided to new residents and outlines relevant information on security of tenure, Charter of residents' rights and responsibilities, fees, privacy matters and specified care and services. Management stated residents and/or their representatives are consulted prior to residents requesting or being asked to move rooms and any relocations within the home are carefully considered by management. The resident/relative handbook details the services available at the home. Information is provided and displayed in the home for residents/representatives and includes brochures on comments and complaints. Results of resident/representative interviews confirm the residents feel very secure at the home and understand the information they receive. They said they have ongoing opportunities and are encouraged to regularly provide feedback to the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

The home has made planned improvements relating to Accreditation Standard four - Physical environment and safe systems, including:

- A program of renovation has commenced following an extensive building audit. During the re-accreditation audit we observed improvements being made to the dementia unit which included repainting, the installation of a home-style kitchen, installation of new storage cupboards and benches. New flooring will be installed shortly and new furniture and soft furnishings have been ordered and will arrive once the building modifications are completed. Extensive renovations of the high care (nursing home) building have begun and are expected to be completed in early 2013. One improvement already completed is the fitting out of a new medication room on the ground floor in preparation for the installation of the computerised medication system.
- To ensure staff are well drilled in fire evacuation procedures, unannounced evacuation drills have been used to improve staff knowledge and practices. As a result, the need for leadership during evacuations was identified and registered nurse staff are now the nominated leaders and hats to identify them have been purchased. To improve safety in the low care (hostel) buildings new evacuation maps have been installed. The maps are clear and easy to read and are correctly orientated to the building.
- To ensure compliance with the work, health and safety legislation, a new induction program for contractors has been introduced. The maintenance manager oversees contractor induction and ensures all the required documentation is provided by each contractor prior to them commencing work at the home.

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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements specific to Accreditation Standard four - Physical environment and safe systems:

- Appropriate testing and monitoring is carried out on thermostatic mixing valves for temperature safety and legionella levels.

- There are current fire safety statements and fire equipment is regularly checked and maintained.
- There are current material safety data sheets with stored and used chemicals.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Interviews and review of course documentation and attendance lists confirms education relating to the physical environment and safe systems has been provided for management and staff in the past year. Examples include food safety, handling cleaning chemicals safely, infection control, how to use new lifting equipment and new work health and safety legislation. All staff attend annual fire safety and evacuation 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 provides a safe, comfortable living environment consistent with residents' care needs. The high care area accommodates 79 residents in single, two and three bed rooms with a combination of shared bathrooms and shared en suites. The low care area has 50 single rooms with en suites. The dementia area accommodates 26 residents and all have single rooms with en suite bathrooms. There are comfortable outside areas for residents and their families to enjoy. Residents are encouraged to personalise their rooms as much as possible. Maintenance of the environment occurs by the use of a preventative and routine maintenance program. The home conducts regular environmental audits and accident and incident data is analysed to monitor the safety of residents. Residents and their representatives said they are satisfied with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Management and staff indicated the home has systems to help ensure the provision of a safe working environment for staff, visitors and residents. The home has systems to help promote work place safety and awareness including education during staff orientation and on an ongoing basis. Other mechanisms include manual handling training, discussion of work, health and safety issues at meetings, environmental audits, risk

assessments and incident and accident reports. Issues identified by staff through the work, health and safety 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 findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and fire fighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Staff confirmed they attend compulsory education for fire training and management monitors their attendance. The home has an emergency plan to guide staff in the event of an evacuation. The home has appropriate security measures such as lockup procedures, surveillance systems and restricted access to different areas of 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. The program includes staff education, audits, discussion of infection issues at meetings and evaluation of resident infection data. Staff monitor temperatures in fridges and freezers, use and understand colour coded equipment and wear protective clothing when required. Adequate hand washing facilities are available throughout the home. There are formal cleaning schedules and processes for the removal of waste to maintain hygiene levels. Staff demonstrated an understanding of and commitment to, infection control principles and guidelines. The home has equipment and procedures for handling an outbreak of infection. Staff described the strategies to prevent infections at the home.

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 at the home to ensure hospitality services enhance the residents' quality of life and the staffs' working environment. These processes include a food monitoring system, staff education, infection control guidelines and an audit schedule. Other mechanisms include a system for communicating resident food preferences and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. All meals are prepared and cooked in the high and low care kitchens at the home. Due to the large number of residents from an Italian background the menu provides Italian culturally specific cuisine as well as other choices of meals. All laundry is processed on site and is managed by an external contractor. There is a system for the processing of clean and dirty laundry. The home employs contract cleaning staff. Residents

and representatives stated they are very pleased with the cleaning, meals and laundry services.