



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Southern Cross Apartments North Turrumurra

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Southern Cross Apartments North Turrumurra in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Southern Cross Apartments North Turrumurra is three years until 5 October 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:	Southern Cross Apartments North Turrumurra		
RACS ID:	0173		
Number of beds:	113	Number of high care residents:	75
Special needs group catered for:	<ul style="list-style-type: none"> • Catholic faith 		
Street/PO Box:	402 Bobbin Head Road		
City:	NORTH TURRAMURRA	State:	NSW
		Postcode:	2074
Phone:	02 9144 2200	Facsimile:	02 9488 7468
Email address:	dtully@sch.org.au		

Approved provider

Approved provider: Southern Cross Care (NSW & ACT)

Assessment team

Team leader: Ruth Heather

Team member/s: Anne Ericsson

Date/s of audit: 5 August 2009 to 7 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Does comply

Agency findings
Does comply
Does comply
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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	Southern Cross Apartments North Turrumurra
RACS ID	0173

Executive summary

This is the report of a site audit of Southern Cross Apartments North Turrumurra 0173 402 Bobbin Head Road NORTH TURRAMURRA NSW from 5 August 2009 to 7 August 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 Southern Cross Apartments North Turrumurra.

The assessment team recommends the period of accreditation be three 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 5 August 2009 to 7 August 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:	Ruth Heather
Team member/s:	Anne Ericsson

Approved provider details

Approved provider:	Southern Cross Care (NSW & ACT)
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Details of home

Name of home:	Southern Cross Apartments North Turrumurra
RACS ID:	0173

Total number of allocated places:	113
Number of residents during site audit:	102
Number of high care residents during site audit:	75
Special needs catered for:	Catholic faith

Street/PO Box:	402 Bobbin Head Road	State:	NSW
City/Town:	NORTH TURRAMURRA	Postcode:	2074
Phone number:	02 9144 2200	Facsimile:	02 9488 7468
E-mail address:	dtully@sch.org.au		

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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 three days on-site and gathered information from the following:

Interviews

	Number		Number
Director of care	1	Residents/representatives	29
Care team manager	1	Chief executive officer	1
Clinical nurse specialists	2	Occupational health and safety representative	1
Manager quality systems	1	Consultant quality systems (RN)	1
Registered nurses	1	Laundry staff	1
Care staff	10	Cleaning staff	2
Administration assistant	1	Maintenance supervisor	1
Catering staff	2	Maintenance staff	1
Chef	1	Lifestyle coordinators	3
Cleaning contract supervisor	1	Pastoral carer	1
Physiotherapist	1	Medical officer	1
Physiotherapy aid	1		

Sampled documents

	Number		Number
Residents' files	12	Medication charts	12
Summary/quick reference care plans	9	Personnel files	8
Incident forms	7	Residential contracts	4

Other documents reviewed

The team also reviewed:

- Activity program for August 2009 and activity attendance records
- Anti-psychotic drug six weekly review calendar
- Approach in aged care folder
- Audits
- Bed register and evacuation folder
- Budget 2008/09
- Catering – dietary needs assessments and food preference list
- Catering – menu
- Catering – NSW Food Authority license
- Catering – NSW Food Authority premise inspection
- Catering – ordering schedule
- Catering – temperature records equipment, food and calibration
- Certification assessment
- Cleaning – weekly and spring cleaning schedules
- Cleaning contractor - material safety data sheets
- Cleaning contractor – customised inspection report
- Cleaning contractor – outbreak procedure
- Cleaning contractor – safe work method statements
- Cleaning contractor– toolbox training talks
- Communication books – staff and medical officers
- Compulsory reporting register
- Daily activity sheets
- Disaster plan
- Education – attendance records
- Education – calendars 2009
- Education – competency schedule
- Education – evaluations
- Education – individual staff training records
- Education – staff induction program
- Electronic care management program and care plan summary's
- External services contracts
- Fire – annual fire safety statement
- Fire equipment log books
- Fire panel monitoring chart
- Food safety plan
- Guidelines for palliative care
- Hostel high care folder (podiatry, enteral feeds and pain assessment charts)
- Job descriptions and specifications
- Laundry – contract linen service quality forms
- Laundry – dryer cleaning logs
- Maintenance – contractor matrix
- Maintenance – daily tasks and monthly checks
- Maintenance – electrical equipment risk assessment and inspection records
- Maintenance – preventative maintenance records
- Maintenance – supplier / contractor list
- Maintenance – thermostatic mixing valve records
- Maintenance request register
- Manual care folder
- Material safety data sheets
- Medication daily packaging check records

- Meeting minutes – executive committee, board meeting, leadership team, staff, registered nurses, family and friends meeting, residents meeting, group lifestyle coordinators meeting, services review meeting, medication advisory committee
- Memos
- Mission, philosophy of care
- Monthly goals/compliments/positive comments
- Monthly quality indicator worksheets
- Monthly reports-comments, complaints, suggestions
- Newsletter – Nazareth Wing
- Observation charts including weight, bowel
- Occupational health and safety management plan
- Occupational health and safety toolbox talks 2009/10
- Occupational health and safety training plan 2009/10
- Organisational chart
- Pastoral care training program/participant manual
- Pest control records
- Police check register – staff, volunteers
- Policies and procedures – care manual
- Pre-acquisition assessment
- Professional registrations – registered nurses, physiotherapist, podiatrist
- Prudential certificate
- Quality improvement action sheet
- Resident handbook including charter of residents' rights and responsibilities
- Resident manual handling profile
- Rosters
- Self medication new policy draft
- Servery information folder
- Sleep/settling/rising chart
- Southern cross competencies for administration of medication including insulin; nebulisers/ inhalers; hand washing and manual handling
- Southern Cross manual handling strategy
- Southern cross resident lifestyle assessment (21 days)
- Staff flu vaccination records
- Staff handbook
- Staff induction program and list of mentors for new staff
- Staff performance appraisals
- Stock order sheets
- Surveys – residents, family and friends
- Vital call audit
- Volunteers handbook

Observations

The team observed the following:

- Accreditation site audit notice displayed
- Activities in progress including residents participating in bingo, happy hour, singing watching movies and out in secure sensory garden
- Aged care channel library including program on sensory loss made at facility
- Assistive eating equipment
- Charter of resident rights and responsibilities displayed
- Chemical storage
- Clothing labelling machine
- Colour coded cleaning equipment
- Contaminated waste bin

- Education resources
- Emergency assembly area
- Emergency flip charts throughout building
- Equipment and supply storage areas including linen and continence aids
- Evacuation chairs
- Exercise group activity for residents
- External complaints scheme brochures and posters
- Fire fighting equipment tagged and dated
- Food safety signage
- Gentry men's room in use
- Hairdressing salon in use
- Hall of fame photos displayed
- Hand wash stations and/or hand sanitiser throughout the building
- Happiness (compliments, concerns, suggestions) forms available for residents/representatives
- Infection prevention signage
- Interactions between staff and residents
- Last rites trolley
- Living environment
- Manual handling equipment including high/low beds, mechanical lifters, slide boards and sheets, pelican belts
- Meal tray cards
- Meals happiness forms available
- Medication rounds hostel and nursing home and safely stored medication
- Mission statement displayed
- Mobility equipment including, shower chairs, weigh chair, walking frames and wheelchairs
- Notice boards (containing resident activity notices, menus, memos, staff education/ in-services information, communication; details for family and friends)
- Outbreak box
- Oxygen cylinders and administration equipment and storage
- Parkinson disease medication management program information displayed
- Personal protective equipment
- Personalised resident rooms
- Reminiscing cabinet Nazareth wing
- Resident sign in/out books
- Residents attending chapel
- Residents lunchtime in hostel and Nazareth wing
- Residents smoking area
- Sharps containers
- Staff clinical areas including medication trolleys, wound management equipment, spill kit, clinical information resources, staff handovers, secure storage of residents' files.
- Tea and coffee facilities for visitors
- Team goals for August displayed
- Two new undercover outdoor areas
- Visiting library bus

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 actively pursues continuous improvement in a systematic and cyclical manner, as a part of the home’s planning and reporting processes. Areas for improvement are identified through resident, staff and committee meetings, surveys, the complaints process, suggestions, reporting of incidents and accidents, results of audits, clinical data and verbal feedback. Strategies are developed and documented in the home’s quality improvement system. Once completed improvements are evaluated at the services review meeting to ensure the actions taken have been effective. Staff are aware of systems for continuous improvement and confirm they are involved in continuous improvement activities such as audits and they contribute to suggestions for improvement through ‘I am happy’ forms, meetings and surveys. Interviews with residents/resident 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:

- To improve communication and workflow between shifts the team leader shifts have been increased by half an hour. This enables the team leaders to give a verbal handover ensuring pertinent information is communicated. Team leaders report they are now able to complete their work in a timely manner.
- It was identified that the team leaders were not assisting care staff in their work and there was a lack of team work. A team leader workshop program was implemented for all team leaders to promote team work and develop leadership skills. The director of care states there is good networking and team work now occurring.
- Due to other commitments some staff have been unable to fulfil the organisation’s requirements to attend annual compulsory training sessions. To assist staff to fulfil these requirements the home has developed an education forum day where all compulsory education topics are presented during the day. The review of education attendance records confirms that staff are now meeting the organisations annual training requirements.

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 in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to a number of government and independent information services and is a member of an industry body which provides ongoing information about industry issues and

regulatory changes. The home receives relevant legislative and regulatory updates from the corporate office and the director of care attends senior management meetings at the corporate office. The management team monitor the home's adherence to regulatory requirements through audit processes and observation of staff practice and ensure that 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 Standard One - Management systems, staffing and organisational development include:

- A system and process is in place to ensure all staff, volunteers and appropriate contractors have current police checks.
- Residents/ resident representatives were notified of the accreditation site audit via notices in the home, meetings and newsletters.
- The provision of information to residents and stakeholders about internal and external complaint mechanisms.

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

The home has a system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate that training needs are identified through staff appraisals, competency assessments, observation of work practices, the results of audits, the monitoring of accidents and incidents, issues raised at staff meetings and staff request. Mandatory training includes manual handling, infection control, elder abuse, work place harassment and fire safety, which is confirmed through a review of education documentation and attendance records. Records of attendance are maintained and there is a system to monitor attendance at compulsory training sessions. The home has a recruitment procedure and induction program for new staff. The home uses the Aged Care Channel, guest speakers, qualified staff and external education opportunities to ensure a wide variety of training is provided. All staff interviewed report they have access to internal and external education on a regular basis and have undertaken competency assessments.

Review of the education plan and attendance records for 2009 confirms that the home has provided education in relation to Accreditation Standard One. Examples include: aged care funding instrument; accreditation – your role and responsibility; bullying in the workplace; compulsory reporting; training in the computerised resident care documentation system and two staff have attended management 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 in place for residents, resident representatives and other interested parties to put forward comments, suggestions and complaints. Information on internal and external complaints options is included in the resident

and staff handbook and residential agreement. External complaints information brochures and internal complaints forms are accessible to residents and visitors in the front foyers. The homes complaints and compliments system consists of 'I am happy or unhappy' forms and these are available throughout the home with locked boxes which allows for anonymous submission if desired. Interviews and the review of meeting minutes confirms regular resident meetings and family and friend meetings provide a forum for comments, suggestions and complaints to be raised. Residents/resident representatives and staff interviewed are aware of the home's comments and complaints system and they state they receive a response in a timely manner to any concern they raise.

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

Observations demonstrate the home's mission is on display and the mission, vision and philosophy is present in a number of documents including the resident handbook and staff handbook. Staff interviewed confirm awareness of the home's commitment to quality and that they are involved in quality initiatives. Interviews with residents / resident representatives and the assessment team's observations indicated that management and staff model behaviours consistent with the home's values and a strong culture of care for residents.

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

There are systems and processes in place for the home to have appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's vision, mission and philosophy. The home has processes for recruitment and orientation including a 'buddy system' for new staff as confirmed through the review of recruitment and orientation documentation and interviews. When staff are not able to work, replacements are found using part time or casual staff and occasionally agency staff, as evidenced through the review of rosters. Management report they adjust staffing levels based upon resident care needs and staff and resident feedback. Staff are encouraged to pursue further education and this is demonstrated by attendance at external training opportunities and staff completing qualifications in aged care work. Management are committed to providing ongoing education to all staff as evidenced by the education program in place and the resources made available to staff. Staff interviewed indicated they are confident that they have the relevant knowledge and skills to do their jobs. Residents/resident representatives are very positive about the staff and the care they provide, indicating that staff come promptly when called, 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 recommendation

Does comply

Staff and residents state they have access to appropriate and adequate goods and equipment to ensure quality service delivery. Various staff and management have responsibility for the purchasing and receipt of goods and equipment. Equipment needs are identified through input from staff and there is a process for the assessment of new equipment. There is a corrective and preventative maintenance program in place. Sufficient stocks of appropriate goods and equipment are observed throughout the home.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place for the creation, storage, archiving and destruction of documentation within the home. The team observed that 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, communication books and diaries, shift handover reports and informal lines of communication. The computers at the home are password protected and the system is maintained centrally at the organisational office. The home has a system of surveys and audits to provide information regarding resident and staff needs and the quality of care provided at the home. Residents/resident representatives and staff state they are kept well informed and are consulted on matters that may impact them through the display of information such as minutes of various committee meetings, notices, memos, policies and procedures, and 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 recommendation

Does comply

Feedback from management, staff and residents demonstrates satisfaction across the home with the goods and services provided by external suppliers. The home has contracts and / or standards of service agreements in place 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. Corporate systems, with local input, are in place to evaluate the performance of all external service providers to ensure the efficiency and effectiveness of service performance and compliance with relevant safety and related legislative requirements. External service providers are required to sign in and out and are provided with suitable supervision while on site. Staff and resident / resident representative interviews indicated satisfaction with current external services.

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 a description of the overall system of continuous improvement.

The home has made planned improvements in Standard Two - Health and Personal Care that include:

- To facilitate the safe handling of residents a readily available and understood manual handling chart has been implemented for all residents who require assistance from staff. The charts have been developed in consultation with the physiotherapist. The chart will be placed in the resident's room so that staff have easy access to the information. The director of care services stated that the safe handling of residents and safe work practices for staff are the expected outcome of the improvement once it is fully implemented.
- It was identified that residents were not consuming enough fluids during hot weather and this led to a higher number of urinary tract infections in the home. To increase the intake of fluids ice blocks are offered when the weather is warm and this has led to improved hydration and a reduction in urinary tract infections.
- To ensure an optimum outcome for residents with complex wounds, photos of wounds are being taken at regular intervals. This has ensured there is improved monitoring of complex wounds.

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

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 Standard Two - Health and personal care:

- There is a system in place to ensure that professional registrations for registered nurses and visiting allied health professionals (such as the podiatrist and physiotherapist) are monitored and maintained.
- The home has a policy and procedure in place for missing persons which reflects legislative requirements.

- The home ensures high care residents are provided with supplies and equipment as required under the Quality of Care Principles

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 monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists for 2009 by the team confirms that education relating to health and personal care has been provided for management and staff in the past year. Examples include, but are not limited to: experiencing dementia workshop; massage for residents; frontal lobe dementia; delirium, medication, dementia and falls; Parkinson’s research pilot program; continence management, medication issues; behaviour management and its relationship to medication; first aid; the aging process – physical changes and the use of a TENS machine.

2.4 Clinical care

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

Team’s recommendation

Does comply

Southern Cross Apartments North Turramurra has systems in place to ensure that residents receive appropriate clinical care. Review of documentation shows that a twenty eight day comprehensive assessment is undertaken when a new resident moves into the home to gather relevant clinical information. Care plans are formulated and reviewed and evaluated three monthly in consultation with the resident / resident representative, medical officer and others involved in providing care. The home uses verbal, written and electronic communication systems to inform all relevant staff of residents’ care needs. Case conferences are held for residents as required and families are able to meet with management and staff if they wish. Arrangements are in place to ensure residents have access to a medical officer of choice, medical treatment after hours and transfer to hospital if needed. There is an accident and incident reporting system in place. Accidents and incidents are documented appropriately, followed up with all stakeholders in a timely manner and fed into the incident reporting system to monitor resident clinical indicators. Staff interviews and observation by the team confirm that individualised care is provided for residents. Residents / resident representatives confirm that staff are caring and they are generally satisfied with the care provided in the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents specialised nursing care needs are identified and met by appropriately qualified care staff. A registered nurse is onsite at all times and oversees any specialised care needs being provided. Care staff interviewed say they have access to appropriate resources and are provided with education in specialised

nursing procedures. The home accesses consultants for more complex care as required. Care plans detail specialised care required for individual residents and include enteral feeding, complex wound management, oxygen therapy, diabetes monitoring and management, and catheter care. Residents / resident representatives confirmed to the team that they felt staff are skilled in providing for their special needs at the home.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents / resident representatives informed the team that management and staff ensure residents have access to appropriate health specialists. Health related services who visit the home include the psychogeriatric team from the local hospital, Southern Cross lifestyle / dementia consultant, physiotherapy, podiatry, dietary, and the palliative care team from the local hospice. Management and staff have strong working relationships and access many health related services for residents at the local Hospital. Staff advise and residents / resident representatives confirm that staff at the home arrange referrals and assist to arrange transportation as required. Residents / resident representatives confirm they are satisfied with access to other health and related services at the home.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has an efficient and effective system in place to ensure that residents’ medication is managed safely and correctly. Care staff administer medication from a seven day unit dose pack and are educated and undertake regular competency assessment in the administration of medication. The team found that there are effective systems in place to ensure that medication orders are current and reviewed regularly by medical officers and the pharmacist. Medication management, policies, procedures and a system for cross checking new packs of medication prior to use is in place. Medication incidents are reviewed monthly by the service review committee and at regular medication advisory committee meetings. Staff was observed following correct procedures when administering medication. Resident / resident representatives interviewed report that they are satisfied with their medication management.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has a system in place to manage residents’ pain and ensure residents are as pain free as possible. Residents are initially assessed on entry to the home to identify residents whose condition may cause them to experience pain. Interventions are detailed in residents’ care plans and ongoing assessments documented. Both pharmaceutical and non pharmaceutical pain relief is considered when planning pain management. Non pharmaceutical strategies include repositioning, music, massage, heat and aroma therapy. The physiotherapist also assists in pain management. Staff interviewed informed the team that they have access to sheepskins and pressure relieving mattresses for resident’s comfort and have had recent education on using TENS machines and syringe drivers for managing

residents' pain. Interviews with residents / resident representatives confirm that staff assist residents to be as pain free as possible.

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 systems in place to ensure the comfort and dignity of terminally ill residents. Residents/resident representatives are offered the opportunity to make choices about their care when faced with a terminal illness or chronic pain in consultation with the staff and their medical officer. The palliative care team from the local hospice will visit the home to assist with the management of palliative care residents and maintains regular communication with family. Pastoral care is available at the home and the lifestyle coordinator assists with access to other faiths on request. The home has a palliative care box containing a compact disc player, a colour changing light, an oil burner for aromatherapy and specialised equipment such as slide sheets and mouth swabs to provide comfort. Staff interviews demonstrate knowledge and skills in the management and emotional support needed to care for palliating residents.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Documentation reviewed and the team's observation demonstrates that residents' receive adequate nutrition and hydration. Residents' dietary needs including special diets, food allergies, cultural and individual preferences are identified and assessed when a resident moves into the home. Interviews with staff and review of documentation confirm that resident's nutrition and hydration needs are communicated to kitchen staff and care plans are regularly reviewed and evaluated. Residents are assisted and encouraged to eat all their meals in the dining room. Resident's weights are recorded monthly and nutritional supplements given as required. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning, afternoon tea and supper. Modified cutlery and equipment is available and the team observed residents being assisted with meals by staff. Residents have a choice at mealtime and the majority of residents / resident representatives interviewed expressed satisfaction with meals.

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 a system to ensure that residents' skin integrity is consistent with their general health. Interviews with staff and the review of clinical documentation confirms that new residents have a skin assessment and residents identified at risk have skin integrity care plans with management strategies outlined. Care staff interviews state that they apply emollient creams to residents' skin after showering and that pressure relieving equipment is available in the home for use as required. Management of all wounds is overseen by a registered nurse and the home has access to wound management consultants and staff education from a local specialist hospital to assist with management of chronic wounds.

Residents/resident representatives state they are satisfied with the care provided to maintain skin integrity.

2.12 Contenance management

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

Team’s recommendation

Does comply

The home has a system in place to ensure that residents’ continence is managed effectively. Residents’ continence status is assessed on entry and when necessary. Toileting regimes are maintained for as long as possible. A disposable continence aid system is in use in the home for residents with intractable incontinence and staff interviews confirm there are always adequate supplies of continence aids of varying sizes available for residents. The continence aid supplier is available for staff education and urinary tract infections are reported, monitored and reviewed monthly. Residents/resident representatives express satisfaction with the management 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 to effectively manage the needs of residents with challenging behaviours. A seven day assessment is carried out for new residents to monitor any behavioural problems and behaviour assessments are completed as required. Care plans and progress notes identify triggers and demonstrate strategies to manage residents’ behaviour. The home has access to a dementia/lifestyle consultant and refers to specialist consultants at the local hospital on a needs basis. Staff have had recent education on Alzheimer’s disease and are able to confirm various strategies they use to assist in modifying residents’ behaviours. Staff were observed during the visit to interact with residents in a caring and calming manner.

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

The home has a system in place to ensure that optimum levels of mobility are achieved for all residents. Interviews with staff and review of documentation revealed that the physiotherapist assesses all new residents for mobility, dexterity and manual handling requirements. A physiotherapy aide is employed at the home and carries out the recommendations of the physiotherapist. Documentation review confirmed and demonstrated that individualised programs are developed for residents and regularly reviewed. The team observed adequate mobility equipment at the home and the physiotherapy aid supervising exercise classes for stretching and strengthening with residents. Residents were also observed being assisted with mobility by the physiotherapist aide and care staff.

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 strategies in place to ensure that residents' oral and dental health is maintained. Review of clinical documentation shows that resident's oral hygiene is assessed, documented, regularly reviewed and acted upon. Staff are trained to attend to ongoing oral and dental hygiene, by observing mouth care and prompting or assisting residents to clean teeth and/or dentures. Staff interviews confirm practices are in place to ensure the ongoing management of residents' oral and dental care. Residents/resident representatives say they are assisted to maintain oral hygiene, dental care and with appointments to external dentists.

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 loss. Sensory loss is identified on entry to the home, documented in care plans and regularly evaluated. The sensory stimulation program at the home includes aromatherapy, a sensory garden for residents, music therapy and hand massages. Residents have access to large print and talking books. Residents who are identified as having sensory deficits, for example, require glasses or hearing devices, have management strategies documented in their care plans. Residents/resident representatives report that staff assists them with their care.

2.17 Sleep

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

Team's recommendation

Does comply

The home has implemented strategies to assist residents to achieve natural sleep patterns. On entry to the home a history of sleep patterns is obtained and a sleep settling, rising assessment is carried out. Strategies in place to support residents' sleep include offering warm drinks or snacks, appropriate continence, pain management and comfort. Staff confirmed practices that enable residents to achieve natural sleep patterns. Residents/resident representatives interviewed confirm that the environment is quiet at night and that staff assist residents promptly if they have difficulty in sleeping.

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 a description of the overall system of continuous improvement.

The home has made planned improvements in Standard Three - Resident lifestyle including:

- It was observed that the men in the home were not participating in the planned activities occurring. The men were consulted and the result has been the setting up of a men’s only lounge room, ‘The Gentry’. The room provides an alternative venue and activities of interest to the men are being run in the room. Friday night football on the large screen television is well liked by a number of the men.
- The walls in resident’s bedrooms were observed to be overcrowded and messy. To improve the appearance of residents rooms and provide an easy way of having photos and memorabilia displayed magnetic boards have been purchased and placed in resident’s rooms.
- The home provides an area for residents to smoke however it has been identified that smoke from the current area is impacting non smoking residents and visitors. A new smoking area has recently been completed in a position which should have limited impact on other residents. The director of care stated that once new outdoor furniture and potted plants are purchased they will commence using the new area.

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

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 Standard Three - Resident Lifestyle:

- The charter of residents’ rights and responsibilities is displayed in the home and included in the resident handbook and resident agreement which are given to all residents.
- The home’s privacy policy and practices are consistent with privacy regulatory requirements. 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 recommendation

Does comply

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 for 2009 by the team confirms that education relating to resident lifestyle has been provided for management and staff in the past year. Examples include, but are not limited to: the palliative approach which includes death and dying and grief and loss; compulsory reporting of abuse; lifestyle staff attend organisational lifestyle meetings every two to three months to exchange and develop ideas for the home's lifestyle program.

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 processes in place to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. Residents' emotional needs are assessed and resident centred case conferencing, informal and formal ensures that each resident's needs are met. Volunteers including Red Cross, community visitors, the pastoral carer and school children participating in the Duke of Edinburgh program visit the home, and spend time with consenting residents. Staff interviews and review of care plans demonstrates a clear understanding of each resident's individual needs in relation to emotional support. Observations of staff interactions with residents showed warmth, respect, empathy and understanding. Residents / resident representatives reported that they felt supported by the staff, both when they first entered the home and on an ongoing basis.

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

The team observed an environment at the home that encourages residents to maintain independence and friendships and participate in the life of the community within and outside the home. Residents' independence is fostered through having personal items, photographs, their own phone in their room (if desired) and televisions and radios. The home has systems and processes in place to promote a program of planned activities and events that encourage the involvement of family, friends and the community. Residents have access to daily newspapers and a computer. Independence is encouraged by the staff and residents are able to access community networks and activities. Residents/resident representatives state they are always made welcome and are invited to participate in many celebrations throughout the year.

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 a comprehensive system that ensures each resident's right to privacy, dignity and confidentiality is recognised and respected. Systems and processes are in place to ensure each resident's personal information is stored securely and information on rights and responsibilities is provided to residents/resident representatives and staff. Documentation reviewed by the team demonstrated that the home has a system to gain consent from residents/resident representatives to display or publish photographs, celebrate/remember birthdays or the disclosure of any personal information. The home monitors residents' privacy and dignity through the 'happiness' comments, concerns and suggestion forms, surveys and audits. Staff were observed to knock and wait before entering residents' rooms. Residents / resident representatives stated they are happy with the way their privacy, dignity and confidentiality 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 recommendation

Does comply

Residents at the home are encouraged to participate in a wide range of activities available at the home. There are systems and processes in place to capture information for planning activities including resident lifestyle assessment, surveys and resident meetings. The monthly activity calendar is displayed in the home and daily activities are written on the activity noticeboard. Activities include bingo, weekly happy hour, garden activities/barbeques, games, newspaper reading, music and concerts, movies, knitting and art therapy. Residents are taken on regular outings on the home's bus for shopping and sightseeing. Staff were observed by the team to encourage and support residents to participate in activity programs during the visit. Residents / resident representatives confirm they are satisfied with the variety and choices offered.

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

The home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. There are systems and processes in place to identify and incorporate into the homes day to day activities individual interests, customs, beliefs and the cultural and ethnic backgrounds of residents and staff. Days of cultural and religious significance are celebrated and individual interests are supported. The home has a chapel and the team observed residents attending mass and one on one pastoral care during the visit. Residents / resident representatives confirm they are encouraged and supported to continue with their own interests, customs, beliefs and their ethnic backgrounds are valued and fostered.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Each resident/resident representative is encouraged to participate in decisions about the services the resident receives and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. The home has systems and processes in place to ensure that residents and their representatives are kept informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys, comments and compliments and suggestion mechanisms, and resident/relatives meetings. Residents and their representatives are supported and encouraged to participate in decisions regarding their financial management, personal care, cultural and spiritual life, meals, participation in activities, end of life choices, and health care. Residents / resident representatives confirm that the home actively supports residents in maintaining their right to make their own lifestyle choices and decisions.

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 has put in place policies and procedures to ensure that residents have secure tenure within the home, and understand their rights and responsibilities. Both prior to and on entry to the home, new residents/resident representatives are provided with comprehensive written information about their rights and responsibilities. This information is explained during interviews. A resident agreement is offered to each resident to formalise occupancy arrangements and management advises that they have a signed agreement for each resident in care. The agreement includes, but is not limited to, information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. The charter of residents' rights and responsibilities and information on comments and complaints is included in the residents' handbook. Interviews with resident / resident representatives indicate that they are satisfied with the information the home provides regarding their security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

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 Standard Four - Physical Environment and Safe Systems, including:

- To enhance the home’s fire safety the registered nursing staff are going to be trained as level one fire safety officers. The current fire safety officer is not regularly on site and the training of the registered nurses will ensure that there will be a trained fire safety officer on site at most times. The training will occur within the next three months.
- An internal garden area off the Shamrock lounge was difficult for residents to access due to uneven paving. To improve resident amenities a covered outdoor area with level concrete has recently been built. The director of care stated that once the weather is warmer the residents will begin to utilise the area.
- Two of the home’s dirty utility rooms have doors that open outwards into narrow corridors. To improve resident and staff safety both doors have had a window placed in the door to enable staff to check if it is safe to open the door prior to leaving the room. Since the installation of the windows there have not been any incidents involving the doors.

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

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

Examples of regulatory compliance with regulatory requirements specific to Standard 4 - Physical environment and safe systems:

- The home has a current NSW Food Authority licence and a food safety system is in place.
- The home has a current fire safety statement displayed and fire equipment is regularly checked and maintained.
- The home has 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 recommendation

Does comply

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 for 2009 by the assessment team confirms that education relating to the physical environment and safe systems has been provided for management and staff in the past year. Examples include, but are not limited to: fire awareness; food safety and food handling; chemical safety; manual handling; infection control and using lifting equipment.

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

The home provides accommodation for residents in single rooms with en-suite bathrooms and two bedded rooms with shared bathroom facilities. The home consists of a number of buildings which are linked by covered walkways and corridors. There are a variety of small lounges, dining rooms, activity rooms and a chapel. There are a number of outdoor areas for residents and visitors to enjoy. The team noted all areas of the home to be a comfortable temperature during the site audit. Regular environmental audits are carried out to identify hazards or any areas requiring maintenance or improvement. The team noted that staff also complete maintenance and/or hazard logs when necessary and that requests have been attended to in a timely manner. Observation of the home during the Accreditation site audit and feedback from residents / resident representatives and staff show management provides a safe and comfortable environment in line with residents' care needs.

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's management team actively work to provide a safe working environment that meets regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents. The occupational health and safety (OH&S) representatives work to ensure the living environment for residents and the staff work environment is safe. The OH&S representative reviews environmental audits to ensure that regulatory requirements and the home's quality and safety standards are met. OH&S is an agenda item for all staff meetings and the services review meeting reviews all OH&S issues. Interviews and the review of documentation shows that staff can and do highlight risks and hazards through the hazard and accident and incident reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff and the team observed staff using this equipment appropriately. The team observed safe work practices and staff members state they receive education in manual handling during orientation and

annually. All staff are required to complete a pre employment medical assessment as part of the recruitment processes for the home.

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

Systems are in place to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as regular checks of detectors, extinguishers, fire doors and other fire equipment. Staff interviews demonstrate that they are familiar with the equipment and procedures and they confirm they attend regular fire safety training. There are emergency evacuation folders in place to ensure vital information is available to staff and to identify residents. The team observed emergency flip charts with emergency procedures located throughout the buildings. The home has a variety of security systems in place including the resident call bell system, an evening lock up procedure and some key coded exits. Each resident has access to call bells by their bed, in the bathrooms and a call pendant is provided if needed. There is a no smoking policy in the buildings and designated smoking areas are provided for residents and staff in the grounds. Residents and their representatives state they feel safe and secure in the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home's infection control program consists of ongoing education, infection prevention strategies, tracking and analysis of infection rates and workplace audits. Strategies include: the offering of vaccinations to staff and residents; the use of colour coded cleaning equipment; and systems for the management and disposal of contaminated waste. Documentation reviews and interviews confirm the services review committee reviews infection data and develops strategies to minimise infections. There are policies, procedures and supplies in place for the prevention of and for dealing with an outbreak. Staff interviewed are familiar with infection control practices and confirm that personal protective equipment is readily available. Staff describe and demonstrate the use various infection control strategies. This includes: the colour coded system used during all aspects of cleaning; the use of personal protective equipment and the food safety practices in place. The team observed that hand washing facilities areas and/or hand sanitiser is readily available throughout the home for staff and visitors.

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

There are systems to identify residents' meal requirements and preferences on entry to the home and as residents' needs change. All meals are cooked on site using a seasonal four-week rotating menu. While the menu is developed at corporate level in consultation with a dietician, the home's chef has flexibility to make changes to suit resident needs and preferences. Choices are available for all meals. The home is currently meeting the needs of Indian, Sri Lankan residents and vegetarian residents. The kitchen is clean and orderly with systems in place to ensure food is safe. Residents / resident representatives state they are

mostly satisfied with the variety, quality and quantity of food provided. All resident clothing is washed in the onsite laundry. The team observed adequate stocks of linen which is laundered outside the home. The home is able to provide a clothing labelling system on entry to the home and is currently developing more efficient ways of sorting resident's laundry. Residents / resident representatives express satisfaction with the laundering services provided. The cleaning of the home is carried out by contract and employed staff. There are programs for the regular cleaning and spring cleaning of all areas in the home.