



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Southern Cross St Francis Apartments

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

The Agency has decided that the period of accreditation of Southern Cross St Francis Apartments is three years until 5 November 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Southern Cross St Francis Apartments				
RACS ID:	0382				
Number of beds:	40	Number of high care residents:	21		
Special needs group catered for:	• Nil				
Street/PO Box:	122 Hyatt Road				
City:	PLUMPTON	State:	NSW	Postcode:	2761
Phone:	02 9675 5010		Facsimile:	02 9675 5014	
Email address:	croberts@sch.org.au				

Approved provider

Approved provider:	Southern Cross Care (NSW & ACT)
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Assessment team

Team leader:	Ruth Heather
Team member/s:	Jennifer Denham
Date/s of audit:	18 August 2009 to 19 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
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Does comply
Does comply
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Does comply

Agency findings
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Executive summary of assessment team's report

Accreditation decision

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

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

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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 St Francis Apartments
RACS ID	0382

Executive summary

This is the report of a site audit of Southern Cross St Francis Apartments 0382 122 Hyatt Road PLUMPTON NSW from 18 August 2009 to 19 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 St Francis Apartments.

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 18 August 2009 to 19 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:	Jennifer Denham

Approved provider details

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

Name of home:	Southern Cross St Francis Apartments
RACS ID:	0382

Total number of allocated places:	40
Number of residents during site audit:	39
Number of high care residents during site audit:	21
Special needs catered for:	Nil

Street/PO Box:	122 Hyatt Road	State:	NSW
City/Town:	PLUMPTON	Postcode:	2761
Phone number:	02 9675 5010	Facsimile:	02 9675 5014
E-mail address:	croberts@sch.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Nurse manager / registered nurse	1	Residents/representatives	10
Deputy care team manager	1	Consultant quality systems	1
Area manager	1	Infection control officer	1
Care staff	6	OH&S representative	1
Chef	1	Maintenance staff	
Pastoral carer	1	Lifestyle coordinator / physiotherapy assistant	1
Education co-ordinator	1	Chemical consultant	1
Maintenance manager	1	Maintenance officer	1

Sampled documents

	Number		Number
Residents' files – assessments, care plans, progress notes, doctors notes	7	Medication charts	4
Summary/quick reference care plans	7	Personnel files	5
Accident and incident forms	5	General observation charts	4
Weight charts	6	Wound assessments and charts	2

Other documents reviewed

The team also reviewed:

- 1999 Building Certification Instrument
- Activity records and evaluations
- Admission checklist
- Audit schedule

- Audits and results 2008/2009
- Bed rail authorisation form
- Care plan consultation forms
- Cleaning duties
- Comments and complaints folder
- Communication diary
- Competency assessments
- Consent to the collection of personal information
- Daily activity attendance records
- Daily exercise folders
- Dietary profiles and preferences
- Doctors communication book
- Education calendar 2008/2009
- Education folder
- External consultation form
- Hazard alert form
- Incident/accident data and forms
- Induction checklist
- Infection data
- Job descriptions
- Maintenance request forms
- Maintenance schedule
- Mandatory reporting information
- Mediation fridge temperature records
- Medication chart and system audits
- Medication incident forms
- Meeting minutes 2008/2009
- Memo folder
- Monthly activities calendars
- Nurse registration
- Orientation guide (resident)
- Pathology results and referrals
- Pharmacy review documentation
- Podiatry records
- Police checks
- Resident handbook
- Resident key receipt form
- Resident social histories
- Resident survey
- Resident vaccination list
- Residential aged care agreements
- Risk assessments
- Risk of wandering forms
- Service agreements
- Services review committee folder
- Southern cross newsletter
- Staff handbook
- Staff induction checklist
- Staff initiated medication and aperient protocols
- Staff rosters
- Staff signature list
- Staff vaccination list
- Temperatures for fridges, freezers and meals

- Thermostatic mixing valve records
- Twenty four hour report sheets
- Visitor sign in and out register

Observations

The team observed the following:

- Activities calendar displayed
- Activities in progress
- Activity equipment and resources
- Annual fire safety certificate displayed
- Archive area
- Assistive eating equipment
- Brochures from external complaints body
- Charter of resident rights and responsibilities displayed
- Chemical store
- Cleaning trolley and equipment
- Code of conduct family and friends displayed
- Colour coded equipment (e.g. cloths, mops and chopping boards)
- Community bus schedule displayed
- Contaminated waste bin
- Cottage kitchens
- Daily documentation list
- Daily menu displayed
- Dressing trolleys
- Emergency procedure flip charts
- Equipment and supply storage areas
- Exercise equipment – weights, sandbag
- Fire equipment
- Flu and gastro brochure displayed
- Handover report
- Hand washing facilities and sanitiser gel pumps
- Hearing clinic and hairdressing dates displayed
- Interactions between staff and residents
- Laundry area
- Library
- Living environment
- Lunch meal service
- Main kitchen
- Maintenance area
- Manual handling and mobility equipment
- Medication rounds
- Mission and values displayed
- Material safety data sheets
- Noticeboards
- NSW Food Authority licence displayed
- Public phone
- Resident remembrance book
- Residents rights and responsibilities displayed
- Sharps containers
- Spill kits
- Storage of medications
- Storerooms and medical supply stores

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 across all four Accreditation Standards through audits, meetings, forms to capture comments and complaints and suggestions for continuous improvement, education, risk assessments and accident/incident reporting. The team were told by residents/resident representatives interviewed that they are informed of changes made at the home and that they are welcome to make suggestions and give feedback. Staff interviewed by the team stated that they are involved in identifying opportunities for improvement at the home. Staff said that they are familiar with the systems for managing continuous improvement, and that they communicate their suggestions for improvement verbally to management at meetings. Feedback is obtained at meetings, surveys and through information displayed on notice boards.

Recent improvements relating to Accreditation Standard One include:

- A new storage cabinet/work station has been purchased for each cottage. The new computers are stored in the cabinet which can be locked when not in use. This has improved storage of files and other documents and has also improved confidentiality of documents and the safety of computer workstations.
- The home has subscribed to a satellite broadcast education program system to improve staff skills. The program also offers a library of education materials and resources.
- Glass walls in the sitting/quiet room of cottage one have been frosted to provide additional privacy for those who use this room.
- New furniture has been purchased for the staff room to improve staff amenities.
- A new visitor noticeboard has been placed at the front entrance to improve information for visitors especially people who may only visit on weekends. Upcoming events, the activity program and visits by allied health professionals are displayed so that families are aware of what is happening at the home.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. Management reports the home receives updates and information pertaining to regulatory compliance from the head office, a peak body and through subscribing to a legislative update program. The home also receives information through notices from government departments and agencies, attendance at external meetings and education sessions. Staff interviews and documentation confirmed that staff are informed of regulatory requirements, current legislation and guidelines through policies and procedures, notice boards, training sessions and meetings.

An example relating to Accreditation Standard One includes that the home has conducted criminal record checks for all staff as per legislative requirements.

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 residents/resident representatives interviewed by the team state that the management and staff have appropriate knowledge and skills to perform their roles effectively. All staff interviewed by the team state that the education provided to them meets their needs and that they are offered both internal and external education opportunities. Staff education is implemented by mechanisms that include the orientation program, education program, job descriptions, competency assessments and staff appraisals. Education that has been provided to staff relating to Accreditation Standard one includes the role and responsibilities of staff for Accreditation, leadership skills, documentation and stress management.

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 a system that allows access to internal and external complaints mechanisms. All residents/resident representatives interviewed by the team state that they feel comfortable raising issues of concern with staff and management. Complaints, compliments, suggestions and comments are captured from "Are you happy?" forms. Feedback is also received from resident and resident representative meetings, resident and resident representative surveys and verbal feedback. The resident handbook outlines the system for expressing any comments and complaints and provides the contact details to lodge a complaint externally. A system of boxes to capture suggestions, comments and complaints are located around the home to gain feedback from residents/resident representatives, staff and visitors.

1.5 Planning and leadership

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

Team's recommendation

Does comply

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

1.6 Human resource management

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

Team's recommendation

Does comply

Residents and resident representatives interviewed told the team that staff who provide care to the residents are skilled and competent. One resident stated "Staff are magnificent. I see what they do for others and what they do for me." There is a system to manage human resources that includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. The manager is a registered nurse who works on the site 4.5 days a week and is on call. The home reviews staffing levels according to resident need. For example, there have been three hours added to the roster from 9.30am-12.30pm on Monday to Friday so that the physiotherapy aide can provide the group and one-to-one exercise program for residents. Staff interviewed commented that they enjoy working at the home and that there is strong team work and good staff morale.

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

The home ensures that there are stocks of appropriate goods and equipment to provide a quality service through a system of monitoring stock supply, maintenance and a purchasing system. Residents and resident/representatives and staff interviewed are satisfied with the provision of stock and maintenance of equipment. A system using audits and regular stocktaking processes assist in monitoring stock supply. A routine and preventative maintenance program ensures that all equipment is regularly checked and serviced.

1.8 Information systems

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

Team's recommendation

Does comply

Residents and/or representatives and staff interviewed told the team that they are kept well informed by management. The home has systems in place to manage the creation, usage, storage and destruction of all information. There are mechanisms in place to record and disseminate information via meeting minutes, communication book, the internet, intranet and noticeboards. The team noted that all staff and resident records are kept locked to ensure security of access and confidentiality. All staff sign an agreement to keep information confidential on commencing employment.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

Externally sourced services are provided at a standard that meets the home's needs and goals. The home monitors the performance of external contractors to ensure that externally sourced services are provided to meet its needs and quality goals through a system of feedback from residents, resident representatives and staff and regular audits. The team reviewed a selection of service agreements with external contractors and management report that the use of service agreements is standard practice for external service providers. The organisation has a system for managing the poor performance of suppliers. Residents, resident/representatives and staff interviewed told the team they are satisfied with the products and services from external suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Refer to expected outcome 1.1 Continuous Improvement for information about the system in place to actively pursue continuous improvement.

Improvements relating to Accreditation Standard Two include:

- The home has recently introduced a computerised system of care. At present progress notes are being recorded onto the computerised system of care and staff are developing their computer skills.
- New medication trolleys have been purchased. As a result medication administration is easier and more efficient.
- The skin integrity policy has been improved and now includes a pain assessment with all wounds and other skin integrity issues.
- A new skin tear classification system has been introduced. This system rates the severity of the skin tear so that care staff can be advised of the appropriate dressing for the skin tear.
- A new program will be installed so the continence aids can be purchased on the internet. This will improve the efficiency of continence management at the home.

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 expected outcome 1.2 Regulatory compliance for information about the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about the health and personal care systems.

Examples relating to Standard Two are that there is a registration system in place for nurse registration to ensure that legislation requirements are followed. Staff practices observed by the team demonstrate that staff are performing their duties in accordance with the home's policies and procedures.

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 information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The team verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote residents' physical and mental health. Examples of education provided specific to Standard Two include care plan workshop, medication management, catheter care, hydration and nutrition, wound dressing techniques, falls prevention, sensory loss of vision, diabetes and dementia.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents' clinical care needs are assessed on entry to the home using a range of assessments and an individual care plan is developed from the information collected in the assessments and progress notes. Care plans are formally evaluated at least every three months and care plans are adjusted to reflect current care needs. Clinical observations are monitored as directed by the medical officer or in accordance with the organisations' policies; they include weight, blood pressure, pulse, bowel function and blood sugar levels. Care plan consultations are carried out annually so that residents and/or their representatives have the opportunity to contribute to their care plan and are consulted about the care being provided. Changes in residents' care are communicated at staff handover, progress notes and through the communications diary. Any adverse changes are reported to the residents' medical officers or other health services as required. Medical officers review residents regularly and keep staff informed of management strategies for each resident. Residents and their representatives expressed satisfaction with the care and assistance provided to them by the care staff. Some comments from residents/representatives included the staff are "kind", "compassionate" and they carry out their work competently. Through interviews held with nursing staff, feedback from residents/representatives and a review of residents' clinical records, the team confirm that residents receive appropriate clinical care.

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

There are systems available for qualified nursing staff to assess, plan, manage and regularly review residents' specialised nursing care needs. A registered nurse (RN) is available to oversee and monitor care and review care plans. Specialised care needs are documented in the care plans and they provide clear guidance to care staff who state they have access to appropriate resources and are provided with education in specialised nursing procedures. Specialised nursing care currently provided at the home includes: complex wound care, diabetic resident care and management, catheter care and stoma care. The home accesses consultants for more complex care as required. Observation revealed there is sufficient equipment and supplies to provide the required specialised nursing care. Interviews

conducted with residents/representatives and staff, together with a review of relevant documentation, confirms that residents' specialised nursing care needs are met.

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

Resident files confirm residents are referred to other health and related services when a need is identified. The need for referral is identified initially through the entry process and ongoing assessment and referral is made as necessary. Some of the services residents are able to access either at the home or within the area health service include a podiatrist, physiotherapist, optometrist, speech pathology, dietician, wound specialist and psychogeriatric/mental health services. Resident's files contain documentation relating to referrals and follow up reports from a range of other health and related services that the team noted are relevant to residents' care needs. Staff assist residents and their representatives in arranging appointments to external health care providers and arrange transport and escorts as necessary. Residents and their representatives reported they are referred to other health and related services as necessary and that their preferences are taken into account.

2.7 Medication management

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

Team's recommendation

Does comply

There are systems and processes in place for the safe and correct management of medication including safe prescribing, dispensing, storage, administration and disposal of medication. The team observed medications being administered in accordance with the home's policy and staff interviewed had a sound understanding of the medication management system and reported they receive ongoing education, competency assessments and supervision by management. The home has strategies in place for monitoring its medication management system including audits of incoming medications, regular system audits and incident monitoring. External medication reviews are carried out to ensure residents' medication regimes are safe and correct. The home has an assessment process in place for residents who choose to self-medicate. Residents/representatives reported they are satisfied with the way medications are managed at the home.

2.8 Pain management

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

Team's recommendation

Does comply

There are systems in place to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident has when moving into the home. Staff are trained to identify pain through verbal and non-verbal responses from residents and in the use of pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation and interviews show strategies to manage residents' pain include attendance to clinical and emotional needs, analgesia and the use of massage and heat packs. Pain relief measures are followed up for effectiveness and referral to the resident's medical practitioner is organised as needed. Staff regularly liaise with residents' representatives, medical practitioners and allied health personnel to ensure effective care planning. Residents report they are as free as possible from pain and staff respond in a timely manner to their requests for pain control.

2.9 Palliative care

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

Team’s recommendation

Does comply

Systems are in place to ensure that the comfort, privacy and dignity of terminally ill residents is maintained. Residents requiring palliative care are looked after at the home with the support of allied health and medical officers whenever possible. The home has purchased pressure relieving mattresses and electric beds to ensure the comfort of residents. Palliative care plans are completed and they reflect the wishes and care needs of the resident and resident representatives. Staff identify residents’ specific wishes, their spiritual, cultural and emotional needs in relation to palliative care. Relatives and friends are supported if they choose to stay overnight with the resident during the terminal stages of life. Care staff are able to describe a range of interventions used to provide palliative care including massage, repositioning, mouth care, pain management and medications. Resident representatives state that the comfort and dignity of the resident is maintained throughout the palliative process.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems in place to ensure residents receive adequate nourishment and hydration. Residents’ nutritional status is assessed on admission, planned for and monitored via monthly weight checks. Residents with sustained weight loss or gain are referred to their medical officer and nutritional supplements are provided when required. Additional drinks are provided between meal times, filtered water is available and residents are encouraged to maintain their fluid intake. Interviews with residents, staff and documentation reviewed show information about residents’ food preferences and assessments for residents’ specific needs are completed and passed on to kitchen staff. Residents interviewed reported they are satisfied with the drinks and food offered at the home and staff respond to their feedback about the menu.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on entry to the home and care needs are documented in resident care plans and reviewed regularly. Interventions include the use of moisturising creams, the use of pressure reduction and relief devices and pressure area care interventions. Staff interviewed demonstrated they are familiar with the processes to care for residents’ skin. The team observed a range of wound care products, pressure relieving equipment, manual handling aids and mobility aids that assist in the maintenance of residents’ skin integrity. Air mattresses with pressure reduction properties are used when the need is identified. A review of resident files identified that podiatrists are accessed according to care needs and skin care is assessed and managed. Residents confirmed their satisfaction with skin care provided by the home.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents report that staff provide appropriate care and continence is well managed at the home. A review of documentation and discussions with staff show individual continence management strategies and care plans are regularly reviewed and evaluated for effectiveness. Bowel management programs include daily monitoring and the availability of various bowel management strategies such as regular drinks, aperient medication if necessary, exercise and a balanced menu, which contains high fibre foods. Care staff state they assist residents with their continence programs as needed and they have access to advice from the continence product consultant for additional support when required. The team observed the home is free of odour and that there are adequate stocks of continence management products.

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 systems in place to effectively manage the needs of residents with challenging behaviours including initial and ongoing assessment of residents’ behavioural needs and the development of a care plan that includes strategies to address residents’ specific needs. Episodes of challenging behaviour are recorded, monitored and evaluated regularly to determine the effectiveness of strategies used and if there is a need for further strategies to be developed. Psychogeriatric, geriatric and mental health services are available when required. During the accreditation audit the team observed residents being assisted by staff and staff were observed to interact with residents in a calm and supportive manner. The team identified through the review of clinical notes, observation of residents and interviews with staff and residents that residents’ behaviours are effectively managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Documentation and discussions with staff show all residents are assessed when moving into the home for mobility, dexterity, transfers and falls risk. Residents are assessed by a physiotherapist if the need is identified when they enter the home and individual programs are developed. The programs are carried out by a qualified physiotherapy assistant and care staff. All residents in the home are encouraged to take part in regular exercise including walking in the home, participation in games and the regular daily exercise group. Care plans are regularly reviewed and falls incidents, results of regular audits and risk assessments are analysed to ensure optimum levels of mobility and dexterity are achieved for residents. Residents and their representatives interviewed confirm that staff assist residents in maintaining or improving their mobility and dexterity. Staff are trained in manual handling and the use of specialist equipment. Assistive devices such as walking frames are available if needed and the physiotherapist ensures residents receive appropriate equipment. The home is well lit with handrails available in the corridors.

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’s system for ensuring that residents’ oral and dental health is maintained includes identification of residents’ dental needs on entry to the home and the formulation of a care plan along with strategies to meet dental care needs. Documents reviewed confirm that ongoing dental care is documented, reviewed and evaluated regularly by appropriately qualified staff. Residents are assisted to access their preferred dental professionals and government dental programs. Staff confirm the level of assistance required to maintain oral hygiene is based on the resident’s ability to remain independent with oral hygiene. Residents state they are satisfied with the care provided by the care staff.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

Sensory loss is assessed on moving to the home and appropriate referrals are made to ensure residents are managed effectively. Care plans are regularly reviewed and evaluated to ensure appropriate referral and the management of aids. The home has a large screen television, large print books and assists with accessing talking books for residents with sight impairment. Staff assist residents with the management and maintenance of hearing aids and glasses and liaise with specialist services to ensure residents’ sensory losses are identified and managed effectively. Residents and their representatives reported staff are supportive of residents with sensory loss and promote independence and choice as part of daily care.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ sleep patterns are assessed on moving to the home including a history of night sedation. Residents have their own rooms and choose when they wish to go to bed and when they wake up. Residents report the home is quite at night. Residents’ are encouraged to be active during the day by participating in the lifestyle program and regular exercise and these activities assist residents to achieve natural sleep. Residents state that night staff respond to calls for assistance promptly and staff are supportive and ensure they receive appropriate care. Residents, who experience sleep disturbances are assessed, provided with warm drinks, emotional support, assistance with toileting and pain management as needed and medication if required.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Refer to Expected Outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Improvements relating to Accreditation Standard Three include:

- As a result of resident consultation, residents have rearranged the location of the lounge furniture in cottage three so that they can see the television more easily. Residents have been pleased that their preferences and choices have been met.
- A “kid’s corner” has been created in the main activity area. The area includes games and toys for children who visit the home. Feedback has been positive from children regarding their special area at the home.
- The home has introduced a program to improve the quality of life for residents at the home by establishing a committee to improve particular issues identified by staff and residents. The home has addressed issues to improve the dining experience for residents and the next focus will be to improve the variety of activities at the home.
- New lockable drawers have been provided in resident wardrobes and these drawers are more accessible for residents. Previously lockable drawers were under the kitchenette sink which meant residents found them difficult to access. This has helped improve their independence.
- New placemats have been made for the dining tables. The placemats make the resident place setting at meal times pleasant and homelike.

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 Expected Outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle.

Examples of regulatory compliance relating to Standard Three include:

- Staff sign on employment an agreement to keep information confidential.
- Staff have been trained in elder abuse and are aware of their responsibilities if a case of resident abuse is suspected.

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 information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The team verified through discussion with staff and management and document review that the home delivers education relevant to Standard Three that will promote the resident's lifestyle. Examples of education provided specific Accreditation Standard Three include men in aged care, resident rights and elder abuse. The lifestyle staff attend regular organisational meetings to learn and develop lifestyle activities.

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

Residents/resident representatives interviewed express satisfaction with the support residents receive to adjust to life in the home and with the assistance provided to meet their ongoing emotional needs. New residents are welcomed by staff with a gift of flowers and a welcome card. Comments about the staff being helpful and caring were expressed to the assessment team. The entry process includes gathering information to identify residents' interests and care preferences and an orientation checklist is followed. Staff monitor residents' adjustments to the home and their emotional support needs. Residents are able to have familiar and treasured items in their room which contributes to their sense of wellbeing. Visits by pastoral care volunteers and community visitors provide emotional support and friendship to residents. Feedback from residents/representatives is gained through residents' meetings and day-to-day contact with staff.

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 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 private areas for visiting. The assessment team observed residents and their visitors relaxing in the courtyard and visiting in resident's rooms throughout the site audit. Residents are assisted to use mobility aids and the home is able to make aids available to assist residents to maintain independence. Residents are encouraged to maintain their independence as is evidenced by residents choosing bus outing destinations, residents independently visiting the local shopping centre, residents facilitating weekly outings with each other, knitting for local hospitals and children overseas and residents being involved in activities and prayer meetings in the collocated retirement village. Residents confirm their satisfaction with the way staff assist them to maintain and achieve their independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has a system that ensures each resident's right to privacy, dignity and confidentiality is recognised and respected. Interviews with staff, observation of staff practices and interactions with residents demonstrated that staff treat residents respectfully and with dignity, for example calling residents by their preferred name, knocking on doors before entering their rooms and discussing resident care issues in private. The team observed residents' clinical files to be stored securely at all times. Staff sign a confidentiality agreement when commencing employment and residents sign consent forms for the display of their photographs and the use of personal information. Residents/resident representatives confirm that staff treat them respectfully and that their 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 recommendation

Does comply

The lifestyle staff and care staff actively promote and support residents' participation in the home's varied leisure and activities program. The program reflects the interests and preferences of the residents and it is developed to meet the changing needs of the residents. A monthly calendar informs residents of the program and it is displayed on notice boards and is given to residents for their reference. The organisation provides a bus on a regular basis and outing destinations are chosen by the residents. Entertainers and concerts, special events, monthly resident and family barbeques and various types of games, quizzes and craft form the program. Reminiscing books and doll therapy are used to engage residents who have dementia and one to one activities such as hand massages, music and discussions are used to meet the specific needs of residents. Residents are encouraged to participate but their decision not to participate is respected. Residents/ representatives interviewed expressed satisfaction with the range and quantity of lifestyle activities provided by the home.

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 demonstrates that individual interests, customs, beliefs and cultural and ethnic backgrounds are fostered. Assessment of residents' specific needs and preferences is performed on entry to the home and on an ongoing basis. Residents are encouraged to maintain cultural and spiritual links in the community and regular religious services are held within the home. Cultural days such as Christmas, Easter, New Year, Australia day, Mother's day, Father's day and ANZAC day are celebrated. Residents/representatives interviewed by the team indicate their cultural and spiritual needs are being met.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home has systems in place to ensure residents are able to participate in making choices and decisions about their care and environment and are able to exercise control over their lifestyle. There are a number of mechanisms in place for residents/resident representatives to participate in decisions about the services they receive, including resident meetings, care plan consultations and through the comments and complaints process. The charter of residents' rights and responsibilities is displayed in the home and is in documents provided to the resident. Some examples of residents exercising choice and decision making include: meal choices, involvement in activities, personalisation of their room, medical practitioner of choice, freedom of movement throughout the home and input into the plan of care. Interviews with residents/resident representatives identified that 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 recommendation

Does comply

The team sighted an example of the home's residential agreement that is signed by the resident/ representative on entry to the home. The agreement is discussed with the resident/representative and includes information on the charter of residents' rights and responsibilities, fees and security of residence information. The home actively promotes ageing in place. However if the care needs of a resident can no longer be met by the home the resident and resident representative are consulted and assistance is provided to find appropriate accommodation. Resident meetings provide a forum where issues and concerns can be raised. Residents and resident representatives interviewed are aware of the internal feedback mechanisms and expressed satisfaction with the processes in place.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Refer to Expected Outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Improvements relating to Accreditation Standard Four include:

- Staff identified that chairs at the computer workstations were an occupational health and safety issue. As a result new ergonomic chairs have been purchased so that staff can sit comfortably at the computer workstations.
- Alcohol hand sanitiser dispensers have been purchased and placed throughout the home to improve infection control. A dispenser has been placed at the front entrance near the visitor’s book to encourage visitors to clean their hands on entry to the home.
- New carpet has been laid in the common areas of the home. Vinyl has also been laid in some high traffic areas of the home (for example, outside the kitchen).
- The food safety program now includes a vegetable sanitising system to improve food safety in the kitchen.
- The home has completed an internal painting program of common areas to improve the living environment for residents.
- As part of a risk management initiative a new bed transport trolley has been purchased. The trolley has made it safer for beds to be transported through doorways.
- A staff member has been nominated a manual handling champion. Their role will be to train and mentor staff in manual handling.

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 Expected Outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about the physical environment and safe systems.

Examples relating to Standard Four is that the home holds a current fire safety statement according to local government requirements and the home displays a current licence from the NSW Food Authority to meet regulatory requirements under the Vulnerable Persons Food Safety Scheme. All staff interviewed could describe their responsibilities in relation to safe work practices in relation to infection control, food safety, fire and emergencies, occupational health and safety and the importance of reporting accidents and incidents.

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 information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Education that has been provided to staff relating to Accreditation Standard Four includes chemical safety, compulsory reporting, missing residents and reportable assault, fire safety, influenza outbreak management, temperature monitoring, risk management and food handling.

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 a living environment that is safe, comfortable and consistent with residents' care needs. The home provides accommodation for residents in single rooms with en-suite bathrooms in four cottages. Each cottage accommodates ten residents and there is a kitchen, dining and lounge area in each cottage. There are gardens and a courtyard for residents and their families to enjoy. Each cottage has a quiet room/private sitting room if residents and their families require privacy. Residents are encouraged to personalise their rooms as much as possible. Residents and resident/representatives interviewed told the team that they are very pleased with the environment. The home conducts regular environmental audits and accident and incident data is analysed to monitor the safety of residents. The environment is maintained through a preventative and routine maintenance program.

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

Management is actively working to provide a safe working environment that meets regulatory requirements. Interviews with management and staff indicate the home has systems to help ensure a safe working environment is provided for all members of staff, visitors and residents. The home has systems in place to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis, manual handling training, discussion of occupational health and safety (OH&S) issues at meetings, environmental audits, risk assessments and incident and accident reports. The team noted that all issues identified by staff through the OH&S system are followed up and actioned appropriately and in a timely manner.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems in place to minimise fire, security and emergency risks. 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 confirm that compulsory education is held for fire training and that their attendance is monitored. The building was assessed under the 1999 Certification Assessment Instrument and has met the fire requirements of the Department of Health and Ageing. The home has appropriate security measures such as lock-up procedures, keypad entry and exit system at the main entrance.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective system for identifying, managing and minimising infections. This includes staff education, audits, discussion of infection issues at meetings, evaluation of resident infection data, monitoring of temperatures in fridges and freezers, rotation system of food, colour coded equipment, wearing protective clothing and providing adequate hand washing facilities. There are formal cleaning schedules and processes for the removal of waste to maintain hygiene levels. Staff interviewed demonstrate an understanding of, and commitment to, infection control principles and guidelines. The home has equipment for handling an outbreak of infection. Management told the team that they have not had a recent outbreak of infection and described the strategies to prevent infections at the home (for example, isolating residents to their individual rooms).

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

Processes are in place at the home to ensure that hospitality services enhance the residents' quality of life and the staff's working environment. These processes include a food monitoring system, staff education, infection control guidelines, audit schedule, a process for communicating resident food preferences and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. Meals are cooked fresh by the cook five days a week and meals are freshly prepared in advance from the home's kitchen and then cooked/chilled for serving during weekends. Care staff rotate responsibilities for hospitality services. All residents' personal clothing is laundered at the home and all linen is laundered by a contract linen service. There is a system for the processing of clean and dirty laundry. The home has a cleaning schedule followed by the care staff that also have cleaning duties. Residents and/or representatives interviewed by the team are very pleased and were complimentary regarding the hospitality services provided at the home.