



Aged Care
Standards and Accreditation Agency Ltd

SummitCare Penrith

RACS ID 0522
366 Jamison Road
PENRITH NSW 2750

Approved provider: **St Marys Gardens Aged Care Centre Pty
Limited**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 02 February 2017.

We made our decision on 17 December 2013.

The audit was conducted on 12 November 2013 to 14 November 2013. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

SummitCare Penrith 0522

Approved provider: St Marys Gardens Aged Care Centre Pty Limited

Introduction

This is the report of a re-accreditation audit from 12 November 2013 to 14 November 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 12 November 2013 to 14 November 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Kathleen McDonagh
Team member/s:	Kate Lohse

Approved provider details

Approved provider:	St Marys Gardens Aged Care Centre Pty Limited
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Details of home

Name of home:	SummitCare Penrith
RACS ID:	0522

Total number of allocated places:	95
Number of residents during audit:	93
Number of high care residents during audit:	91
Special needs catered for:	Residents living with dementia

Street/PO Box:	366 Jamison Road	State:	NSW
City/Town:	PENRITH	Postcode:	2750
Phone number:	02 4721 2512	Facsimile:	02 4721 5204
E-mail address:	penrith@summitcare.com.au		

Audit trail

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

Interviews

	Number		Number
Operations manager	1	Residents/representatives	10
Manager accommodation services	1	Manager care and lifestyle services	1
Registered nurses	5	Organisation consultant registered nurse level 3	1
Care staff	12	Education officer	1
Cert IV champions continence, pain and behaviour	3	Physiotherapist	1
Diversional therapist	1	Physiotherapy assistant	1
Leisure and lifestyle officer	1	Contract cleaning supervisor	1
Administration officer	2	Chef	1
Work health and safety committee representative	1	Catering staff	2
Infection control officer	1	Cleaner	1
		Maintenance officer	1

Sampled documents

	Number		Number
Residents' files (including assessments, progress notes, care and lifestyle plans and associated documentation)	10	Medication charts	10
Resident agreements	5	Personnel files	7

Other documents reviewed

The team also reviewed:

- Behaviour management: behaviour assessments, behaviour management plans, geriatrician referrals and reports, behaviour assessment and management service referrals and reports
- Bullying and harassment action plan
- Catering: menus, diets, preference lists, temperature checks, policies and procedures, cleaning schedules, food safety plan
- Cleaning: schedules, MSDS, equipment lists, emergency contacts, training records, policies and procedures
- Clinical monitoring records
- Continence management: continence assessments, continence management plans, daily bowel monitoring records and management plans, toileting schedules, continence aid allocation list

- Continuous improvement: continuous improvement plan, self- assessment, improvement logs, quality audit schedule, audit results, benchmarking data, action plans, reports survey results and action plans
- Critical incident reporting: forms, actions, reports
- Education: education program, schedule and database, training records, attendance lists participant evaluations, aged care channel information, contact lists
- Feedback management system folder and complaints information
- Infection control: policies and procedures, manual, surveillance and analysis of infections database, reports, contact lists, vaccination reports, outbreak management information water testing Legionella testing reports, thermostatic mixing value reports, pest reports
- Information management: communication diaries, daily handover sheets, minutes of meetings, newsletters, memoranda, residents' information handbook, information pack, staff handbook
- Maintenance information: maintenance forms, schedules, weekly reports, risk assessments
- Mandatory reporting information
- Medication management: drugs of addiction registers, clinical refrigerator monitoring records, medication incidents, therapeutic monitoring records, medication reviews and insulin management plans
- Mobility documentation: physiotherapy assessments, mobility assessments, physiotherapy care plans, physiotherapy assistant attendance records, falls risk assessments, manual handling guidelines and physiotherapy referrals
- Nutrition and hydration management: dietician reviews, speech pathology reviews, fluid output charts, food monitoring records, supplements lists and weight records
- Orientation program: mandatory education, competency assessments, position descriptions, working in group information
- Policies and procedures: hardcopy and online
- Recruitment policies and procedures
- Regulatory compliance register
- Resident lifestyle documentation: lifestyle assessments, lifestyle care plans, activities calendars, activities attendance records and activities evaluations
- surveys
- Rosters and roster project
- Self-assessment report for re-accreditation and associated documentation
- Special projects
- Standard 1-4 folders
- Supply management information: service agreements, work health and safety pre-assessment checklists, product evaluation, contact lists
- Wound management system: wound assessments, wound management plans, and skin integrity reporting data

Observations

The team observed the following:

- Activities in progress

- Charter of residents' rights and responsibilities displayed
- Equipment and supply storage areas
- Fire safety and other emergencies equipment: evacuation box, emergency flipcharts and contact lists
- Infection control equipment: personal protective equipment, spills kits, contaminated waste
- Information notice boards
- Interactions between staff and residents
- Living environment
- Medication administration
- Mobility equipment in use and in storage
- Residents utilising pressure relieving and limb protection equipment
- Secure storage of medications and residents' information
- Staff work areas and work practices
- The dining environment during midday meal service including supervision and assistance, menu displayed

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. An annual planning day is held to develop the continuous improvement plan and residents/representatives, staff and other key stakeholders are encouraged to participate. The plan includes performance indicators and evaluation targets and is regularly reviewed and evaluated. Improvement logs accident and incident forms, best practice, comments and complaints and audit results are reviewed to identify trends and capture opportunities for improvement. Continuous improvement is a standing agenda item at all meetings and feedback on the progress of improvements and the continuous improvement plan is provided to staff, resident/representatives and other key stakeholders.

Improvement initiatives implemented by the home in relation to Standard 1 management systems, staffing and organisation development include:

- To improve management of feedback from residents/representatives, staff and other key stakeholders, the organisation implemented a new feedback management system. This included a road show and education for staff, residents/representatives and other key stakeholders at the home. The introduction of a traffic light system for improvement logs has simplified the feedback process and the number of complaints has reduced.
- In response to feedback from surveys and audits a bullying and harassment action plan was developed and implemented. The action plan includes ongoing education for staff and monitoring of staff practice by management. Management and staff said the action plan has improved staff morale, teamwork, and care and service delivery 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 findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with legislative, regulatory requirements, profession standards and guidelines. A regulatory compliance register is maintained to track circulars, bulletins and legislation. Policy and procedures reflect legislative changes and are referenced. Contingency plans have been developed to manage internal and external critical incidents. Staff are advised of any changes through meetings and memos and education is provided. There is a comprehensive system of surveillance and auditing through the quality schedule to ensure regulatory compliance.

Examples of regulatory compliance in relation to Standard 1 Management systems, staffing and development include:

- Current policies in response to legislative changes such as reportable incidents are held.
- All staff, volunteers and contractors as necessary have current police certificates and these are monitored for renewal.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has an annual education program coordinated by the education officer. The program is regularly reviewed by the leadership team, the education officer and at corporate level. The results of staff performance appraisals, surveys, scheduled audits, specialist areas of interest, best practice and feedback from resident/representatives and other key stakeholders contribute to program development. Staff have access to internal and external educational opportunities and an orientation program is conducted for all new staff and agency staff. Staff attend compulsory education including fire and other emergencies and competency testing is conducted annually and as needed. Residents/representatives said management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and staff development in relation to Standard 1 Management systems, staffing and development include:

- Communication in the workplace, leadership in aged care, critical incident investigation and management, Aged care funding instrument (ACFI)
- Bullying and harassment action plan, feedback management system, documentation and reporting
- Frontline management and attendance at best practice events by key staff.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home actively encourages feedback from residents/representatives and staff through the feedback management system. Improvement logs and external complaints information are located throughout the home and regular resident/representative meetings are held. There is a timeframe for managing complaints. Trends in feedback and complaints are monitored to ensure they are acted on appropriately and in the required timeframe. Staff are aware of mandatory reporting requirements and education in critical incident investigation and management is conducted for relevant staff. Resident/representatives said they have access to internal and external complaints mechanisms and are comfortable raising any concerns with management and staff. Resident/representatives commended management and staff on their commitment to care and service delivery.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented its commitment to quality care through its quality framework and strategic planning cycle. The home's vision, purpose, credo and value statements are prominently displayed throughout the home. The information is available and displayed at reception, in resident and staff handbooks, policies and procedures, the SummitCare website and enquiry packs 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 findings

The home meets this expected outcome

The home provides flexible service delivery to meet the needs of residents. Staff structure is measured against residents' needs through costed roster and review of staff allocation. There is a formalised process to ensure applicants meet the essential skills and knowledge required for each position through the selection and recruitment process. There is a comprehensive orientation program for new staff and an ongoing education program to meet individual needs. All positions have a position description and staff practice is monitored. Staff qualifications and appraisals are conducted annually and as needed and the home has access to human resource consultants. An annual staff recognition event is celebrated to acknowledge staff achievements and years of service. Staff said they enjoyed working at the home and residents/representatives said staff are friendly, caring and responsive to their changing needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Stocks of appropriate goods and equipment requirements are determined through resident needs, staff and resident/representative feedback and information from other relevant stakeholders. Service agreements are negotiated for preferred suppliers and supplier performance is monitored by management. Risk assessment, product evaluation and trials of products are completed prior to ordering where possible. Stock levels are determined by the needs of residents to minimise spoilage and out-dated stock and stock is rotated on delivery. Staff are trained in the correct use of equipment and know how to report faulty equipment and low stock levels. Equipment maintenance, regular audits and replacement programs are in place to ensure appropriate stocks of goods and equipment are available. Staff said they are satisfied the home has appropriate levels of equipment and goods available for quality service delivery.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to ensure information is collected, analysed, managed, updated and communicated in a timely and appropriate manner. All records of residents are stored and archived according to requirements under the Privacy Act. Document control ensures documents are reviewed and the most current documents are available. Staff have access to electronic copies of current policies and procedures and a library drive for relevant information. Electronic systems are password protected and backed up daily.

Residents/representatives are invited to attend regular resident/representative meetings and receive meeting minutes and newsletters. 'Stay in touch' is a communication initiative on SummitCare's website that enables friends and families send messages to residents.

1.9 External services

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

Team's findings

The home meets this expected outcome

Information provided by management, residents/representatives and staff demonstrate all externally sourced services are provided in a way that meets service needs and quality goals. The home has a preferred list of providers who satisfy corporate standards and external providers are selected through a tender process. Service agreements are regularly monitored and any concerns with service agreements and service provision are addressed with the individual supplier and terminated if improvement is not demonstrated. External service providers receive a contractor's handbook and are inducted to the site before commencement of service provision. The quality of services provided by external contractors is monitored by key personnel including the leadership team and through the results of quality audits, observation and resident and staff feedback including surveys.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system and processes.

In relation to Standard 2 Health and personal care, staff records, resident information including, falls, skin tears, pain, medications and behaviours are collated and analysed for trends. Residents and staff are satisfied the home actively promotes and improves physical health and wellbeing.

Examples of continuous improvement in relation to Standard 2 Health and personal care include:

- Following feedback from resident surveys the post admission survey is being replaced with case conferencing. The aim is to improve health and personal care planning for new residents in partnership with their health care team. The improvement will be monitored by management with feedback from residents/representatives and their health care team.
- To improve dental and oral health, staff participated in 'Better Oral Health in Residential Care' training. This has improved residents' oral and dental health as staff have the skills and tools to undertake oral health assessments, oral health care planning and appropriate dental referrals.
- To improve hydration during warmer months additional hydration rounds were implemented. The additional round proved so popular with residents it was decided to continue the round. This has resulted in improved hydration and health outcomes for residents.
- To improve medication management new medication charts were introduced following a review of the medication system and feedback from staff. This resulted in a more efficient and effective system.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Examples of regulatory compliance in relation to Standard 2 Health and personal care include:

- Nurses' registration is checked to ensure compliance with all relevant legislation regulatory requirements, professional standards and guidelines.
- Medication management including storage, administration and destruction of medications is monitored for compliance with regulatory requirements, policies and procedures and best practice.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Examples of education and staff development in relation to Standard 2 Health and personal care include:

- Medication management, diabetes, insulin management, palliative care, pain management, elder abuse, dementia care, restraint, wound management
- Incident investigation and reporting, call bell and emergency buzzers

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has systems, processes, policies and procedures to ensure residents receive appropriate clinical care. Review of documentation shows a comprehensive program of assessments are completed when a resident moves into the home. The manager care and lifestyle oversees clinical care and individualised care plans are formulated, regularly reviewed and monitored by registered nurses. Care is planned in consultation with the resident and their representative, the resident's medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Residents/representatives state they are satisfied with the clinical care provided and representatives say they are informed of changes in the resident's condition and care needs

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

There are systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents'

specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Twenty four hour registered nursing care is provided and residents' specialised care needs are overseen by portfolio champions. The home liaises with external health professionals including the local area health service as needed to ensure residents' specialised nursing care needs are met. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Residents/representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Documentation including resident files shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a physiotherapist, podiatrist, dietician, speech pathologist, pathology services and members of the palliative care and mental health teams. Residents/representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents/representatives are satisfied with the way referrals are made and the way changes to care are implemented.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Management demonstrates resident medication is managed safely and correctly. Staff deemed competent administer medication via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. A photographic identification of each resident with their date of birth and clearly defined allergies is on each medication chart. Pharmacy and medical practitioner protocols have been established in the home and staff practices are consistent with policy and procedures evidenced through audits and training. Staff advise they access internal and external education programs. Regular medication reviews are completed by a consultant pharmacist and medication incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the manager care and lifestyle and the medication advisory committee. Residents/representatives are satisfied their medications are managed in a safe and correct manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

There are systems to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management plans are developed. Staff are trained in pain prevention and management and use verbal and

non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage residents' pain include attendance to clinical and emotional needs, analgesia and alternative approaches including massage and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the resident's medical practitioner and other services is organised as needed. Staff regularly liaises with medical practitioners and allied health personnel to ensure effective holistic care planning. Residents/representatives report residents 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 findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of residents are considered in care planning and ongoing pastoral care and emotional support are provided. Palliative care is overseen by the manager care and lifestyle and the home's palliative care champions. The home holds palliative care case conferences and representatives are informed of the palliation process; the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Documentation demonstrates residents' nutrition and hydration status is assessed on entry to the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and representative and others involved in their care. The seasonal menu is reviewed by a dietician and provides residents with an alternative for the midday and evening meal. Residents are weighed monthly or more often if indicated and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents' preferences and special requirements including thickened fluids, pureed and soft food. Residents/representatives are happy with the frequency and variety of food and drinks supplied.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is assessed on entry to the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurses for assessment, review and referral to their medical practitioner or wound care champion as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Documentation reveals staff receive ongoing training and supervision in skin care and the use of specialist equipment such as lifting devices used to maintain residents’ skin integrity. The home’s reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Residents have access to a physiotherapist, podiatrist and other external health professionals. Residents/representatives report staff pay careful attention to residents’ individual needs and preferences for skin care. Observation confirms the use of limb protecting and pressure relieving devices.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly and monitor residents’ skin integrity. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents/representatives state they are satisfied with the continence care provided to the residents.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage residents with challenging behaviours. Documentation and discussions with staff show residents’ behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has access to other health professionals including the on-site dementia champions, the area health service geriatrician and Behaviour Assessment and Management Service. Staff were observed to use a variety of management strategies and resources to effectively manage residents with challenging behaviours and to ensure the

residents' dignity and individual needs were respected at all times. The home utilises physical restraint only as a last resort to ensure resident safety. Resident/representatives are satisfied with how challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has systems for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. The home has a physiotherapy assistant five days a week and the physiotherapist visits monthly. Individual programs, including a daily walking program, are designed by the physiotherapist and implemented by the physiotherapy assistant and care staff and are designed to promote optimum levels of mobility and dexterity for all residents. Falls incidents are analysed and are monitored in the quality clinical indicators. Residents/representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, walk belts, mechanical lifters and wheelchairs are available.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

There are systems to ensure residents' oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home and documented on resident care plans. Staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents/representatives state residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents' care needs are managed effectively. Regular optometry clinics are conducted at the home and staff organise visits to the audiologist as needed. Specialist equipment is maintained in good working order and staff are trained in sensory loss. The home provides massage therapy and the lifestyle staff have implemented programs to assist residents' with sensory stimulation including of taste, touch and smell. The library provides a selection of large print and audio books that residents can access and the home has attractively landscaped sensory gardens and walking paths. Residents/representatives report

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 findings

The home meets this expected outcome

Residents' sleep patterns including a history of night sedation are assessed on entry to the home and sleep care plans are formulated. Lighting and noise is subdued at night. Residents' ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Staff report residents who experience sleep disturbances are assisted with toileting, repositioning and fluids as requested and assessed as needed. Residents/representatives are satisfied with the way residents' sleep is managed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Examples of continuous improvement in relation to Standard 3 Resident lifestyle include:

- The need to improve the leisure, interests and activities program for residents living with dementia was identified through review and audits. The ‘Play Up’ program was implemented with training for staff. Residents/representatives and staff said the program has enhanced the quality of life for residents at the home.
- Following feedback from residents and staff, improvements have been made to the courtyards and gardens, including installation of a sail shade, garden sculpture and raised vegetable gardens. These have resulted in more activities being conducted outside and more residents, their families and visitors spending time in the garden. Staff said this has improved the quality of life for residents and improved health care and service delivery.
- The leisure, lifestyle and activities officers have identified the need for more activities specifically designed for men. Planning is in progress.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 3 Resident lifestyle include:

- All new residents receive a resident agreement and handbook which includes information about security of tenure and residency rights and responsibilities.
- The home holds consolidated records for all incidents involving allegations or suspicions of reportable assaults.
- Police certificates are current for all staff.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development system and processes.

Examples of education and staff development in relation to Standard 3 Resident lifestyle include:

- Privacy and dignity, manners and etiquette, dementia care, elder abuse
- Sexuality and the older person, spirituality in the older person
- Communication in the workplace
- 'Play Up' program for residents living with dementia

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has effective systems to ensure each resident receives initial and ongoing emotional support. This includes orientation to the home, staff and services for new residents and their families, visits from the pastoral team, resident and relative's meetings and involvement of family in the activity program. Emotional needs are identified through the resident's lifestyle assessments, case conferencing, one-to-one support and family involvement in planning of care. Residents are encouraged to personalise their living area and visitors including pets are encouraged. Residents/representatives interviewed are satisfied with the way they are assisted to adjust to life at the home and the ongoing support they receive.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

The home ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence including mobility and activities programs and mobility equipment for resident use. Community visitors, volunteers and entertainers are encouraged and arranged. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practice and resident and representative feedback confirms residents are actively encouraged to maintain 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 findings

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Information pertaining to privacy, dignity and confidentiality is contained in the resident and staff handbooks. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Staff education promotes privacy and dignity and staff sign to acknowledge confidentiality of resident information. Residents' rooms are managed so residents' privacy is not compromised; lockable storage is available to all residents. Staff handovers and confidential resident information is discussed in private and resident files securely stored. Staff practices respect privacy and dignity of the resident. Residents/representatives are satisfied with how privacy and dignity is managed at the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home demonstrates residents are encouraged and supported to participate in a wide range of activities of interest to them. Residents' specific needs, interests and preferences are assessed on entry and on an ongoing basis. Leisure and lifestyle officers provide activities seven days a week with two separate programs, one for the residents living with dementia which includes the 'Play Up' and 'Spark of Life' programs and one for the other residents; many of the activities are integrated. Lifestyle programs include exercises, entertainers, cooking, singing, craft, bingo, happy hour, men's group, gardening and multi-cultural days. Ongoing evaluation of the lifestyle program ensures the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Representatives are informed of programs through display of the lifestyle program on noticeboards and the resident and representatives' meetings. Residents are invited to make suggestions and have input into the activities provided and are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm residents are satisfied with the activities provided to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' cultural and spiritual needs are fostered through the identification and communication of residents' individual interests, customs, religions and ethnic backgrounds during the home's assessment processes. The home recognises and celebrates culturally specific days consistent with the residents residing in the home. Culturally significant days and anniversaries of importance to the residents are celebrated with appropriate festivities.

Residents are asked about end of life wishes when they enter the home and this information is documented in their file. The home has pastoral visitors of various denominations and regular religious services are held on site. The home celebrates residents' birthdays and welcomes involvement from families. Residents confirm 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 findings

The home meets this expected outcome

The home demonstrates each resident participates in decisions about the services the home provides and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. Management has an open door policy and this results in continuous and timely interactions between the management team, residents and/or representatives. Observation of staff practice and staff interviews reveal residents have choices available to them including waking and sleeping times, shower times, meals and activities. Resident meetings and surveys occur regularly to enable residents to discuss and provide feedback about the services provided by the home. Residents state they are satisfied with the support of the home relative to their choice and decision making processes.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Information is provided to explain care and services for new residents and/or their representative prior to entry to the home. A resident agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents and representatives are advised to seek independent legal and/or financial advice prior to signing. A resident information pack is provided that contains relevant information. Residents/representatives are satisfied with the information the home provides regarding 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Examples of continuous improvement in relation to Standard 4 Physical environment and safe systems include:

- Visitor badges have been introduced at the home to improve the safety and wellbeing of residents, staff and others visiting the home. When visitors sign in they are asked to wear a numbered visitor’s badge and the badge is returned when they sign out. Management and staff are monitoring the process and said a visitor badge makes it easier to identify and account for visitors in the case of fire or other emergencies.
- To improve the safety of residents, staff and others visiting the home a bushfire action plan has been developed in consultation with key stakeholders. Management said the plan will ensure a rapid and appropriate response in the event of a bushfire.
- During a recent bushfire in the Blue Mountains the home cared for residents who were evacuated from another home. Management, staff, resident/representatives and other service providers were commended for the quality of care and service delivery during the evacuation period. Management have reviewed the process and have developed an action plan to enhance communication, care and service delivery should a similar event occur. Management are monitoring the implementation of the action plan.
- Improvements have been made to the dining areas, gardens and courtyards at the home in response to feedback from resident/representatives and staff. These include a shade sail, timed water fountain, garden sculpture, birdbaths, raised garden beds and new keypad and self-closing gate. Residents/representatives and staff said this has enhanced the living environment and the safety and wellbeing of residents and staff.
- The need to improve the delivery service of linen was identified from audits and observation. An improved system was trialled for three months and proved successful. The new delivery schedule has been implemented and ensures the home has adequate clean linen at all times.
- Major refurbishments during sprinkler refit are planned for the near future.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

- The Annual Fire Statement and Council acknowledgement is displayed in the home.
- A food safety plan and current NSW Food Authority licence for vulnerable persons are held and displayed in the home.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development system and processes.

Examples of education and staff development in relation to Standard 4 Physical environment and safe systems include:

- Food safety supervisor training
- Chemical handling, fire safety and other emergencies
- Infection control, hand washing competencies, outbreak management, food safety and food handling
- Workplace health and safety, risk assessment and risk management
- Manual 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 findings

The home meets this expected outcome

The home provides a safe, comfortable and aesthetically pleasing living environment for all residents consistent with their care needs. Residents are encouraged to personalise their rooms as much as possible. Feedback from residents and staff informs an ongoing program to enhance the decoration, furnishing and ambience of the home. The internal and external environment is maintained through a preventative and routine maintenance program. The home conducts regular environment audits and accident and incident data is analysed to monitor the safety of residents. Residents and staff said the home is safe and comfortable and they enjoy the gardens and courtyards.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management team and staff are actively working to provide a safe working environment that meets regulatory requirements. All position descriptions clearly outline employee responsibilities for maintaining safety at the home. Compulsory education sessions are held for all staff in manual handling, infection control and fire safety and policies and procedures are in place to guide staff and external service providers. Equipment is regularly serviced and maintained through the preventative maintenance schedule and supplier agreements. Accident/incident forms and the results of audits and surveys are reviewed at the Work Health and Safety Committee meetings and other relevant meetings to establish trends, identify areas for improvement and implement and evaluate strategies. Issues identified through hazard and risk identification are prioritised and actioned in a timely and appropriate manner.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. There are contingency plans for both internal and external disasters and policies and procedures to guide staff. Compulsory attendance at fire and emergency training is a requirement for all staff. New staff are oriented to the evacuation and fire systems at the home and the home has a preventative maintenance program to minimise risk. Audits and surveys are conducted and any issues identified are reviewed, actioned and evaluated. Secure storage of medications, chemicals and stores are checked and monitored for compliance.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems for identifying, managing and minimising infection. Infection control guidelines are in accordance with statutory requirements, codes of practice and Australian Standards. Regular education is provided for staff, residents/representatives, volunteers and others visiting the home. Staff practice is monitored and staff said they have access to sufficient supplies of appropriate infection control equipment including personal protection equipment. The home has conveniently located and well stocked outbreak kits and equipment for handling infectious outbreaks. Contaminated waste is removed by an external service provider. Infection surveillance information is collated and analysed by the infection control officer and management team. Any trends are reviewed and improvement strategies are implemented and evaluated.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home has a comprehensive range of systems and processes to ensure hospitality services enhance residents' quality of care and staff's working environment. All meals are cooked fresh on site. New residents are assessed for dietary requirements and preferences and a visiting dietician reviews the menu and assesses individual needs. The cleaning supervisor works closely with staff to ensure quality service delivery and cleaners are trained and follow policies and procedures. Maintenance programs, cleaning schedules and audits are analysed by management and improvements are evaluated to ensure quality care and service delivery. All laundry is contracted out and linen is monitored to ensure there are sufficient supplies. All residents' clothing is labelled at the home and the laundress neatly returns all residents' clean clothing to the resident's room. Residents/representatives said they are very satisfied with hospitality services at the home and any concerns are promptly addressed.