



Aged Care
Standards and Accreditation Agency Ltd

Villawood Nursing Home

RACS ID 2536

91 Bligh Street

Fairfield East NSW 2165

Approved provider: Villawood Aged Care Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 November 2015.

We made our decision on 18 October 2012.

The audit was conducted on 11 September 2012 to 12 September 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Villawood Nursing Home 2536

Approved provider: Villawood Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 11 September 2012 to 12 September 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 September 2012 to 12 September 2012.

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:	Colleen Fox
Team member/s:	Delia Cole

Approved provider details

Approved provider:	Villawood Aged Care Pty Ltd
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Details of home

Name of home:	Villawood Nursing Home
RACS ID:	2536

Total number of allocated places:	90
Number of residents during audit:	84
Number of high care residents during audit:	84
Special needs catered for:	Nil

Street/PO Box:	91 Bligh Street	State:	NSW
City/Town:	Fairfield East	Postcode:	2165
Phone number:	02 9724 7377	Facsimile:	02 9725 6163
E-mail address:	doc@villawoodagedcare.com.au		

Audit trail

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

Interviews

	Number		Number
Director of care	1	Residents	5
Deputy director of care	1	Representatives	7
Approved providers	2	Recreational activity staff	2
Registered/endorsed enrolled nurses	5	Contract catering area manager and staff	4
Care staff	5	Laundry staff	1
Medical officer	1	Contract cleaning manager and staff	2
Administration assistant	1	Maintenance staff	1
Allied health professionals	3	Continence supplier	1
Physiotherapy assistant	1		

Sampled documents

	Number		Number
Residents' files	9	Activity assessments and care plans	9
Wound charts	4	Personnel files (including performance appraisals)	5
Pain assessments	5	Service agreements	4
Medication charts	18	Resident agreements	4
Medication incident forms	4	Resident incident forms	47
Restraint authorities	2	Diet analysis forms	10
Allied health referrals	11		

Other documents reviewed

The team also reviewed:

- Accident and incident reports and benchmarking results
- Activity program records including monthly program, activity evaluations, volunteer programs and records, participation records
- Audit schedule, results, clinical indicators, summary reports
- Cleaning schedules, manual, audits and inspection reports, laundry procedures
- Clinical and care records including nursing, medical and allied health assessments and records, care plans, case conference records, clinical observation records including weights, blood sugar and blood pressure records, dietary records, continence and behaviour management charts, pain, mobility and falls risk assessments, manual handling charts and associated clinical documentation

- Clinical indicators and clinical benchmarking program and results
- Clinical policy and procedure manuals and policy register
- Communication books, handover sheets, resident lists and appointment diaries
- Continence resource folders and continence related charts and forms
- Continuous improvement plan, improvement logs, facility project plan
- Dietary referrals, nutritional supplement lists and enteral feeding regimes
- Education calendar, education records, audits, competency and skill assessments
- Emergency procedures manual, contingency plan
- Fire safety inspection records, fire training records, resident nominal roll
- Infection control data including monthly infection statistics, manuals and guidelines
- Medication incident reports, dangerous drug register, signature register, psychotropic medication register, sedation register, medication advisory meeting minutes, pharmacy manual and medication competency assessments
- Meeting minutes, meeting schedules, staff memos
- New employee pack, staff handbook, staff confidentiality agreements
- NSW Food Authority audit report, kitchen temperature records, food safety plan, resident diet analysis lists, meal/drink preference lists, menu, dietician review
- Organisation chart
- Orientation program and induction kit, job specifications and descriptions, job routines
- Police check registers, staff registrations
- Policies, clinical procedures and flowcharts
- Preferred supplier list, service providers orientation
- Preventative maintenance schedule, maintenance request forms, asset register, hazard report forms, risk assessments
- Reportable incidents' folder, register and records
- Resident admission pack, resident and relative handbook
- Resident vaccination records
- Self assessment for Accreditation
- Service reports - pest control, legionella, electrical testing and tagging records
- Staff rosters, replacement and timesheets, employment agreement
- Surveys - staff, resident and relative satisfaction, residents' meals
- Thermostatic mixing valve checks and water temperature records
- Work Health and Safety (WHS) notices, handbook, safe work methods, staff incident report

Observations

The team observed the following:

- Activities resources and activities in progress
- Brochures - external complaints and advocacy services (multilingual)
- Charter of residents' rights and responsibilities displayed

- Cleaning in progress
- Clinical supplies and storage areas
- Emergency procedure flipcharts
- Feedback forms and suggestion boxes
- Fire safety instructions, equipment, evacuation plans, emergency evacuation 'grab bag', annual fire safety statement
- First aid kits
- Infection control resources - outbreak kit, hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, spill kits
- Interactions between staff, residents and visitors
- Living environment - internal and external
- Meal service - lunch with staff assisting
- Medication administration rounds and storage areas
- Menu on display
- Mobility equipment in use and in storage
- NSW Food Authority licence
- Philosophy, mission and vision statements displayed
- Public phone
- Resident noticeboards containing activity calendars, 'newsflashes', flyers, memos, photos of activities, minutes of meetings and general information
- Resident, visitor sign in/out books
- Secure storage of resident and staff information
- Staff information noticeboards
- Supply storage areas, chemical storage, safety data sheets
- Treatment rooms containing clinical equipment and clinical supplies in use
- Wound management supplies and treatment guidelines and skin tear kits

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 an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Plans are developed to action identified areas for improvements. Activities which support quality improvement include regular resident, committee and staff meetings, internal and benchmarking audit programs and trend analyses of clinical indicators. All stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One include:

- Following a change in ownership, information systems have been reviewed. The computer system has been upgraded with new hardware and multi-function devices installed to assist staff in daily operations. The increased access to technology is more time efficient and processes have been enhanced to provide improved services to both staff and residents.
- To ensure staff have appropriate knowledge and skills, staff development is encouraged and supported. Eight staff have completed a Certificate IV in Aged Care on-site and a further eight are currently completing the program. Staff appreciate the training and residents benefit from the enhanced skills.
- A monthly manager's report to the board of directors has commenced. This informs the board of monthly operations and gives a statistical analysis of all relevant data in relation to resident care for monitoring purposes. This enables any concerns to be addressed as required.
- All forms and documentation have been progressively changed to the home's new logo and the vision and mission statements have been re-developed. To reflect the change to a stand alone facility, policies and procedures are being reviewed and updated as necessary to provide current and relevant information.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The directors, peak body and association memberships, subscription to legal services and Department of Health and Ageing information ensure management receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual mandatory education sessions. Updated information is communicated at handover, education sessions, meetings and through staff memos. Management staff ensure currency of policies, procedures and forms and staff demonstrated awareness of current legislation. Monitoring of compliance includes scheduled internal audits, staff competency assessments, performance appraisals and observation of staff practices. Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have national police certificate checks and these are monitored for renewal.
- Current policies in response to legislative changes, such as for reportable incidents, are in place.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend internal and external education programs covering the four Accreditation Standards. Competency assessments are conducted at orientation and are ongoing as required to monitor staff practices. Training calendars are developed based on mandatory training requirements, staff development needs and surveys. Other sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Staff development is supported through certificate program education. Training and education is offered on-site in groups, one-on-one and through external programs. Staff participation is recorded and programs are evaluated. Residents/representatives said they believe staff are providing appropriate care for residents’ needs.

Education and training attended over the last year in relation to Accreditation Standard One includes orientation, aged care funding instrument (ACFI), admission and discharge systems, bullying and harassment, Certificate IV in Aged Care, Certificate IV in Health Administration, documentation, comments and complaints and human resource processes and superannuation.

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

Internal and external mechanisms for feedback and complaints are available to all residents/representatives. On entry all new residents are made aware of feedback mechanisms outlined in the resident handbook and agreement. Feedback forms and brochures for accessing external complaints and advocacy services are displayed and readily available. A suggestion box is centrally located for submitting written feedback and the manager is available to assist with resident/representative enquiries. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Written complaints are minimal but all verbal concerns raised are documented. The log reviewed indicated issues are acknowledged, investigated and feedback is given to complainants. Complaints are handled confidentially and are registered and analysed monthly and if appropriate issues are transferred to the quality improvement program. Staff demonstrated awareness of complaints procedures. Residents/representatives said if they have any concerns they are happy to raise them with staff.

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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The philosophy, vision and mission statements are on display and are included in staff and resident handbooks. The Charter of residents' rights and responsibilities is displayed and is included in the resident agreement and handbooks. The home is supported by a board of directors and this support, combined with audit and quality management programs, ensures ongoing commitment to quality care for residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs and police certificate checks are completed prior to employment. Staff registrations and work rights status are monitored. A certificate III qualification is encouraged for new care staff and an orientation program includes competency assessments and a 'buddy' system. Staff sign a confidentiality agreement and job specifications and descriptions, work routines, handbook, policies and flowcharts inform staff of care and service delivery requirements. Staff practices are monitored through observation, performance appraisals, feedback, surveys and audit results. Staff rosters are adjusted according to workloads if required and registered nurses are

rostered on all shifts. Casual staff cover for all leave. Staff said they enjoy working at the home, they work as a team and usually have sufficient time to complete shift duties. Residents/representatives said they are very satisfied with care provided by staff and said residents are assisted promptly when necessary.

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

There are systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and identifying replacement needs. For any new equipment training of staff is conducted. Staff and residents interviewed said there are adequate supplies of goods and equipment available for use.

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

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, job specifications and routines and have access to current policies, procedures and forms. Updated information for staff is available through handover, care documentation, communication books, memos, noticeboards and meetings. Key staff have access to electronic internal management systems and databases. A resident agreement and handbook inform residents and representatives and updated information is provided through meetings, newsletters, noticeboards and verbal communication. Residents/representatives interviewed believe they are kept informed and up to date. There are processes for confidential storage, electronic back up, archiving and destruction of documentation at the home.

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

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. Preferred external suppliers are managed by the home and service agreements or contracts are arranged, including specifications of service delivery. Contracts/agreements include qualifications, insurance, police certificate checks and registration details as appropriate. All work performed is monitored for quality and staff

provide feedback to management regarding the effectiveness of services. Changes are made when services do not meet expected requirements and consideration is given to service provision prior to the renewal of agreements. Staff are satisfied with the quality of services provided by external suppliers and the processes in place to ensure services meet both the home and residents' needs.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- To improve medication management, a new pharmacist has introduced a blister packaging system. Education has been given to staff and through using this system time taken to administer medications has decreased and errors have reduced. The improved staff practices ensure medications are administered to residents safely and correctly.
- A staff member has completed a physiotherapy aide course and assists the physiotherapist in administering treatments. This is providing residents with increased access to therapies for pain management and mobility. Positive results have been demonstrated by some residents with increased mobility.
- Continence management link nurses have been nominated following the introduction of a new continence aid supplier. The nurses liaise with the representative, who visits regularly, and oversee the correct usage and distribution of aids to residents. Staff are provided with education by the supplier on appropriate product use to benefit residents.
- A mobile dental clinic visited the home to assess the oral and dental hygiene of residents. Following consent, treatments have been completed onsite which has eliminated the need for residents to make external visits to a dentist.

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

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

- Medication administration staff practices are monitored for compliance.
- 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to health and personal care. Some of the topics include nutrition and hydration, skin care, falls risk, restraint management, pain management, advanced care planning, pressure area care, continence management, motor neurone disease, Parkinson’s disease, foot care, catheter care, oral hygiene, personal care and grooming, behaviour management and family involvement in care planning. Registered nurse competency assessments in dressing techniques and medication management have been completed. A dementia skills set course is being attended by 12 staff.

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 and policies to ensure residents receive clinical care appropriate to their needs. An initial interview is conducted with the resident and information gathered assists in completing a comprehensive program of clinical assessments. An individual care plan is prepared from the assessments by the registered nurses in conjunction with the carers, resident and others involved in clinical care. The registered nurses review the care plan four monthly and as changes are indicated. Care staff are provided with current resident clinical care information through the handover processes, communication diaries, noticeboards, care plans and progress notes. Residents have access to a medical officer of their choice who visits the home. Staff interviews demonstrate they are knowledgeable about individual residents’ care requirements and procedures related to clinical care. Residents and relatives said they are regularly consulted about care and treatment options with the medical officer and others involved in clinical care. Residents/representatives interviewed said “you couldn’t complain about anything here” and “the staff are excellent”.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. When a resident moves into the home their specialised nursing care needs are assessed and specialist care plan sections, such as diabetic care, wound care, oxygen therapy and catheter care, are formulated to meet their ongoing and changing needs. Registered nurses are available twenty four hours a day to attend to any resident’s specialised care. Specialised nursing equipment such as pressure relieving mattresses are supplied. External nursing specialists, such as palliative care, mental health teams and continence advisors, also attend the home. Staff receive training by the director and deputy director of care and external specialists in specialised nursing care

practices, such as wound care. Staff interviews confirm appropriately qualified staff are responsible for overseeing the specialised care needs of residents. Residents said they are very 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

The home has systems to identify, assess and refer residents to appropriate health specialists. These include medical officers, mental health teams, podiatry, speech pathology, dieticians, dental services, specialised clinics and optometry. A wide range of information is documented in residents’ medical notes, progress notes, care plans, allied health records and communication diaries. The home employs a physiotherapist and a physiotherapy assistant. Residents said they are very satisfied with the referral process, are consulted when referrals to health specialists are required and staff assist them to access these services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home demonstrates the management of medication is safe and meets the relevant legislative and regulatory requirements, professional standards and guidelines. A pre-packed medication system is in place whereby medications are packed by a pharmacist. Medications are administered by registered nurses who have training in medication management and have been assessed as competent to administer medications. A review of medication management documentation, including medication charts, shows medical officers regularly review medications and charts are documented appropriately. All medications were observed to be stored safely and correctly. Internal audits and reviews of medication management are conducted and a multidisciplinary Medication Advisory Committee meets regularly. Residents and representatives said medications are received on time and they are satisfied with the way residents’ medications are managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure all residents are as free as possible from pain. Residents’ cognitive abilities are taken into account when assessing pain and the home uses a variety of interventions to manage pain. Initial assessments by physiotherapists and nurses identify any pain a resident may have and a care plan is developed based on the resident’s individual needs. This is completed by the registered nurse and physiotherapist. 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. Care staff, the physiotherapist and recreational activity officers all assist with exercise programs to reduce residents’ pain by encouraging resident participation in exercise groups and individual

therapies. These include set exercises, massage and heat packs. The physiotherapist offers a range of more complex treatment options. Pain management measures are followed up for effectiveness and referral to the resident's medical officer and other services are organised as needed. Residents reported staff respond quickly and appropriately to their pain and manage it as well as possible.

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

The home has systems and support networks to ensure the comfort and dignity of terminally ill residents. Any specific end of life wishes are identified and spiritual, physical and emotional needs of residents receiving palliative care are assessed, considered and documented in care planning. Staff receive education about managing residents' palliative care needs. The home has access to a community and hospital based palliative care specialists for advice, assistance and support. Residents are able to remain at the home if it is their wish and the staff can manage the resident's special care needs. Residents' care needs are assessed and managed by the registered nurses and medical officers. Documentation shows residents' expressed wishes are met regarding spiritual, emotional and terminal care directives.

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

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Residents have an initial assessment and dietary preferences and needs are identified through initial and ongoing consultations. The care staff identify residents at risk of weight loss and malnutrition by monitoring weights, undertaking mini nutritional assessments, food and fluid charts and referrals to dieticians and speech therapists as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals and specialised diets are provided. Staff are aware of special diets, individual resident's preferences and any special dietary requirements. Residents have input into menu planning through resident meetings, comments and complaints mechanisms and informal discussions with staff. Residents are able to access an alternative meal choice and stated they are very satisfied with the quality and variety of meals offered.

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

The home has systems, practices and equipment to ensure residents' skin integrity is consistent with their clinical condition. Regular and ongoing assessments occur by care staff, in consultation with residents and other health professionals as required. A review of

documentation, including audits of accident and incident forms, indicates residents' skin integrity is monitored daily by trained care staff and registered nurses. Any changes are reported to the registered nurse for review and referral to the medical officer as needed. Contemporary wound care practices and products are used at the direction of the enrolled or registered nurse and they can access wound care specialists if required. The enrolled nurse has been trained in contemporary wound care and oversees all wound care in the home. Residents said they are very satisfied with the skin care provided by staff.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' continence is managed effectively. Discussions with staff show continence management strategies are developed for each resident following initial assessment. Personal care staff said they assist residents with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet residents' needs and has introduced a system for assessment, distribution and review of continence aids managed by care staff with the support of a continence advisor. Residents are satisfied with the way their continence needs are managed.

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 strategies and experienced staff to effectively manage any challenging resident behaviours. Resident behavioural management needs are identified on entry and individualised behaviour care plans are formulated. Behavioural management strategies take into account the safety of the residents and staff. All resident behaviour care plans are regularly reviewed and evaluated for effectiveness. Referral to psychogeriatricians and mental health teams occur, if required. Staff practices observed were consistent with planned behaviour management strategies. Incidents are recorded and addressed in a timely manner. Staff receive regular education in managing challenging behaviours and work as a team to provide care. Residents and representatives said staff manage the needs of residents with challenging behaviours very well and residents are generally not disturbed by other residents' behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Each resident's level of mobility and dexterity is optimised and opportunities for rehabilitation are maximised. All residents are assessed by the physiotherapist and care staff on moving into the home for mobility, pain, safety, falls risks, (if indicated) and transfer assistance. The

physiotherapy program and physiotherapy care plan are developed by a physiotherapist and the individual programs are implemented by the physiotherapy assistant and group exercises by the activity officer. The care plan is regularly reviewed and evaluated by the physiotherapist. Staff are trained in falls prevention, manual handling and the use of any specialist transfer and mobility equipment. Assistive devices such as mobile frames, mechanical lifters and wheelchairs are available. All falls incidents are documented and analysed. Residents said the home actively encourages resident independence through individual mobility and exercise programs. Residents said they are very satisfied with the physiotherapy and exercise programs they are offered and receive great benefits from the exercises and treatments such as massage and heat packs.

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

The home has strategies to ensure residents' oral and dental health is maintained. Residents' oral and dental health is assessed on moving to the home and individual care needs are regularly reviewed to meet residents' changing needs. Diet and fluids are provided in line with residents' oral and dental health needs and preferences. Specialist advice for residents with swallowing problems is sought. Policies and procedures guide staff practice and any dental problems are reported to the registered nurse. Dental appointments and transport are arranged in accordance with resident needs and preferences and a mobile dental service visits the home to undertake assessments and treatments. Residents said staff provide assistance with appropriate and timely oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory losses are identified on moving to the home and management strategies are implemented, regularly reviewed and evaluated. This is in consultation with the resident/representative and referral to any specialist services arranged as needed. Residents said staff are attentive to any individual needs, including care of glasses and hearing devices. Regular optometry services are accessed and hearing services are arranged as needed. The environment was observed to have adequate lighting and corridors that facilitate resident safety. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment such as large print books and specialised activity equipment to promote independence. Sensory stimulation is provided by the aromatherapist who provides massages using a specially blended mix of essential oils and essential oil diffusers help create a calm and pleasant atmosphere.

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

The home has a system to assess, monitor and evaluate sleeping patterns to assist residents to achieve natural sleep wherever possible. Residents’ sleep patterns, including history of night sedation, are identified on moving to the home and care plans are regularly reviewed and evaluated. Residents said there is an emphasis on choice of retiring and rising times in accordance with their needs and preferences. Residents stated they are “not disturbed at night by other residents”.

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 regarding the continuous improvement system which exists in the home. Resident meetings, feedback and discussion about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Resident lifestyle. Some examples of improvements over the last year include:

- An opportunity for offering aromatherapy has arisen with the appointment of an activity staff member with a qualification in aromatherapy. Accompanied by soft music aromatherapy sessions are conducted with good effect to calm and relax residents who exhibit challenging behaviours.
- Access to a bus for residents’ outings was limited and to address this a small bus with a wheelchair lift has been purchased. This is used to transport residents and for activity outings and is able to accommodate a wheelchair. Residents are now able to go on more frequent outings, which they enjoy.
- A staff suggestion following attendance at a presentation, has resulted in the introduction of coloured plates for meals for some residents. The colour attracts residents with dementia and staff have observed residents focus and stay longer to eat their meals using the plates.

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

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

- All new residents receive a resident agreement and handbook which include information about security of tenure and residents’ rights and responsibilities.
- There is a system for compulsory reporting in accordance with regulatory requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to resident lifestyle. Some of the topics include: grief awareness, feeding residents, residents' rights, privacy and dignity, resident assault and missing persons mandatory reporting and Certificate IV in Leisure and Health.

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

Residents said all staff provide a lot of support and assistance to them during their entry to the home and the subsequent settling in period. The director and deputy director of care, care staff, recreational activity staff, pastoral carers and volunteers spend one-to-one time with residents during their settling in period and on an ongoing basis. The entry process includes information gathering from residents and representatives to identify residents' existing care, cultural and lifestyle preferences. Residents/representatives commented all the staff are "very supportive and caring". Feedback about resident levels of satisfaction with the provision of emotional support is gained formally and informally through meetings, audits and resident surveys.

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

Residents stated they are "more than satisfied" with the opportunities available to them to participate in activities inside and outside the home and the support they receive. Residents said they are encouraged to entertain their visitors and family at the home and they can access places within the home and grounds to do this. Community groups visit including service clubs, cultural group volunteers, religious visitors, entertainers, special interest groups and school children. Residents use mobility aids to ambulate around the home. Daily exercise sessions assist residents' to maintain or improve mobility levels and independence. The physiotherapy program delivered by the physiotherapy assistant and activity staff has been very successful in maintaining and improving strength and mobility for some residents. Residents were very positive about the exercise and mobility programs and said all the staff help them to remain mobile, if possible. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. The home has recently purchased its own bus to provide more frequent outings for residents.

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

Residents' privacy, dignity and confidentiality are respected and staff practices are based on a resident's individual preferences. The home has communal bathrooms, however staff practices ensure resident privacy is maintained. Resident records are securely stored and staff address residents in a respectful manner by their preferred names. Residents' progress notes provide evidence of consultation with them about their preferences for the manner in which care and lifestyle support is provided. Staff were observed to knock on resident room doors before entering and privacy screens are in use. Residents/representatives said staff are always very polite and respect residents' choices.

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

Residents expressed high levels of satisfaction with the activity staff and program. Staff use an assessment process that captures residents' social histories and leisure preferences as well as observation of participation and attendance at the home's scheduled activities. The monthly activity program includes special events and takes into account residents' preferred activities and significant cultural days. The activity program is provided seven days a week. The program includes a mix of group and individual activities and activity staff work closely with the physiotherapy assistant and aromatherapist. Those residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time and their expressed preferences are respected. Recreational activity staff are responsive to the feedback residents provide at meetings, through surveys and during informal discussions. The program includes bus trips, games and quizzes, craft, entertainers, beauty and massage therapy and social gatherings such as birthday celebrations, family lunches and barbeques. The recreational activity staff maintain participation records for each resident to identify levels of interest in the activities provided. Recreational activity staff evaluate residents' lifestyle care plans every four months to ensure the program continues to meet residents' recreational and leisure needs.

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 reported they are very satisfied with the support provided for their cultural and spiritual needs. Residents' individual requirements to continue their beliefs and customs are identified in the assessment process on entry to the home. Activity staff maintain contact lists for a wide range of cultural groups, community services and groups who provide services and volunteers for non English speaking residents. A wide range of nationalities is catered for at the home, including Spanish, Vietnamese, Arabic, Polish and Italian. Strategies and assistance is available for residents who do not speak English to help them communicate.

Cultural and spiritual needs are considered when planning clinical care; for example, special dietary considerations such as Halal can be met. Specific cultural days such as Australia Day, Ramadan, Chinese New Year, St. Patrick's Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents/representatives expressed great appreciation for the efforts of staff and the program provided. Residents' birthdays are celebrated. A number of religious clergy hold services at the home and residents are invited to attend these if they wish to do so.

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

Residents reported they are very satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff and residents. Residents' choice of medical officer and allied health services is respected. Participation in group activities is the choice of the resident and they are asked how they wish activity staff to support them during one-to-one time. Residents have personalised their rooms with memorabilia and items of their choosing, including furnishings and photographs. The home has a number of mechanisms for residents/representatives to participate in decisions about the services residents receive, including discussions with staff, meetings, activity conferences, surveys and through the comments and complaints processes. Residents/representatives generally expressed every confidence and satisfaction with the actions taken by the director of nursing, deputy or other staff on matters raised and their responsiveness to requests.

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

There are processes to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. The home's manager discusses relevant information about security of tenure, care, services and residents' rights with residents and/or their representative prior to and on entering the home. On entry residents receive the residential agreement and handbook outlining care and services, residents' rights and complaints resolution processes. Updated information about fees and charges is displayed. Ongoing communication with residents and/or their representatives is encouraged through scheduled meetings, individual meetings and notices. Residents/representatives indicated awareness of residents' rights and responsibilities and security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident feedback. Some examples of improvements over the last year include:

- A review by the management team is resulting in the refurbishment and redevelopment of the building to enhance the living and working environments for residents and staff. Some projects in progress include the purchase and installation of ceiling mounted televisions for increased stability and safety, the installation of longer privacy screens and window furnishings for increased resident privacy and protection. Ongoing projects include extensions to residents’ communal areas and staff work areas.
- The need for additional trained fire officers was identified. Key personnel including weekend staff have been trained covering all shifts. In addition a fire evacuation chair has been purchased and an emergency ‘grab bag’ developed. These measures ensure there are trained staff and appropriate resources available to care for residents in the event of an emergency evacuation.
- To minimise both staff and resident injury, a wheelchair weighing scale has been purchased. This provides an alternative to the use of a mechanical lifter and is easier and quicker for staff to weigh residents.

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

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

- Annual compulsory education is provided for fire safety and a current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Documentation verified a range of education and training sessions have been attended over the last year in relation to the physical environment and safe systems. Some of the topics include care of nebulisers, infection control, outbreak management, fire safety, manual handling, work health and safety, new equipment training, chemical handling and food safety. Hand washing competency assessments are conducted annually.

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 has systems to provide a safe and comfortable environment consistent with residents' care needs. Residents are mostly accommodated in multi-bedded rooms with shared bathroom facilities. Residents personalise their rooms and all residents have access to nurse call alarms which are checked on a regular basis. The communal environment includes dining room and activity areas and an outside paved courtyard area available for use with family and friends. A redevelopment plan includes extension to these areas. Maintenance requests are actioned and preventative maintenance schedules ensure the safety of the internal environment, outside areas and equipment. Regular audits and environmental inspections monitor the internal and external environments and risk assessments are conducted. Residents' rooms are monitored for clutter, corridors are fitted with handrails and outside paved areas are well maintained. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided by the home.

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 has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work Health and Safety (WHS) training is given to all staff during orientation and annually and the system involves audits, inspections, accident and hazard reporting procedures. Policies, procedures, and notices inform staff and WHS committee meets regularly. Implementation of requirements for WHS laws is in progress. Some staff are trained in first aid and a return to work program is available. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe and an external chemical supplier provides education in chemical handling. Safe work procedures and practices were

observed and staff said they have attended relevant education and demonstrated awareness of WHS practices.

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

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire fighting equipment, alarms and systems by an external company. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. An emergency procedure manual and contingency plan are available. A resident emergency evacuation 'grab bag', evacuation plans, signage and emergency exits free from obstruction were observed. Fire fighting equipment inspection and testing is current, an annual fire safety statement is held and staff interviewed are aware of procedures and have attended compulsory fire training. Residents are reminded of emergency fire procedures through notices. Preventative processes include environmental audits, appropriate electrical appliance testing, resident smoking assessments and use of smoking aprons and designated smoking areas. Security measures for the home include lock up procedures, alarm and security systems and external lighting.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually and staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for residents and staff.

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

Procedures, policies, and duty checklists are in place for all aspects of hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by residents at meetings, verbally and surveys and residents/representatives stated they are very satisfied with hospitality services provided for residents. A contract catering service provides freshly cooked meals daily using a rotating five week menu, which has been reviewed by a dietician. Identified food

preferences, allergies and special dietary needs are communicated to catering staff and residents are consulted about menus and their preferred choices. There is a food safety program and the home was awarded an 'A' rating at a recent NSW Food Authority audit. Contract cleaning staff are in attendance seven days a week and follow schedules for residents' rooms and communal areas. All areas were observed to be clean. All individual residents' personal items and linen are laundered offsite six days a week. Contract laundry staff fold, deliver and label personal items, as necessary. Appropriate storage and sufficient supplies of linen were observed.