



Aged Care
Standards and Accreditation Agency Ltd

Warrigal Care Warilla

RACS ID 2497

1 Arcadia Street

WARILLA NSW 2528

Approved provider: Warrigal Care

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

We made our decision on 18 September 2013.

The audit was conducted on 06 August 2013 to 08 August 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

Warrigal Care Warilla 2497

Approved provider: Warrigal Care

Introduction

This is the report of a re-accreditation audit from 06 August 2013 to 08 August 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 06 August 2013 to 08 August 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:	Margaret Williamson
Team member/s:	Trudy Van Dam

Approved provider details

Approved provider:	Warrigal Care
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Details of home

Name of home:	Warrigal Care Warilla
RACS ID:	2497

Total number of allocated places:	101
Number of residents during audit:	90
Number of high care residents during audit:	90
Special needs catered for:	Dementia specific unit

Street/PO Box:	1 Arcadia Street	State:	NSW
City/Town:	WARILLA	Postcode:	2528
Phone number:	02 4297 0999	Facsimile:	02 4297 1951
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Residential services manager	1	Residents/representatives	21
Chief executive officer	1	Organisation development coordinator	1
Executive residential services manager	1	Employee development officer	1
Clinical care coordinators	2	Endorsed enrolled nurses	5
Quality officer	1	Executive manager finance and administration	1
Care quality and compliance manager	1	Acting tender and contractors officer	1
Registered nurses	2	Physiotherapists	2
Palliative clinical nurse consultants	2	Client services consultant	1
Care staff	10	Property services manager	1
Continence nurse	1	Maintenance supervisor	1
Recreational activities officer	1	Contract cleaning supervisor	1
Laundry staff	2	Internal auditing officer	1
Catering staff	1	Information services manager	1
Work health and safety coordinator	1	Property services coordinator	1
Hospitality services manager	1		

Sampled documents

	Number		Number
Residents' files (including assessments, care plans, progress notes, medical officers notes and various reports and observations)	14	Resident primary medication charts, signing sheets and nurse initiated medication lists	12
Palliative care assessments	4	Personnel files	10
Pain monitoring chart	2	Residents' wound charts and wound treatment charts	12
Resident agreements	6		

Other documents reviewed

The team also reviewed:

- Asset register
- Audits

- Bed rail consents and secure environment consents
- Business activity report
- Cleaning schedules and cleaning manual
- Clinical care documentation such as communication diary, doctors communication folder, staff handover sheets, electronic staff handover report, RN allocation sheet, residents' weight documentation and weekly blood pressure records, bowel records, repositioning charts, blood glucose levels
- Comments and complaints folder
- Complementary therapies treatment sheet
- Complex care folders including lists of residents with diabetes, diabetic care documentation, catheter management documentation, percutaneous endoscopic gastrostomy regimes and related documentation and complex health care directives
- Continence management documentation including residents requiring pear juice and prune puree mixture for natural bowel management list and continence aid folder
- Contracts and contract database
- Dietary preference folder
- Duty statements
- Education records (calendar, attendance records, evaluations)
- Fire equipment maintenance records
- Hazard book
- Incident reports including falls, skin tears, behaviour incidents, infections and medication incidents
- Infection control folder
- Laundry cleaning schedules
- Mandatory reporting register
- Medication management documentation such as schedule eight registers, staff specimen signature registers, medication refrigerator temperatures, resident identification charts, INR dose prescription and administration records
- Meeting minutes (infection control, quality, staff, support services, work health and safety, residential services, residents and relatives)
- Memorandum
- Newsletter
- Pest sighting records
- Physiotherapy documentation such as residents' physiotherapy assessments, manual handling instructions charts and resident exercise sheets, physiotherapy procedure
- Police check register
- Policies and procedures
- Preventative maintenance schedule
- Professional registrations checking sheet
- Quality system information (quality system framework, continuous improvement reports, continuous improvement plan, audits, management and quality improvement folder)

- Recreational activities documentation including daily activity sheets, activity programs, activity program review, leisure and lifestyle assessments , activity evaluation sheets
- Regulatory compliance and industrial alerts folder
- Resident and family handbook
- Roster
- Safety alerts
- Self assessment
- Service continuity plan
- Staff and volunteer handbook
- Staff induction checklist
- Strategic plan

Observations

The team observed the following:

- Activities in progress, activity program on display, activity resources
- Annual fire statement
- Charter of Residents' Rights and Responsibilities displayed
- Cleaning in progress
- Emergency system including emergency evacuation bag, emergency flip charts, fire information panel, fire safety equipment and exit lights
- Equipment and supply storage areas
- Food preparation and storage areas, food safety licence, food services manual
- Infection control resources
- Interactions between staff and residents/representatives
- Laundry
- Living environment
- Lunch service
- Manual handling equipment
- Medication administration round
- Medication refrigerator, eye drops dated on opening
- Mobility aids
- Outbreak box
- Palliative care room
- Photographs of residents participating in activities
- Physiotherapy room
- Pressure relieving equipment
- Privacy signage
- Re-accreditation audit notifications on display

- Residents and relatives meeting in progress
- Shift handover
- Staff and resident noticeboards
- Storage of medications and clinical supplies
- Suggestion boxes
- Utility rooms
- Vision, mission and values statement

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 systems in place to identify, document, plan, implement and evaluate opportunities for continuous improvement. A quality framework document guides quality activities and the home uses information from a range of sources including 'have your say' forms, scheduled audits, surveys, meetings, hazard and incident reporting and individual reports by residents, representatives and staff. Management is proactive in encouraging input into the continuous improvement system by residents, representatives and staff. The home has a quality committee that meets monthly and oversees quality activities in the home. The continuous improvement system includes systematic review and evaluation of continuous improvement activities and feedback on continuous improvement activities is provided to residents, representatives and staff. Residents, representatives and staff confirmed that they are able to make suggestions for improvements and that management is responsive to their suggestions.

Examples of recent improvement activities relevant to this Accreditation Standard include:

- Improvements have been made to the organisation's quality and compliance team to ensure that regulatory compliance requirements are promptly identified, forwarded to the home and responded to. This includes a 'compliance mailbox' which is checked twice daily to identify any new information and subscription to a legislation alert service. A new system of summarizing legislation information, distributing it to managers and recording actions taken has also been introduced and has been operating for approximately two months. The new systems have not yet been evaluated.
- It was recognised by management that action needed to be taken to improve staff morale. In consultation with staff a reward and recognition program was introduced in April 2013 to improve morale. Verbal feedback on the new system has been positive.

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 in place to remain informed about and comply with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation's quality and compliance team monitors regulatory changes and passes this information to the residential services manager, who is responsible for implementing compliance with regulatory requirements in the home. Management maintains knowledge of

legislative, regulatory compliance, professional standards and guidelines through subscription to legislation alert bulletins and advice services, government bulletins, peak and professional body memberships, networking and internet access. Processes to monitor compliance include audits, surveys, performance appraisals and competency assessments. We noted examples of discussion of matters related to regulatory compliance in quality, staff meeting minutes and examples of education provided to ensure staff are aware of, and comply with, regulatory compliance obligations. Staff interviewed were aware of their obligations in meeting regulatory compliance requirements. We noted the home has comprehensive policies and procedures in place to comply with equal employment opportunity obligations in staff recruitment and management ensures that all staff, volunteers and relevant contractors have completed police checks.

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 practices in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively through recruitment processes, an orientation program, staff appraisals and an annual education planner. The content of the education program is developed annually in response to information gained from a training needs analysis, staff appraisals and clinical issues. Staff complete a formal orientation program at the commencement of their employment and are provided with ongoing education. The effectiveness of education programs is evaluated through competency assessments, audits, monitoring of staff practices and feedback from staff. In relation to this Accreditation Standard in the past six months management and staff attended education about the clinical care documentation system, customer service, EEO, harassment and discrimination, exercising for busy workers and documentation.

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 has formal and informal systems in place to ensure that residents have access to, and are able to use, internal and external complaint mechanisms. Residents are informed of complaint mechanisms on entry to the home and are encouraged and supported through meetings, personal interactions, noticeboards, newsletters and brochures to provide feedback. The resident handbook includes information for residents about how to make suggestions and about the internal and external complaints resolution processes. Brochures about the external complaints mechanism are available for residents and representatives to access. Feedback on complaint systems is provided at resident/representative and staff meetings and complaints are analysed to identify any trends. Residents/representatives report satisfaction with their access to the complaint processes and report that issues are managed by the home to their satisfaction.

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 organisation's philosophy, vision and values are displayed in the home and included in the residents' handbook, brochures, orientation information and other documentation provided to residents, representatives and staff. The Board of Directors receives detailed reports about the performance of the home across all accreditation standards each month and a comprehensive quality and strategic planning process is in place that translates the home's vision, philosophy and values to operational objectives.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are recruitment policies and procedures in place to ensure the appointment of appropriately skilled and qualified staff. Staffing levels are monitored, linked to resident care needs and provide an appropriate skill mix and staffing levels. All new employees are required to participate in an orientation program following appointment. The home ensures that staff have the appropriate skills and knowledge to provide care and services through ongoing internal and external education, annual performance appraisals, job descriptions, competency assessments and supervision. Staff have the skills, knowledge and qualifications to perform their roles and all staff interviewed were able to knowledgeably and confidently discuss their roles and duties. We observed staff undertaking their duties with skill and care and residents and representatives were very complimentary about the competence of staff and their caring attitude.

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

The home has procedures to facilitate the purchase, management, use and storage of goods and equipment. Staff, residents and representatives report that there is sufficient and appropriately maintained equipment and stocks of goods. Processes are in place to monitor the quality of supplies and equipment and to review the adequacy of stock levels. Appropriate storage is provided to ensure the quality of stock which is rotated where required. The home has preventative and emergency maintenance programs, a hazard reporting system and regular environmental audits and equipment checks. Staff said they have sufficient levels of stock, that equipment is well maintained and that management is responsive to requests for new or different equipment. Residents/representatives also indicated their satisfaction with the goods and equipment provided at the home to meet resident needs.

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

A wide range of methods are in place to provide all stakeholders with access to timely information about the processes and activities of the home. Staff are kept informed through memorandums, emails, notices, handover sessions, communication diaries and the organisation's intranet. Information is provided to residents/representatives through newsletters, correspondence, notices, brochures and direct communication with staff and management. Staff and residents/representatives also receive information through meetings and associated minutes. The home has processes and equipment for the appropriate storage of confidential information and for the archival and destruction of sensitive information as appropriate. Staff are satisfied with the availability of information relevant to their roles and residents and representatives stated they are kept well informed.

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 processes to ensure that external services are provided in a way that meets the home's requirements. Schedules are in place for all routine maintenance work to be undertaken by contractors and a listing of preferred suppliers is maintained. External service providers are required to comply with work health and safety legislation and have current police checks and insurances as necessary. Audits, surveys and reviews are used to monitor work conducted by contractors and there are processes to rectify performance issues arising from the use of external suppliers. Staff, residents and representatives expressed satisfaction with the quality of the services currently provided by external contractors.

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 for an overview of the home’s continuous improvement system.

Examples of recent improvement activities relevant to this Accreditation Standard include:

- The palliative/pain consultant identified that improvements could be made to the home’s processes to ensure that residents who experience pain are identified and have a comprehensive pain assessment completed in a timely manner. Pain monitoring forms were revised and education provided to staff in use of the new forms. A pain management audit for the period May to July 2013 showed a 500 percent increase in completion of pain assessments compared with the same period last year.
- Clinical indicators identified a 25 percent increase in skin integrity alteration in April 2013. In line with contemporary good practice, twice daily massages were implemented for residents at risk of skin tears. Skin alterations were reduced by 55 percent in June 2013 and a further 10 percent in July 2013.
- It was identified that the pill crusher being used in the home was noisy and disrupted residents. A new quieter pill crusher was trialled and evaluated. As a result of the positive feedback to the trial new pill crushers have been purchased for both areas of the home.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Our rationale for finding the home meets this expected outcome is based on the home’s regulatory compliance system referred to in Expected Outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to this Accreditation Standard that includes monitoring the registration of nurses and visiting professionals, ensuring a system for the safe administration and storage of medications and procedures for notification of unexplained absences of residents.

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

Our rationale for finding the home meets with this expected outcome is based on the home’s practices to ensure staff have appropriate knowledge and skills referred to in Expected Outcome 1.3 Education and staff development. The home uses those practices to identify and implement a range of educational measures relevant to this Accreditation Standard that will enable the health care team to achieve best possible levels of physical and mental health for residents. Examples of education undertaken in the past six months include behaviour management, skin care and wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Warrigal Care Warilla has a system to assess, document and review care needs. The home’s electronic care system includes comprehensive assessments, care planning, progress note documentation and health monitoring. Registered nurses oversee visits by medical officers and communicate any changes during verbal handovers and in progress notes. Residents’ health monitoring is undertaken on a monthly basis or more often if required including measurement of weight and general observations. Clinical reassessments are completed if a resident’s condition or care needs change; referrals are arranged if required and care plans are updated regularly. Clinical performance is monitored through regular audits and there is a system for recording and reviewing accidents and incidents. Opportunities for resident representatives to have to input into resident care provision is provided through case conferences. Care staff demonstrate a sound knowledge of individual residents care needs. Residents/representatives expressed satisfaction with the timely and appropriate assistance given to residents by care staff.

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

Registered nurses identify, assess, document and oversee residents’ specialised nursing care needs. Care plans and related forms include sufficient detail to guide staff in the day to day provision of specialised nursing care. Specialised nursing care currently provided at the home includes diabetic management, catheter care, enteral feeding and wound care. Staff told us they may consult external nursing specialists when required including for behaviour management and palliative care. Staff confirmed they have access to adequate supplies of equipment for the provision of residents’ specialised nursing care needs. Residents/representatives say they 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

Residents are assisted to access external medical specialists and allied health professionals. Referrals are arranged by registered nurses to specialists, some of whom visit the home including a physiotherapist, speech pathologist, podiatrist, psycho geriatrician and dietician. The residents’ care plan and progress notes are reflective of specialist health care practitioners’ recommendations and ongoing care interventions. Residents have pathology testing when ordered by their medical officer including checks for therapeutic medication levels. Residents/representatives say they are aware of available external health services and are provided with assistance to access them if needed.

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

There are systems and processes in place to ensure residents’ medication is managed safely and correctly. The home uses a pre-packed system of medications supplied by the pharmacy. Staff administering medications have undertaken training. Medications were stored securely in a locked room. Eye drop containers are dated when opened and the temperatures of the refrigerators used for medication storage are monitored. Schedule eight medication registers and emergency medication supplies are maintained. There is a medication incident reporting system and staff are aware of when and how to use it. Audits of the medication system are undertaken to ensure safe and correct administration and a medication advisory committee meets regularly. Residents/representatives interviewed said they were satisfied with the way residents’ medications were being 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 implements a pain management system to support all residents to be as free from pain as possible. Registered nurses complete monthly pain reviews on residents. These reviews may indicate the need for pain monitoring and a more thorough pain assessment. Palliative care nurse consultants and the physiotherapy team are also involved in assessing and overseeing residents’ pain management needs in the home. Care staff are knowledgeable about the many ways of identifying residents who are experiencing pain and provide a range of comfort measures including regular repositioning, gentle exercise or rest during the day. Other treatments being used include analgesia, heat treatments and massage. Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

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

Clinical assessment, medical review, care planning and consultation with residents/representatives identify residents’ needs and preferences for end of life care. Strategies and interventions vary depending on resident’s wishes, diagnosis and condition and may include pain management, mouth care and pressure area care. Two palliative care nurse consultants have been attending the home regularly to review and advise staff on residents’ pain management and palliative care needs. Staff may also access the local palliative care team who will liaise with the home, the family and the medical officer. Families are encouraged to stay with the resident and the home can organise a visit by religious clergy if this is the resident’s request. The home has received words of appreciation from family members thanking staff for their dedicated care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ dietary needs and preferences are identified when they first move into the home. Information identified including food allergies, special diets and food and drink preferences is communicated to the kitchen. Residents’ weights are recorded each month or more often if weight fluctuations occur. Management is monitoring the weights and staff could provide examples of residents with weight loss who have been referred to a dietitian for review. A number of residents are currently receiving dietary supplements. Residents were observed being served and assisted with meals and drinks and staff could discuss the provision of nutrition supplements and/or special diets for residents with specific requirements. Residents say they enjoy the meals provided at the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health through initial and ongoing assessments and care planning. Registered nurses and enrolled nurses oversee skin care provision and complete wound assessments, treatments and dressing changes. Complex wound management is undertaken by registered nurses and photographs of wounds are taken to assist with monitoring their condition. Care staff confirmed they assist residents to maintain their skin integrity through the application of emollient creams, providing regular pressure area care, regular repositioning and manual handling practices. Incidents such as skin tears are monitored to enable follow up and implementation of prevention strategies. Resources available to minimise the risk of skin trauma for residents include pressure relieving chairs, air flow mattress overlays, bedrail protectors, limb protectors and hand splints. A hairdresser and a podiatrist visit the home on

a regular basis. Residents/representatives say they are satisfied with the skin care provided at the home.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Registered nurses and the designated continence nurse oversee the continence management system and assessments provide information for care planning. The effectiveness of continence and bowel management programs is monitored on a daily basis by care staff who report any anomalies to registered nurses for follow up. The continence product supplier provides ongoing education and support. Urinary tract infections are monitored. During the re-accreditation audit all areas of the home were free of odour. We observed supplies of continence aids and staff confirmed there are always adequate supplies available. Care staff complete bowel charts and reported these are monitored by the night shift registered nurse. Residents/representatives say they are happy with the assistance given in managing residents’ continence.

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 assess, monitor and review the needs of residents with challenging behaviours. Clinical assessments, consultation with residents/representatives and monitoring of behaviour identifies triggers and successful interventions which are included in care planning. Amaroo and Arcadia provide secure living areas for residents with wandering and/or absconding behaviours. Specialist consultations by the Dementia Behaviour Management Advisory Service (DBMAS) are arranged as needed to assist with the management of residents with challenging behaviours. A psycho geriatrician also visits the home. Staff could discuss individual residents, any triggers for behaviours and strategies used to manage these behaviours. Observation of resident and staff interaction shows a patient and gentle approach to behaviour management. Residents/representatives say the needs of residents with challenging behaviour are effectively managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents to achieve optimum levels of mobility and dexterity. A physiotherapist is employed five days a week and provides assessment, therapy planning and some individual treatments such as massage, heat treatments and exercises. Physiotherapy aides provide support for residents to complete exercises according to the physiotherapists’ instructions. We observed residents with mobility aids in use and a physiotherapy room with equipment to support exercise programs. The home investigates and monitors falls to identify interventions to prevent further occurrences. Falls prevention

strategies include the completion of risk assessments and interventions noted include group exercises and the provision of specialised equipment such as mobility aids and handrails. Residents said they were satisfied with the program and assistance they receive from staff.

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 oral and dental needs and preferences of residents are identified through assessment and consultation. Staff assist residents to maintain their oral and dental routine including set up assistance, cleaning of teeth or dentures and soaking of dentures according to resident preference. Staff report any changes in residents’ oral health or eating habits to registered nurses to ensure any concerns are identified and followed up. Texture modified diets are available for those residents who experience difficulty chewing food. Residents are supported to access external appointments with dentists. Staff demonstrate knowledge in relation to the cleaning of teeth and general mouth care, including the use of mouth swabs when needed. Residents say they are satisfied with the assistance given in managing their 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

The home undertakes assessments which identify communication difficulties including vision or hearing loss when residents first move into the home. Consultation with residents/representatives provides additional information for care planning to effectively manage any sensory losses such as the use of glasses or hearing aids. There is evidence of residents being referred to external health professionals such as optometrists and audiologists. Interventions to reduce the impact of sensory losses include good lighting, large print books, large screen televisions and the smell of food at meal times. Staff report they may access talking books from the mobile library for residents with vision loss. Massage treatments are also provided to some residents. Residents say they are happy with the assistance from staff in managing any assistive aids.

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

Strategies are implemented to assist residents to achieve natural sleep patterns. Clinical assessments identify individual sleep patterns and residents are encouraged to maintain their usual bed time and to rest through the day if they choose. Registered nurses review residents who experience sleep disturbances and medications to assist with sleeping are prescribed at the discretion of the resident’s medical officers. Residents who are unable to sleep are offered a warm drink to help them settle. Staff check residents regularly throughout the night providing repositioning, continence care and pain management if required. Residents say the home is quiet at night and they are able to sleep comfortably.

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 for an overview of the home’s continuous improvement system.

Examples of recent improvement activities relevant to this Accreditation Standard include:

- In response to resident/representative feedback warm wet hand towels have been introduced in Amaroo. As a result improvements have been identified in residents initiating self care and personal hygiene and infection control practices has been enhanced. Following positive feedback from residents/representatives and staff it is now planned to introduce the wet hand towels in Illuka.
- A resident satisfaction survey identified that improvements were needed to the activities and entertainment program. As a result of range of new activities have been introduced including flower arranging, mosaics, painting and robot fish. The mosaics produced by residents are displayed in the courtyard and are being sold to raise funds for further activity supplies.

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

Our rationale for finding the home meets this expected outcome is based on the home’s regulatory compliance system, referred to in Expected Outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to this Accreditation Standard such as requiring staff to sign a confidentiality agreement when they commence employment, displaying a copy of the residents’ rights and responsibilities and ensuring that confidential information pertaining to residents is stored securely and that a commercial document destruction service is used to destroy all sensitive information.

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

For information about the home’s overall system to manage education and staff development please refer to Expected Outcome 1.3 Education and staff development. Examples of

education relevant to this Accreditation Standard include elder protection and compulsory reporting and person centred care.

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 and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Staff say residents are introduced to each other and other staff and daily happenings at the home are explained. Staff encourage residents to join in with social activities as they feel comfortable, whilst respecting their right to refuse. Residents are encouraged to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcome. Ongoing support for existing residents includes management and staff support, contact with volunteers and visits by religious representatives if this is their choice. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

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

Warrigal Care Warilla provides a welcome environment for visiting resident representatives and community groups, with residents being encouraged to participate in life outside the home whenever possible. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimen. Residents' independence is also fostered through residents having personal items such as televisions in their rooms, access to telephones and newspapers and receiving assistance to vote as required. Participation in the local community is promoted through bus trips, visiting entertainers, volunteers and school groups. Residents say they are encouraged to maintain their independence and contact with the local community.

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

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Staff sign confidentiality agreements which are stored in personnel files. Confidentiality of personal information is maintained through password protected computers and locked offices where appropriate. Shift handovers are conducted away from the hearing of residents and visitors to the home. We

observed privacy signs in place on the doors to residents' rooms when treatments were in progress. Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

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 provides a varied lifestyle program which is developed in consultation with residents. The individual interests and preferred activities of residents are identified on admission. Information obtained from resident meetings, surveys and one-on-one discussions is also used to plan suitable group and individual activities. Recreational activity officers work in the home to provide activity programs seven days a week. The lifestyle program includes activities such as movies, entertainment, bingo, games, carpet bowls and craft sessions. A separate activity program is provided in Amaroo which includes activities for residents with different cognitive capabilities. The home has access to the organisation's bus which facilitates outings into the community. Residents told us there are a variety of activities provided and whilst they are encouraged to participate their decision not to do so is respected.

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

Processes identify the residents' cultural and spiritual background when they first move into the home which is incorporated into care planning where appropriate. Residents choose whether to participate in celebrations of significant cultural days such as ANZAC Day, Easter, Mothers Day, Fathers Day and Christmas. Staff reported that residents' birthdays are acknowledged on the day and birthday celebrations are held each month. Church services are held by religious representatives and volunteers from a range of denominations. Staff interviews indicated volunteer pastoral carers also visit the home to provide support for residents. Staff reported they could access multilingual resources such as cue cards if necessary and management confirmed interpreters would be arranged if required. Residents/representatives say they are satisfied with the spiritual and cultural support provided.

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 encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe examples of where they are encouraged by staff to make their own decisions. This

includes use of preferred name, choice of clothing, shower and bed times and whether to participate in activities. All residents are provided with a handbook that details the services available and are able to decorate their own rooms with personal belongings. The resident meetings provide a forum for residents to discuss the running of the home including catering, activities and any issues arising. Staff were observed providing residents with choice in a range of activities of daily living. Residents say they are happy with the choices available to them and that their decisions are respected.

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

The home provides information for residents/representatives on security of tenure and their rights and responsibilities in residents' agreements and the residents' handbook. The resident agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges and the process for the termination of the agreement. Residents/representatives are provided with information on complaints resolution processes including internal and external complaint mechanisms and advocacy services. Management told us any movement of residents' accommodation is fully discussed with the resident and their representatives and each resident is supported in their transfer. Residents and representatives told us they are kept informed about matters of importance to them and they confirmed an awareness of 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 for an overview of the home’s continuous improvement system.

Examples of recent improvement activities relevant to this Accreditation Standard include:

- Carpet and new coving has been installed in the lounge and hallways in Illuka. In addition flooring in bedrooms and the dining room have been replaced with timber look vinyl flooring. The new flooring has resulting in a much quieter, calmer and visually appealing environment.
- The outdoor area of Amaroo has been refurbished to provide an area more suitable to the needs of residents with dementia. This includes new fencing, plants, a walking track, soft fall flooring, grass and artificial grass. We observed many residents enjoying the garden area and saw photos of residents mowing the lawn with a hand mower.
- Laminated emergency response flowcharts and task cards have been developed to guide staff in the event of an emergency. The flowcharts and task cards have been placed in the emergency evacuation bag. However all staff have not yet been educated in use of the new system.

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

For information about the overall manner in which the home manages regulatory compliance please refer to Expected Outcome 1.2 Regulatory compliance. Examples of the impact of legislative requirements relevant to this Accreditation Standard includes the home has a food safety program in place, undertakes regular evacuation education and has appropriately service fire detection and fighting equipment in place.

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

Our rationale for finding the home meets this expected outcome is based on the home’s systems to ensure staff have appropriate knowledge and skills referred to in Expected Outcome 1.3 Education and staff development. Examples of education that has been

provided relevant to this Accreditation Standard includes manual handling, chemical safety and fire awareness and procedures.

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 is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has a number of areas for residents and visitors to relax, undertake activities of interest to them and interact with others. The living environment is clean, well furnished, well lit and has a heating/cooling system to maintain a comfortable temperature. The building and grounds are well maintained with a program of preventative routine maintenance. The safety and comfort of the living environment is monitored through audits, incident/accident and hazard reports and through feedback from staff, residents and representatives. Residents and representatives expressed their satisfaction with the home's internal and external environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home actively works to provide a safe working environment that meets regulatory requirements. The home has an occupational health and safety committee and there are systems to identify hazards and for reporting and responding to accidents and incidents which includes analysing trends in accidents and incidents. Staff receive induction when they commence their employment that includes manual handling, infection control, hazard and incident reporting and occupational health and safety systems. The home conducts regular maintenance of equipment, trials equipment purchases and conducts risk assessments when appropriate. The home actively seeks solutions to identified hazards and examines trends and reviews practices on a regular basis. Staff demonstrate a good understanding of safe work 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

The home has a system designed to provide an environment and work practices that minimise fire, security and emergency risks. Fire and safety equipment is checked annually by registered fire safety professionals and there are annual fire safety training sessions for all staff. Emergency flipcharts, evacuation plans and business continuity plans are in place. Security measures in operation include sign in/out procedures, call bells, door alarms, out of hours lock up procedures, security lighting and security monitoring. Staff demonstrated a

sound understanding of what to do in the event of an emergency. Residents/representatives stated they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. Staff are guided by policies, procedures and training in infection control practices. The home provides sanitising equipment and agents, colour-coded cleaning equipment, spill kits, needle stick injury kits, and ample staff hand washing facilities. There is a system in place to collect infection data and monitor incidents as part of the infection control process. Infection statistics are examined and analysed each month. The home's processes for identifying and minimising the risks of potential sources of infection include regular temperature testing of food, deliveries, refrigerators and freezers, use of colour coded and personal protective equipment. Staff receive induction and training on infection control procedures and staff interviewed demonstrated a sound understanding of infection control principles.

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 systems and processes to provide and monitor the quality of catering, cleaning and laundry services for residents and a safe work environment for hospitality staff. All residents are assessed for their dietary preferences and needs when they move into the home and this information is reviewed on an ongoing basis. Meals are cooked on site each day and there is a four weekly rotating menu that has input from a dietician and which caters for residents' special dietary requirements. Catering staff are responsive to the changing needs and preferences of residents. Cleaning services are provided by contracted cleaners following scheduled routines and duty lists and are monitored on a regular basis. Residents' personal clothing is laundered at the home and clothing is labelled to minimise any losses. Linen supplies are provided through a contractor service. Hospitality services are monitored through audits, meetings and through informal feedback from residents and representatives. Residents/representatives reported satisfaction with the hospitality services provided at the home.