



Aged Care
Standards and Accreditation Agency Ltd

WG Taylor Lodge

RACS ID 0121

156 Ocean Street

NARRABEEN NSW 2101

Approved provider: The Uniting Church in Australia Property Trust
(NSW)

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 27 August 2015.

We made our decision on 21 June 2012.

The audit was conducted on 22 May 2012 to 23 May 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

WG Taylor Lodge 0121

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 22 May 2012 to 23 May 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 22 May 2012 to 23 May 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:	Rodney Offner
Team member/s:	Denise Dwyer

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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Details of home

Name of home:	WG Taylor Lodge
RACS ID:	0121

Total number of allocated places:	74
Number of residents during audit:	68
Number of high care residents during audit:	25
Special needs catered for:	Nil

Street/PO Box:	156 Ocean Street	State:	NSW
City/Town:	NARRABEEN	Postcode:	2101
Phone number:	02 9913 7040	Facsimile:	02 9913 8437
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Executive manager residential care and independent living	1	Care staff	6
Quality risk and compliance manager	1	Chaplain	1
Acting Manager	1	Catering staff	2
Clinical nurse consultant	1	Laundry staff	1
Registered nurse co-ordinator	1	Cleaning staff	3
Manager	1	Maintenance staff	1
Recreational activities staff	2	Physiotherapist	1
Services co-ordinator	1	Residents/representatives	10

Sampled documents

	Number		Number
Residents' files including doctors' notes, pathology reports, correspondence to and from external health care providers, x-ray reports, progress notes, assessments and care plans	8	Resident agreements	2
Resident/relative committee meeting minutes	4	Personnel files	6
Complaints, compliments and suggestions	8	Maintenance request logs	8
Hazard logs	7	Medication charts	11
Interim care plans	8		

Other documents reviewed

The team also reviewed:

- 'What if' emergency folder
- Accreditation auditor's folder
- Activities program and attendance sheets
- Approved supplier register
- Bowel charts
- Care staff shift routines
- Cleaning record staff signing sheets
- Cleaning schedules

- Committee meeting agendas
- Consolidated record of reportable incidents
- Daily list of residents with the observations to be carried out on that day
- Dietician review reports
- Education records: education folder, education plan, education records, compulsory competency assessments, staff education needs analysis results and mandatory training requirements
- Falls risk assessments
- Family conference schedule and documentation
- Fire safety and emergencies documentation: annual fire safety statement, service report folder, evacuation list of residents, resident fire evacuation information, fire equipment testing log records, fire detection system check reports, emergency folder and emergency response flip charts and evacuation signs, visitor and contractor sign in and out registers
- Focus day report sheets with information about the care given and the observations carried out
- Food safety program: food safety program, food safety monitoring records, food safety audit results, food services cleaning and duty schedules, equipment and food temperature checks, NSW Food Authority Report, residents' diet analysis folder, residents' special meal requirements, meal checklists, menu and meal survey results
- Handover sheets and communication diary
- Human resource management: personnel files, duty statements, allied health personnel professional registrations, staff meeting minutes, volunteer confidentiality agreement, employee handbook, staff information and roster
- Infection control: infection control folder, washing machine temperature check records , cleaning manuals, outbreak information, infection control audit results
- Information for performing blood glucose level testing
- Laundry duty list
- Lock up procedures folder
- Maintenance records: maintenance schedules, preventative maintenance records, corrective maintenance log register, service reports and pest reports
- Medication fridge daily temperature monitoring logs
- Medication incidents and data collection
- Meeting minutes folder
- Memoranda to staff and diaries
- Minutes of the medication advisory committee meetings
- Newsletters
- Physiotherapy assessments and plans
- Policies and procedures
- Quality management system: residential care and independent living quality improvements folder, continuous improvement log folder, residential care and independent living business plan, committee structure, continuous improvement work

plan, audit schedule, risk register, comments/complaints and compliments log, audit and survey results and continuous improvement logs

- Regulatory compliance: regulatory compliance folder, reportable and non-reportable incident folder, police check reports, NSW Food Authority Licence, professional registration records, consent forms for the collection and handling of personal information
- Resident diet analysis forms
- Resident information pack
- Residents' personal profiles, activity preferences and participation records
- Self assessment for re-accreditation and associated documentation
- Staff rosters
- Supplier and contractor information folders
- Supplier and contractor register
- Weight charts
- Wesley Mission board report
- Work Health and Safety system including: work health and safety implementation plan, incident reports, hazard log folder, risk assessment register, hazard report forms, electrical tagging records, material safety data sheets, occupational health and safety and incident management assessment report, maintenance program and environmental safety audit results
- Wound/dressing folder

Observations

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display
- Activities in progress; activities calendar on display and activity resources
- Annual fire safety statement, fire safety plans, equipment and evacuation information
- Charter of residents' rights and responsibilities displayed
- Clinic and treatment room
- Clinical handover sessions
- Clinical supplies
- Comment, complaint and compliment forms, advocacy brochures on display, and suggestion boxes
- Emergency procedures flip charts located throughout the home
- Equipment and supply storage areas-chemicals, linen supplies, clinical supplies, continence aids
- Individual letter boxes for residents
- Infection control resources: hand washing facilities, hand sanitisers and personal protective equipment located throughout home, spill kits, sharps containers, outbreak kit
- Interactions between residents, staff, volunteers and visitors
- Internal and external living environment
- Laundry collection

- Lunch time meal service with assistance from staff
- Medication administration rounds and medication storage area
- Menu on display
- Mobility and manual handling equipment
- Movie schedule
- Noticeboards for residents, staff and visitors
- NSW Food Authority Licence displayed
- Oxygen cylinders stored safely
- Photographs of resident activities on display
- Podiatrist's and hairdresser's rooms
- Portable emergency trolley
- Public phone
- Resident call bell system
- Resident information displayed
- Residents using mobility equipment
- Residents' eating out forms
- Secure storage of resident and staff information
- Staff amenities
- Staff work areas and practices
- Suggestion box
- Vision, mission, values and policy statements displayed

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home utilises a continuous improvement system which includes quality management and performance review mechanisms. Improvements are identified through a number of avenues including: residents and representatives meetings, staff meetings, audits, surveys, comments, complaints and suggestions, accidents and incidents and staff performance appraisals. Part of this system also includes ensuring compliance with the Accreditation Standards through the audit program which covers a significant number of expected outcomes. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents and representatives together with staff report that they have opportunities and are encouraged to participate in the home's continuous improvement activities through providing feedback and making suggestions for improvement through the home's feedback mechanisms.

Examples of recent improvements in relation to Accreditation Standard One include:

- Management identified the need to improve the process whereby the training requirements for staff could be identified and consequently a new training needs analysis survey was designed. The outcome is that the new process ensures staff have the appropriate knowledge and skills to meet residents' needs and preferences.
- Management reviewed the staff education calendar to ensure that staff training needs are met and a number of new education sessions were incorporated into the calendar. These sessions include management of incidents and accidents, the organisation's new computer based care documentation system, certificate IV training and assessment and providing a pleasant dining experience.
- Management identified the need to review its staff roster to ensure that the number and skill mix of staff was consistent in meeting residents' needs. Consequently the staff roster was altered so that there would be an increase of staff hours for care and recreational activity staff.
- The organisation is currently introducing a new electronic management information system into the home with the intended outcome being that a more effective information management system is in operation reducing the amount of time staff have to attend to administration duties and providing them with more time to attend directly to residents' needs.
- Management identified the need to introduce a more effective and efficient process whereby any changes in relevant legislation, regulatory compliance, professional standards and guidelines could be identified and communicated to relevant stakeholders in a timely manner. As a result a more effective and efficient regulatory compliance update communication process has been implemented.

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 that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through subscription to legislative update services, from government departments, attendance at professional meetings and seminars and accessing the internet and other sources. Management communicates changes to staff by memoranda, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of all policy and procedure manuals on a regular basis to ensure that all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for police checks for staff and contractors are in place. Interviews and documentation confirmed that these have been completed.
- The home has a system to ensure nurses’ registrations are current.
- The home has a system whereby external contractors’ registrations and insurances are checked to ensure they are current.

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 systems that ensure staff has appropriate knowledge and skills to perform their roles. A calendar of education sessions is developed which includes mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and some are competency based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management supports staff to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated that they are provided with training as part of the home’s orientation process and have access to on-going education.

Examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes orientation sessions for new staff.
- There is a calendar of education sessions which has been developed through a consultative needs analysis between managers and staff.

- Staff received training on the topic areas of accreditation, continuous improvement, staff orientation, elder abuse, budget management, aged care funding instrument and electronic information management system.

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

Information about internal and external complaint mechanisms are provided to residents and/or their representatives on entry to the home through the resident handbook, in the resident agreement and as part of residents' orientation to the home. Information is also communicated on a regular basis through resident meetings and information displayed throughout the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Feedback forms and suggestion boxes are available in various locations throughout the home. Brochures about the external complaint mechanisms are also displayed. Staff demonstrated that they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if necessary. Residents and representatives interviewed are aware of the home's comment and complaint process. Review of comments and complaints as well as other relevant documents indicated that issues raised are responded to in an effective and timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, mission, values and quality statements are well documented and on display in the home. This information is also available in a number of documents including the resident information handbook and other publications by the home. The home's vision, mission, and value statements form a part of the staff orientation program and are discussed at meetings.

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 a system that aims to ensure there is enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Management reviews the home's staffing requirements to ensure sufficiency of human resources. Management reported that factors considered to ensure the adequacy of the home's staffing levels and skill mix include, but are not limited to: residents' care and lifestyle needs, quality performance indicators, feedback from staff, residents and representatives, the layout of the home and workplace health and safety requirements. The home has a flexible rostering system that is responsive

to the changes in residents' needs. There are systems in place for staff orientation, education and performance management. Recruitment policies and procedures ensure that the best possible match between candidates and roles are achieved. Job descriptions, selection criteria and reference checks are used by management to increase the effectiveness of the process. Staff are provided with position statements and duty lists. Performance appraisals are conducted and results are fed into the home's human resource management system. Observations, documentation and interviews revealed that there is sufficient and appropriately qualified staff to ensure that services are delivered in accordance with the accreditation standards and the home's objectives.

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 stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs and an asset register. Maintenance request logs are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an information management system that provides relevant information to stakeholders. The home's communication system includes: meetings, resident and staff handbooks, newsletters, policies and procedures, noticeboards, orientation and training sessions, staff handover meetings, a clinical documentation system and management's open door policy. The home utilises these communication channels to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised personnel. Backup of the home's electronic information system occurs on a daily basis. Observations demonstrated that resident and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Residents and representatives stated that they are well informed regarding care and all other matters that are appropriate to them.

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's externally sourced services are arranged primarily through the organisation by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references, insurance and police checks are made. All major contracts are reviewed regularly through feedback by the home to the organisation's management group and/or the home's senior management team. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor a list is maintained at the home and updated as required, and staff are kept informed of appropriate matters relating to the provision of services by external contract suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of specific improvements relating to Accreditation Standard Two include:

- Management identified the need to improve its clinical governance procedures and provide more clinical support to staff and consequently increased the consulting hours of the clinical nurse consultant.
- Management identified the need to review its clinical care documentation to ensure residents' needs are identified and appropriate care is delivered. As a result, a review was undertaken which ensured that there was consistency between the home's documentation system with its new resident electronic information management system.
- Management identified the need for a general practitioner to visit the home on a regular basis so that residents' medical needs could be addressed effectively. Consequently, each Thursday a general practitioner visits the home and has consultations with residents as considered appropriate.
- Management identified the need for an optometrist and audiologist to review residents' needs and as a result designated clinic days have been arranged whereby these allied health professionals visit the home and consult with residents regarding their care needs.
- Management identified the need to put in place a more effective program for those residents who are considered to be at risk of falls. The home has introduced hip protectors for those residents considered at risk as part of the falls prevention program and the physiotherapist has introduced light exercises to residents which has resulted in improved levels of mobility.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors nurse registrations to ensure they are current.

- The home has a policy, procedure and education regarding mandatory reporting and maintains an appropriate reporting register.

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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relating to Accreditation Standard two include:

- medication administration competencies,
- sleep management,
- pain management and schedule 8 drugs,
- medication review and management,
- rheumatoid arthritis,
- understanding warfarin,
- nutrition in aged care,
- behaviour management,
- urinary tract infections, and
- Parkinson’s disease.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Staff described the processes implemented to ensure residents are provided with appropriate clinical care. Information collected prior to entry and from the assessment process is used to generate care plans which contain specific interventions for each resident. These are updated as needs change and are regularly evaluated for effectiveness. The care coordinator (registered nurse) supervises care and is available to advise staff after hours. The home has communication and care documentation systems to enable nursing staff, allied health and visiting doctors to identify issues and be informed of the care being provided to residents. After hours medical support and emergency procedures are in place. Clinical care practices are monitored through internal audits, care staff meetings, staff competencies and residents’ satisfaction surveys. Residents and representatives are very complimentary about the care provided by 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

The home has documented policies and procedures relating to specialised nursing care. There is a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Residents’ specialised nursing care needs at the home currently include pain management, palliative care, catheter care, oral hygiene and wound care. Residents are referred to appropriate specialists and health professionals as necessary. Care is supervised by the care coordinator with support from the local hospital as necessary. There are also systems to ensure that appropriate stock is available, equipment is checked regularly, is accessible and maintained to ensure the home is equipped to manage specialised nursing care needs. Residents 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

Residents and representatives state residents receive specialised care according to their needs. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents and/or representatives. A number of health specialists visit residents on-site and assistance can be provided in arranging transport to external appointments. Residents access a range of allied health professionals including speech pathology, dietetic, mental health, surgical, psychiatric, geriatric, dental, radiology and pathology services and there is a system to obtain feedback following visits. Reports from specialists are reviewed and implemented by the home and external visits are documented and acted upon.

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 to ensure medication orders are current, residents’ medications are reviewed, the medication management system is monitored and medications are administered safely. Medications are administered by care staff that have been trained and deemed to be competent. There is a system for the safe storage and accountability of schedule eight (S8) medications. Medications in use are stored in and administered from medication trolleys which are secured when not in use. Medication charts were observed to have been completed appropriately and signing sheets signed by staff when medication is given. Medication administration practices are monitored regularly and actions taken to remedy any identified poor practice. Medication management is regularly assessed by a consultant pharmacist. The home’s medication advisory committee meets regularly and advises on medication management. Some residents have been assessed and authorised to administer all or part of their own medications.

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 that residents are as free as possible from pain. Assessment of verbal and non-verbal indicators of pain and strategies for its relief are recorded on entry to the home and reviewed as indicated. The home consults other allied health services as necessary. The physiotherapist runs a pain clinic and staff use a range of strategies or treatments which include gentle exercises, re-positioning, comfortable mattresses, massage, hot packs and oral or topical analgesia to manage residents' pain. Treatments are regularly evaluated for effectiveness and residents and representatives express satisfaction with pain management.

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

If the home is unable to provide appropriate clinical care for terminally ill residents they are assisted to transfer to a facility able to provide a higher level of care. Residents are encouraged to complete an advanced care directive regarding terminal wishes. If it is appropriate for the resident to remain at the home, there is a comprehensive system that enables staff to provide care with comfort and dignity to meet resident's needs. Resident's representatives are encouraged to stay with their resident as long as they wish. The local palliative care team and other allied health services are accessed as necessary to manage terminally ill residents' physical, emotional, psychological and cultural needs. Spiritual and emotional needs are also met by the home's chaplain or by accessing ministers from the community. Care staff show a strong commitment to meeting the needs of dying residents within the home's environment.

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 to ensure adequate levels of nourishment. Initial and ongoing assessment of each resident's likes and dislikes, allergies, cultural, religious, nutritional and hydration needs and medical requirements are in place. There is a process for monitoring each resident's nutritional status through regular measurement of weights. When necessary residents are reviewed by a dietician and if indicated, meals are fortified or supplements provided to reverse weight loss. Meals of varying consistency including thickened fluids as well as special diets are supplied as necessary. Residents' swallowing ability is assessed by a speech pathologist if indicated. Staff supervise and assist residents with their meals as necessary. Residents are satisfied with the choices and quality of the 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 system to ensure residents’ skin integrity is consistent with their general health status includes assessments on entry to the home and as necessary. Tools used include risk assessments, regular care plan reviews, documentation of care and providing for residents’ specific skin, hygiene, continence, hair and nail care needs. Wound care is supervised by the care coordinator with advice from the wound clinic at the local hospital if necessary. Wounds are assessed and treatments are documented. Pressure relieving mattresses and limb protectors are used if indicated. Skin integrity statistics are collated and there are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents’ skin integrity. Residents interviewed are satisfied with the management of skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence, urinary flow patterns, bowel management and toileting needs are assessed on entry to the home and as necessary. The effectiveness of continence management programs is monitored and evaluated. There is a system to help residents with their toileting needs, and access to, or provision of, disposable continence aids of appropriate size and type for residents if required. Bowel movements are monitored and residents with a history of constipation and/or those receiving opiate medications have bowel management strategies aimed at reducing the risk of constipation. These include the use of fruit, high fibre diets, adequate fluid intake and a regimen of aperients if necessary. When indicated, residents’ urine is tested for the presence of infection and action is taken to verify any infection and obtain antibiotic sensitivities before treatment is commenced. Residents are satisfied with continence management.

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 needs of residents with challenging behaviours are identified and met. Entry information obtained from residents, representatives and doctors, together with staff observations and assessments of individual needs and triggers, are used to develop a care plan documenting strategies for staff to implement. Medical and other health professionals are consulted to provide input into behaviour management plans as necessary. Care plans and management strategies are regularly reviewed to ensure the care and safety of all residents and staff at the home. Physical restraint is rarely used and if required is authorised by the resident’s doctor and person responsible. Residents with a tendency to wander may be commenced on a regular ‘sight chart’ on which is recorded their whereabouts at stated intervals. They also wear a device which alerts staff if they exit the building. The environment was observed to be calm, residents well groomed, and participating in activities of interest to them. Residents and representatives’ state staff manage residents’ challenging behaviour well.

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

A physiotherapist visits weekly to assess the mobility, dexterity and balance of residents on entry to the home and as necessary and a plan, which is carried out by a physiotherapy aide or care staff, is developed. The physiotherapist also manages a falls prevention program and a pain clinic for residents. Some residents have joined a walking group and group exercises are carried out as part of the activities program. Changes in mobility are identified and documented in the care planning process. A range of walking aids is available and grab rails in corridors may assist with mobility if required. Staff are provided with education on manual handling and maintaining mobility and dexterity. There is information in residents’ rooms regarding individual manual handling and mobility needs. Falls statistics are collated and presented at appropriate meetings. Residents and representatives are very satisfied with the efforts made to maintain mobility.

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 systems to ensure residents’ oral and dental health needs are met. This includes a program of assessment and the development of a care plan with strategies to meet ongoing individual oral health and dental care needs. Most residents are able to attend their own dentists in the community but arrangements have been made for a dentist to visit and assess residents’ dental and oral care needs in the near future. Residents are supported by staff to maintain their dental care independently, or are assisted by care staff as required.

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 has a system to assess, monitor and evaluate residents’ five senses to ensure they are managed effectively. The vision of a number of residents has recently been assessed by a visiting optometrist and the home liaises with providers of ophthalmic, audiometry, and speech therapy services if necessary to ensure that residents’ sensory needs are identified and addressed. Care plans contain specific interventions to address potential problems due to reduced feeling in limbs or reduction in touch sensation. There is a system to ensure staff monitor residents are wearing their spectacles and hearing aids are functioning correctly. Adequate lighting assists residents with sensory impairment to maintain independence and safety. Large print and ‘talking’ books are available as necessary. Residents are satisfied with the management of any sensory loss.

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

There is a system to assess sleep patterns on entry to the home in consultation with the resident and their representative before the development of a care plan which is regularly reviewed. Rising and retiring times of residents are documented in care plans and staff assist residents to settle for the night. A quiet environment and comfortable temperatures are conducive to restful nights. If residents wake they may request a hot drink and staff are available to offer assistance with continence needs, pain management and reassurance. Residents who require medications to assist them to sleep have it provided for them. Residents state they are able to achieve sufficient sleep.

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 the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- Management identified the need to review the arrangement for security of tenure to ensure consistency with relevant legislation. A review was undertaken the outcome of which was that the home’s security of tenure arrangements comply with appropriate legislative requirements.
- Management identified the need to ensure that appropriate information and support be provided to new residents and their families when adjusting to life in a new environment as well as on an ongoing basis. To assist to ensure that this occurs a review of care service officers’ role and responsibilities was undertaken which now includes providing appropriate support to new residents and their families as well as on an on-going basis.
- Staff identified the need to ensure that relatives were given appropriate opportunities to have adequate input into the home’s operations and resident care by way of the resident and relative meetings. Consequently, the home introduced resident and relative meetings to be held in the evening so residents’ families could attend.
- The look and the format of the home’s newsletter has been changed and updated so that it is more attractive and user friendly to residents and their representatives.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The charter of residents’ rights and responsibilities is displayed in the home.
- The resident agreement outlines security of tenure and is based on applicable legislation.
- Department of Health and Aged Care Complaint Scheme information brochures are available in the home’s entrance foyer.

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 details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrated that staff have knowledge and skills relating to resident lifestyle.

Examples of education related to Accreditation Standard Three include:

- focus on person centred care,
- fun and functional activities for residents with dementia, and
- staff attendance at diversional therapy forums.

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 representatives are satisfied with the ways in which staff provide information prior to entry, assist them to adjust to life within the home and for their ongoing emotional support. A social profile of the residents' cultural, spiritual and other interests helps to ensure each resident receives initial and ongoing emotional support through the entry processes, assessments, care planning, family care conferences and the evaluation of the care provided. Visiting families, friends, visitors and volunteers are welcomed. Residents' birthdays are celebrated and residents are encouraged to go on outings if possible. Residents are encouraged to bring in personal items and photos to help create a homelike atmosphere. Staff provide residents with emotional support, such as the provision of one-to-one support, visits from volunteers, the compilation of a newsletter and visits from the chaplain or pastoral carers of their choice.

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

Strategies to enable residents' independence to be maximised are identified in individual plans. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. Individual and group activity plans, monthly calendars and lifestyle assessment forms provide opportunities for residents to achieve maximum independence. The home welcomes visits from resident representatives and residents are encouraged to participate in life outside the home. Many residents have telephones connected and mobility aids are readily available. Residents are encouraged to achieve independence in health care choices, participation in decision-making, and personal care. There is an exercise program to assist residents to maintain or improve independence through individual and group

interventions and encouraging them to do as much as they can for themselves. Residents state they are encouraged to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's privacy, dignity and confidentiality. This was confirmed by information contained in the residents' and staff handbooks, by resident and representative feedback and observation during the visit. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Residents understand they may refuse treatment and their consent is required before treatments are carried out. Staff and management show an awareness of privacy and dignity issues in their daily practices, such as addressing residents by their preferred names, appropriate door signage and knocking prior to entering rooms. Confidential resident records and belongings are stored securely. There are lounge areas within the home and outdoor areas where residents can be with their friends and relatives in private.

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 has systems to encourage and support residents to participate in a wide range of activities of interest to them. Social and leisure profiles are completed on entry to the home and the activities staff develop regularly evaluated plans based on these assessments. The leisure and lifestyle program offers a wide range of activities conducted in large and small groups, and one-to-one sessions. The program caters to the needs of residents with challenging behaviours, sensory loss and/or limited mobility. Activities take place six days a week (to be increased to seven days a week from July 2012) and include the Taylor's gym, bus outings, music, concerts, entertainers, visits from school children, movies, and celebration of cultural days. Some residents have joined a computer group with access to a number of computers in the home. Residents are informed of activities via the monthly newsletter, individual programs, noticeboards and verbal prompts. Participation in activities is monitored and residents are encouraged to provide suggestions and feedback at the residents' meetings, through one-to-one discussions and audits. Residents interviewed are satisfied with the range of leisure and lifestyle activities provided.

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

The home demonstrates it values and fosters residents' individual interests, customs, beliefs and cultural backgrounds by identifying and documenting these in resident individual lifestyle development plans and offering activities which meet residents' needs and preferences.

Provision is made for the celebration of special national, cultural and religious days. Other cultures are respected when identified and the needs of these residents are met where appropriate. Regular religious services are held within the home and pastoral services are available to all residents. Residents interviewed expressed satisfaction with the way staff ensure their cultural and spiritual needs are being met.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Personal preferences, needs and choices are identified on entry to the home using a range of assessments and consultation with health care providers and residents and/or their representatives. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, meetings, the formal comments and complaints process and directly to staff and management. Information on residents' rights and responsibilities is included in the resident handbook. The home has a family conference process and residents are encouraged to exercise choice and control regarding all aspects of their care including taking part in activities with an element of risk. Voting facilities are available at election times. Residents and representatives are satisfied with choices available to residents and that 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 has systems to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. New residents and their representatives are offered comprehensive information regarding their rights and responsibilities and are offered a resident agreement to formalise occupancy arrangements. Residents are provided with the opportunity to have the contents of the agreement with fees and charges fully discussed before entering the home. Residents and representatives are consulted regarding room changes or alternative accommodation should the need arise. Resident and representative interviews verified that they understand their rights and responsibilities and the internal and external complaint's process.

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 further information relating to the home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- In order to improve the circulation of air and temperatures within the kitchen the home has installed new fans and air conditioners with the result being improved air flow and enhanced working environment for staff.
- Management identified the need to ensure that the home had appropriate and skilled staff in the advent of a fire emergency and as a result three additional staff members received fire warden training.
- To improve residents’ living environment four residents’ rooms have been renovated.
- A comprehensive review of the home’s infection control folder has been undertaken so that it provides appropriate information and is an easy reference guide for staff to obtain required information in an efficient manner.
- The home has installed new roller blinds in the dining room which are easy to maintain and clean as well as enhancing the environment of the dining room.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
- The home has a current fire safety statement displayed.

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 details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Accreditation Standard four include:

- risk management,
- food safety training,
- manual handling,
- infection control,
- workplace health and safety responsibilities,
- fire safety training, and
- first aid

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 can demonstrate that it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is situated in a pleasant beach side setting. The home is light and bright with furnished communal areas and smaller sitting areas. Residents are accommodated in single rooms with en-suite facilities. The home occupies two floors with pleasant landscaped courtyards. There is a preventative and reactive maintenance program in place, including recording of the warm water system temperatures system and regular environmental inspection audits are undertaken. Residents may personalise their rooms with items from their previous home and residents and representatives stated that they are very satisfied with their individual and communal living 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

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home has a safety improvement team which undertakes regular workplace inspection audits. There is compulsory education for all staff in workplace safety including manual

handling. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities, and the team observed safe practices in operation.

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 established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are evening lock-up procedures. There is regular testing of external security lighting and alarm systems. Fire evacuation plans, emergency services flip charts and exit signs are located throughout the home. Monitoring and maintenance of all fire equipment is undertaken and reports provided. Fire equipment is located throughout the home and there is evidence that this is regularly serviced and tested. Fire safety and evacuation training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. An emergency evacuation resident list is maintained together with a detailed resident fire evacuation information folder. Staff stated that they are aware of and understand their responsibilities in the case of fire and other emergencies.

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 established policies and practices that support an effective infection control program. Staff receive training at orientation and on an ongoing basis. Hand sanitisers and hand washing facilities are located throughout the home. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures and disposal of waste. A vaccination program is in place. The home follows state and federal guidelines for the management of influenza and gastroenteritis outbreaks. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment appropriately colour coded. Information on infections is collected, analysed and discussed with staff. We observed that staff complies with infection control practices including the use of personal protective equipment.

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

Residents and representatives expressed a high level of satisfaction with the hospitality services provided at the home. Comments included "the food is lovely", "the place is kept beautifully clean", "my clothes are looked after by the laundry".

Catering

Residents' dietary needs and choices are assessed and documented on entry to the home and relayed to the catering and servery staff who maintain a list of food preferences and special diets, including supplements or modified meals. Food is delivered chilled from an external contracted supplier and then heated and served to residents, however such food items as salads and sandwiches are prepared on site. Food is served in a pleasant dining area. There is a food safety program in place and the home has a current NSW Food Authority licence. The home has a four week rotating menu with input from a dietician. We observed food preparation, service and staff practices that reflect the appropriate food safety guidelines, including infection control requirements. Catering and servery staff have undertaken training in relation to appropriate food handling and infection control.

Cleaning

The home presents as clean, fresh and well maintained. Staff are guided by documented schedules, work practices and results of inspections. All equipment is colour coded and chemicals securely stored. Staff are trained in the use of equipment, infection control, outbreak management procedures and manual handling. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.

Laundry

The laundering of linen is provided by an external contractor. Dirty laundry from the home is collected in appropriate coloured linen bags and there are procedures and work practices for the collection and handling of laundry. Residents' personal clothing is laundered on-site and staff described the processes for the collection and transportation of dirty laundry and distribution of clean laundry to residents. Staff confirmed that they receive training in infection control, manual handling and safe work practices.