



Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredit Winston House Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Winston House Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Winston House Nursing Home is 3 years until 15 July 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and Approved provider details

Details of the home

Home's name:	Winston House Nursing Home				
RACS ID:	2401				
Number of beds:	52	Number of high care residents:	40		
Special needs group catered for:	• Dementia specific				
Street/PO Box:	51 Croydon Avenue				
City:	CROYDON	State:	NSW	Postcode:	2132
Phone:	02 9799 7306		Facsimile:	02 9796 6542	
Email address:					

Approved provider

Approved provider:	F.W. Cook & Ms C.M. Heffernan Partnership
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Assessment team

Team leader:	Alexander Davidoff
Team member/s:	Sue Brown
Date/s of audit:	8 April 2009 to 9 April 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Winston House Nursing Home
RACS ID	2401

Executive summary

This is the report of a site audit of Winston House Nursing Home 2401 51 Croydon Avenue CROYDON NSW from 8 April 2009 to 9 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Winston House Nursing Home.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 8 April 2009 to 9 April 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Alexander Davidoff
Team member/s:	Sue Brown

Approved provider details

Approved provider:	F.W. Cook & Ms C.M. Heffernan Partnership
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Details of home

Name of home:	Winston House Nursing Home
RACS ID:	2401

Total number of allocated places:	52
Number of residents during site audit:	40
Number of high care residents during site audit:	40
Special needs catered for:	Dementia specific

Street/PO Box:	51 Croydon Avenue	State:	NSW
City/Town:	CROYDON	Postcode:	2132
Phone number:	02 9799 7306	Facsimile:	02 9796 6542
E-mail address:	Nil		

Assessment team's recommendation regarding accreditation

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The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents	2
Deputy director of nursing	1	Relatives	6
Registered nurses	2	Catering staff	1
Care staff	4	Laundry staff	1
Diversional therapist	1	Cleaning staff	1
Maintenance staff	1		

Sampled documents

	Number		Number
Resident files (including resident assessments, nursing care plans, pathology information, medical notes, progress notes etc)	8	Medication charts (allergies, long term and short term medication charts)	16
Wound assessment and dressing charts	7	Medication incident forms	6
General observation charts	6	Accident/ incident forms	6
Weight monitoring charts	7	Mobility assessment forms	7
Personnel files	6		

Other documents reviewed

The team also reviewed:

- 1999 Certification Assessment Instrument
- Accident incident infection control summary folder (including summary of accidents and incidents for December 2008; January, February 2009)
- Activities program April 2009
- Aged care triage service flowchart
- All about me – residents short stories folder
- Approved suppliers list
- Assessment program for new admissions
- Assessments (podiatry, diversional therapy, optometry, continence, sleep, pain, skin integrity, toileting, bowels, falls risk, oral and dental, communication and comprehension)
- Bed rail consents
- Bi-monthly general observation charts folder
- Bowel book folder (includes bowel charts and Bristol stool chart)
- BSL – residents and time required for BSL to be done
- Calendar for activities (April 2009)
- Care conference documentation
- Circulars from the NSW Department of Health
- Comments and complaints folder
- Communication diary
- Consents for dental screening services
- Department of Health and Ageing gastro info pack
- Diet analysis forms
- Dietician menu review May 2008
- Diversional therapy daily records folder
- Doctors list and contact numbers
- Doctors' book folder
- Duty statements (AINs and RNs)
- Education calendar 2009
- Education records folder
- Emergency department discharge referrals (from Canterbury Hospital)
- Eye care reports
- Fire safety certificate dated 13/01/09
- Fire system service log books
- General observation charts
- Geriatrician letters
- Guardianship order
- Handover folder
- High risk falls alerts
- Improvement logs
- Improvements logs register
- Incidents/accidents and infection control statistics
- Infection control practices guide
- Infection surveillance reports (December 2008; January – April 2009)
- Kitchen cleaning schedules
- Kitchen temperature records of food stuffs, cooked meals and appliances
- Maintenance logs
- Manual handling instructions
- Medication audit folder
- Meetings 2008-2009 minutes
- Mobility assessment forms

- Monthly weight folder including weight monitoring charts
- Neurological observation chart
- NSW Food Authority licence
- Nurse initiated medication charts
- Nursing care plan evaluation schedule 2009/2010
- Pain monitoring charts
- Pathology results
- Pharmacy order sheet
- Physiotherapy assessments and record of interventions folder
- Physiotherapy records
- Plan for continuous improvement
- Podiatry care plan
- Podiatry progress notes and care plan evaluation
- Policies folder
- Preventative maintenance schedule for registered nurses
- Preventative maintenance schedules
- PRN medication charts
- Record of physiotherapy interventions
- Recruitment policies and procedures
- Registrations of medical practitioners, registered nurses and allied health practitioners
- Report writing schedule
- Resident daily care plans folder
- Residential care agreement
- Residents/relatives meeting schedule
- Residents' information package and handbook
- Restraint sign on sign off charts
- Schedule 8 register
- Service agreements
- Staff induction package and handbook
- Staff orientation form
- Temperature monitoring records (medication fridges)
- Transfer summary forms
- Winston house newsletter - the in-house buzz
- Wound assessment and dressing charts

Observations

The team observed the following:

- Activities in progress (line dancing)
- BSL measuring device
- Charter of residents rights and responsibilities on display
- Cleaner's room
- Courtyards and outdoor sitting areas
- Designated emergency assembly area
- Emergency medication stock
- Emergency procedures flip charts
- Equipment and supply storage areas
- External complaints brochures on display
- Fire equipment, exit signs and evacuation charts
- Handover between registered nurses
- Interactions between staff and residents
- Kitchen and food storage areas
- Living environment and external grounds
- Management of skin tears signage (on display)

- Manual handling instructions charts
- Memorandum to staff regarding missing residents displayed (dated 23 December 2008)
- Mission, vision and objectives statement displayed
- Mobility aids
- Notification of the accreditation audit (on display)
- Nurse's stations
- Personal protective equipment being correctly used by staff
- Pressure relieving devices in use
- Residents at midday meal
- Residents evacuation list
- Safety first signs displayed
- Secure schedule 8 medication storage
- Sharps containers
- Spills kits and sharps disposal containers
- Staff serving morning tea and lunch
- Storage of medications
- Suggestion box at entry to home
- Treatment room
- Utility rooms
- Waste disposal facilities
- Wound dressing trolley

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure that improvement activities are identified, actioned and evaluated for effectiveness. Improvement activities are identified at residents/relatives and staff meetings, through improvements logs, a suggestions box, through internal data collection systems, from audit results, through management observations and as a result of regulatory changes. Improvement activities in the home may be planned and monitored to implementation and evaluation through the improvement log form, through various meetings and their minutes, or may be documented in the improvement action plan, which allocates implementation dates and provides for evaluation on completion. A monthly meeting considers quality improvement, occupational health and safety and infection control matters. Examples of improvement activities relating to the Accreditation Standard One include the following:

- The home has a 20 seat bus used for resident trips, which requires a special bus driver licence. The bus has been driven by a recreational officer who retired in July 2008. The group will be purchasing a smaller bus which can be driven without a special licence; meanwhile the home is employing the retired staff to continue driving the large bus once a week, ensuring that resident trips are maintained.
- The home did not have any identification of resident beds in multi bed rooms, making it difficult for newer staff to identify residents during medications rounds or delivery of food and drinks. Name holders were installed above beds to hold laminated resident name cards.
- The home had a limited staff education under the previous manager, comprising mainly mandatory training. Training needs were discussed with staff, education program reviewed and improved.
- The home identified that staff appraisals were not up to date and there was no system in place to ensure timely regular appraisals. All staff files were reviewed to establish when the next appraisal is due for each member of staff and an overall schedule was developed to ensure timely appraisals.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has procedures in place to identify and ensure compliance with changes in relevant legislations, professional standards and guidelines. The group has a membership with a peak aged care industry organisation and a subscription to aged care legislative update service. The home may receive legislative change information

from these bodies directly or through the group sources. The home also receives notification and circulars from the state and federal departments. Received information may be communicated within the home through memos to staff and meetings; staff education is implemented as appropriate. Policies and flow charts are updated at group level when needed. Specific examples of regulatory compliance relating to the Accreditation Standard One include the following:

- Police checks have been done for all members of staff and a procedure is in place to ensure timely reviews.
- Work rights and visa status of staff is being monitored where appropriate.
- Staff awards information is obtained by the facility and is available to all staff.
- The home has implemented a procedure and staff education on missing persons reporting.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems to provide management and staff with appropriate knowledge and skills to perform their roles effectively. New employees undergo an orientation program to ensure that all new employees are aware of the home's essential policies, procedures and practices. Staff training needs are identified from management observation of staff practices, annual appraisals, staff suggestions, new products and equipment, changing resident needs, regulatory changes and evaluations of previous training sessions. The home's training program includes compulsory education on fire safety, occupational health and safety and infection control. The education calendar comprises inservices given by internal and external presenters, including suppliers, and staff may also attend external seminars. Individual staff education records are documented to assess their training attendances. Staff interviewed advise they are provided with sufficient and appropriate education and training to perform their roles effectively. Examples of education activities relating specifically to the Accreditation Standard One include internal inservices on effective teamwork, harassment and bullying, understanding of expected outcomes, and superannuation fund presentation on 'understanding super'.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home provides access to the complaints mechanisms for residents and resident representatives through a suggestions box, continuous improvement form, resident/relative meetings, and verbal communications to management and staff. Information on complaints mechanisms is included in the resident handbook and the residential care agreement and is displayed in the home. The home maintains a complaints register and the team noted that complaints are resolved promptly and feedback is provided. Staff are given education on reporting of elder abuse allegations and a consolidated register of reportable complaints is in place. Residents and relatives interviewed by the team stated that they are satisfied with the complaints mechanisms available to them and would be prepared to make a complaint if needed.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has a clearly documented statement of vision, mission and objectives which outline the home's commitment to quality resident care and to maintaining resident individuality, and which is displayed in the home and contained in the staff handbook.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has policies relating to human resource management, and duties descriptions for all the positions and shifts in the home. Most of the care staff in the home have Certificate 111 qualifications and 4 staff are attending Certificate 1V training. A registered nurse is on duty for each shift. Appropriate training is given to staff when new resident care needs are indicated. Annual staff appraisal system is in place. Please see the expected outcome 1.3 Education and staff development for further information on orientation and education systems in the home. Care staff are rostered to work in pairs owing to resident manual handling requirements, and staff are rotated monthly through the three wings. Rostered shifts are adjusted in line with the changing number of residents in the home. Staff absenteeism and leave in the home are covered by increasing shifts of existing permanent staff and the use of casual staff. The use of agency care staff is avoided as far as possible owing to their lack of familiarity with the home's residents and systems. The home monitors registrations of professional staff and a system is in place to check staff criminal records. Staff interviewed said that they have adequate skills and that staff numbers are adequate to provide quality service to residents. Residents/relatives interviewed are satisfied with the standard of care provided by staff in the home.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has adequate stocks of equipment and goods to provide quality service delivery to residents. Equipment needs are identified through management observations, meetings, staff suggestions and changing resident needs. Group capital budget is prepared annually. New equipment is evaluated as appropriate through pre-purchase trialling and occupational health and safety assessments. Scheduled preventative maintenance of equipment is implemented by the home's maintenance officer, and by external contractors. The team has observed various items of equipment in the home including lifters, electric beds, pressure relieving mattresses, slide sheets, weigh chair, wheel chairs and walkers. The home uses approved suppliers, some selected by the home and some nominated by the group, and responsibilities for ordering medical, catering and other supplies are clearly allocated. Staff interviewed by

the team said that the home has adequate levels of equipment and supplies to provide quality resident care and that maintenance and repairs are completed promptly

1.8 Information systems

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

Team's recommendation

Does comply

The home's management processes, policies, procedures, flowcharts, document formats and other systems information are maintained on a computerised system which is updated from the group office. Documents and updates are printed out in the home from the system as required. The home maintains records relating to resident care which include assessments, care plans (which are regularly reviewed), progress notes, medical records and other clinical records and shift handovers. Residents are provided with the residence agreement and a residents' handbook and other entry information which explain aspects of entry to and life within the home. The home routinely collects key information such as incidents/accidents, medication incidents and infection incidents. Other aspects of the home's information systems include resident and staff meetings, improvement log forms, noticeboards and quarterly resident newsletter. Confidential information is securely stored and procedures are in place for archiving and destruction of documentation. Computers in the home are password protected. Residents and staff interviewed by the team are satisfied with the information systems in the home.

1.9 External services

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

Team's recommendation

Does comply

The home has an approved list of suppliers of external services, with some selected at group level and others by the home. The home maintains agreements signed with the providers of allied health services, with the group head office responsible for maintaining agreements with other suppliers. Performance of external service providers in the home is regularly monitored and steps are taken to rectify unsatisfactory performance. Records of service calls and service reports are maintained. Some external contractors contribute to the home's quality systems by providing staff training in the areas of their expertise, such as continence training, and chemicals safety training. Procedures are in place to contact external providers after hours. Residents/resident representatives and staff interviewed by the team are satisfied with services offered 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 recommendation

Does comply

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Two include the following:

- The home has identified that the majority of residents have not had a dental check for a long period of time. After obtaining consent from relatives and guardians the home has arranged for an allied health services organisation to visit the home and conduct dental screening. Assessment results were provided to families for a follow up where appropriate.
- The home has identified that optometry services were not being provided regularly to residents. An allied health services organisation has visited the home in January 2009 and has assessed all residents. Families were contacted if a need was identified for glasses or other specialised attention.
- To ensure that resident care needs are being met and to keep families informed and involved in resident care, the home has developed a schedule of regular care conferences.
- To ensure provision of best possible resident care in the home the director of nursing has reviewed all nursing care plans, assessments, pain management, wound management and other care documentation. Regular reviews of care plans and assessments have been introduced.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has a system in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to the Accreditation Standard Two include the following:

- The home monitors professional registrations of medical practitioners, registered nurses and allied health practitioners.
- The home provides continence aids and toiletries to residents receiving high level care in accordance with legislative requirements.
- The home follows the requirements of the Poisons Act with respect to storage, administration and documentation of Schedule 8 medications.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home has education and staff development systems which provide staff with appropriate knowledge and skills to perform their roles effectively. For a description of these systems please refer to the expected outcome 1.3 Education and staff development. Examples of education activities relating specifically to the Accreditation Standard Two include: an inservice on dementia caring experience; presentation by the pharmacist on dementia and nutrition; incontinence management seminar by a supplier and pain management and Abbey scale presentation by a supplier.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to assess, monitor and evaluate resident’s care needs on entry to the home and on an ongoing basis. Initial assessments and information from residents and representatives provide information for the development of a mini care plan. The clinical care assessments and care planning process is then completed according to the timeframe included in the assessment program. Review of documentation and interviews with residents/representatives confirm these systems are effective. Residents/representatives expressed satisfaction with the care provided and advised that they have input into their care planning through care conferencing and regular discussion with senior staff. Residents are seen regularly by their treating medical practitioner and other relevant health care professionals ensuring that ongoing and changing needs are met. Care staff demonstrate comprehensive knowledge of residents’ needs consistent with the resident’s care plan.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home has systems in place to assist staff to identify and meet residents’ specialised nursing care needs. Registered nurses undertake initial comprehensive assessments and provide specialised nursing care needs such as complex wound dressings. Resident care plans are developed based on these assessments and reviewed and evaluated every three months by RNs, in consultation with care staff, to ensure care needs are met. The director of nursing and deputy director of nursing assist with the development and evaluation of the care plans. Resident clinical problems are addressed in a timely manner, referrals are made as required feedback and resident representatives informed. Staff reported they have sufficient equipment maintained in good working order to provide specialist nursing care and regularly liaise with other specialist services in the area including diabetic services, geriatricians and dieticians.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Referrals are arranged in accordance with the resident’s health needs to a wide range of health and allied health specialists in consultation with the resident/resident representatives including the resident’s medical officer. Interviews with resident representatives and staff, review of the communication diary and hand over sheets confirm that residents are referred to appropriate external health specialists as their care needs dictate and according to their preferences. Other health and related service visits to the home include: physiotherapy, podiatry, dentists, dietician, hairdressing and optometrists. Feedback from referrals is followed up and incorporated into care plans to ensure residents’ ongoing needs are met. Resident representatives interviewed stated referrals at the home are arranged in a timely and efficient manner.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has a system in place to enable the medications to be administered in a safe and correct manner and to ensure medication orders are current and reviewed regularly by a medical practitioner. Medication reviews are conducted by an external pharmacist on a regular basis and the home’s management undertake spot check audits. Medication errors/incidents are discussed with the RN involved and reviewed by the Quality improvement committee. Registered nurses administer all medications using a seven-day, single-dose, blister pack system and emergency antibiotics are available if required. A review of medication charts indicates they are appropriately documented and contain relevant and correct information including the identification of residents and any allergies. Resident representatives interviewed by the team advised that they are satisfied with the care provided, including the management of medication.

2.8 Pain management

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

Team’s recommendation

Does comply

The documentation reviewed by the team confirms that all residents are as free as possible from pain. The home has specific assessment tools for pain management to assist care staff in identifying and monitoring resident’s pain levels. Pain medication is administered according to the medical practitioner’s orders. Staff monitor residents’ responses to pain relief and this information is documented on the pain monitoring chart. Pain-relieving strategies include medication, passive physiotherapy and massage. Documentation review and resident representative interviews confirmed that pain management strategies are effective. One representative advised the team that staff are able to identify resident’s pain even when the resident was unable to verbalise the pain.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has systems in place to ensure that the comfort, privacy and dignity of terminally ill residents are maintained. The registered nurse and care staff advise residents requiring palliative care are looked after at the home with the support of the resident's medical officer and specialist services as required. Staff identify residents' specific wishes including their spiritual, cultural and emotional needs in relation to palliative care and ensure symptoms are controlled including pain management. Resident's clinical records contain end of life terminal wishes and the home allows family and friends to stay with the resident if they choose. Documentation reviewed by the team included pain assessments, pain management records and care plans.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home's system to ensure residents have adequate nutrition and hydration includes assessment on entry to the home, identifying food and drink preferences and special dietary requirements. Residents' dietary needs and preferences are documented and communicated to the kitchen. The monthly weight program ensures regular monitoring of the residents' nutritional status is attended by care staff. Any increase or decrease of more than two kilograms is reported to the RN, discussed with the medical practitioner and family and actioned accordingly including the use of nutritional supplements if required. Residents are assisted with meals as needed and utensils to promote independence are also available. Staff demonstrate understanding of residents' dietary needs, swallowing patterns or food refusal and report any changes to the registered nurse. Resident/representatives are happy with the food choices provided by the home.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

The home has a system in place for maintaining resident's skin integrity including initial and ongoing assessments, care planning and regular evaluation. The team reviewed documentation including progress notes, care plans and residents' wound dressing charts that identify the site, size and treatment of the wound including any follow up required. Interviews with residents/representatives, staff and documentation reviewed demonstrate that residents' skin integrity issues are appropriately assessed, monitored and documented. There are referrals to appropriate specialists and allied health professionals including the wound care specialist. A range of dressing products and aids to maintain and promote skin integrity is available as required including provision of pressure relieving mattresses, comfortable chairs and regular pressure area care. The use of continence management strategies also facilitates skin care. The home monitors accidents and incidents including wound infections and skin tears and a podiatrist visits the home regularly.

2.12 Continence management

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

Team's recommendation

Does comply

The continence management system in place ensures that resident's continence is managed effectively. The system includes initial and ongoing assessments, care planning and regular evaluation. Resident representatives and staff interviewed by the team confirm that residents' continence is managed in an effective and dignified manner. Where indicated close monitoring of continence patterns is conducted and management strategies are implemented as required. The home's external continence aid supplier can be accessed as required for education and support and a range of equipment, in various sizes, is available. Continence management strategies include individualised toileting programs, which may include prompting, scheduled toileting times, continence aids, high fibre diets and increased fluid intake. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has systems in place to manage the needs of residents with challenging behaviours. There is initial and ongoing assessment of residents' behavioural needs, the development of a care plan that includes strategies to address residents' specific needs and monitoring of resident behaviour. Progress notes and incident reports document challenging behaviours and staff responses whilst care plans reflect strategies used as well as outcomes for residents. There is minimal use of restraints following discussion with the medical officer and resident representatives and staff monitor and document the application and release of restraints. The home has access to specialist health professionals including the geriatrician from the local hospital. Staff confirm there is ongoing education in managing challenging behaviours and could demonstrate how to identify and manage residents' behaviour. Resident representatives state they are satisfied with the care given by staff when managing residents who display challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents' mobility, dexterity and rehabilitation needs are assessed on entry and regularly reviewed based on individual care needs and responses to treatment through the care planning system. The home uses the services of a physiotherapist to develop individual programs which are implemented and documented by care staff. Exercise programs are provided on a one-to-one basis with residents while providing daily care needs as well as on a group basis by the diversional therapist. Risk management strategies to reduce falls have also been implemented and include high risk falls alerts. The team observed residents using mobility aids and handrails suitably placed throughout the home. Ongoing staff education in manual handling of residents ensures both resident and staff safety. Residents/representatives interviewed by the team confirmed involvement in the mobility, dexterity and rehabilitation programs offered by the home and one representative stated that the resident has had less falls since living in the home despite the family choosing not to restrain the resident.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

The home has a system in place to ensure that residents’ oral and dental health is maintained. A review of care information confirms that each resident’s needs are assessed on entry to the home as well as on an ongoing basis and, when required, expert assessment and treatment is provided. Staff interviews demonstrate knowledge of the oral and dental care needs of residents and the level of assistance required to maintain oral hygiene. Resident representatives confirm residents are assisted with oral hygiene when necessary and referred for specialist services when required. Following a review of a resident a local geriatrician wrote “considering how difficult it would be cleaning the resident’s (sic) mouth I think the staff are doing an excellent job”.

2.16 Sensory loss

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

Team’s recommendation

Does comply

There is a system in place at the home to identify and effectively manage residents’ sensory needs and losses. Assessments of residents’ sensory related needs are completed on entry to the home and when a change in the resident’s condition is identified. Residents who are identified as having sensory deficits, such as requiring glasses or hearing devices, have management strategies documented in their care plan that is reviewed on a regular basis. Staff who provide activities for the residents are able to identify sensory activities related to touch, taste and smell that are offered to residents. The home’s library contains large print books and the physical environment contains safe walking areas, good lighting, hand rails along corridors and grab rails in the bathrooms. The home has a process for referring and assisting residents who require hearing and/or visual review or assessment. Residents confirm they receive assistance with care and maintenance of their glasses and hearing aids.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has systems that support residents to maintain sleep patterns through the assessment of their natural sleep patterns, care planning and the provision of a quiet environment. Sleep patterns are identified on entry to the home and a sleep management plan is developed in consultation with the resident and representatives. Sleep assessments and management plans are regularly reviewed and evaluated. Strategies used include pain management, continence management, one on one time with staff and night sedation when ordered by the medical officer. Residents and representatives confirm they are satisfied with the homes approach to sleep management.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Three include the following:

- To improve resident lifestyle the director of nursing and the recreational activities officer, in consultation with residents, have reviewed the activities program. New activities have been introduced such as bread making, exercises with swats and balloons, movies and pancake making.
- The home is in the process of relocating external fences to allow residents from all the areas of the home to access the spacious, pleasantly landscaped secure dementia garden.
- Three additional garden umbrellas have been purchased to provide additional shade for residents in the external grounds.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to manage regulatory compliance relating to resident lifestyle. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to the Accreditation Standard Three include the following:

- Residential agreements are in place according to legislative requirements, and are regularly updated at group level.
- The home has introduced policy and procedure on reporting elder abuse and staff have been given education on the subject.
- The home provides continence aides and toiletry items to high care residents in line with legislative requirements.

3.3 Education and staff development

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

Team’s recommendation

Does comply

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Examples

of education relating specifically to the Accreditation Standard Three include inservices on mandatory reporting of elder abuse and on resident privacy and dignity.

3.4 Emotional support

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

Team's recommendation

Does comply

The home supports residents in adjusting to life in the new environment and on an ongoing basis. The residents' handbook provides information about the support and services that are offered and a checklist ensures comprehensive introductions are made to life in the home. Residents' emotional, social, leisure and cultural preferences are assessed and documented shortly after entry to the home and are reviewed to ensure that residents' changing needs and preferences are met. Observations during the visit verified that residents receive emotional support from staff. Interviews with residents/representatives confirm they are supported in adjusting to their new environment and that staff care about their emotional well-being. One representative stated that staff had provided them with "lots of information" and "always have time for you to discuss your concerns".

3.5 Independence

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

Team's recommendation

Does comply

The home assists residents' to achieve maximum independence, maintain friendships and participate in the life of the community. Residents are encouraged to maintain friendships and interests and to participate in community activities in accordance with their individual abilities and preferences. Residents' level of independence and need for assistance is assessed initially and regularly reviewed. The layout of the home assists to promote independence for residents with vision loss and there is regular consultation with residents and representatives regarding risks associated with activities and mobility for example.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has systems in place to ensure that each resident's privacy and dignity is respected and their confidentiality is maintained. Residents' records and personal information are stored securely, with access by authorised staff only. Staff are required to practice in a manner which ensures that residents' rights, privacy, confidentiality and dignity are maintained. Observations verified that staff address residents in a courteous and polite manner, call residents by their preferred names, only enter residents' rooms with permission and ensure the privacy of residents who require assistance with toileting. Residents/representatives confirm staff treat them with respect and maintain their privacy, dignity and confidentiality. Resident privacy/dignity is discussed in the staff handbook and is included in the education calendar

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents at the home are encouraged and supported to participate in a range of activities of interest to them. Documentation review confirms lifestyle histories are developed on entry to the home and identify residents' past and present interests as well as preferences and this information is included in the diversional therapy care plans. Staff advised that activities programs are developed and reviewed, in consultation with residents and representatives, to meet differing leisure interests, backgrounds and resident needs. Activities include concerts, newspaper readings, doll therapy, bingo, bread making, cards and reminiscence for example. A copy of the activities program is displayed on the residents' noticeboards. Participation in the various activities offered is recorded in the activity daily record and evaluation.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place to meet the spiritual beliefs and interests of residents and to ensure that their cultural and ethnic backgrounds are valued and fostered. Each resident's cultural and spiritual preferences are documented on entry to the home and included in care planning. Catholic Church services, including communion are conducted on a monthly basis and all residents wishing to participate are encouraged and assisted to attend. Documentation reviewed confirmed that residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are acknowledged and 'all about me' life stories developed. Staff advised that residents have celebrated cultural and theme days such as Italian day and St Patricks' day as well as discussions regarding other countries such as Egypt and Africa. A Greek cultural day is also planned. Residents /representatives interviewed agree that their cultural and spiritual needs are met.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home has systems in place to ensure that each resident is able to participate in choice and decision making about their care, lifestyle and environment. Residents and representatives are consulted regarding preferences and care plans reflect these choices. Staff respect the decisions of any resident who prefers not to participate in activities although alternatives are offered. Residents/representatives advise that staff discuss their care with them, offer them choice in their daily activities and have adapted activities as a result of discussions with residents and their representatives.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Management ensure that residents/representatives in the home are provided with information about security of tenure, and residents/representatives understand their rights and responsibilities. Documentation provided to all new residents/representatives includes the residence agreement which includes information on the 'right of residency', conditions for the termination of the agreement and a copy of the Charter of residents' rights and responsibilities. Copies of the Charter are displayed in the home. The residents' handbook provides information on the residents agreement and options of signing it, and information on the security of tenure. Residents/representatives interviewed feel secure in their tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Four include the following:

- The home identified that most of the kitchen staff did not have food safety certificate training. Five kitchen staff members attended food safety Level 1 course in March 2009, assisting them to comply with food safety standards.
- The home did not have sufficient trolleys to accommodate food trays at meal times and care staff had to go to the kitchen to collect individual meal trays. As a result, too many people in the kitchen created a potentially dangerous environment for staff. Another large food trolley has been purchased and now all the meal trays can be accommodated on trolleys for taking to residents.
- The home identified that resident bedspreads had a worn out, old look and that some bed curtains were very short and not providing proper privacy. New bedspreads and privacy curtains have been purchased improving appearance of resident rooms and providing required privacy.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has an effective system in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to the Accreditation Standard Four include the following:

- The home displays the current annual fire safety statement.
- The home has acquired a licence from the NSW Food Authority under the new regulations on Food Preparation and Service for Vulnerable Populations.
- The home has received from the NSW Department of Health information pack on gastroenteritis outbreak management and has provided training on the subject to staff.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Examples of education activities relating specifically to Accreditation Standard Four include mandatory training on fire safety, manual handling and infection control/hand washing; chemicals management training given by a supplier and safe food handling training given to kitchen staff.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

The home accommodates dementia specific high care residents in three wings. The extra services wing has single rooms (and one double), some with ensuites, with all areas of the wing air conditioned. The other two wings accommodate aged frail residents with mild dementia, and residents with pronounced dementia and wandering tendencies. These wings have two, three and four bed rooms with common facilities. The rooms have ceiling or wall fans and heaters. Each wing has a lounge and a dining area appropriately furnished. The extra services wing has access to an extensive landscaped garden; a smaller secure outside area is accessible from other wings. The secure fencing is being rearranged to allow all residents in the home to access all the outside garden areas. The home is well maintained and was observed to be clean and free from odour during the visit. The home employs a maintenance officer and gardening service visits fortnightly. Maintenance requests book is in place and hot water temperature is regularly monitored. Residents and relatives interviewed by the team are satisfied with living environment in the home.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home's occupational health and safety (OHS) matters are discussed at the monthly quality improvement committee, the new staff induction includes OHS procedures and manual handling, and annual manual handling training is mandatory for staff. The group has an OHS policy and the director of nursing is a trained return to work co-ordinator. The home has incidents/accidents documentation system and hazards logs. Environmental audits are done three monthly. Resident rooms are being progressively equipped with electric beds to assist manual handling tasks, and residents have manual handling plans. Staff are rostered to work in pairs for manual

handling safety. Staff interviewed by the team are satisfied with the safety of the working environment in the home.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Fire safety systems in the home include a designated fire officer and annual fire safety training which is mandatory for all staff, a designated external assembly area and resident evacuation information. New staff orientation includes fire safety aspects. Fire equipment is regularly maintained by external contractors and its location is clearly marked and was observed to be free from obstructions. Three monthly environmental audits include inspection of fire equipment locations. The current annual fire safety statement is on display and emergency procedures flip-charts are displayed at telephone locations. External doors and secure fencing gates are key-padded, and evening lockdown procedure is in place. The exterior of the home has sensor activated lighting. The home meets and exceeds the minimum score required for fire safety and the minimum total score under the 1999 Certification Instrument. Residents interviewed feel safe in the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control system which includes policies and procedures (which include outbreak management), audits, staff induction and the use of personal protective equipment. Staff training includes infection control and hand washing competencies are tested. Spills kits, sharps disposal containers and contaminated waste disposal are in place. Incidents of infection are documented, analysed and discussed at meetings. Residents are offered influenza immunisation and staff are encouraged to vaccinate. Staff interviewed demonstrate that they are aware of infection control procedures and state that they are given adequate education on infection control and have access to adequate stocks of personal protective equipment. The home uses services of a pest control contractor

The home cooks meals fresh on site and temperatures of delivered foodstuffs, cooked meals, and of kitchen appliances are monitored. Raw fruit and vegetables are sanitised, and prepared and opened food items are dated. Catering staff in the home are provided with safe food handling education. The home has acquired the NSW Food Authority licence under the Vulnerable Persons Act. The laundry has designated areas, programmed washing machine cycles and chemicals dispensing. Duties statement is in place for the cleaner. The home was observed to be clean, tidy and free from odour during the visit.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Meals in the home are cooked fresh according to a rotating four week rotating menu. The menu was revised in May 2008 and was reviewed by a dietician. A hot meal with vegetables and a dessert is offered for lunch and for the evening meal residents have a choice of soup with a hot meal, or salad and sandwiches. Resident diet needs are assessed on entry to home and the information is sent to the kitchen. Special meals are provided to residents with special diets such as diabetic, gluten free, texturing of meals and thickening of fluids, or for those with religious or cultural requirements. Residents may have meals in their room, in the dining room or lounge room as they wish; cloth serviettes are used as clothing protectors to enhance resident dignity. Barbeque is cooked every Wednesday to introduce interest and variety in the resident menu. Residents interviewed by the team are satisfied with catering in the home. Residents' personal items are washed by the home's laundry and are returned folded and ironed where appropriate. The home labels residents clothing. The home's cleaning is done by a contract cleaner and the home was observed to be clean and tidy during the visit. Residents interviewed by the team are satisfied with the laundry service, and the cleaning of their rooms and communal areas