



Aged Care
Standards and Accreditation Agency Ltd

Winston House Nursing Home

RACS ID 2401

51 Croydon Avenue

CROYDON NSW 2132

Approved provider: F W Cook & C M Heffernan Partnership

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 15 July 2015.

We made our decision on 4 June 2012.

The audit was conducted on 26 April 2012 to 27 April 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

Winston House Nursing Home 2401

Approved provider: F W Cook & C M Heffernan Partnership

Introduction

This is the report of a re-accreditation audit from 26 April 2012 to 27 April 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 26 April 2012 to 27 April 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:	Rosemary Chaplin
Team member/s:	Victoria Oakden

Approved provider details

Approved provider:	F W Cook & 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 audit:	38
Number of high care residents during audit:	38
Special needs catered for:	14 residents in dementia specific unit

Street/PO Box:	51 Croydon Avenue	State:	NSW
City/Town:	CROYDON	Postcode:	2132
Phone number:	02 9799 7306	Facsimile:	02 9798 6542
E-mail address:	winstonhouse@cookcare.com.au		

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	11
Registered nurses	1	Recreational activities officer	1
Care staff	4	Laundry staff	1
Deputy director of nursing	1	Cleaning staff	1
Catering staff	2	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files (including assessments, care plans, progress and medical notes, other relevant documentation)	6	Medication charts	9
Summary/quick reference care plans	12	Personnel files	4
Staff time sheets	48	Resident activity files (including assessments, activity plans, evaluations and attendances)	8
Restraints and bed rail authorisations	24		

Other documents reviewed

The team also reviewed:

- Accident and incident forms
- Activities calendars
- Admission databases
- Audit schedule and reports
- Catering equipment inventory form
- Catering order forms
- Chemical data sheets
- Cleaning schedule
- Contracted information including staff agreements, police checks, schedules, job descriptions, education records and quality audits
- Current A rating New South Wales Food Authority report
- Current annual fire safety certificate
- Dietary analysis forms
- Dietary information list
- Duty statements

- Evacuation list of residents details
- Family conferences folder
- Food service questionnaire
- Food supplied by visitors monitoring form
- Hazard alert forms
- Health practitioners' registrations
- High falls risk alerts
- Improvement logs
- Job descriptions
- Kitchen maintenance record
- Mandatory reporting register
- Medication and pathology refrigerator temperature records
- Medication checking procedures including S8 books
- Meeting minutes including schedule, staff, residents and representatives, continuous quality improvement
- Memoranda folder with read and sign records
- Menu folder with four-week rotating menu
- Mobility assessments and intervention charts
- Newsletters
- Nurses' folders x 3
- Organisational management flow chart
- Orientation information for agency staff
- Pharmacy notification form
- Policies and procedures
- Preventative maintenance program
- Recruitment policies and procedures
- Register of staff police checks
- Registered nurse – nurse initiated medication list and approval
- Report writing schedule
- Resident immunization information
- Residents' information handbook
- Residents' information package and surveys
- Restraints and bed rails folder
- Shower list
- Staff appraisals
- Staff competencies
- Staff education schedule and record

- Staff handbook
- Staff rosters folder
- Staff visa status and work rights
- Temperature monitoring charts
- Weights folder
- Wound care folder including skin tear statistics

Observations

The team observed the following:

- Activities in progress
- Advocacy brochures
- Archive storage area
- Colour coded cleaning equipment
- Displayed Charter of residents' rights and responsibilities
- Equipment and supply storage areas
- Evacuation box
- Fire and evacuation equipment, plans and notices
- Food storage areas
- Gastroenteritis outbreak kit
- Hairdressing salon
- Interactions between staff and residents
- Library
- Living environment
- Medication round
- Medication/treatment room including medication storage
- Notice boards in resident areas
- Spills kit
- Storage of medications
- Supplies of clinical
- Waste disposal units including clinical, cytotoxic and sharps

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 actively pursues continuous improvement across the four Accreditation Standards through meetings, audits, surveys, improvement logs, comments and complaints, hazard and risk assessment, staff education, staff appraisal and accident and incident reporting. Management and staff monitor the system through monthly continuous improvement meetings. Feedback is communicated to staff, residents and their representatives and other stakeholders. Staff have knowledge of the continuous improvement system and confirm they have input into the system. Residents and their representatives are aware of improvements made. Recent improvements relating to Accreditation Standard 1 include:

- The organisation identified a gap in the information provided through staff and residents handbooks. The information was generic to the organisation and did not identify the differences in each home. New handbooks for staff and residents with site specific information have been developed. Copies of the new staff handbook have been made available to all staff. A letter has been sent to all representatives informing them of the new resident handbook. Management are presenting the new resident handbook at the next resident and relative meeting.
- The director of nursing has developed a new form to record residents' information including contact details for next of kin, power of attorney and enduring guarding. This has ensured improved communication between management, staff and residents and their representatives.
- Management reviewed the system for replacing staff after identifying shifts were allocated to some casual staff more than others. They identified some staff were working too many hours which impacted on their work performance. Nursing assistants had previously been allocating shifts. A memorandum was sent to registered nurses to ensure the roster was reviewed before replacing staff and only registered nurses were to replace staff. Improvement has been identified as shifts are now evenly distributed between casual staff.
- To improve documentation of resident care and improve the quality of care provided management at the home have introduced a nursing care folder stored at the nurses' station. The folder contains residents' summary care plans, bowel charts and other charts relevant to the residents. Management state this has improved communication for staff providing the residents' care.

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 organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to an aged care specific legislation update service and a peak body service. Information is passed on to management at the home and communicated to staff, residents and their representatives and other stakeholders through memoranda, education and meetings. Policies and procedures are updated as required. Staff confirm they are informed of changes to regulatory requirements and staff practices are monitored to ensure compliance. Examples of regulatory compliance include staff police checks, notification of the re-accreditation audit to all residents and their representatives and information displayed about complaint mechanisms.

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 to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Documentation and staff interviews confirm the home offers continuing education to cover all areas of the four Accreditation Standards. Training needs are identified through assessment and staff appraisals. Education is provided through external agencies including suppliers of equipment, self directed learning packages, allied health professionals and the deputy director of nursing. There is a system to monitor attendance and evaluate training sessions including mandatory training. All staff are provided with an orientation program at commencement of employment. Staff including contracted staff state they feel supported to perform their roles through education.

Examples of education and staff development relating to Standard 1 include:

- The home has offered frontline management training to all registered nurses.
- All nursing assistants currently have a certificate III level qualification in aged care and the home offers onsite training in level IV certificate in aged care. Eight nursing assistants completed the onsite training in December 2011.
- Three nursing assistants at the home are currently undertaking degrees in nursing.
- The deputy director of nursing and one registered nurse completed a rehabilitation and return to work course in 2011.

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

Each resident or their representative and other interested parties have access to internal and external complaints mechanisms. Internal and external complaint mechanisms including confidential complaints are accessible throughout the home for residents and their representatives. The home's complaints mechanisms are detailed in the residents' handbook. Review of resident and their representatives meeting minutes, complaint forms and resident survey results confirmed complaints are actioned and followed up in a timely manner. Residents and their representatives stated they were aware of a system for complaints and they were able to talk directly to staff and management if they had a complaint.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, values, philosophy, objectives and commitment to quality throughout the service. Vision and mission statements and the organisation's purpose and objectives are displayed throughout the facility and are documented in the resident and staff handbooks. The home ensures commitment to quality through regular senior management and staff meetings, review of policies and procedures and quality planning at an organisational level. Organisational strategic plans and mission and vision statements are developed and reviewed annually by senior management. Residents and their representatives expressed confidence in the leadership of the home.

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 ensures 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. Human resource systems at the home include recruitment, orientation, position descriptions, duty lists, staff appraisals, ongoing and mandatory training, professional qualifications and rostering. The home uses casual staff and occasionally agency staff to replace regular staff on leave. Review of staffing occurs daily to manage the changing needs of residents. Staffing levels are monitored every six weeks at management meetings, taking into account occupancy levels, residents' needs and regulatory compliance. Residents and their representatives expressed satisfaction with the care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems to ensure that stocks of appropriate goods and equipment for quality service delivery are available. Management and staff confirmed equipment is repaired or purchased when needed. A preventative and reactive maintenance program ensures equipment is maintained. External providers are used on an as needed and on a scheduled basis to maintain and service equipment. The home has recently purchased equipment to ensure resident safety and comfort. Systems are in place to ensure clinical, cleaning, laundry and maintenance supplies are adequate and appropriate. Residents and their representatives and staff state they are satisfied with stocks of goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information systems ensure residents, their representatives, management, staff and other stakeholders are aware of information relevant to them. Observation confirmed notice boards throughout the home have information for residents regarding activities, meetings and upcoming events. Review of documentation confirmed relevant information is given to residents and their representatives in resident handbooks and resident agreements. Confidential information for residents' and staff is stored appropriately. Management and staff are aware of mandatory reporting of incidents including notifiable infections, resident abuse and absconding residents. Resident records are archived according to the relevant legislation.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Documentation and interview with external suppliers confirmed that agreements are signed and that police checks are current for all contracted staff. External professional service providers have professional registrations and police checks on file. The home carries out regular audits and review of services provided which includes resident and staff feedback. Cleaning, laundry and maintenance services are provided by externally sourced providers. Residents, staff and management stated they are generally satisfied with the services provided.

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

As a result of the homes continuous improvement systems referred to in expected outcome 1.1 continuous improvement, management demonstrate improvements have been made in relation to Standard 2 Health and personal care. Recent improvements relating to Standard 2 include:

- To improve the management of residents with diabetes and more easily identify the acceptable range of blood glucose level for each resident as instructed by their medical officer, the registered nurses are putting a red line along the acceptable limits on the resident's blood glucose level chart. This ensures registered nurses are alerted if the blood glucose reading is out of range and timely action is taken to manage the residents care needs. Registered nurses report an improvement.
- As a result of an internal audit it was identified the nurse initiated medication list was stored in the clinical office. To improve staff practice the nurse initiated medication list is now stored with the medication charts enabling the staff who are giving medications easy access to this information.
- Management recently identified residents required more equipment for their safety and comfort and purchased additional comfort chairs for residents and three new concave mattresses. Residents were observed to be enjoying the chairs and management state the concave mattresses have reduced the need for bedrails to be used for resident safety.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to ensure regulatory compliance across all four Accreditation Standards including Standard 2 Health and personal care. Examples of regulatory compliance relating to Standard 2 include:

- The home maintains a register to ensure currency of professional registrations of registered nurses, medical officers and other allied health professionals.
- Documented information relating to the Poisons and Therapeutic Goods Act 1966 is available to staff.

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

The home has systems to ensure management and staff have appropriate skills and knowledge to perform their roles effectively across all four Accreditation Standards as outlined in expected outcome 1.3. Examples of education and staff development relating to Standard 2 Health and personal care include:

- All staff have attended compulsory education on mandatory reporting, manual handling and infection control.
- The home has recently consulted with an external behaviour management advisory service to support staff through education to manage residents' behaviours.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has an effective clinical care system to ensure that residents receive appropriate care. The care system ensures comprehensive resident assessment, care planning, progress notes, care monitoring and evaluation. Clinical care is overseen by the registered nurse on a day to day basis, with the deputy director of nursing providing higher level support and coordination of care plan review. Information for identifying residents' needs and preferences is gathered by the team and incorporated into care plans in consultation with residents and families through case conferencing. Care plans are regularly reviewed and adapted to meet changing care needs and preferences. Care staff demonstrate a sound knowledge of individual residents' care needs. Residents and representatives are very happy with the care provided at the home.

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 a system to ensure that residents' specialised nursing care needs are identified and met by appropriately qualified care staff. Nursing staff have a system to assess residents' needs for specialised nursing care and provide treatment to meet these needs, including insulin dependent diabetes and dementia. Staff have the knowledge and skills to assess, develop care plans, provide and evaluate specialised nursing care. Care staff receive appropriate training to meet specialised nursing care needs and demonstrate a sound knowledge of individual needs and preferences. Residents and representatives are satisfied with the care provided in relation to specialised nursing needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that residents are referred to appropriate health specialists to meet their needs and preferences. Each resident undergoes an assessment process on entry to and during their first few weeks in the home. Once the need for a health specialist is identified, referral is completed in a timely fashion resulting in efficient assessment and appropriate treatment. The physiotherapist who visits regularly is notified when new residents enter the home and when care needs may have changed following a fall. All residents are referred to the podiatrist who also visits regularly. Other health care services are accessed as required and include speech pathology, dietician and optical services through a centralised provider. Residents and representatives are satisfied with the referral to and care provided by appropriate health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has an effective system to manage residents’ medications safely and correctly. Policies and procedures are in place to support nursing staff in safe medication management. Regular medication audits and resident medication reviews are undertaken and medications adjusted accordingly in consultation with medical practitioners and residents’ needs. The home uses a pre-packed medication system, demonstrates safe storage of medications and registered nurses assist residents to take medications. Regular competency assessments are undertaken for staff on assistance with medications. Medication practices are consistent with policies and incidents are reported, followed up and linked into the home’s continuous improvement system. Residents and representatives confirm they are satisfied with the way residents’ medication is managed

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that all residents are as free as possible from pain through assessment, care planning and evaluation of interventions to manage pain. The pain management system includes use of medications and non-pharmacological interventions to meet individual residents’ needs and preferences. Care staff demonstrate knowledge of interventions to manage pain, and individual residents’ pain management requirements. Staff are aware of non-verbal signs of pain in residents with cognitive impairment and use assessment tools appropriately. Residents and representatives are satisfied residents’ needs for pain management are met and they are as free as possible from pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a system to meet the comfort and dignity of terminally ill residents. Each resident completes an end-of-life wishes section as part of their assessment process, clearly documenting their wishes for care at end of life. This is completed in consultation with the family for most residents, particularly those with a diagnosed cognitive impairment. Families are encouraged to stay with the resident and the home can organise a visit by religious clergy if this is the resident’s request. Staff are able to describe a range of additional comfort measures used to maintain the comfort and dignity of terminally ill residents.

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 a system to ensure all residents receive adequate nourishment and hydration. Residents’ nutrition and hydration needs are assessed and their preferences documented on entry to the home. Specialised diets, nutritional supplements and altered consistencies are available as required. Residents are offered three meals plus snacks throughout the day. Three separate dining environments support ‘home-like’ dining. Weights are recorded monthly and changes are managed using a three-step process. Referrals are made to a dietician as required. Residents and representatives are generally satisfied with the food and drink options provided by the home. Staff are aware of individual nutritional and hydration requirements.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health. Each resident has a skin assessment on entry to the home and individual skin integrity plans are developed for those residents identified as having specific needs regarding skin care. Skin integrity is monitored by care staff on an ongoing basis. The home uses an incident reporting system for skin tears and bruising. Staff use moisturisers, protective bandages, air mattresses and pressure relieving aids. The deputy director of nursing and registered nurse oversee the wound care progress. Wound assessment forms describe the wound and type of dressing to be used. A hairdresser and a podiatrist visit the home regularly. Residents and representatives are very satisfied with the skin care provided to residents.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ continence is managed effectively. Residents are assessed on entry to the home and on an ongoing basis by care staff and a plan of care is then developed. Strategies to manage continence include toileting programs and effective use of continence aids. The home supplies continence products for all residents. Urinary tract infections are monitored and treated expediently. Bowel charts are completed by care staff each shift and are monitored by the registered nurse. There is a variety of fibre-rich foods on the four-week rotating menu and residents may have nurse-initiated aperients if required. Staff demonstrate knowledge of supporting residents in maintaining healthy bowel function. Residents and representatives are happy with the assistance provided in managing residents’ continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure the needs of residents with challenging behaviours are managed effectively. Behaviour assessments are completed on entry for all residents with a diagnosed cognitive impairment. The home has secure areas with large and varied gardens accessible to residents. The activity program provides a wide range of distractions and engagement for residents. A list of residents’ preferred music is used if a resident is finding it difficult to settle. Restraint use is minimal with three residents having restraint orders for table restraints, which are utilised primarily to prevent falls. Residents are referred to Dementia Behaviour Management Advisory Service for case conferencing and management as required. Staff demonstrate knowledge of individual resident behaviours and management strategies for these. Residents and representatives are satisfied with the behaviour management strategies used at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home’s system ensures optimum levels of mobility and dexterity are achieved for all residents. Each resident undergoes a mobility and dexterity assessment on entry to the home as part of their assessment processes. This assessment is undertaken by the visiting physiotherapist and is used to develop a mobility plan for individual residents. Exercises and physical activity are incorporated into the activity calendar to enhance mobility and dexterity. Residents are referred to the physiotherapist on entry to the home and if care needs change. Care and activity staff assist residents in both passive and active range of movements as determined by the physiotherapist as part of their exercise program. Equipment available to assist in maintaining residents’ mobility and dexterity includes adjustable beds, hip protectors and mobility aids. Staff are able to discuss individual residents’ needs and how they support

them to mobilise throughout the home. Residents and representatives are satisfied with the support provided with mobility and dexterity.

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 a system to ensure residents’ oral and dental health is maintained. Assessments are undertaken on entry to the home and care plans identify the level of assistance provided by staff. Residents have access to a dentist or dental technician as required. Special diets such as blended, soft food or thickened fluids are arranged as required and recorded on residents’ care plans. Care staff regularly monitor residents’ oral health and assist residents to maintain good oral hygiene. Staff demonstrate sound knowledge of oral care and residents requiring assistance with dentures. The home is currently sourcing a visiting dental service. Residents and representatives are satisfied with the care provided to maintain oral and dental health.

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 ensure that residents’ sensory losses are identified and managed effectively. Each resident undergoes an assessment of sensory needs on entry to the home and as required due to a change in condition. Appropriate referrals are made as required to external specialists including speech therapists and optometrists. Variations in taste are identified and managed by the visiting dietician and considered in the menu selection. All residents identified as requiring support with sensory impairment have management strategies documented in their care plans. Residents are assisted with care and maintenance of their glasses and hearing aids and staff have the required knowledge and skills to do this effectively. Staff coordinating activities identified the sensory activities offered which involve smell, touch and taste sensors, including cooking sessions and hand massage. Residents and representatives are satisfied with the sensory support provided.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements and sleep assessment. Residents are encouraged to maintain their natural evening routines prior to retiring. Strategies used include offering food or a warm drink or snacks, massage, relaxing music, appropriate continence management, one-to-one time, interventions and night sedation if ordered by a doctor. Use of night sedation is closely monitored for side effects including increased drowsiness or falls, with increased falls reviewed to determine whether altered sleep patterns may be contributing. The home’s environment is quiet at night and conducive to achieving natural sleep patterns. Residents’ sleep needs are reassessed if there is a change in sleep

pattern affecting their ability to achieve a natural sleep pattern. Residents and representatives are satisfied with the support provided to achieve natural sleep patterns.

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

The home actively pursues continuous improvement across all four Accreditation Standards including continuous improvement in Standard 3 Resident lifestyle. Examples of continuous improvement relating to resident lifestyle include:

- Management identified residents were not getting regular bus outings as a bus driver was difficult to recruit. The organisation has recently employed a bus driver to share the bus driving with other homes within the group. This has increased the residents’ outings and they are now able to go on trips every Thursday. Residents are very happy with this improvement.
- Following a review of the activities program the home identified the need for more varied activities for residents. The executive care manager and the recreational activities officer met with an external behaviour management advisory service to formulate an activity program which better addressed residents’ needs and preferences. The new program is being developed and is expected to improve results for residents.
- Management identified that residents’ sensory loss could be better addressed and introduced an ice cream trolley for residents in January 2012. The recreational activities officer takes the trolley from room to room once a week offering residents ice cream and their choice of toppings. Staff state that this has been very popular with the residents particularly on hot days.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure compliance with relevant legislation and regulatory compliance across all four Accreditation Standards and in relation to Standard 3 Resident lifestyle. Examples of regulatory compliance relating to Standard 3 include:

- A Charter of residents’ rights and responsibilities is displayed through out the home
- The home maintains a consolidated register of reportable incidents.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively across all four Accreditation Standards including Standard 3 Resident lifestyle. Examples of education and staff development relating to Standard 3 include:

- One recreational activities officer at the home is currently undertaking a diploma in leisure and lifestyle.
- One recreational activities officer has completed a course in responding to work place emergencies.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents receive support in adjusting to life in the home and on an ongoing basis. All residents receive an information book on entry to the home and are informed about how the home is run. Care staff provide emotional support on entry to the home and on an ongoing basis including introducing them to other residents and checking on a daily basis to ensure they are aware of and invited to attend activities on the day. Family conferences are conducted within four to six weeks of entry to the home for all new residents to receive feedback and adjust care as required. Staff interactions with residents showed a person centred approach through warmth, respect, empathy and understanding. Residents and representatives are satisfied with the way staff support residents and make them feel welcome to the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents are encouraged and assisted to stay as independent as possible and to participate in community life within and outside the home. Recreational and cultural assessments and mobility assessments identify individual preferences and abilities and activities are designed to facilitate independence wherever possible. The home welcomes visitors and residents are encouraged to participate in activities outside the home whenever possible. The activity program facilitates independence and community participation as well as promoting friendships at the home and beyond. The system is monitored through regular review of care plans and resident satisfaction surveys, comments and complaints and resident/relative meetings. Residents and representatives confirm residents are encouraged to remain independent and supported through the use of mobility aids.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' personal preferences and needs for privacy are assessed and documented on care plans. Each resident is treated as an individual, their privacy and dignity is respected at all times and staff are considerate when attending to personal care. Staff knock and wait for permission before entering residents' rooms and refer to residents by their preferred name. Staff sign privacy and confidentiality agreements on commencement of employment. Personal information is stored securely with limited access by designated staff. Residents and representatives confirm residents' privacy and dignity is respected at all times and staff are considerate when attending to personal care. Residents and representatives expressed satisfaction with the way staff respect and speak to them.

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 encourages and supports residents to participate in a wide range of interests and activities of interest to them. Initial assessment of residents includes completion of the individual profile document, including each resident's leisure interests and social life. During the settling in period residents are offered the opportunity to access different leisure activities in order to assist them to select those that are of interest. The individualised activity care plans form part of the main care plan and are reviewed and evaluated at least every three months. Group and individual activities are conducted to meet individual needs that are not met by group activities, including hand massage/manicure, gardening and puzzles. Activities in progress included exercise, singing, quiz, ladies' day and bread making. Residents and representatives report they are satisfied with the range of activities on offer, can offer ideas and can choose whether or not to participate

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 has systems valuing and fostering individual cultural and spiritual needs through the identification of interests, customs, cultures and backgrounds. Residents choose to participate in special religious and cultural anniversaries if they wish such as Christmas, Easter and ANZAC Day ceremonies. Significant events including birthdays and anniversaries are recognised and celebrated. Resources are available for communication and information on the languages and customs of residents from differing cultural, spiritual and linguistic backgrounds including Italian, Greek and Vietnamese. The home enjoys the significant support of relatives who visit many residents each day. Residents and representatives are satisfied with the spiritual and cultural support provided

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home demonstrates that each resident is able to participate in decisions about services and may exercise choice and control. Residents are informed of their choices and rights in the home prior to entry and at the initial interview and through documents such as the resident handbook and resident agreement. Consultation in the assessment and care planning processes provide opportunity for identification of resident choice. Residents may choose their doctor from those attending the home and the home has an advanced care planning program to allow residents to choose options for care and treatment at end of life. Residents may make choices such as food preferences, time of retiring in the evening and whether or not to participate in activities. Residents are able to decorate their own rooms with personal belongings. Residents and representatives confirm they are happy with the choices available to them and their decisions are respected wherever possible.

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 a system to ensure residents have secure tenure within the home and understand their rights and responsibilities. Residents are offered a resident agreement on entry to the home which includes occupancy arrangements, residents' rights and responsibilities and their security of tenure. The agreement includes a cooling off period, prudential provisions, level of care provision and processes regarding termination of the agreement. Management state residents and their representatives are advised to seek legal advice before signing the agreement. Resident and their representatives' state residents feel secure in their residency at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement across the four Accreditation Standards as outlined in expected outcome 1.1 including in Standard 4 Physical environment and safe systems. Examples of continuous improvements in Standard 4 include:

- Through audits and feedback from maintenance staff management identified the maintenance schedule was ineffective. The organisation’s executive care manager conducted a review of the home and formulated a new daily maintenance schedule which commenced in January 2012. Management and maintenance staff confirmed the new schedule has improved management of the home’s maintenance.
- The home’s outdoor area has been fitted with a new retractable sunshade to enable residents and visitors to enjoy the area on hot days. Observation confirmed the residents are using the area to enjoy the outdoors.
- Following a security incident the home has installed signage reminding visitors to check with staff about opening doors and gates for others. The signs are installed on all external gates resulting in zero security incidents since the new installation.

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

Management at the home have systems to ensure regulatory compliance across the four Accreditation Standards as outlined in expected outcome 1.2 including in Standard 4 Physical environment and safe systems. The systems for ensuring regulatory compliance relating to Standard 4 include:

- The annual fire statement is displayed at the home.
- The annual food authority licence is available at the home.
- Material safety data sheets are kept in areas of the home for all staff who use chemicals.

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

Management and staff at the home have appropriate knowledge and skills to perform their roles effectively across the four Accreditation Standards as outlined in expected outcome 1.3

and in relation to Standard 4 Physical environment and safe systems. Education and staff development relating to Standard 4 include:

- The home has compulsory education for all staff in fire safety and evacuation, manual handling, infection control, elder abuse and mandatory reporting.
- Kitchen staff have all completed education in food safety.
- Two kitchen staff have completed a certificate four course in hospitality.

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

Management at the home are actively working to provide a safe and comfortable environment consistent with residents' care needs. The home provides well maintained furniture and fittings. Observation confirmed residents are encouraged to personalise their rooms with their belongings as much as possible. The home has shared and single bed rooms and bathrooms, communal dining and living areas and secure outdoor areas. The system for monitoring the environment includes preventative and reactive maintenance programs, analysing data collected through accident and incident reports, environmental audits, resident surveys and feedback from resident meetings and discussion with management. Residents and their families are satisfied the environment is comfortable and residents feel safe.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has policies and procedures to ensure management is working to provide a safe working environment that meets regulatory requirements. Observations, documentation review and staff interviews demonstrate the home has systems to promote workplace safety and awareness. The system includes staff induction, education, personal protective equipment, equipment for manual handling, hazard alerts, audits, risk assessments and incident and accident reporting. The system is monitored through monthly meetings of the continuous quality improvement committee which includes staff from all disciplines including nursing, maintenance, laundry, kitchen, recreational activities, management and the fire officer. Staff confirm they are satisfied management are active in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has a system to ensure that management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Review of documentation and staff interviews demonstrate the system includes ongoing compulsory education in fire safety and evacuation procedures for all staff, regular testing of fire equipment, an evacuation kit and well signed evacuation site maps which include assembly areas and emergency information for staff. Observation confirmed the home has a current fire safety certificate and designated smoking areas. Chemicals are stored securely and safety data sheets are available in areas of the home where staff use chemicals. Thermostatic mixing valves and electrical equipment are subject to routine and preventative maintenance. Staff confirm the home is secure and all external doors and gates have key pad entry. All external doors are locked at night. Staff have knowledge of fire and emergency procedures. Residents at the home state they feel safe.

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

Management demonstrated an effective infection control program at the home includes documented policies and procedures, staff education, infection data collection and analysis, and monitoring of food safety and cleaning. The home has systems to manage outbreaks and an outbreak kit was observed. Staff confirmed they attend compulsory education in infection control and hand washing techniques and are supplied with personal protective equipment. We observed signage at hand washing basins outlining correct hand washing techniques. Catering staff at the home have completed food safety education and the kitchen has a current food authority licence. Review of documentation demonstrated the home has a regular pest control program. The home has an annual vaccination program for residents and staff. The home has systems to appropriately manage waste including contaminated waste, cytotoxic waste, sharps and contaminated linen.

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

Systems are in place to ensure that hospitality services are provided in a way that enhances resident's quality of life and the staff's working environment.

Catering

The home prepares meals fresh on site each day catering to individual resident needs and preferences. Systems in place ensure that catering services are provided according to health food safety and environmental standards. Residents are offered a choice of meal. Resident feed back through meetings, surveys and waste monitoring is incorporated into the planning of the menu. The home has a four week rotating menu reviewed by a dietician. Systems are

in place to ensure information regarding residents with special dietary needs such as modified texture or special diet is communicated to catering staff. The home has an annual review audit by the NSW food authority. Staff are aware of safe food handling techniques and residents are satisfied with the quality and delivery of their meals.

Cleaning

Cleaning services at the home are provided by external contractors seven days a week according to a schedule and as required. Regular weekly audits monitor the effectiveness of the system. Cleaning staff are aware of infection control, safe chemical use and outbreak management. Observation confirmed the use of colour coded cleaning equipment and stocks of appropriate equipment. Residents state their living environment is kept clean.

Laundry

The home provides laundry services for linen and personal laundry onsite seven days a week. Staff interviews and observation demonstrated a system for collection, sorting, washing, drying, ironing, distribution and storage of residents' personal clothes and linen items. Documented processes ensure staff are compliant with laundry infection control standards. Residents at the home are generally satisfied with the laundry services.