



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

The Whiddon Group - Narrabri - Robert Young RACS ID: 0218

Approved Provider: The Frank Whiddon Masonic Homes of New South Wales

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 13 October 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 9 April 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 26 May 2015 to 26 January 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 13 October 2017

Accreditation expiry date 26 January 2019



Australian Government

Australian Aged Care Quality Agency

The Whiddon Group - Narrabri - Robert Young

RACS ID 0218
52 Gibbons Street
NARRABRI NSW 2390

Approved provider: The Frank Whiddon Masonic Homes of New
South Wales

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 26 May 2018.

We made our decision on 09 April 2015.

The audit was conducted on 03 March 2015 to 04 March 2015. 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	Quality 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	Quality 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		Quality 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		Quality 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



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Audit Report

The Whiddon Group - Narrabri - Robert Young 0218

Approved provider: The Frank Whiddon Masonic Homes of New South Wales

Introduction

This is the report of a re-accreditation audit from 03 March 2015 to 04 March 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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 Quality Agency conducted the re-accreditation audit from 03 March 2015 to 04 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Ruth Heather
Team member/s:	Kristine Saywaker

Approved provider details

Approved provider:	The Frank Whiddon Masonic Homes of New South Wales
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Details of home

Name of home:	The Whiddon Group - Narrabri - Robert Young
RACS ID:	0218

Total number of allocated places:	53
Number of care recipients during audit:	50
Number of care recipients receiving high care during audit:	43
Special needs catered for:	Resident living with dementia

Street/PO Box:	52 Gibbons Street	State:	NSW
City/Town:	NARRABRI	Postcode:	2390
Phone number:	02 6792 3682	Facsimile:	02 6792 4179
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Director care services	1	Residents/representatives	11
Deputy director care services	1	Food and beverage manager	1
General manager clinical	1	Catering staff	4
Registered nurses	3	Leisure activity staff	2
Enrolled Nurses	2	Laundry staff	2
Care staff	6	Cleaning staff	1
Administration staff	2	Maintenance staff	1
Leisure activity staff	2		

Sampled documents

	Number		Number
Care recipients' files	8	Medication charts	20
Assessments, care plans	8	Personnel files	5

Other documents reviewed

The team also reviewed:

- Behavioural management: assessments, behaviour monitoring records, behavioural care plan and evaluations
- Catering, cleaning and laundry: NSW Food Authority License and audit, menus, laundry manual and cleaning schedules, cleaning process guide, beverage lists, menu selection sheets, food presentation photos
- Clinical care: restraint file records, specific care plan for complex wound care, unresolved wound records, mobility management plan, physiotherapy assessments and care plans, registered nurse communication book
- Comments and complaints: complaints, comments, compliment reporting forms and register
- Continence management: management plans, toileting schedules, daily bowel monitoring records, continence aid allocation list, urinalysis monitoring records
- Continuous improvement: clinical indicator reports, internal and external audits, benchmarking and trending, quality and improvement register and logs
- Education and staff development: compulsory education records, annual employee education survey results, education planner and calendars, education evaluations, orientation program, attendance records, knowledge tests and competencies, work place skills register
- Fire, security and other emergencies: evacuation plans, incident management and corporate office business continuity plan, memorandum of understanding for evacuation, fire safety register, alarm incident reports, visitors register

- Human resource management: new employee kit and employee handbook, roster, position descriptions, duty lists, 'My road map' folder and performance management schedule
- Infection control documentation: pest control records, resident vaccination records, monthly infection control reports and trend analysis, instructions on taking refrigerator/freezer temperatures
- Information systems: policy and procedure manuals, newsletters, meeting minutes, memoranda, meeting schedule, surveys, electronic resident information, communication/handover charts, 24 hour progress note report
- Inventory and equipment and external services: contractor orientation records, contractors electronic data base and service agreements, pre-purchase checklist, monthly order sheets
- Leisure and lifestyle: lifestyle, social history and spiritual assessments, life style plans, lifestyle attendance records, lifestyle program and events evaluations, risk management records activities, notes from special interest groups, activity calendar, activity resources folder
- Living environment: maintenance request book, in-house and global (external) maintenance and contractor requirements register, legionella testing, mixing valve maintenance and temperature records, call bell system checks, electrical test and tag records
- Medication management: medication packs, drugs of addiction register, diabetic management plans, diabetic and anti-coagulant medication management, medication reviews, clinical refrigerator monitoring records, as needed (PRN) medication records and medication incidents, staff signature registers
- Mobility and dexterity: physiotherapy assessments, mobility assessments, physiotherapy care plans, falls risk assessments, manual handling guidelines,
- Nutrition and hydration: care recipient dietary preferences, textured modified diets, thickened fluids and supplements lists, drinks lists, weight records and tracker, food and fluid monitoring records, extra drinks and fruit trolley
- Occupational health and safety: material safety data sheets, work health and safety plan, action plans and worksheets, audit schedule and audits, hazard reports, chemical inventory register, risk register, return to work program and policy, safe work practices
- Pain management: assessments, heat therapy records, pain management records, schedule eight patch schedule/monitoring record
- Palliative care: advanced care directives, care plans
- Planning and leadership: organisational chart, organisational mission and values, strategic plan
- Regulatory compliance: reaccreditation self-assessment, mandatory reporting register, police certificate register, professional registrations, letter notification of reaccreditation audit for residents and representatives, record of business registration, annual fire safety statement
- Security of tenure: client information welcome to Whiddon folder, welcome packs, pre-admission client agreements, resident (client) and respite agreements, client information handbook

Observations

The team observed the following:

- Activity program on display; residents participating in activities

- Archive storage, paper shredder
- Bird aviary and fish bowl, library and television area, village bus
- Cleaning equipment - colour coded, chemicals in use and storage, wet floor signage in use
- Complaints, comments and compliments forms, suggestion box, poster and brochures for external complaints scheme
- Dining environment during lunch and beverage services with staff assistance
- Equipment and supply storage areas including clinical stock and continence
- Equipment available and in use for manual handling such as lifters, hand rails, limb protecting and mobility equipment
- Firefighting and safety equipment, evacuation plans and emergency signage, emergency evacuation back packs, emergency flip charts, emergency food supplies
- Hot weather safety strategies - beverage trolley
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment, waste management, personal protective equipment
- Interactions between staff, residents and representatives
- Laundry upgraded equipment and rising base trolleys
- Living environment and staff work areas
- Manual handling and mobility equipment including mechanical lifters and walkers
- Medication management including storage, medication rounds; medication trolleys and medication refrigerators
- Menu available to residents
- Mission, values and the Charter of Residents' Rights and Responsibilities displayed
- Notice boards for staff and residents, information brochures on display for residents, visitors and staff, reaccreditation audit signs displayed
- Safe chemical, safety data sheets and oxygen storage
- Secure storage of confidential resident information
- Short group observation in a dementia secure unit
- Sign in/out book - residents, visitors and contractors
- Staff observation of care recipients privacy and dignity
- Training and education resources

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 care recipients, 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 Whiddon group – Narrabri – Robert Young has a quality framework which assists in the active pursuit of continuous improvement across all four Accreditation Standards. The quality framework supports the identification, implementation and evaluation of improvement opportunities and activities. The identification of areas for improvement occurs through scheduled regular audits, analysis of incidents and clinical indicators and resident/representative and staff meetings and through the comments and complaints system. Surveys and direct feedback from residents, their representatives and staff also contribute to the home's quality framework. Information about improvements is communicated through meetings and associated minutes, newsletters and notices. Residents, representatives and staff reported the home's management is responsive to their suggestions for improvement.

Recent improvements relating to Accreditation Standard One Management systems, staffing and organisational development include:

- As part of the organisation's strategic planning processes the homes have been grouped into regional areas. Robert Young is part of the 'Far west' strategic plan focus group. The benefits identified by the management team have been improved communication with the corporate services and the homes in the region and the sharing of resources and knowledge between the homes. Leisure officers have commenced networking and sharing leisure and lifestyle ideas. Initially Robert Young shared its bus with the Wee Waa home however as a result of the improved communication it has been identified that Wee Waa requires its own bus. This has led to increased bus availability for Robert Young residents. The region has been able to provide joint training for specialised courses. They are able to gather a group large enough to attract training providers, for example fire safety, level one training.
- The organisation's model of care has been reviewed and developed in consultation with all key stakeholders. This has included engaging staff and asking them what they require to do their work well. Staff have felt empowered to contribute and some of the benefits noted by management include the reduction of isolation for residents, increasing sense of community and overall improved resident experience of life at Robert Young for all stakeholders.
- To provide staff with improved access to the payroll system a computer kiosk has been set up. A computer booth to provide privacy has been placed in an area accessible to all staff. A printer is connected so that staff can print out their payroll information as they require it. Administration staff are located nearby and are able to provide support and training to staff as they familiarise themselves with the computerised pay roll system. Staff have expressed satisfaction with the improved access they have to the human resource/payroll system.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation’s corporate management team monitors legislation, regulations and guidelines and updates and issues policies in response to changes. The director of care services has access to information directly from an industry peak body and through subscriptions to a variety of information services. The home’s management team monitors the implementation of regulatory changes and adherence to regulatory requirements through audit processes and observation of staff practice. Communication to staff about changes in policy and procedure occurs through electronic notifications, meetings, memoranda and staff education programs.

Examples of compliance with regulatory requirements specific to Accreditation Standard One - Management systems, staffing and organisational development include:

- Systems and processes are in place to ensure all staff, allied health professionals, contractors and volunteers have current criminal history certificates.
- The provision of information to residents and stakeholders about internal and external complaint mechanisms.
- Notification of the re-accreditation audit to residents and their representatives occurred via notices in the home, meetings and letters.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There are processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate training needs are identified. Compulsory education, programmed training opportunities and competency and skill testing ensure staff have the necessary knowledge and skills to meet the needs of the residents in their care. Guest speakers, qualified staff, televised training and external education opportunities are used to ensure a variety of training is provided. Staff are encouraged to pursue further education through in-house and external training opportunities and completing tertiary qualifications with options for support available through the provision of scholarships. There is a recruitment procedure and orientation process for new staff. All staff interviewed reported they have access to education on a regular basis. Review of the education documentation and interviews confirmed education has been provided in relation to Accreditation Standard One. Examples include effective workplace relations, leadership working with staff, staff grievance handling, aged care reforms, strategic planning workshop, model of care, on line purchasing system, accreditation and risk management, and use of new equipment – bed bath and weight scale.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

Residents/representatives have access to internal and external complaints mechanisms at The Whiddon group – Narrabri – Robert Young. Information regarding internal and external comments and complaints processes and advocacy services is provided in the client information handbook and the resident agreement. Comments and complaints forms and a suggestion box are available in the home. Further opportunities for feedback are provided to residents and representatives at resident briefings (meetings), case conferences and via surveys. Residents, resident representatives and staff stated they are aware of the home's feedback system and expressed satisfaction with the resolution of any concern they raised. Residents/representatives stated they prefer to speak directly with the managers or staff as they find them approachable and they respond in a timely manner to any concern they may have.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's mission, values and philosophy of care are documented. The Whiddon Group strategic plan works towards achieving the Whiddon mission through strategic planning processes. Observations and document review demonstrates the organisation's mission and values are available to all stakeholders in printed format and are displayed in the home. Interviews with residents/representatives and our observations showed management and staff model behaviours consistent with the organisation's mission and values.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the organisation's mission and values. There are processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Rostering processes ensure shifts are filled with suitably qualified staff. Management provided examples of adjusting staffing levels based upon resident care needs, clinical data and staff and resident feedback. Staff are provided with feedback about their work performance and are encouraged to pursue further education through in-house and external training opportunities and completing tertiary qualifications. Residents/representatives expressed high levels of satisfaction with the staff and the skill they demonstrate in the provision of care. They stated staff are attentive to residents' needs and are responsive to their requests for assistance.

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

Staff and residents/representatives stated they have access to appropriate and adequate goods and equipment to ensure quality service delivery. Management and designated staff have the responsibility for ensuring that appropriate goods and equipment are available on site to provide day to day quality care and service the needs of residents. There are online purchasing systems which facilitate the timely purchasing and receipt of goods and equipment. Equipment needs are identified through audits and input from staff and residents/representatives. There is a corrective and preventative maintenance program to ensure equipment operates safely and there are cleaning regimes for equipment. Observation showed sufficient stocks of appropriate goods and equipment throughout the home.

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

There are systems for the creation, storage, archiving and destruction of documentation within the home. We observed that confidential information such as resident and staff files is stored securely. Processes are in place to consult with residents and/or their representatives and to keep them informed of activities within the home. Information is disseminated through information technology systems, meetings, notice boards, memoranda, communication books, handover reports, newsletters/magazines and informal lines of communication. The computers at the home are secure and the corporate office provides the support and backup systems. There is a system of surveys and audits to identify the need to review policies, procedures and staff work practices. Residents/representatives and staff stated they are kept informed and are consulted about matters that may impact them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's corporate office has systems to ensure all externally sourced services are provided in a way that meets the home's needs and the organisational values. Those responsible for accessing service providers are able to utilise external services information provided by the on line system. The system holds and monitors appropriate contracts, insurances, registrations/licences, police checks, contact details and ensures contractors complete work health and safety requirements. Residents, management and staff said they are satisfied with the provision of external services to the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. In relation to Accreditation Standard Two - Health and personal care audits are completed and clinical indicators are recorded and benchmarked.

The home has made planned improvements in Accreditation Standard Two - Health and personal care including:

- As part of the organisational focus on heat awareness a beverage trolley has been introduced. The trolley has two cold drink dispensers and a bowl of fresh fruit with is kept stocked all day. Residents are able to serve themselves whenever they would like a cold drink. The trolley is utilised to provide a wide range of fruit juices, milk shakes, nutritional supplements and slushies. It is useful in creating and supporting social events and celebrating special occasions. An added benefit has been the consistent decline in the incidence of urinary tract infections since the introduction of the beverage trolley.
- The traditionally used formulated meal replacement supplements have been identified as not suitable for all residents. To assist in the maintaining of weight for residents who do not like to sit down to eat and who prefer finger foods, a high protein biscuit has been successfully trialled. Residents like the biscuits and they are assisting to maintain their weight. In addition some residents do not tolerate milk based nutritional supplements and a trial of fruit based supplements has been successful.
- In response to the increased complex pain management needs of residents the home's pain management program has been reviewed and improved. A registered nurse conducts a pain management clinic twice a week and research has occurred to identify improved pain management interventions. A single use adhesive heat patch has been trialled successfully. The patch provides sustained even heat for up to ten hours and is disposable which eliminates infection control and safety risks. Residents are also offered TENS machine treatment (four machines have been purchased) and massage. Feedback from residents has included their pain is being recognised and the new interventions are providing improved management of their pain.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulations specific to Accreditation Standard Two - Health and personal care include:

- There is a system of review by an accredited pharmacist of residents' medication management.
- Registered nurses initially assess and plan care and provide ongoing management and evaluation of residents as specified in the Quality of Care Principles 2014.
- Staff know the organisation's process for the management and reporting of missing residents.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirmed education relating to Accreditation Standard Two - Health and personal care has been provided for management and staff. Examples include first aid and cardio pulmonary resuscitation, wound care, medication management, nausea and vomiting, palliative care approach toolkit workshop, management of lung cancer, recognising and managing sleep disorders, arthritis and pain assessment, recognising the deteriorating resident, oral care skill set and minimising restraint.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Using a range of assessments clinical and allied health staff assess residents on entry to the home. Assessments assist staff to develop an individualised care plan which is reviewed three monthly or more often if necessary. Residents/representatives are invited to participate in providing further information at the time of entry and at scheduled case conferences. The home monitors residents' clinical care outcomes through reviews, incident reports, clinical audits and resident/representative feedback. The residents' general practitioner and relevant allied health practitioners are advised by staff of changes in the resident's health. Residents/representatives reported they are consulted about resident's clinical care and expressed satisfaction with the care residents receive at the home.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Registered nurses plan and direct the implementation of actions to meet residents' specialised nursing care needs. Other qualified staff assist in assessment and review of specialised nursing care as well as providing additional advice and support as required. Care plans are developed and supported with progress notes and provide clear guidelines for staff to follow. Registered nurses are on site each day to provide nursing care and are available after hours for resident and staff support. Monitoring of specialised nursing care occurs through care plan reviews, audits, staff handover and resident/representative feedback. Residents/representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

Residents are referred to health specialists in accordance with their needs and preferences. Staff and the general practitioner assess and identify the need for allied health specialists. Residents can be referred to visiting medical specialists, speech pathologists and dieticians. Access to audiologists, optometrists, dental services can be arranged as either visiting services or in the community. A physiotherapist and a podiatrist visit the home regularly and attend to residents' needs. Documentation of prescribed treatments occurs and staff enter specific information in care plans. Residents/representatives are satisfied with access to specialist health services.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Registered and enrolled nurses and medication competent care staff administer medications from original and multi-dose packaging. Electronic and hard copy medication profiles contain identification and clear information pertaining to prescription instructions for medication. The medication system procedures interface with the pharmacy. General practitioners regularly review residents' medication and assist to assess residents who self-medicate. Medications are securely stored and policies and procedures guide staff on the correct storage, disposal and administration of medications. Monitoring and review of medication incidents occurs on a regular basis. Residents/representatives are satisfied residents medications are administered and managed safely and correctly.

2.8 Pain management

This expected outcome requires that "all care recipients are as free as possible from pain".

Team's findings

The home meets this expected outcome

Each resident's history and presence of pain is identified during the initial assessment phase using appropriate assessment tools. Pain management strategies are reviewed if there is a change in residents' health status, a new episode of reported pain and when as needed pain relief is used frequently. Alternatives to medication such as limb massage, repositioning, hot/cold therapies and individualised diversional strategies are utilised. Care staff refer to the registered nurse when pain relief strategies are not effective. Pressure relieving equipment is available and the home has access to specialists in pain management for additional support and advice. Residents/representatives are satisfied residents' pain is managed effectively.

2.9 Palliative care

This expected outcome requires that "the comfort and dignity of terminally ill care recipients is maintained".

Team's findings

The home meets this expected outcome

The home's approach to palliative care ensures the comfort and dignity of terminally ill residents are maintained in accordance with their needs and preferences. When a resident moves into the home discussion occurs on treatment decisions for future and end of life planning in conjunction with their family. When necessary the registered nurse develops an end of life care plan with strategies to manage pain and personal choices. The home has specialised equipment for consistent administration of pain relief and staff provide residents and their families with support during the palliative period. Pastoral care is available to enhance the support of residents and their families.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home promotes optimum resident nutrition and hydration and implements systems which identify changes in resident's appetite and ability to take adequate nutrition and fluids. All residents are assessed in relation to their ability to eat and drink and the assistance they require and their special needs are included in care planning. Resident care plans include information about appetite, food likes and dislikes, specialised equipment required, special diets and food allergies. Nutritional supplements, thickened fluids and textured foods are available. A multidisciplinary approach is taken to nutrition and hydration involving the resident's doctor, registered nurses and as necessary a dietician and/or a speech pathologist. Health monitoring by staff includes regular weight recording with fluctuations reviewed by a registered nurse and referrals undertaken as necessary. Residents are satisfied with the meals and drinks provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Clinical assessments identify the skin integrity of each resident on entry to the home and after any clinical change. Consultation with resident/representatives, the resident’s medical history and other assessments such as continence management, personal hygiene and pressure injury risk provide information for care planning. Clinical reassessment is undertaken if the resident’s condition or care needs change. Wound care is provided by a registered nurse and includes assessment, treatment plans and evaluation of healing. Skin integrity is maintained through moisturising, nutrition and hydration, pressure relieving equipment, continence management, staff training in manual handling, clothing choices and medication reviews. Skin tear incidents and statistics are monitored and followed up by the registered nurse. Residents/representatives are satisfied with the skin care provided for residents.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Consultation with residents/representatives, continence assessments and information from the resident data base assessment provides information for individualised toileting and bowel management programs. Continence management plans include early recognition of common problems, previous history, continence aids, equipment required and toileting regimes. Bowel management programs include daily monitoring, regular fluid intake, high fibre foods and fresh fruit and juices. Natural interventions are encouraged and medication is available if required. Continence aid supplies are available. The effectiveness of bladder and bowel management programs is monitored by staff who report changes to registered nurses for follow up. Residents are referred to continence management advisors as required. Residents/representatives are satisfied with continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Clinical behaviour assessments, consultation with residents/representatives and monitoring of behaviour identify triggers and successful interventions which are included in comprehensive behaviour management plans. Residents are able to wander freely inside and outside the home in attractive and secure gardens. Management and staff know strategies to effectively manage residents with behaviours of concern. Leisure activity staff, a music therapist and care staff provide distraction with activities residents enjoy. Consultations are arranged with psycho geriatricians and community mental health specialists as required. Residents/representatives are satisfied with the management of residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

An exercise balance and strengthening program is offered to residents to promote the maintenance of residents' mobility and balance. Residents are encouraged to maintain their mobility and dexterity by participating in the home's programs, including physical activities to improve independent movement. Any change in a resident's mobility is documented and followed up by the registered nurse, physiotherapist and general practitioner. Mobility and transfer care plans are reviewed regularly and new information is included as a resident's condition or care needs change. All activities through the day are seen as opportunities to maintain resident function including walking to the dining room and going on outings. Accident/incident reports are collated and reviewed with falls investigated and changes made to residents care plans and mobility aids as needed. Appropriate equipment is maintained. Residents/representatives are satisfied with the maintenance of function and support provided for residents.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

On admission a resident's oral history and dental care needs are discussed with residents/representatives and included in care plans which are regularly reviewed and updated. Care staff assist and prompt residents with teeth and denture cleaning and report any observed changes to registered nurses. Equipment and dental products are available to assist residents to maintain their oral health and hygiene. The home has a visiting dental service which provides residents with dental treatments and follow-up. Residents/representatives are satisfied with the oral and dental care provided.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory needs in relation to vision, hearing, touch, taste and smell are assessed on admission to the home and incorporated into the residents care plan. Staff provide interventions including assistance to clean glasses and hearing aid placement and battery changes. Various techniques are utilised to support residents with sensory loss including good lighting, large print books, large screen televisions, music therapy and environmental assessments. Staff assist residents to make and attend appointments for assessment and reassessment of their sensory needs when required. Residents/representatives are satisfied with the support provided.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Clinical assessments and sleep pattern monitoring and consultation with resident/representatives provide information for care planning. Preferred waking and retiring times are identified with staff assisting residents to maintain these times as far as possible. For residents who are unable to sleep intervention strategies are trialled and successfully implemented strategies are included in the resident’s care plan. Environmental factors such as lighting, comfort, security, temperature and noise are considered. Residents are accommodated in single rooms and have their own familiar items around them. Staff provide drinks and snacks if residents are awake during the night. Residents are satisfied with the care and comfort measures implemented by staff in relation to promoting sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. In relation to care recipient lifestyle, resident and representative meetings, the complaints system and resident surveys are used to gather feedback from residents.

The home has made planned improvements in Accreditation Standard Three - Care recipient lifestyle including:

- In response to resident feedback through surveys a review of the leisure program has resulted in increased opportunities and choice for residents. An intergenerational swimming program has commenced involving students from a local high school. Residents from Robert Young and Jessie Hunt (a second home which is nearby and owned by the Whiddon Group) join with students at the local indoor pool to swim and exercise. Staff report the residents are enjoying participating in an activity which they have enjoyed in the past. Residents observed returning from the swimming session were happy and energised.
- An art exhibition was held in 2014 to exhibit residents’ art work. The occasion brought together residents and families and created a social occasion which was reported in the local paper. In 2015 planning is underway to increase the art exhibition to include resident’s craft work. Residents are enthusiastic about the event and staff report they will continue to promote community involvement and interactions with residents from Jessie Hunt.
- Information handbooks for residents have been revised and updated with the new Whiddon Group branding. The manager stated the information provided is specific to their home and is more relevant to residents. All the material has professional photographs which include photos of residents at the home and relate to the home’s regional area. Residents have been provided with a personal hard cover compendium which they keep in their room for reference. The information promotes and supports residents’ independence, choice and decision making and residents expressed satisfaction with the improvement.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulations specific to Accreditation Standard Three - Care recipient lifestyle include:

- The Charter of Care recipient lifestyle' Rights and Responsibilities is displayed in the home and is included in documents which are provided to all residents.
- There is a policy, procedure and staff training for the reporting of alleged or suspected resident assault.
- The organisation's privacy policy has been reviewed and updated in line with the Australian Privacy Principles, training has been provided to staff.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirmed education relating to Accreditation Standard Three - Resident lifestyle has been provided for staff. Examples include protecting residents rights, identifying elder abuse, Australian Privacy Principles changes, person centred activities and cognitive stimulation therapy (CST).

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Staff orientate new residents to the home and introduce them to others with similar interests. A social and family history is taken to assist staff in identifying each person's needs. After a settling in period and discussion with residents/representatives a care plan is developed, reviewed and regularly updated. Residents/representatives are invited to personalise their rooms for comfort and familiarity. Family and friends are encouraged to visit and participate in life at the home. Staff show knowledge and understanding in relation to supporting residents' emotional needs. Residents/representatives expressed satisfaction with the ongoing support and responsiveness they receive from management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum levels of independence and maintain links with the community outside the home. Staff assess residents' functional abilities when they move into the home and refer them to allied health professionals if further intervention is required. Assessments and care plans reflect consideration of the health, cultural, social and spiritual support each resident requires to maximise their independence. Therapeutic and exercise

programs are scheduled to aid residents' functional abilities and assistive devices for mobility, meals and toileting are provided as needed. Staff describe strategies to maintain residents' independence in accordance with individual abilities. Residents/representatives are satisfied with the assistance provided to residents to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home maintains policies and procedures to protect residents' privacy and dignity. On entry to the home residents are provided with written information about their rights, privacy and confidentiality. Staff reported they provide residents' health and personal care services discreetly to maintain their dignity and privacy. Observation indicated staff address residents in a courteous and polite manner, call residents by their preferred names and only enter residents' rooms with permission. Residents' personal, clinical and financial information is stored in a secure manner. Residents are satisfied their privacy is respected and staff ensure their dignity is maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents/representatives reported a high level of satisfaction with the range and variety of activities offered at the home. Information about residents' interests, (past and present), capabilities and significant relationships is collected on entry to the home and reviewed as needs change. There are processes to encourage and support residents to participate in a range of interests and activities of importance to them. The home develops and displays a focused activity program to accommodate individual and group needs and other areas of interest such as local events and outings. Leisure and care staff described ways to encourage residents to participate in activities and how they provide one-on-one activities for those who are unable or chose not to participate in group events. Residents are satisfied with the range of activities and the encouragement and support they receive to participate in their interests.

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

Information about residents' specific cultural and spiritual needs is identified on entry to the home and a care plan developed in consultation with residents/representatives. A range of religious denominations conduct services at the home on a regular basis and will provide residents with individual support if required. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community and on an individual

basis. Residents/representatives are satisfied their cultural practices and spiritual beliefs are provided for and respected.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Systems are in place to ensure residents/representatives can participate in decisions regarding the services they receive and exercise choice and control over their lifestyle within their capabilities. Residents/representatives are consulted regarding their preferences and are invited to participate in care planning, care reviews and evaluation. Residents, whenever possible choose their daily routines such as outings, meal preferences and attendance at activities. Residents/representatives are encouraged to provide feedback to staff about their lifestyle choices, either verbally or through internal feedback processes. Authorised representatives can make decisions on behalf of residents unable to act for themselves. Staff provided examples of how residents are provided with choice and encouraged to make their own decisions. Residents/representatives stated they are able to exercise choice and control over the care and services they receive.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. The director care services and administrative staff discusses relevant information about security of tenure, fees, care, services and residents' rights with residents and their representatives prior to and on entering the home. Prospective residents and/or their representatives are offered a pre-admission client agreement. On entry residents receive a client agreement and client information handbook which outline care and services, residents' rights and complaints resolution processes. Management advised if the need arises residents and their representatives are consulted and consent is gained prior to residents moving rooms and/or buildings.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement.

The home has made planned improvements relating to Accreditation Standard Four - Physical environment and safe systems, including:

- Feedback from residents and staff about the temperature of meals transported to two areas of the home has resulted in the purchasing of lightweight heated trolleys. Staff state the trolleys are easy to manoeuvre and are maintaining meal temperatures.
- A new auditing tool has been implemented to monitor safety and the condition of the home. Staff report the new tool is user friendly as it uses tablet technology and reduces the time spent inspecting, recording and processing the results. As a result of using the new tool a number of improvements have occurred including the purchase of new outdoor furniture to improve resident comfort and the appearance of the outdoor areas. Additional security lighting has been installed to eliminate dark spots and improve night security.
- In response to feedback from residents and their representatives the cleaning services have been reviewed. The review has resulted in an increase in cleaning hours by 20 hours a week. In addition the documentation of cleaning frequencies, processes and schedules has occurred and staff state this has clarified their responsibilities and is achieving a good result. To assist residents to know their room has been cleaned, door hangers stating a room has been cleaned and who cleans the room is left on the door. Residents state this is helpful and they are satisfied with the standard of cleaning.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for a description of the overall system related to this outcome.

Examples of regulatory compliance with regulations specific to Accreditation Standard Four - Physical environment and safe systems include:

- There is a system for the regular checking and maintenance of fire safety equipment and a current fire safety statement is on display. The home is fitted with a sprinkler system.
- Monitoring is carried out on thermostatic mixing valves and the warm water system for temperature safety and legionella testing occurs.

- There are examples of how the organisation complies with work health and safety legislation. For example the provision of staff training and staff involvement in maintaining a safe work place and following documented safe work practices.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirmed that education relating to Accreditation Standard Four - Physical environment and safe systems has been provided for management and staff. Examples include dining with dignity, recycling waste, chemical awareness, diabetic diets and nutritional guidelines, infection control and outbreak management, fire evacuation, laundry procedures and chemicals, risk assessment and hazard reporting, and manual handling.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe and comfortable environment consistent with resident care needs. Each resident has a single room with ensuite bathroom and is encouraged to personalise their room. Accommodation suitable for residents with dementia is secure and provides residents the freedom to be indoors or in the garden as they choose. Observations showed the home is clean, well ventilated, has suitable lighting and is air conditioned throughout for resident comfort. Communal areas such as dining rooms, lounge and sitting rooms have comfortable furnishings. The safety and comfort of the living environment is monitored through environmental audits, resident/representative feedback, incident/accident reports, hazard reports and observations by staff. There are systems for preventative and reactive maintenance and to ensure the ongoing maintenance of the grounds and gardens. Feedback from residents/representatives and staff indicated satisfaction with the living environment which meets their needs.

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's management team actively work to provide a safe working environment that meets regulatory requirements. The organisational safety and quality framework works to ensure the living environment for residents and the staff work environment is safe through a variety of monitoring processes. The monitoring processes include environmental audits, regular maintenance checks and observation. Staff receive training and highlight risks and

hazards through the maintenance, accident and incident and hazard reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff. Staff receive education in manual handling during orientation and annually and we observed staff working safely.

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

There are systems to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as maintenance checks of all fire equipment and systems. Staff interviews demonstrate they are familiar with the fire safety equipment and procedures and they confirmed they attend regular fire safety training. There is a system for identifying residents if evacuation is required in an emergency and an emergency management plan is in place. Emergency management includes the availability of a generator and emergency food supplies. There are security procedures to ensure the buildings and grounds are secured at night. There is a no smoking policy in the buildings. Residents and staff stated they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Infection control clinical indicators are reviewed monthly, monitored for trends and industry benchmarked. Preventative measures include infection control education and hand washing competencies for all staff disciplines, hand sanitising cleanser availability, a cleaning regime and a resident and staff vaccination program. There is a food safety plan in the kitchen to monitor food and equipment temperatures. Outbreak management information and resources are available. The home maintains a waste management system and a pest control program. Results of infection control audits and clinical indicators are discussed at meetings and staff handover. Staff have access to personal protective clothing and colour coded cleaning equipment and have an understanding of infection control measures relevant to their work area.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

There are systems to identify residents' meal requirements and preferences on entry to the home and as residents' needs change. All meals are cooked on site based on a four-week seasonal rotating menu. The menu reflects the preferences of the residents and there are processes for consultation regarding the menu. Special occasions and cultural/religious days are celebrated with special foods and meals. Staff cater to individual resident meal preferences and dietary needs as required. The kitchen is clean and orderly with systems to ensure food is handled safely. There are cleaning schedules, processes and monitoring

systems to ensure the buildings are maintained in a clean and tidy condition. There are systems for the provision of laundry services and a clothing labelling service is available. Residents/representatives expressed a high level of satisfaction with the variety, quantity and quality of the meals, the cleanliness of the environment and the laundry service provided.