![Australian Government — Australian Aged Care Quality Agency]

Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Uniting Edina Waverley RACS ID: 2639

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

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	8 January 2018
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 17 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 18 August 2015 to 5 March 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	8 January 2018
Accreditation expiry date	5 March 2019

Edina Nursing Home
RACS ID 2639
150 Bronte Road
WAVERLEY NSW 2024
Approved provider: The Uniting Church in Australia Property Trust (NSW)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 18 August 2018.

We made our decision on 17 July 2015.

The audit was conducted on 16 June 2015 to 18 June 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

Audit Report

Edina Nursing Home 2639

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

Introduction

This is the report of a re-accreditation audit from 16 June 2015 to 18 June 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 16 June 2015 to 18 June 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:	Rosemary Chaplin
Team member:	Sue Kelly

Approved provider details

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

Details of home

Name of home:	Edina Nursing Home
RACS ID:	2639

Total number of allocated places:	40
Number of care recipients during audit:	35
Number of care recipients receiving high care during audit:	35
Special needs catered for:	n/a

Street/PO Box:	150 Bronte Road	State:	NSW
City/Town:	WAVERLEY	Postcode:	2024
Phone number:	02 9369 5131	Facsimile:	02 9389 1697
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Service Manager	1	Care recipients/representatives	7
Deputy Manager	1	Care staff	10
Continuous quality improvement co-ordinator	1	Catering staff	4
Regional clinical nurse educators	2	Laundry staff	1
Regional human resources consultant	1	Cleaning staff	2
Contracts and procurement coordinator	1	Client service manager external cleaning company	1
Hotel services manager	1	Administration assistant	1
Maintenance manager	1	Work health and safety business partner	1
Maintenance zone supervisor	1	Recreational activity staff	2
Area supervisor external cleaning company	1	Recreational activity team leader	1
Regional leisure and lifestyle co-ordinator	1	Roaming art therapist	1
Registered nurses	4	Pastoral care staff	1
Regional co-ordinating chaplain of pastoral care	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	8
Residents' administration files	5	Personnel files	5

Other documents reviewed

The team also reviewed:

- Choice and decision making documentation including various signed consent and authorisation forms, advocacy and person responsible information

- Cleaning program and schedule

- Clinical care documentation including communication with specialists and allied health, communication books, clinical monitoring records and needs assessment, family conference documentation.

- Continuous improvement documentation including continuous improvement plans, annual audit schedule, monthly audit results and reports, resident survey results, comments and complaints register, menu feedback forms, incident and accident reports, key performance indicator reports and trend analysis data

- Education and staff development documentation including staff orientation records, staff competencies, mandatory training matrix, 2015 education and training report, learning and development calendar, training records and evaluations, service learning plan 2014/2015,

- External services including sample service contracts, preferred supplier listing, equipment service reports, contractor induction guidelines

- Fire security and other emergencies including fire safety equipment service records, resident photographic evacuation information, emergency preparedness and business continuity plan, annual fire safety statement

- Food safety program including kitchen cleaning logs, food and equipment temperature monitoring records, sanitising of fruit and vegetables, audits, NSW food authority audit results

- Human resource management documentation including staff engagement survey results; application for employment pack; staff police checks, statutory declarations and visa status matrix; performance and development records; agency staff registration and police check summary; staff roster; staff contact details; employee allocation sheets; staff planned leave calendar

- Infection control information including manual and outbreak management, resident and staff vaccination program, surveillance data, monthly analysis reports and trend analysis, pathology results, pest control reports

- Information systems documentation including meeting minutes, staff handbook, residents handbook, volunteers handbook, service newsletter, memorandum to staff, care plan review schedules, policies and procedures, electronic alerts and messages to staff,

- Inventory and equipment including maintenance manuals, maintenance request system, preventative maintenance schedule, thermostatic mixing valve testing, electrical testing and tagging records

- Laundry documentation

- Leisure and lifestyle documentation including residents' social, cultural ,spiritual, intimacy and privacy assessments; care plans and progress notes; monthly entertainment calendars; regional wellness bus outing program; bus outings forms; leisure and lifestyle evaluation forms; volunteers program folder; pastoral care program folder

- Manual handling instruction information

- Medication management documentation medication audits, medication incidents, temperature logs for medication refrigerators, schedule eight drug registers, resident medication plans, resident self-administration assessments, medication signing sheets, medication management (external) reviews

- Nutrition and hydration management including resident dietary analysis, rotating menu, dietician review, special and textured modified diets, thickened fluids, nutritional supplements

- Physiotherapy assessments care plans, exercise programs, falls risk assessments

- Podiatry assessments and review

- Regulatory compliance including resident and accommodation agreement, mandatory reporting register, unexplained resident absences, criminal history certificates staff, alert system, professional registrations, various releases from the department of social services

- Resident room listing

- Self-assessment report for re-accreditation and associated documentation

- Workplace health and safety (WHS) information including manual, hazard reporting, risk register, environmental audits, workplace inspection reports, return to work information

Observations

The team observed the following:

- Activities in progress, activities programs, associated resources, photographs of past events

- Aged care complaints scheme, advocacy, posters and other information on display in a variety of languages

- Cleaning in progress, trolleys and supplies, wet floor signage in use

- Dining and recreational areas during lunch and beverage services with staff assistance

- Displayed notices including Quality Agency re-accreditation audit notices; charter of care recipients' rights and responsibilities; vision, purpose and values statements and strategic priorities statement

- Equipment and supply storage areas, clinical and continence supplies

- Firefighting equipment checked and tagged, fire indicator panel, fire safety sprinkler system, emergency information charts, evacuation diagrams, evacuation box

- Hairdressing salon

- Handover in progress

- Handrails in corridors and bathrooms

- Have your say forms, suggestion box

- 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

- Information notice boards

- Internal and external living environment

- Manual handling and mobility equipment in use and in storage

- Medication administration, secure storage, emergency drug supplies

- Notice boards for residents and staff including electronic Web2TV monitor

- NSW food authority licence on display

- Policies and procedures available to staff

- Public telephones

- Safe chemical and oxygen storage, safety data sheets (SDS) at point of use

- Secure storage of confidential resident and staff information

- Security systems including keypad locks, nurse call system, residents' alert bracelets

- Short observation in communal area

- Sign in/out books

- Staff clock in and out system

- Staff practices and interactions with residents and visitors

- Staff work areas including nurses' stations and treatment rooms

- Welcome pack for new residents

- Wound management and equipment

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 home works to actively pursue continuous improvement across all four Accreditation Standards. The system includes a range of inputs that drive continuous improvement activities including audit results and clinical indicators across the four Accreditation Standards, direct input from residents, surveys results, case conferences, outcomes of regularly scheduled residents' and staff meetings and informal discussions with all stakeholders. Information collected is reviewed at various meetings at the home and at the organisation's management level. Residents/representatives have access to a suggestion box for providing written and anonymous feedback to management. Residents/representatives confirmed they are aware of how to provide feedback to the home and are aware of recent improvement activities. Recent improvements relevant to Accreditation Standard One include:

• The home has formalised daily management and care staff meetings to discuss clinical and other operational issues. This initiative began in April 2015 to improve communication and increase staff education opportunities. Each morning care staff meet with management at 11am to share resident clinical handover and discuss other issues. Management informed us this provides opportunities to deliver extra education and clinical guidelines which are able to be documented for the following shifts ensuring improved clinical outcomes for residents. Staff feedback has been very positive.

• Management identified registered nurses required more time to enable effective supervision of staff, planning of care and delivery of specialised nursing care. Management identified registered nurses were spending a lot of time administering residents' medications. As a result care staff have been trained and competency tested to administer medications within the home's policies and procedures guidelines. This has enabled improved supervision and planning of residents' clinical care by registered nurses.

• Following feedback from staff regarding lack of available space to complete online training and to receive training, the home has renovated a disused upstairs area. The new area is quiet and more conducive to learning ensuring staff have the necessary skills and knowledge to provide a high standard of care to the residents.

1.2   Regulatory compliance

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

Team's findings
The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. The organisation's executive management team notifies the home of changes and updates relating to regulatory compliance through scheduled meetings and emails. Management receives information from an aged care specialist organisation, government departments and agencies. Stake holders are informed of regulatory requirements and changes to legislation through meetings, handbooks, memorandum, notice boards and staff handovers.

Examples relating to Accreditation Standard One include:

- A system is in place for managing criminal record checks for all staff and volunteers.

- A system is in place for securely storing resident and staff information.

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 systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education sessions covering the four Accreditation Standards both internally and externally. The annual training calendar is developed and displayed for staff. Training needs are assessed based on compulsory training requirements, staff development needs, resident care and lifestyle needs, legislative changes, audit results and analysis of key performance indicators. Training attendance is recorded and evaluated through feedback and questionnaires. Staff informed us they are consulted regarding their training needs and are supported to attend certificate training and career development programs.

Examples of training and education sessions relating to Accreditation Standard One include:

- Customer service

- Computer fundamentals

- Documentation

- Assessing the Standards

- Electronic incident management system

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

The home has systems to ensure residents/representatives and other interested parties have access to internal and external complaint mechanisms. This includes displaying information about the Aged Care Complaints Scheme in the foyer of the home. Information on how to raise complaints is also contained within the resident handbook as well as the resident agreement, which is provided to residents/representatives as part of the entry process to the home. Comments and complaints, feedback, actions and evaluations are recorded in the comments/complaints register. Residents/representatives informed us they are able to raise any concerns directly with the manager or other staff and those who had raised concerns were satisfied with the outcomes.

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 vision, purpose and values statement and strategic priorities statement are displayed throughout the home. Commitment to quality is expressed through these statements. This information is available to all stakeholders in printed format including through staff and resident handbooks and organisational newsletters. Interviews with residents/representatives and our observations showed management and staff model behaviours consistent with the organisation's vision 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

The home has a system in place to ensure there are sufficient appropriately skilled and qualified staff members. The service manager informed us residents' care needs are key indicators identifying the staffing level needs in the home. The organisation ensures criminal history checks are current before the new staff member or agency staff commences duty. A system is in place to ensure new staff are formally orientated and partnered with experienced staff. A compulsory education and orientation program is in place which is aimed at ensuring staff have the appropriate skills to care for residents. A scheduled staff appraisal process ensures staff performance is monitored. Job descriptions and duty lists are available to staff outlining their particular roles. Residents/representatives expressed satisfaction with the care provided by the 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

The home uses organisational generated systems to ensure that appropriate stocks of goods and equipment are available at all times. Observations, interviews and review of documentation demonstrated that appropriate stocks of goods and equipment, food, continence aids, furniture and linen are achieved. Stock rotation processes, budgeting and purchasing through preferred suppliers ensures this ongoing program is effective. Staff and relatives interviewed all confirmed that there is sufficient and suitable equipment for their use. In particular, it was noted management is responsive to stakeholder input when approval is required for purchases of equipment. The organisation has also developed centrally monitored preventative maintenance schedules and a daily maintenance procedure to ensure that equipment is maintained in a safe operational standard. All maintenance requirements are carried out in an appropriate time frame by the maintenance team at the home. We observed, and all stakeholders reported, there is sufficient and appropriately maintained equipment and stocks of goods.

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

Information is disseminated to stakeholders including residents, representatives and staff through a variety of avenues including information displayed on notice boards, memoranda, meetings minutes, newsletters, communication diaries and education sessions. Verbal handovers are used to pass on general and clinical information to staff members on different shifts. Documentation no longer required is archived temporarily on-site with older documentation archived and monitored by the organisation offsite. Clinical care documentation is recorded and stored on electronic format. Information retained on the computer system is routinely backed-up on external servers. Access to the home's computers and data within the system is secured via password and timed lock out. Documents and forms used by the organisation are maintained on a central system with only authorised staff able to make changes.

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

Externally sourced services are provided at a standard that meets the home's needs and goals. The home monitors the performance of external contractors to ensure that externally sourced services are provided to meet its needs and quality goals through a system of feedback from residents/representatives, staff and regular audits. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and

regulatory requirements. Interviews confirm satisfaction with the products and services from external suppliers.

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

The home's systems for actively pursuing continuous improvement are described under expected outcome 1.1 Continuous improvement.

Examples of recent improvements relevant to Accreditation Standard Two include:

- As part of an organisational initiative the home introduced an electronic medication management system to improve the safety of residents' medication management. Training began in September 2014 to ensure staff were competent in the use of the system which commenced in November 2014. Management informed us the new system offers easily accessed reports to more effectively monitor medication management and medication incidents are now minimal.

- In 2014 a contract was negotiated with a mobile dental van to improve residents' oral and dental health and to improve their access to dental services. The van visits every four months and offers a range of onsite dental procedures and referral to specialists at a reasonable cost. This has enabled residents to have regular dental check-ups and reduced the waiting time for appointments. Management informed us residents living with dementia find it much easier to access dental care now.

- The organisation introduced an April falls day initiative to better manage residents at risk of falls in 2014. Manual handling cards for each resident have been introduced which are updated by the physiotherapist. Monthly falls meetings have been introduced to identify strategies for individuals to maximise mobility and reduce falls. This year the April falls day initiative was expanded to include staff attending a falls expo at another facility, the purchase of new and comfortable hip protectors and a shoe clinic for residents, families and staff offering appropriate footwear. Management informed us the incidence of residents' falls has significantly decreased.

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

Systems to identify and ensure compliance with all relevant legislation and regulatory requirements are described under expected outcome 1.2 Regulatory compliance.

Examples relating to Accreditation Standard Two include:

- The home's systems ensure all professional registrations are current.

- The home has policies and procedures for responding to 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

Systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively are detailed under expected outcome 1.3 Education and staff development.

Examples of training and education sessions relating to Accreditation Standard Two include:

- Oral and dental care

- Dementia behaviour management

- Continence management

- Electronic medication management

- Back to basics

- Wound management

- Deteriorating resident

- Nutrition and hydration

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

Team's findings
The home meets this expected outcome

Edina Nursing Home (Edina) has systems, processes, policies and procedures to ensure residents receive appropriate clinical care. Review of documentation shows a comprehensive program of assessments are completed when a resident moves into the home and as required during their stay at Edina. Individualised care plans are formulated, reviewed and updated by a registered nurse regularly and as required. Care is planned in consultation with the resident and their representative, the resident's medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources are maintained in good working order to meet the ongoing and changing needs of residents. Residents/representatives are satisfied with the clinical care provided and resident representatives state they are informed of changes in the resident's condition and care needs.

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

Edina has processes to identify the specialised nursing care needs of residents and care interventions are met by appropriately qualified staff. Treatment regimens guide staff practice in relation to oxygen therapy, catheter care, diabetes management, anticoagulation therapy, stoma care and complex wound management. Staff are provided with education and training

in relation to specialised nursing care and external consultative services and equipment is accessed if necessary. Care staff have an awareness of interventions such as observation and reporting responsibilities that assist registered staff and ensure the specialised nursing care needs of residents are met. Residents requiring specialised nursing care are satisfied with the 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

Clinical documentation shows residents are referred to external health professionals and any changes to care following specialist visits are implemented in a timely manner. A range of allied health professionals visit the home on a regular basis including a podiatrist, physiotherapist, speech pathologist, palliative care team and pathology services. Residents/representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents/representatives are aware of the availability of other health specialists if needed. Residents/representatives are satisfied with the way referrals are made and the way changes to care are implemented.

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

Resident's individual medication management needs are identified on entry to the home. Qualified care staff employees who have undertaken medication competency annually, administer medications from a packaging system. Registered nurses are responsible for notifying the pharmacy of changes to residents' medications. All medications including controlled and refrigerated drugs are stored and monitored appropriately. There are processes to monitor and evaluate the administration of variable dose/timed medication and 'as required' medication. A three monthly review of residents' medications is undertaken by the resident's treating doctor with an accredited pharmacist conducting reviews. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes.

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

The home implements a pain management system which ensures all residents are as free from pain as possible. Pain assessments are completed when the resident first moves into the home and staff said they are reviewed if the resident's pain experience changes or increases. A multidisciplinary approach involving nursing and physiotherapy supports a resident's pain management program. The home offers a combination of treatment options to manage residents' pain, which includes heat, massage and exercise. Residents say the care

provided at the home relieves their pain or it is managed so they are comfortable. Residents are assessed during care and medication rounds to ensure they do not have pain and to treat any pain they may have.

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 has systems and processes to ensure that the dignity and comfort of residents who are terminally ill are maintained in consultation with residents and their representatives. Staff at the home receive education about managing the palliative care needs of residents and have access to appropriate health professionals for advice and assistance. Consultation with a palliative care team and visiting medical practitioners ensure regular reviews of treatments and interventions. Advance care planning is encouraged and residents/representatives are consulted about palliative care needs and preferences including physical, emotional, cultural, religious and spiritual needs. Residents/representatives confirm the home's practices maintain residents' comfort and dignity.

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 demonstrates residents receive adequate nutrition and hydration. Regular assessments of residents' dietary and hydration preferences and needs are documented on assessment forms and plans of care. Individual needs and preferences and any special dietary requirements are identified and communicated to relevant staff. Residents' weights are monitored and extra supplements and nutrients are offered to residents identified with poor, or at risk of poor nutritional status. There is consultation with residents and relevant others such as medical officers, dietician and speech pathologist about nutrition and hydration needs and strategies to ensure these are effectively met. Residents confirm they are satisfied with the home's approach to meeting their nutrition, hydration and associated needs.

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

Residents' skin care needs are assessed and documented in care plans which describe the treatments used to manage their skin conditions. Breaks in skin integrity are recorded and reported through the incident reporting processes and if trends are identified, strategies are adopted to prevent recurrence. Wound treatment charts outline wound management strategies and instructions within the treatment charts are effective in facilitating continuity of care. Pressure relieving equipment is available and used as needed. A range of dressing

products and aids to promote and maintain skin integrity is available, including the provision of a pressure-relieving mattress for residents at high risk of a pressure injury. Podiatry and hairdressing services are available at the home and care staff are provided with skin care and manual handling training. The effectiveness of the skin care delivered in meeting the needs of residents is regularly evaluated and reviewed. Residents confirm they are satisfied with the skin care provided by the home.

2.12 Continence management
This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings
The home meets this expected outcome

The continence needs and preferences of residents are identified through the use of focussed assessment. Care plans are developed that reflect individual continence management strategies to guide staff practice. Care plan review processes ensure regular monitoring of the effectiveness of residents' individual continence program. Strategies include scheduled toileting, implementation of continence aids and bowel management regimes. A registered nurse monitors the day to day usage and assessment of residents to ensure residents are provided with an adequate supply of appropriate continence aids to meet their individual needs. During the visit, all areas of the home were free of odour. Staff demonstrated an awareness of residents' individual continence requirements. Residents advise staff maintain their privacy when attending to their continence needs and that this is provided in a timely manner.

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

The needs of residents with challenging behaviours are managed effectively through assessment and the identification of triggers, trends and effective interventions. Care plans outline preventive and management strategies for residents with challenging behaviours. Staff demonstrate they are attentive to residents' needs and respond appropriately to residents exhibiting challenging behaviours. Diversional therapy is also used to assist in the management of challenging behaviours including reminiscent therapy and programs which support residents' past skills. Environmental factors, including a secure living environment enhance management strategies for addressing residents with challenging behaviours. The effectiveness of behaviour management strategies is regularly evaluated. Residents/representatives confirm they are satisfied with the management of behaviour and the care provided.

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

The home has policies and practices to optimise the mobility and dexterity levels of residents. Initial and ongoing assessments of mobility and dexterity are performed by

appropriate health professionals and reviewed on a regular basis. Residents/representatives and relevant allied health professionals are consulted about the mobility and dexterity needs of residents. A physiotherapist visits the home four days a week and a physiotherapy aide assists residents with their mobility program three days a week. Staff are provided with mandatory training in manual handling techniques. Falls risk assessments are conducted and appropriate equipment and supplies are available for the management of residents' mobility and dexterity needs. Residents/representatives confirm they are satisfied with the home's approach to optimising residents' mobility and dexterity.

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

The home has a system to ensure residents' oral and dental health is maintained. This includes initial and ongoing assessment of residents' oral and dental needs. Care staff monitor residents' ability to self-manage their oral care and assist when required. Staff assist residents to maintain their oral and dental routine including set up assistance, and soaking of dentures according to resident preference. Residents' day to-day oral care is attended to in line with individual care plans. Texture modified diets are available for those residents who experience difficulty chewing food. Residents are supported to access external appointments with dentists and dental technicians. Residents say they are satisfied with the assistance given in managing their oral and dental care.

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

Team's findings
The home meets this expected outcome

Information about each resident's care needs in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs and are linked with other relevant care plans such as hygiene and leisure activities. Residents are referred to specialists including audiologists, optometrists and speech pathologist as needs indicate and in consultation with the resident and representative. The lifestyle program includes activities and resources to assist residents with sensory stimulation inclusive of taste, touch and smell. Residents with identified sensory loss issues are satisfied with the individualised management strategies and the assistance provided by staff.

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

Residents' normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the resident and representative. Care strategies are developed, communicated to staff and implemented in response to residents' needs and preferences. Staff provide assistance when residents have difficulty sleeping which includes

the provision of refreshments and snacks, attending to hygiene cares and re-positioning if required. Pharmacological intervention is available as prescribed by the residents' medical officers. Residents report that they sleep well and are satisfied with the assistance that staff provide during the night if this is required.

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

The home's systems for actively pursuing continuous improvement are described under expected outcome 1.1 Continuous improvement.

Examples of recent improvements relevant to Accreditation Standard Three include:

- The organisation has introduced roaming programs to ensure residents are supported to participate in a wide range of interests and activities. Staff are employed within the organisation to share their skills such as art and horticulture with residents in the organisation's homes. Since this initiative began resident feedback and participation has been very positive. Residents have their art work displayed throughout the home and are enjoying involvement in the gardens.

- The Sydney central region of the organisation has commenced a special men's group outing initiative. Residents from the home join with others from homes in the region to participate in an outing. The group has enjoyed visiting a large hardware store, have celebrated Bastille Day at another home and staff have arranged specialised dementia groups for the men's' bus outings. Staff report this ensures residents maintain their independence and participate in life outside the home.

- Management identified improvements could be made to enhance emotional support and improve behaviour management for residents. A room has been renovated to become a relaxing space called the day spa. The recreational activity staff run clinics in which they offer pampering and beauty sessions to residents. The day spa has four large comfortable massage chairs which are enjoyed by residents and their families. Staff informed us the day spa is also utilised for one on one time with unsettled residents with positive benefits.

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

Systems to identify and ensure compliance with all relevant legislation and regulatory requirements are described under expected outcome 1.2 Regulatory compliance.

Examples relating to Accreditation Standard Three include:

- A confidentiality agreement is signed by all staff.

- The charter of care recipients' rights and responsibilities is displayed in the home.

- The home has processes for managing reportable assaults and maintaining appropriate records.

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

Systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively are detailed under expected outcome 1.3 Education and staff development.

Examples of training and education sessions relating to Accreditation Standard Three include:

• Aboriginal cultural appreciation workshop

• Accidental counsellor training

• LGBTI (lesbian gay bisexual transgender intersex) diversity in aged care

• Leisure and lifestyle

• Suicide prevention

• Reverse garbage – upcycling material

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

The home has systems to ensure each resident is supported adjusting to life when they enter the home and on an ongoing basis. The organisation employs a roaming welcome officer who meets with new residents regularly and is able to refer them to support services available. Care, recreational activities and pastoral care staff also spend one to one time with residents during their settling in period and thereafter according to the resident's needs. The entry process includes gathering information from residents and/or their representatives to identify residents' existing care and lifestyle preferences. A welcome pack is given to residents when they enter the home which provides information and small gifts. Feedback about residents' levels of satisfaction with the provision of emotional support is gained through meetings, audits and resident surveys. Residents/representatives expressed satisfaction with the level of emotional support and the assistance provided to them on entry to the home and on an ongoing basis.

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 encouraged to entertain at the home and visitors are made to feel welcome when they visit. Private areas are available to facilitate small group gatherings. Staff facilitate resident participation in the local community, for example, through the arrangement of

regular bus trips and participation in activities with other aged care facilities in the region. Many community groups visit the home including entertainers, special interest groups and school children. Regular exercise programs assist residents to maintain their mobility levels and independence. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. Observations and interviews confirm staff promote residents' independence when assisting with activities of daily living. Residents stated they are satisfied with the opportunities available to them to participate in the life of the community within and outside the home.

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 has systems to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents' care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Residents' individual preferences are documented and known by staff. Resident records are securely stored and each member of staff has a unique log in password to access the computerised care management program. Observations confirm staff address residents in a respectful manner by their preferred names. Staff were observed to knock on residents' room doors before entering. Residents/representatives informed us they are satisfied with the way in which the residents' privacy and dignity needs are met.

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

The home has systems to ensure residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle, leisure and social history assessments are undertaken when residents move into the home. Care plans are developed and evaluated regularly. Recreational activity staff plan monthly activity calendars which include a variety of events and activities in consultation with residents. One on one activity is included in the calendar to cater for those who prefer not to attend group activities. The recreational activity staff document resident participation in activities to assist with the evaluation of the effectiveness of the program. Residents' feedback is sought through resident meetings, surveys and discussion with staff regarding the activity program. This information is evaluated to make improvements to the program on an individual and group basis. Residents informed us they enjoyed the activities and particularly enjoyed the men's group, bus trips, bingo and the visiting entertainers.

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

Residents are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. Spiritual services from a variety of denominations are provided regularly for residents to attend if they wish to do so. Pastoral care staff offer individual spiritual support, group services and support to families if required. Specific cultural days such as ANZAC Day, Australia Day, Mother's Day, Remembrance Day, Christmas and Easter are commemorated with appropriate festivities. Each resident's birthday is celebrated. Recreational activity staff and care staff have knowledge of and respect for the residents' individual backgrounds and beliefs. Residents/representatives informed us they are satisfied with the cultural and spiritual life offered at the home.

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

The home has systems to ensure residents participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include consultation when planning provision of care and services, residents' meetings, surveys and through the comments and complaints processes. Residents informed us they are involved in decisions about their care routines and their participation in the activity program. Residents' choice of medical officer and allied health services is respected. Residents have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture. Residents/representatives informed us they are happy with the level of choice and decision making offered to residents.

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

The home has systems to ensure residents have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and residents' rights and responsibilities is provided and discussed with prospective residents and their representatives prior to and on entering the home. The resident agreement accompanied by an information handbook outline care and services, residents rights, security of tenure and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with residents and/or their representatives. Ongoing communication with residents/representatives is through meetings and correspondence. Residents interviewed said they feel secure in their residency at the home.

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

The home's systems for actively pursuing continuous improvement are described under expected outcome 1.1 Continuous improvement.

Examples of recent improvements relevant to Accreditation Standard Four include:

• Management identified improvements could be made in the lounge/dining room to enhance residents' quality of life. To make the area more home like the seating was rearranged and attractive pictures were hung on the walls. Management and staff report the new configuration has improved the experience for residents, there is less noise at meal times and the residents are more settled.

• Menu feedback was dominating the residents' meetings. In November 2014 management introduced second monthly food focus meetings which are attended by a representative from the catering supplier, management and residents. As a result residents report improvements to the quality and choice of the menu.

• Following feedback from a resident's family member, improvements have been made to the front garden of the home. Old shade cloth and plants have been removed. New plants and hanging pots have been installed to enhance the area which is now an inviting and pleasant area for residents and their families to sit.

• Staff identified they could not always find slide sheets for the safe manual handling of residents. As a result management has purchased two slide sheets for each resident to ensure availability of equipment and correct manual handling technique is used for all residents, reducing the risk of injury to staff and residents.

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

Systems to identify and ensure compliance with all relevant legislation and regulatory requirements are described under expected outcome 1.2 Regulatory compliance.

Examples relating to Accreditation Standard Four include:

• The home maintains a food safety program and displays the current Food Authority license.

• The home maintains the fire safety system and displays the current Fire Safety Statement.

• The home is fitted with a fire sprinkler system.

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

Systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively are detailed under expected outcome 1.3 Education and staff development.

Examples of training and education sessions relating to Accreditation Standard Three include:

- Manual handling
- Fire and emergency
- Food safety
- Infection control
- Chemical training

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 management of the home has implemented ongoing mechanisms that demonstrate it is continuing to improve the safety and comfort of residents in their living environment. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, and incident and accident reporting. There are also resident feedback mechanisms, such as residents and relatives meetings and direct discussions with management, in relation to the comfort and safety of the living environment. Residents/representatives stated the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data we reviewed.

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

Management is actively working to provide a safe working environment that meets regulatory requirements. Interviews with management and staff indicated that the home has systems to help ensure the provision of a safe working environment for staff, visitors and residents. The home has systems to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis. Other mechanisms include manual handling training, discussion of work, health and safety issues at meetings, environmental audits, hazards, and accident and incident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely manner.

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's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire safety systems in the home include fire detection and alarm systems, a sprinkler system, firefighting equipment, exit signs and evacuation plans at every exit. The home has formal, external contractual arrangements for the monitoring and maintenance of all its fire safety equipment and systems. In addition, we sighted the annual fire safety statement displayed in the home's foyer. Staff training records confirm staff participate in regular mandatory fire safety training. Staff interviewed are aware of fire safety and emergency procedures. We observed the home provides a secure environment including secured doors, lock up procedures and appropriate overnight staffing arrangements.

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 with a system for managing and minimising infections. The program includes staff education, audits, and discussion of infection issues at meetings. Staff monitor temperatures in refrigerators and freezers and use colour coded equipment. Hand hygiene is available throughout the home. There are formal cleaning schedules to maintain hygiene levels. Staff interviewed show an understanding of infection control principles and guidelines. The home has access to personal protective equipment and supplies for handling an outbreak or infection.

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

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.

The food safety system was recently reviewed by the NSW Food Authority. The kitchens were observed to be clean with sufficient food stores. The home uses a cook/chill system and residents can choose what they would like on the day from the available menu.

Cleaning is carried out seven days a week by contract cleaners. Staff and their supervisor described the cleaning schedule which includes resident rooms and public spaces. Cleaners are trained in the use of chemicals and infection control practices. Equipment is colour coded for identifying where it is to be used. Residents/representatives said the home's cleanliness is always maintained and residents said they appreciate the care taken by cleaning staff when they work around their personal belongings.

Linen is laundered by an external laundry service and personal items are laundered on site. There is a plentiful supply of fresh linen. There is a system for the labelling of personal clothes to minimise missing clothing. Residents said they are satisfied with the quality of laundering services provided in the home.