



Australian Government

Australian Aged Care Quality Agency

The Whiddon Group - Narrabri - Jessie Hunt

RACS ID 2678
84 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 11 August 2018.

We made our decision on 23 June 2015.

The audit was conducted on 19 May 2015 to 20 May 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 - Jessie Hunt 2678

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

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 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 19 May 2015 to 20 May 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:	Helen Ledwidge
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 - Jessie Hunt
RACS ID:	2678

Total number of allocated places:	60
Number of care recipients during audit:	45
Number of care recipients receiving high care during audit:	41
Special needs catered for:	Not applicable

Street/PO Box:	84 Gibbons Street	State:	NSW
City/Town:	NARRABRI	Postcode:	2390
Phone number:	02 6792 3044	Facsimile:	02 6792 3196
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Director of care services	1	Residents/representatives	10
Deputy director of care services	1	Head chef and catering staff	2
General manager clinical risk	1	Leisure officer/administration	1
Food and beverage manager	1	Activity staff	2
Registered nurses	3	Laundry staff	1
Care staff	7	Cleaning staff	2
Administration assistant	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	12	Personnel files	3
Summary/quick reference care plans	12	Resident agreements	2
Medication charts	40		

Other documents reviewed

The team also reviewed:

- Behavioural management: assessments, behaviour monitoring records, behavioural care plan and evaluations
- Cleaning and laundry service documentation
- Clinical care: restraint authority records, specific care plan for complex wound care, unresolved wound records, mobility management plan, registered nurse communication book, handover sheets, care plan review schedule, case conference schedule, registered nurse portfolios, doctors notes, clinical investigations reports, complex health care directives, diabetic management directives
- Compliance tracking including police certificate check register, statutory declarations, staff health professionals registrations
- Continence management: management plans, toileting schedules, daily bowel monitoring records, continence aid allocation list, urinalysis monitoring records
- Continuous improvement: continuous improvement plan and log, clinical indicator reports, internal and external audits, benchmarking and trending, surveys, incident reporting
- Dietician assessments and reports, podiatry assessments and reports
- Education calendar, training records, attendance records, competency assessments
- External service providers service schedules and service agreements
- Feedback system including compliments and complaints

- Fire and emergency documentation including annual fire safety statement, emergency flip charts, evacuation plans, fire equipment audits, testing records, sign in and out registers
- Infection control documentation: resident and staff vaccination records, monthly infection control reports and trend analysis, refrigerator/freezer temperature records
- Infection control manual, infection surveillance data
- Information systems: policy and procedure manuals, newsletters, meeting schedule and minutes (staff and resident/relative meetings), memoranda, surveys, electronic resident information, communication diaries, communication/handover charts, progress notes, staff notices, mission, values and strategic plan
- Leisure and lifestyle: lifestyle, social history and spiritual assessments, lifestyle plans, lifestyle attendance records, lifestyle program and events evaluations, risk management records activities, notes from special interest groups, activity calendar, activity resources folder
- 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, medication advisory committee (MAC) meeting minutes
- Menu, diet records including special diets and food preferences, NSW Food Authority licence
- Mobility and dexterity: physiotherapy assessments, mobility assessments, physiotherapy care plans, falls risk assessments, manual handling guidelines
- Notices advising residents, representatives and visitors of the re-accreditation audit
- Nutrition and hydration: resident 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
- Pain management: assessments, heat therapy records, pain management records, schedule eight patch schedule/monitoring record
- Palliative care: advance care directives, care plans
- Preventative maintenance schedule and maintenance logs
- Recruitment policies and procedures, staff handbook, staff orientation program, job descriptions, duty statements, staff rosters, performance management documentation, privacy and confidentiality agreements, police certificate check documentation, staff registrations
- Reportable incidents register
- Residents' information package, handbook and agreements, consent forms
- Self-assessment report for re-accreditation

Observations

The team observed the following:

- Activity program on display; residents participating in activities
- Additional beverages trolley
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Chemical storage, safety data sheets (SDS)
- Chook yard, BBQ area, mobile library trolley and television area

- Cognitive Stimulation Therapy Program activity session, Play up activity session with residents, faxed radio station requests
- 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 aids
- Equipment in storage and in use for manual handling such as lifters, hand rails, limb protecting and mobility equipment
- Fire safety systems and equipment, evacuation kit, security systems
- 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
- Interactions between staff, residents, relatives/representatives, visitors
- Living environment
- 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
- Oxygen storage
- Resident call bell system
- Secure storage of confidential resident information
- Short group observation during activities
- Sign in/out book - residents, visitors and contractors
- Staff access to information systems including computers
- Staff observation of residents' privacy and dignity
- Staff work practices and work areas including catering, cleaning, laundry and maintenance
- Wet floor signage in use

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 has a continuous improvement system to identify and implement improvements across the four Accreditation Standards. Residents/representatives and staff use formal and informal mechanisms to provide feedback on all aspects of care and service delivery. Mechanisms include audits and monitoring of clinical data, surveys, verbal and written comments and complaints and meetings. Continuous improvement matters are captured in a continuous improvement plan and actions logged on the plan are followed up in a timely manner. Continuous improvement matters are discussed and reported at various meetings. Meetings are held to progress initiatives. Staff are familiar with continuous improvement mechanisms and are aware of recent improvements. Residents/representatives are encouraged to make suggestions and to put forward ideas for improvement using the various feedback mechanisms.

Examples of improvements in relation to Accreditation Standard One, Management systems, staffing and organisational development include:

- In February 2015, the staff handbooks were revised and updated with 2015-2020 strategic planning information and a new model of care included which has an enhanced person-centred focus. Staff now have improved information to more effectively undertake their roles and responsibilities. Staff have the knowledge and skills to implement the organisation's current policy and practices in line with the strategic plan and model of care. The resident handbook was also revised accordingly and a compendium developed with site specific information for residents and their representatives. The information was tabled at a resident meeting and was well received. The information is provided to all prospective and new residents and provides relevant up-to-date information about care, lifestyle and wellbeing services provided by the home.
- A review of staff satisfaction was conducted following the renovation of the home and changed management. The staff satisfaction survey completed in March 2015 showed a high level of satisfaction and improvement in all areas surveyed (teamwork, performance and feedback, resident focus, decision making, staff work areas, information and communication, knowledge and skills, work health and safety, equipment and leadership). Staffing hours were also reviewed and increased in early May 2015 to match the increasing acuity levels of residents. Care staff hours and allocations continue to be reviewed to match the care needs of residents. Staff satisfaction continues to be evaluated to identify areas for ongoing improvement.
- To improve continuity of care for residents, management introduced a handover sheet in April 2015. The computerised handover sheet with residents' current clinical diagnoses and care needs information is updated as required and communicated to care staff. This has improved the effectiveness of communicating clinical care needs of residents to care staff and registered nurses.

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 and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. New and updated legislation policy directives and guidelines are regularly accessed from sources which include the Department of Social Services, corporate communications and membership of industry peak bodies. Head office staff ensure currency of policies, procedures and forms. Staff demonstrated awareness of current legislation. Relevant information is provided to residents/representatives at meetings, and through information on display in the home. Staff are informed through notices, circulars, memoranda, meetings and education. Audits, surveys, quality improvement activities and staff supervision ensure that work practices are consistent and compliant with legislative requirements and professional standards.

Examples of regulatory compliance relating to Accreditation Standard One include:

- A police certificate register is maintained which demonstrated all staff have current police record certification.
- Resident agreements have been updated to reflect legislative change.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has an education program that ensures management and staff have the appropriate knowledge and skills to perform their roles effectively. Staff education includes orientation, annual compulsory training and a range of internal and external training programs. The organisation also subscribes to an education provider and this includes a library of audio visual resources and assessment materials. Management maintains education records and relevant staff receive training and education across the four Accreditation Standards. Staff training needs are identified through legislative requirements, changes in resident needs, observation of staff practices, consultation with staff and stakeholders, staff performance appraisals, surveys and a range of clinical and audit data. The effectiveness of training and education is assessed. Staff are satisfied with the education programs and opportunities provided. Resident/representative interviews demonstrated they are satisfied staff are skilled and knowledgeable in their delivery of care and services to the residents.

Education courses, programs and sessions recently completed by the home’s staff relating to Accreditation Standard One includes: Certificate IV in frontline management, accreditation and risk management, aged care funding instrument (ACFI) training, workplace relations, aged care reforms, staff handbook, model of care and strategic plan workshop, assessing the standards for accreditation, quality systems for aged and community care and orientation programs for new staff.

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 internal and external feedback and complaint mechanisms available to all residents/representatives. On entry all new residents are made aware of feedback mechanisms and advocacy services in the resident agreement and via brochures. Internal feedback forms and brochures for accessing external complaints services are also on display, and a suggestion box is centrally located. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on action taken. Complaints are handled confidentially and are registered. Issues are incorporated into the continuous improvement program. Resident/representative and staff interviews demonstrated they are aware of the home's complaints and feedback processes, feel comfortable raising issues of concern and confirmed they are satisfied with the resolution.

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 and values statements are documented in staff and resident handbooks and are displayed in the home. The home's operations are supported by head office staff and resources. Documentation and interviews with management and staff confirm a commitment to quality care and services within the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are sufficient appropriately skilled and qualified staff to deliver care and services in accordance with the Accreditation Standards, the home's philosophy and objectives and the needs of the home's residents. The home is supported by the organisation's people and culture team at the corporate office and police record certification is obtained prior to employment and is monitored for renewal. All new staff complete an orientation program and position descriptions, handbook, and policies inform staff of care and service delivery requirements. Staff sign a privacy agreement to acknowledge confidentiality of information. Staff practices are monitored through observation, skill assessments, performance appraisals, feedback and audit results. Registered nurses are rostered on every shift and there is flexibility in rostering to ensure the staffing allocation addresses resident needs. Staff absences are replaced using the home's permanent part-time and casual staff. Residents/representatives expressed satisfaction with care provided by staff to residents and residents said they are assisted when necessary in a timely manner.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has an equipment management system to ensure appropriate stocks of goods and equipment are maintained to provide quality service delivery. The home has systems to register, replace and purchase equipment. Equipment is well maintained and there is a comprehensive system to manage corrective and preventive maintenance in the home. Staff and residents/representatives confirmed the operation of this system is effective and maintenance requests are actioned in a timely manner. Electrical items are tested and tagged. Staff are familiar with ordering and maintenance systems and have sufficient goods and equipment on an ongoing basis. Resident/representative interviews demonstrated they are satisfied that goods and equipment required for use by residents are well maintained and readily available.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation has an effective information management system which includes policies to support care practices and the delivery of services. Various regular staff and resident/representative meetings are held. The home manages information review through a range of audits and information gathered is analysed, reported on and actioned where required. Residents/representatives, staff and other stakeholders have access to information through mechanisms such as handbooks, orientation and training sessions, meeting minutes and noticeboards, staff handover discussions and verbal communication. Staff have access to electronic and hard copy policies. Resident and staff information was observed to be kept secured and staff are aware of their responsibility to keep resident information confidential. The organisation backs up electronic resident files offsite every 24 hours and there is a system for archiving and destruction of confidential resident information. Resident/representative and staff interviews demonstrated they can access information and are kept informed about relevant matters.

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 demonstrated it has systems to monitor the quality of work being undertaken by externally sourced services to ensure services are provided in a way that meets the home's needs and service quality goals. Preferred external suppliers are managed by the organisation and the home through service agreements or contracts. Service agreements/contracts include specifications of service delivery, qualifications, insurance, police record certification and registration details as appropriate. Suppliers and contractors are regularly assessed against their service agreement and unsatisfactory service/breach of

contract are addressed. Staff said they are satisfied with the quality of the services currently being provided by external providers.

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 information regarding the continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Two, Health and personal care include:

- Management identified the need to review behaviour management approaches based on audit data showing increased aggression incidents for the January to March 2014 quarter. Staff monitored residents to learn of possible triggers to aggression and residents were reviewed by their medical practitioner and referred to a psychogeriatrician. Case conferences were also held to identify effective strategies to reduce residents' aggression. Training was provided to staff about progressively lowered stress threshold (PLST) and cognitive stimulation therapy (CST) programs and staffing was increased by four hours each afternoon seven days a week specifically to redirect wandering residents and provide activities to reduce aggression. Audit data and a recent review of aggressive incidents indicates effective strategies are known and effectively used by staff and the number of aggressive incidents has reduced markedly during the last six months.
- Management recently reviewed the effectiveness of the home's falls prevention strategies. In May 2015, audit data for the quarter show falls incidents have reduced by 33% and this was also the case for the previous quarter. The increased staffing mentioned above has allowed closer supervision and assistance for residents at high risk of falls. A physiotherapist continues to assess and review residents for safe mobility and to ensure correct walking aids are used. Hip protectors have also been effective in preventing injury from falls. The home's falls prevention strategies have been effective in preventing falls and injury from falls and continue to be monitored.
- Increased heatwave conditions in the summer months and audit data have led to the development of a heat awareness program. Heat preparedness flyers were posted and information included in the resident newsletter. Fluid rounds offering a variety of fluids, fruit and icy poles were provided. Weather forecast information and temperatures were displayed in the home and discussion occurred at resident meetings. The heat awareness program was implemented during the 2014/2015 summer months and was effective in promoting preparedness to counter the impact of hot weather and was successful in improving the hydration of residents.
- In February 2015, catering staff identified thickening agents were difficult to measure to meet thickening requirements for residents' fluids. An alternative thickener was sourced that is easy to measure and has a pump action dispenser for different thickening requirements. Staff training was provided and staff feedback has been very positive. Catering staff report that the new thickener does not alter the taste of fluids and the pump action dispenser makes it easier to accurately measure and prepare mild, moderate and extremely thick fluids for residents with swallowing difficulties.

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 information regarding the system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care.

Examples of regulatory compliance related to Accreditation Standard Two:

- Registered nurses develop and review resident care plans
- Safe storage, administration and disposal of Schedule 8 medications
- Staff who require professional registration hold current registration certificates.

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 provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education courses and sessions recently completed by the home’s staff relevant to Accreditation Standard Two include: Certificate IV in aged care, clinical assessment, blood pressure measurement and assessment, complex care, foot care, medication administration, pharmacology and insulin, pain management, palliative approach, heat awareness program, promoting healthy skin, skin tears, continence and skin integrity, dementia care essentials, dementia depression and delirium, dementia behaviour management, falls risk prevention, preventing falls and harm from falls and oral health.

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, in collaboration with other qualified staff, assess, plan, manage and review the specialised nursing needs of residents. Specialised nursing care plans are developed in consultation with residents, the general practitioner and/or other specialised services and are available to guide staff. 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 to residents.

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 and 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 resident 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

Management and registered nurses undertake regular reviews of the medication management system. An internal auditing program is in place to ensure medications are ordered, stored and administered in accordance with residents’ needs, and legislated requirements. Registered nurses administer medications from original and multi-dose packaging. Medication charts contain identification and clear information pertaining to prescription instructions for medication. 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. 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

Staff consult residents and representatives to plan care reflecting individual wishes and cultural beliefs to ensure the maintenance of comfort and dignity of terminally ill residents. Registered nurses reassess the residents’ needs when they enter the palliative phase of care, in collaboration with the family, general practitioner and if agreed, palliative care specialists. A palliative care plan is implemented during the palliative phase and includes resident preferences such as meals and drinks, nursing care required and reference to the residents’ final wishes. 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

Staff identify residents’ dietary requirements and food preferences when the resident moves into the home and on an ongoing basis. Special diets and modified textured meals are accommodated and residents’ individual food and fluid preferences are provided. Staff refer residents to specialised allied health professionals to assist in management of their needs. Residents have access to assistive cutlery and crockery as required. Residents are encouraged and assisted to drink adequate fluids and staff assist residents with their meals as required. 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. 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

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/representatives are satisfied with resident 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. 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

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. 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 assists residents to access local dental services. Residents/representatives are satisfied with the oral and dental care provided to residents.

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 abilities are assessed when they first move into the home and relevant information is included in their care plans. Care plans nominate individual strategies to manage residents’ sensory needs. Residents are referred to allied health professionals in the community for optical and hearing services when required. Staff implement strategies to reduce the impact of sensory losses for residents and facilitate residents’ inclusion in events at the home. Residents advised staff assist them to access their sensory aids and are satisfied with the support provided by the home.

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’ settling routines are recorded when they move into the home and their sleep patterns are assessed. Individualised care plans include their usual routine and strategies to assist sleep, including retiring and waking times. 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. 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 information regarding the home’s continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Three, Care recipient lifestyle include:

- Resident satisfaction was recently reviewed using a survey to follow-up on areas for improvement identified in the previous survey. Residents’ responses in all six areas surveyed showed improvement and a high level of satisfaction (accommodation and living areas, personal care services, medical and therapy services, access to extra services such as massage, activities and lifestyle and overall satisfaction).
- Management identified resident interests in rural lifestyle and enjoyment of animals could be enhanced. As a result this has been achieved using a pet therapy approach by introducing the “HenPower program” in April 2015. A chook pen was made by the local men’s shed and Rotary and four hens placed in the pen. Residents from rural backgrounds participate and enjoy feeding the hens and collecting eggs. Residents were very proud to place an exhibit in the recent local agricultural show and won first prize for the eggs.
- In February 2015, residents were surveyed for suggestions relating to the health and leisure program. The need for more varied options for residents was identified, including the desire for more social interaction in the community. Combined discussions were held with the leisure and health staff of a nearby Whiddon Group home to explore jointly offering an increased range of community options to residents. Training was provided in February 2015 to leisure staff for dementia specific programs such as cognitive stimulation therapy (CST). A seniors program was also developed to give more opportunities for community involvement and socialisation. Music therapy was commenced for residents’ enjoyment and music appreciation. An intergenerational swimming program with local high school students was introduced for its health benefits and interaction with different age groups. Residents are enjoying the intergenerational swimming program and music therapy. The combined leisure and health staff briefings have led to the provision of a broader range of activities for residents.

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 information regarding the system to ensure that the home complies with legislation and regulations relevant to care recipient lifestyle.

Examples of regulatory compliance related to Accreditation Standard Three:

- Mandatory reporting guidelines and training have been implemented by the home in accordance with regulatory requirements.
- Residents/representatives are provided with a resident agreement in line with legislative requirements. Agreements cover security of tenure and residents' rights and responsibilities.

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 provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education courses and sessions recently completed by the home's staff relevant to Accreditation Standard Three include: Certificate IV in leisure and health, client-oriented service delivery, protecting clients' rights – preventing, identifying and reporting elder abuse, dying with dignity, the Privacy Act, restraint minimisation, cognitive stimulation therapy and Play Up2 program.

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 residents' 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 residents 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

Assessment of residents' abilities and their wishes in relation to independence and lifestyle occurs when they move into the home. Care plans identify the support residents require to be as independent as possible, maintain friendships and participate in the life of the community. Allied health professionals provide specific equipment to maintain residents' independence.

Residents are encouraged to maintain friendships and regular social outings are organised. Staff describe strategies to maintain residents' independence in accordance with individual abilities. Residents/representatives are satisfied with the assistance provided to residents by staff and volunteers 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. Lifestyle staff assess residents and gather information about their personal life history and any interests to develop individual leisure and lifestyle care plans and the homes' activity program. The program includes a range of cognitive, physical, sensory and social group activities. Staff incorporate special events and outings into the program, and families, friends and volunteers join in special events. Activities staff evaluate residents' participation and enjoyment of the activities they attend. Residents and representatives provide feedback on the program via suggestions, meetings and surveys. 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 residents' 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 residents receive and exercise choice and control over their lifestyle within their capabilities. Residents/representatives are consulted regarding resident 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 resident 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 residents 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

The home provides a range of information to residents and their representatives when residents are to enter the home. This includes information regarding residents' security of tenure and residents' rights and responsibilities. The resident agreement contains clauses which identify the circumstances and restrictions for moving the resident from the home and to another room or part of a room within the home. Resident relocation only occurs following consultation with the resident/representative and in accordance with legislated requirements. Resident representatives state that the resident's tenure is secure and resident rights are supported through staff practices.

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 information regarding the continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Four, Physical environment and safe systems, include:

- Management identified the need to provide residents with more functional and aesthetically pleasing living areas. Resident and relative satisfaction surveys had also identified the need to improve the living environment. Extensive building renovations have been completed recently and include a larger dining area with increased natural lighting, a covered outdoor area with new furniture which is used for BBQs and leisure activities, upgraded soft furnishings, handrails and décor, new flooring and a renovated entry foyer with a secure coded entry/exit. More personal space and privacy for residents has been achieved by turning four-bedded rooms into two and three bedded rooms. The renovations have also improved the safety of the environment for staff and residents.
- Management identified the need to upgrade fire and emergency equipment and monitoring systems. The emergency monitoring system was revised and upgraded in October 2014 and includes the installation of a new fire panel. Fire equipment continues to be monitored regularly by authorised qualified fire safety contractors. Staff training for the new fire monitoring system was provided and is ongoing. In May 2015 a workplace inspection by management identified the need for an additional emergency evacuation assembly area which also required a concrete pathway to correct the uneven surface and potholes and provide clear even pathways of egress. The driveway has safe and clearly marked surfaces, disabled parking is included, additional external security lights were installed and emergency evacuation plans were updated and displayed. Staff training has been updated on emergency procedures and evacuation areas accordingly.
- Management identified the need to clearly define and document cleaning schedules and processes. A cleaning process guide was developed for each task and a process manual developed. A communication sheet was developed for communication between cleaning staff. Management also identified the need to review the organisation’s infection control manual. The manual was revised in February 2015 using evidence based sources to guide staff in relation to a range of infection control matters and the revised environmental cleaning information has been included. Meetings and education for staff were provided. Resident rooms and common areas have regular scheduled cleaning to enhance the living environment. Staff knowledge and skills have been strengthened to perform environmental cleaning duties to an appropriate standard.

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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance, for information regarding the home's systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- A current fire safety statement is displayed.
- A current NSW Food Authority licence is held.

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 provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education and training sessions have been provided to staff in relation to the physical environment and safe systems. Some of the topics include: manual handling, lifter training, accreditation and risk management, new fire panel operational guide, infection control, work health and safety and hazard identification, chemical awareness, chemical safety, fire safety officer level one training, cleaning processes, launder care, food safety and preparing texture modified food.

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 demonstrated it provides residents with a safe and comfortable environment consistent with their needs. Residents are accommodated in reverse cycle air conditioned rooms with en-suite or access to communal bathroom/toilet facilities, there are four single rooms, 12 two-bedded rooms and six three-bedded rooms. Residents may personalise their living area. Sitting rooms and quiet areas are available for use with family and friends. Preventative maintenance schedules ensure the safety of the internal and external environment and equipment and maintenance requests are actioned promptly. The safety and comfort of the home is monitored through regular environmental audits, analysis of accident and incidents and hazard reporting. All residents have access to nurse call alarms. Staff monitor resident rooms for clutter. Residents/representatives stated they are satisfied with the maintenance and comfort of the resident living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home actively works to provide a safe working environment that meets regulatory requirements. Information regarding work health and safety (WHS) is included in the home's orientation and compulsory annual education programs, posted on notice boards, and WHS matters are included in staff meetings. Audits and environmental inspections are used to monitor workplace safety and the safety of the environment including an accident/incident/hazard reporting system which highlights areas for improvement. Safety data sheets are available for chemicals at point of use. Staff are provided with training and instructions on residents' manual handling needs and equipment is provided to support safe work practices. Staff are satisfied with the safety of their working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to ensure an environment and safe systems of work that minimise fire, security and emergency risks to residents and staff. These include regular checks of equipment by staff and external providers. Fire-fighting equipment inspection and testing is current and an annual fire safety statement is held. Fire/emergency/evacuation information is accessible to staff and the evacuation pack contains current resident information. Compulsory fire training is provided annually for staff to manage emergency situations and staff are aware of the evacuation process should it be necessary. The home is equipped with fire warning and fire-fighting equipment, extinguishers, fire blankets and evacuation plans. Emergency exits are clearly marked and free from obstruction.

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 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

The home has procedures, policies, and duty lists for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Meals are freshly cooked on site following a dietician reviewed rotational menu. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Residents are consulted about menus and their preferred breakfast, lunch and dinner meal choices. There is a food safety program and the home holds a NSW Food Authority licence. Cleaning staff are in attendance seven days a week and follow schedules for residents' rooms and communal areas. All areas were observed to be clean. Personal items are laundered by the organisation's laundry staff daily (on site or at a nearby Whiddon Group home) and there is a timely turnaround time. Staff deliver personal items to residents. Sufficient supplies of linen were observed. Feedback about services is given by residents through surveys, meetings and verbally. Residents/representatives stated they are satisfied with hospitality services available to residents.