



Australian Government

Australian Aged Care Quality Agency

Abel Tasman Village

RACS ID 0356
222 Waldron Road
CHESTER HILL NSW 2162

Approved provider: The Abel Tasman Village Association Ltd

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 08 September 2018.

We made our decision on 04 August 2015.

The audit was conducted on 01 July 2015 to 02 July 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Abel Tasman Village 0356

Approved provider: The Abel Tasman Village Association Ltd

Introduction

This is the report of a re-accreditation audit from 01 July 2015 to 02 July 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 July 2015 to 02 July 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:	Kay Louise Greentree
Team member/s:	Nehad Saleh

Approved provider details

Approved provider:	The Abel Tasman Village Association Ltd
---------------------------	---

Details of home

Name of home:	Abel Tasman Village
RACS ID:	0356

Total number of allocated places:	91
Number of care recipients during audit:	62
Number of care recipients receiving high care during audit:	37
Special needs catered for:	People living with dementia and related disorders People from culturally diverse backgrounds – Dutch and Polish cluster

Street/PO Box:	222 Waldron Road
City/Town:	CHESTER HILL
State:	NSW
Postcode:	2162
Phone number:	02 9645 3388
Facsimile:	02 9644 7002
E-mail address:	marian@abeltasman.com.au

Audit trail

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

Interviews

Category	Number
Manager	1
Registered nurses	2
Care staff	9
Assistant manager/human resources manager	1
Catering staff	2
Board member	1
Residents/representatives	9
Clinical leader	1
Laundry staff	1
Cleaning staff	2
Maintenance staff	2

Sampled documents

Category	Number
Residents' files	10
Summary/quick reference care plans	10
Medication charts	15
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities program
- Audit calendar 2015 and audit results; audit schedule and checklists, quality audit report and discrepancy list
- Care recipients' information handbook
- Care recipients' information package and surveys
- Catering services documentations including: menu and menu review, resident dietary requirements, food safety program, supplement list, kitchen order form and receipts,

suppliers list, kitchen delivery dockets, temperature records, kitchen cleaning schedule, recipe book, cleaning schedule and records

- Cleaning and laundry services documentation including: wash program, safety rules for using dryer, laundry schedule, laundry manual, cleaning schedule checklists, material safety datasheets, general service officer daily routine,
- Comments and complaints documentation including: residents' comments, complaints and grievances procedures, note report (comments and complaints), comments, complaints and grievance feedback form,
- Continuous improvement documentation including: continuous improvement register and documentation, comments, complaints and grievance feedback form, pressure area care attendance sheet, audit schedule and checklists, quality audit report and discrepancy list, survey and survey feedback results,
- Doctors communication diary
- Education documentation including: education notification/reminder, education feedback forms, competency assessments and records, education and training summary and graphs, training and experience record, education and training register, report and attendance records,
- Emails from staff to management regarding issues with computer based message system
- Emergency and fire safety documentation including: floor plan, afterhours checklist, annual fire safety statement, testing and tagging logs, main rollcall, fire and emergency incident report form, site plan(including utilities and fire equipment), first aid procedures, emergency contact numbers, manual handling instructions, emergency procedure flipchart, fire evacuation procedures, material safety datasheets, step by step fire alarm guide and evacuation procedures, fire detection system maintenance records
- Human resources documentation including: staff roster, staff policy and information handbook, job descriptions, induction pack issue record, human resources management procedures
- Infection control documentation including: outbreak management information, resident and staff vaccination lists, treatment room fridge temperature record, infection control policy and procedures and booklet, infection report and statistics and graphs, gastro and flu packs, pest control records
- Information system documentation including: The home's intranet , policies and procedures, resident handbook, request for procedure change, staff messages, minutes of meetings, newsletter, fact sheets
- Job descriptions
- List of contact names and details for local clergy
- Maintenance and stock management documentation including: contract and maintenance schedule sign off sheet, and records, thermostatic mixing valves inspection and service records, contractors agreements and folders, pest control records, maintenance log (electronic), maintenance folder, equipment register, approved suppliers/contractor list, service records and reports

- Mission, vision and values statement, quality policy statement, organisational chart
- Mobility aids in use and in storage
- Newsletter
- Recruitment policies and procedures
- Regulatory compliance documentation including: emails regards regulatory changes, regulatory updates, professional registrations, criminal history checks register, compulsory reporting register, re-accreditation audit announcement, annual fire safety statement, NSW Food Authority certificate, consent to transfer/change room, residents agreement,
- Resident agreement
- Resident committee meeting minutes
- Staff handbook
- Workplace health and safety (WH&S) documentation including: WH&S committee meeting minutes, hazard/near miss form, incident form, incident, accident and hazard report register, safe work practice records, workplace inspection list

Observations

The team observed the following:

- Activities in progress
- Aged care complaints scheme in different languages, advocacy, feedback forms and other information on display
- Annual fire safety statement
- Cleaning in progress
- Comments, complaints and grievance feedback form
- Dutch newspapers and magazines
- Emergency procedure flipchart
- Emergency/disaster bag
- Equipment and supply storage areas
- Fire evacuation procedures
- Fire fighting equipment checked and tagged, and fire evacuation diagrams and instructions
- Infection control resources including hand washing facilities and instructions, hand sanitising dispensers, sharps containers, outbreak resources, personal protective and colour coded equipment, stop germs poster

- Interactions between staff and residents
- Living environment
- Material safety datasheets
- Medication administration
- Menu displayed
- Midday meal served
- Mission, vision and values statement and quality policy statement
- Modified cutlery in use
- Noticeboards
- NSW Food Authority licence on display
- Palliative care trolley
- Photographs of activities and events
- Quality Agency re-accreditation audit notices
- Short group observation in dining/activities room
- Sign in and out registers
- Staff training announcements
- Storage of medications
- Suggestion box
- The Charter of Residents' Rights and Responsibilities

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 system that enables the pursuit of continuous improvement and the monitoring of the home's performance against the Accreditation Standards. Opportunities for improvement are identified through a number sources including stakeholders' feedback, audits, observation and reporting of incidents and accidents. Initiatives are planned, documented and implemented and progress of implementation is monitored and outcomes are usually evaluated to ensure effectiveness. Continuous improvement forms are part of the staff orientation process and are discussed in relevant meetings. Feedback forms were observed at a number of locations within the home. Residents, representatives and staff reported they are aware of how to provide feedback and are satisfied with management's response to their input.

Examples of improvement initiatives implemented at the home in relation to Accreditation Standards One include:

- To encourage stakeholders to provide feedback and to increase their awareness of the home's comments and complaints process, management reviewed and updated the home's feedback form. The updated form includes the different stages of the comments, complaints and grievances process represented in both narrative and flowchart format. Management advised that the new form explains the process in a visual way and makes it easier for stakeholders to use it.
- The home introduced a staff uniform with different coloured tops for each of the different job categories including clinical, administration, lifestyle and hospitality staff. Colour matched scarfs are also used during cold weather. Management advised that the initiative enhances the staff's professional look. They reported that residents/representatives provided positive feedback and commented that the uniform makes it easier to identify staff and facilitates better communication with them.
- To provide staff with easy access to information included in a number of important policies, the home introduced a number of policies and procedures in a simplified version. Management advised that this includes policies in areas including work health and safety, food safety and compulsory reporting and that they have been made available on the home's intranet. They reported that staff commented that the initiative provided an easier way to understand the policies as they are in plain English and clearly formatted.

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 in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines and any changes to them. The home receives regular updates on changes in relevant regulatory requirements through its subscription to an industry legislation update service and membership of an industry peak body. Changes in relevant regulatory requirements are also received from various government, industry and professional bodies and the home updates relevant policies, procedures and forms as required. Staff are made aware of regulatory changes and updates through the intranet, memos, meetings, in-services, and policies and procedures.

Compliance with relevant regulatory requirements is monitored through audits, observation of practices and stakeholders’ feedback. Staff interviewed display knowledge and understanding of regulatory requirements applicable to their roles.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The home has systems and processes to ensure staff and volunteers have current criminal history certificates,
- The home ensures that information is readily accessible to residents and representatives on internal and external complaint mechanisms.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Management advised that stakeholders’ feedback, performance reviews, residents’ care and lifestyle needs, results of audits and observation of staff practices are used to identify staff training and development needs. A range of training sessions is delivered to meet these needs. The home implements a process for the orientation of new staff and assesses a number of competencies. There is a process for documenting staff attendance at training and for maintaining staff education records.

Residents/representatives express satisfaction with the knowledge and skills of staff and staff interviewed report they have access to a range of training and development opportunities relevant to their needs.

Examples of education and staff training relating to Accreditation Standard One include: Induction and orientation, how to conduct an internal audit, electronic information management system and diploma of management.

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 a system in place to provide residents, their representatives and other interested parties with access to internal and external complaint mechanisms. Residents and representatives are made aware of these mechanisms through the resident handbook, agreement and discussions with management during orientation to the home. The home has a complaint management process that provides access to different levels of management as well as external complaints avenues. Management advised that residents and representatives are encouraged to report any concerns to management through feedback forms and meetings as well as the home's open door policy. We observed feedback forms, a suggestion box and brochures about the external complaint mechanism, in different languages, available at the home along with the Charter of Residents' Rights and Responsibilities. Residents/representatives report they are aware of, and have access to feedback and complaint mechanisms and are satisfied with management response. Staff display knowledge and understanding of the complaint management process and of their role in assisting residents as required.

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 home's mission, vision and values are documented and on display along with the Charter of Residents' Rights and Responsibilities at the home. These documents are made available to residents and representatives on entry to the home and are included in the resident handbook. The home's mission, vision, values and quality policy statement form part of staff orientation program and are included in staff handbook. Staff interviewed state that they are aware of and have access to these documents.

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 that aims to ensure there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. The home implements a human resources management process and management advised that staffing requirements are based on residents' needs, feedback from stakeholders and staff skills mix. They reported that they are

reviewed regularly to ensure residents' needs are effectively being met. New staff attend an orientation program and are buddied up with experienced staff. There is an education program to meet staff training and development and a process for competency assessment and performance reviews. The home has a process for monitoring the currency of staff criminal record checks and professional registrations. Staff state they usually have sufficient time to perform their duties and residents and representatives report that they feel there are sufficient numbers of skilled staff to cater for residents' needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems to ensure there are adequate supplies of goods and equipment. The home implements a process for preventative and reactive maintenance to ensure that equipment is in a safe and working order. Management advised that new equipment needs are identified through assessment of residents' needs and operations requirements along with observations and feedback from different stakeholders. The home uses the service of a number of external contractors for the maintenance of systems and equipment.

Periodic checks are carried out and there is a stock replacement and rotation system in place to ensure appropriate stocks of supplies are available. Staff stated they have access to appropriate and adequate goods and equipment to ensure quality service delivery and their requests for repairs are answered in a timely manner. Residents report there is adequate level of equipment and supplies available at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management systems that aim to provide stakeholders with information relevant to them. Staff have access to the home's intranet that includes policies and procedures and forms, as well as a range of resources and information, and to an electronic care information system that provides residents' details and care and lifestyle information. The home uses a number of communication channels to disseminate information to, and collect feedback from different stakeholders. Staff and residents' confidential information is kept in secured storage and management advised that information stored electronically is controlled and backed-up regularly. Resident and representatives report they receive adequate information relevant to their needs and that they are satisfied with the way the information is communicated to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has a system in place to ensure that externally sourced services are provided in a way that meets the home's needs and its quality goals. Management advised that external services are selected on their ability to provide quality services and operational requirements. The home implements a process to ensure external service providers comply with statutory and other regulatory requirements. Management reported that performance of external service providers is reviewed regularly and that identified performance issues are discussed with relevant contractors to address them. Staff expressed satisfaction with current external services

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 about the home's continuous improvement systems and processes

Examples of improvement initiatives provided by management in relation to Accreditation Standards Two include:

- To promote the safety of residents on thickened fluids, the home introduced colour coded notices to be placed in residents' rooms with information on this dietary requirement. The notices include explanation of the different levels of thickened fluids i.e. level one nectar thickness, level two honey thickness and level three pudding thickness. Management advised that the initiative provides clear guidance to staff and visitors and minimises the risk of providing residents with the wrong level of fluid consistency.
- In response to feedback from a family in regards to the frequency of staff attendance to pressure area care for one resident, the home introduced a care attendance sheet to be completed by relevant staff. The sheet document information on the care provided including time, date, comments and staff signature. Management advised that relevant procedures have been updated to reflect the change in practices. They reported that the initiative enhances quality of care, promotes staff accountability and improves the effectiveness of monitoring of staff practices.
- To ensure that residents receive adequate nourishment and hydration and to enhance wound management practices, especially for residents who require nutritional support, the home introduced a new food supplement. Management advised that the new supplement is tasteless, has no colour, is gluten free and can be added to food and drinks. They reported that it is easy to use and improves residents' nutrition.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to 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 Two include:

- Ensuring there is a process for monitoring professional registrations for registered nurses and allied health professionals.
- Medications are stored and administered according to relevant regulatory requirements and guidelines.

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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and staff training relating to Accreditation Standard Two include: Continence management, eye disorders in the elderly, thickened fluids and meals, antibiotics-side effects and interactions, bowel management, falls and medication.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents of Abel Tasman receive appropriate clinical care. Their care needs and preferences are assessed from pre-entry through to the development of the care plan and the provision of a summary care plan to inform the care staff. Assessments, care plans and ongoing progress notes are recorded using a computer based care system. The assessment, care planning and regular review process is conducted by the registered nurses and clinical leader. Changes are documented in notes and communicated at handover meetings. Care staff interviewed are aware of residents’ specific clinical care needs and their responsibilities to escalate care issues to the registered nurses. Residents and their representatives interviewed expressed satisfaction in the way care is provided.

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

The home has systems to meet the needs of residents who require specialised nursing care. The home employs registered nurses morning and afternoon shifts who provide specialised nursing care to residents. Residents are currently receiving specialised care including urinary catheters, management of insulin dependent diabetes, complex pain management and complex wound management. Care plans include medical officer and registered nurses care directives which documents specialised nursing care needs. Regular evaluation and review takes place in consultation with the resident/representatives, allied health professionals and medical officers. Residents/representatives expressed satisfaction with the provision of specialised nursing care.

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

The home has systems to provide referral to appropriate health care specialists. A review of residents’ clinical documentation shows onsite reviews have occurred by various health specialists including dietitians, podiatrists and geriatricians. Directives and recommendations are made by, and recorded within the progress notes and communicated to the care team.

Care plans are evaluated on a regular basis to ensure the service is meeting the needs and preferences of the residents. Residents/representatives are aware of the availability of other health specialists and expressed satisfaction with the care residents receive.

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

The home has systems and processes to provide a safe and effective medication management system. Medication administration is via blister packs and administered by registered nurses and appropriately trained and qualified care staff. Medication is stored within locked trolleys in secured treatment rooms as well as drugs of addiction stored at an additional secure storage cupboard. A medication incident reporting and auditing program forms part of the home’s system of monitoring the safety of medication management. The residents’ medication regimes are reviewed by their medical officers on a regular basis.

Residents/representatives say medication is administered in a timely manner and have confidence in the knowledge and skills of the staff.

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

There are formal and informal systems to identify and manage residents’ pain and evaluate pain management strategies to ensure residents are as free as possible from pain. This includes initial and ongoing pain assessment using observation, discussion and the establishment of interventions. A range of pain relieving strategies are used and appropriate pain evaluation is conducted by registered nurses and the visiting physiotherapist. Non-pharmacological strategies used include heat, massage and diversional therapy. Care staff are able to describe their role in pain management, including identification, reporting and the monitoring of pain. Residents/representatives interviewed stated pain management appropriately meets the needs of residents and pain relief can be accessed as required.

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 comfort and dignity of terminally ill residents is maintained. There are advance care plans prepared by the resident and/or their representative and the registered nurses.

Residents and their representatives consult with the care staff, their medical officer, and spiritual support is provided through the ministers of religion who visit the home on a regular basis. A palliative care trolley is maintained and stocked with supplies and equipment needed to provide end of life care that can be wheeled into the residents’ rooms. Palliative care outreach services are accessible to provide support to the home. Feedback from residents and their representatives indicate the residents’ care needs are provided with concern and respect appropriate to the comfort needs of the resident.

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 has systems to ensure residents receive adequate nourishment and hydration. Assessment is undertaken on entry to the home and as needed. Relevant information regarding nutrition and hydration is provided to the kitchen and updated as required. Staff are aware of residents’ individual special diets and fluid requirements and preferences.

Residents’ weights are recorded monthly, or in line with the individual resident’s assessed need. The advice of a dietitian is sought when significant or ongoing weight loss occurs. Nutritional supplements are available for residents who require extra nutritional support.

Specialised eating equipment is used on an individual basis to help promote independence. Residents/representatives said they are satisfied with the meals and the support they are given to eat and drink.

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 are provided with care to ensure their skin integrity is consistent with their general health. Residents’ skin is assessed initially during the entry process and on an ongoing basis during assistance with personal care. Care staff report changes in skin integrity to the registered nurses for assessment and referral to the medical officer as needed. Registered nurses oversee the care of residents where there is a breach in skin integrity and wound care is required. Care staff has access to sufficient supplies of appropriate equipment, protective devices and moisturising creams. Residents receive regular nail care and the podiatrist visits regularly and in accordance with the residents’ preference. Residents/representatives are satisfied with the skin care residents receive.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are generally developed for residents following initial assessment of urinary and bowel patterns. Care staff assist residents with their continence programs regularly and monitor residents’ skin integrity and risk of urinary tract infection. Residents’ bowel management programs are monitored daily by the care staff. Staff ensure residents have access to regular fluids,

appropriate diet and medications as ordered to assist continence. Residents/representatives state they are satisfied with the continence care provided to residents.

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 home has systems to assess and manage residents with behaviours of concern. The system includes initial and ongoing assessment of residents’ behavioural needs and the development of a care plan that documents strategies to address the behaviour. Episodes of behaviour of concern are recorded, monitored and evaluated to determine the effectiveness of strategies used and to identify the need for further interventions to be developed. We observed staff redirecting and diverting residents’ attention with the desired effect. We noted the home to be calm and peaceful throughout the audit. Residents/representatives interviewed indicate their satisfaction with the manner in which residents with challenging behaviours are managed at the home.

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

Each resident has their mobility and dexterity assessed by the visiting physiotherapist and/or registered nurses. Information is gathered from the residents, their representatives, and transfer information as part of the assessment. Mobility information and the residents’ need for assistance are detailed in the care plan and programs are instigated by the physiotherapist to optimise their mobility function. Resident’s mobility and movement are promoted through care delivery and through the exercise and activities program. There is a range of aids to effectively and comfortably move residents. Residents/representatives said they are satisfied with the assistance and exercise program provided.

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 systems to ensure residents’ oral and dental health is maintained. This includes initial and ongoing assessment of residents’ oral and dental needs through observation during daily care delivery and monitoring for pain or discomfort. Residents’ daily oral care is attended in line with individual care plans whilst assisting residents to be as independent as possible. External dental services are accessible and used according to residents’ needs and preferences. Residents/representatives expressed satisfaction with the way in which residents’ oral health is maintained.

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 losses are identified and managed effectively. The home has systems to assess, monitor and evaluate residents’ sensory losses to ensure they are identified and managed effectively. Staff assess residents’ sense of taste, touch, smell, sight and hearing and document residents’ sensory abilities and management in their clinical records and care plans. The resident’s medical officer is consulted regarding sensory needs and referrals are made to a relevant specialist or other health practitioner for further assessment or treatment as needed. Staff provide support to residents to care for and maintain glasses and hearing aids. Residents are satisfied the residents’ sensory losses are identified and managed effectively.

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

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements. Assessments are completed and strategies are developed in accordance with the residents’ normal sleep patterns. Strategies used to promote sleep include offering of food or a warm drink, appropriate continence management, repositioning and pain management. Night staff work flows minimise disturbance of residents where possible. Residents interviewed stated the home’s environment is quiet at night and staff assist them when they are unable to 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 about the home’s continuous improvement systems and processes.

Examples of improvement initiatives provided by management in relation to Accreditation Standard Three include:

- The home mounted a new noticeboard outside the dining room to display the home’s newsletter which is printed in A3 size. Management advised that the noticeboard makes it easier for residents and visitors to access the newsletter as it is at eye level and is in large print. They reported that the noticeboard also protects the newsletter from removal and they have received positive feedback from a number of families on the initiative.
- To provide residents living with dementia with meaningful activities, the home introduced ‘the laundry kit’ where residents participate, under supervision, in activities such as sorting and folding laundry. Management advised that the activity provide residents with activities that stimulate their senses and allow them to be involved in everyday living activities. They reported that observation indicated good participation levels and positive impact on residents’ wellbeing.
- To celebrate the lives of residents who pass away, it was agreed in a resident meeting to have a memorial when this happens. The memorial comprises a photo of the resident in a photo frame, two candles and a vase with tulips. Management advised that on the day the residents’ funeral, the memorial will be placed on top of the organ on the hall. They reported that this provides residents with the opportunity to say their last goodbyes and commemorate the residents’ lives with the home.

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

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 Three include:

- There is a process for reporting alleged or suspected resident assault,
- Resident care and accommodation agreements are offered to residents.

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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and staff training relating to Accreditation Standard Three include: Diversional therapy workshop, dementia workshop and volunteering essentials.

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 a system to support each resident in adjusting to life in their new environment and on an ongoing basis. This includes welcoming by staff, an orientation to the home, and introductions to other residents. Information is taken from the resident and/or their representative regarding residents’ lifestyle and social backgrounds. This information is used to develop an individual care plan. The lifestyle team assist residents to settle in and provide ongoing support. We observed interactions between management, staff and residents and their representatives that demonstrated a warm and supportive environment exists.

Residents and their representatives interviewed are very satisfied with the way residents are assisted to adjust to life at the home and the ongoing emotional support received.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain their community friendships and continue to participate in the community within and outside the home. Information is shared with families and visitors through newsletters and the activities programs displayed on notice boards. Residents are supported to continue their memberships in the community by maintaining their access to local organisations and churches. Several residents continue to be part of community groups and clubs outside of the home. Residents are supported to remain on the electoral roll and to manage their financial affairs where possible. Residents and their representatives confirm they are satisfied with the assistance provided by the home in relation to the supporting residents' 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 demonstrates each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents are accommodated in single rooms with ensuites. Resident information is securely stored in locked rooms. Consent is sought from residents/representatives for resident information to be displayed or shared with other service providers. Staff described strategies for maintaining residents' privacy, dignity and confidentiality including; doors being closed during care delivery and addressing residents by their preferred name. Residents interviewed stated they are treated with respect and 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

Staff support residents to participate in a variety of activities of interest to them. On entry to the home an assessment of residents' lifestyle and social history is undertaken and a plan developed. Activities available include, but not limited to, games, crafts, shopping trips, bus outings, visits from schools and community groups and men's activities. The lifestyle staff assesses and evaluates the activities program to ensure residents' preferences are met through resident feedback and engagement. We observed residents participating in a range of activities throughout the home during the audit. Residents/representatives expressed immense satisfaction with the activities and lifestyle program available at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to promote residents' interests, customs, beliefs and cultural backgrounds which are identified during the assessment process. The home provides care and support in the main to residents of Dutch and Polish backgrounds. Residents are actively encouraged to maintain cultural and spiritual links in the community as well as attend culturally significant events within the home. Regular religious services are held at the home and local clergy from a range of denominations visit. The lifestyle coordinator demonstrated a comprehensive and planned approach to meeting residents cultural needs including accessing resources, evaluating plans and engaging with residents on a regular basis to ensure residents' needs are met. Residents/representatives are grateful of the support provided for residents' cultural and spiritual needs.

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

Each resident or their representative participates in decisions about the services the resident receives, and is enabled to exercise choice and control over the resident's lifestyle while not infringing on the rights of other residents. Residents' personal preferences, needs and choices are identified on entry to the home, and reviewed regularly using a comprehensive range of assessments in consultation with residents and/or their representatives. Information on residents' rights and responsibilities is displayed within the home. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, resident meetings, family conferences and other feedback mechanisms. Residents and resident representatives are satisfied with their participation in decisions about the services the resident receives and the effectiveness of the home's processes in enabling the resident to exercise choice regarding lifestyle.

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 a system to ensure residents have secure tenure within the residential care home and understand their rights and responsibilities. Management advised that relevant information about security of tenure, fees, care, services and residents' rights and responsibilities is discussed with residents/representatives prior to and/or on entering the

home. Residents/representatives are provided with a handbook and are offered an agreement that includes information about security of tenure provisions, residents' rights and responsibilities and complaint resolution processes. Management advises that, if the need arises, residents and their representatives are consulted and consent is gained prior to residents moving rooms. The Charter of Residents' Rights and Responsibilities and information about compliant mechanisms is on display at the home.

Residents/representatives did not raise any concerns about their rights or the security of tenure 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes

Examples of improvement initiatives provided by management in relation to Accreditation Standards Four include:

- To improve the home’s preparedness in case of emergency and the need for evacuation, the home colour coded the residents’ main rollcall to reflect residents’ mobility status. Red, orange and yellow colours are used to identify residents who are bedbound, in tub chair or in wheelchair. Management advised that the initiative provide staff with direct access to information about residents’ mobility and assistance needed without the need to access their files. They reported that this information also assists in the planning for lifestyle and maintenance activities.
- Management identified room for improvement in reporting near misses. The home reviewed its hazard and incident/accident form to include near misses. Management advised that the initiative increases the effectiveness of the risk management process and increases the safety of residents and staff.
- To enhance residents’ safety, especially those who are at risk of wandering, the home installed internal digital pads on the loading dock door and back double doors in the main hall. Management advised that the installation was performed in consultation with the fire safety service provider and that the pads are connected to the fire safety system and releases in the case of fire. They reported that the initiative improves the home’s security and prevents trespassing.

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 annual fire safety statement is on display.
- A current NSW Food Authority food safety certificate.

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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and staff training relating to Accreditation Standard Four include: chemical safety, manual handling, food safety and fire safety.

4.4 Living environment

This expected outcome requires that “management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients’ care needs”.

Team’s findings

The home meets this expected outcome

The home’s management actively works to provide a safe and comfortable environment consistent with residents’ care needs. The home provides care and accommodation for residents in single rooms with ensuites. There are lounge, dining and outdoor areas with appropriate furnishing for use by residents and their visitors. The home employs a maintenance team to attend to maintenance tasks and repairs and external service providers are contracted for more specialised requirements. There are processes for cleaning and for conducting environmental audits, and resident rooms and bathrooms are fitted with a nurse call system. A number of residents’ rooms were observed to be decorated with personal items. Residents express satisfaction with the living environment and report that the home is comfortable and that they feel safe.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems in place which aim at providing a safe working environment consistent with regulatory requirements. The home implements a preventative and reactive maintenance process as well as a process for identifying and reporting hazards. There is a work health and safety committee (WH&S) with representatives from different sections of the home. Staff and residents' incidents and accidents are reported and reviewed and necessary actions are developed and implemented. WH&S is part of staff orientation and the home's education program includes sessions in manual handling, chemical safety and fire safety.

Personal protective equipment is readily available throughout the home and staff were observed using them as needed. Staff interviewed display understanding of the home's WHS practices and of their role in maintaining a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems, procedures and equipment in place to minimise fire, security and emergency risks. There are a number fire safety and security measures in place at the home including preventative and reactive maintenance of equipment and systems, testing and maintenance of fire safety system, testing and tagging of electric appliances, audits and hazard incident reporting. Fire safety is a part of staff orientation and the home's compulsory education program and staff attendance at these sessions is recorded and monitored.

Emergency evacuation and action plans are in place and emergency procedures flipcharts and evacuation maps are accessible to staff and were observed in different locations throughout the home as well as a resident's evacuation bag. The home implements an afterhours checklist at night time and staff interviewed demonstrated knowledge of emergency procedures and security systems and confirmed they attend fire safety training. Residents advise they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program that aims to identify, minimise, and manage infections which is overseen by the clinical leader. The program includes an infection control policy and procedure, infection data collection, a food safety program, cleaning process, staff education, and the use of colour coded and personal protective equipment. The home collects

information in regards to infections, and collected information is documented, analysed and discussed in relevant meetings. There is a vaccination program for residents in consultation with their doctors as well as a staff immunisation program. Infection control forms a part of new staff orientation and the home's education program. Hand washing and sanitising facilities, sharps containers and outbreak management kits were observed at the home. Staff interviewed display understanding and knowledge of infection control practices.

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 a system in place that aims to provide hospitality services in a way that enhances residents' quality of life and the staff's working environment. Management advised that feedback on hospitality services is sought through meetings, comments and complaints and direct communication to staff and management.

The home has a fresh cook facility that provides a variety of meals to meet residents' needs and preferences. There are processes in place to identify residents' requirements and preferences regarding meals on entry into the home and as residents' needs change, and to communicate them to catering staff. The home has a four week cyclic menu that has been reviewed by a dietitian and a food safety program is in place. Residents expressed satisfaction with the meals provided by the home.

Cleaning schedules and checklists are in place, and monitoring of the cleanliness of the environment is undertaken by management. Observations indicate that colour coded cleaning equipment, material safety datasheets and supplies of chemicals are available at the home. Cleaning staff demonstrate knowledge of the home's infection control practices and the team observed the home to be clean and free from malodour. Residents express satisfaction with the cleanliness of the home.

Residents' personal clothing and linen are laundered onsite. There is a process for the washing and delivery of residents' personal clothing and for ensuring compliance with laundry infection control standards and the home's procedures. We observed adequate stocks of linen and staff indicated linen is replaced as required. Residents state that they are satisfied with the quality of the laundering services.