



Australian Government

Australian Aged Care Quality Agency

Ainsley Nursing Home

RACS ID 2004
23 A-25 Grantham Street
BURWOOD NSW 2134

Approved provider: Siva Kolunthu Pty Limited

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 20 July 2018.

We made our decision on 28 May 2015.

The audit was conducted on 29 April 2015 to 30 April 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

Ainsley Nursing Home 2004

Approved provider: Siva Kolunthu Pty Limited

Introduction

This is the report of a re-accreditation audit from 29 April 2015 to 30 April 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 29 April 2015 to 30 April 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:	Veronica Hunter
Team member/s:	Jennifer Denham

Approved provider details

Approved provider:	Siva Kolunthu Pty Limited
---------------------------	---------------------------

Details of home

Name of home:	Ainsley Nursing Home
RACS ID:	2004

Total number of allocated places:	70
Number of care recipients during audit:	64
Number of care recipients receiving high care during audit:	64
Special needs catered for:	NIL

Street/PO Box:	23 A-25 Grantham Street
City/Town:	BURWOOD
State:	NSW
Postcode:	2134
Phone number:	02 9744 8079
Facsimile:	02 9745 6125
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Deputy director of nursing	1
Risk and quality manager	1
Educator	1
Administration assistant	1
Cook	1
Hospitality manager	1
Assistants in nursing	6
Catering staff	2
Care recipients/representatives	14
Volunteers	1
Laundry staff	1
Cleaning staff	2
Maintenance staff	1
Massage therapist	1
Physiotherapist	1
Recreational activities coordinator/registered nurse	1
Registered nurses	2

Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes (medical and nursing), charts and forms, pathology, allied health documentation, case conferences and other clinical documentation.	7
Summary care plans	9
Medication charts	16
Personnel files	5

Other documents reviewed

The team also reviewed:

- Asset register
- Audit schedule and audit results
- Resident admission information, resident handbook, resident and relative satisfaction survey
- Cleaning schedule
- Clinical documentation including daily care needs folders, health care directives, wound management folders, 24 hour clinical handover sheets, residents clinical daily charts, fluid balance records, weight loss management, third monthly vital signs folder, wanderers checklist
- Communication books, newsletters, doctors book, physiotherapy aide book
- Complaints and compliments register
- Continuous improvement plan, continuous improvement forms
- Diet analysis folder and forms
- Education calendar, competency assessments, staff education records, orientation checklist
- Fire safety inspection reports
- Food safety program, menu, NSW food authority license
- Hazard reports
- Incident and accident reports
- Infection control documentation including infection rates monthly statistics, summary of antibiotic usage, Influenza and pneumococcal vaccination records, skin tear records, infection control manual, sling/pelican belt washing schedule
- Job descriptions and duty statements, performance appraisals, staff roster
- Maintenance request book, service agreements, contract information, pest control reports, routine and preventative maintenance schedule
- Mandatory reporting file
- Medication documentation including S8 drugs of addiction registers, nurse initiated medications, medication fridge temperature recordings, medication reviews folder, residents on anti psychotic medication, and S8 weekly medication audit.
- Minutes of meetings
- Nurses and allied health registrations, police checks

- Physiotherapy documentation including complex pain assessment, residents walking program, health care directive monitoring chart, physiotherapy pain management program record, physiotherapy care plan review and mobility review list, falls prevention program
- Policies and procedures
- Recreational activities officers documentation including monthly activities program, religious representatives visits, resident bus trips, song book, special interest groups, beauty program, dementia program, reflexology therapy, social recreational assessments, resident education.
- Risk assessments
- Staff handbook
- Temperatures for fridges, freezers and meals

Observations

The team observed the following:

- Annual Fire Safety Statement
- Archives
- Brochures from external complaints body, internal feedback forms, suggestion box
- Charter of residents rights and responsibilities on display
- Chemical storage area
- Clean and dirty linen areas
- Cleaning store and equipment, equipment and supply storage areas, clinical stores and continence aids, manual handling equipment
- Evacuation box, fire equipment
- Hand washing facilities
- Interactions between staff and care recipients, activities in progress, meal service
- Kitchen
- Living environment internal and external
- Material safety data sheets
- Medication trolleys, medications returned to pharmacy list and box
- Mission, Vision and Philosophy displayed
- Noticeboards

- Personal protective equipment and colour coded equipment, contaminated waste bin, outbreak box, sharps containers
- Quality Agency re-accreditation notices on display
- Secure storage of care recipient information
- Small group observation in upstairs lounge area
- Visitors sign-in book

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

Ainsley Nursing Home actively pursues continuous improvement across all four Accreditation Standards through audits, meetings, forms to capture comments and complaints, education, hazard, accident and incident reporting. Management inform care recipients/representatives of changes made at the home. Care recipients/representatives are welcome to make suggestions and give feedback. Staff are familiar with the systems for managing continuous improvement and are encouraged to communicate their suggestions for improvement.

Results of improvements are communicated through meetings or information displayed on notice boards. Continuous improvements are evaluated through completing audits and analysing the results of data.

Improvements at the home relating to Accreditation Standard One include:

- The home has appointed a quality risk manager to oversee the quality improvement systems. As a result processes relating to quality improvement and risk management have improved.
- New uniforms have been introduced for staff. Staff were consulted regarding the uniforms. The uniforms are colour coded to make identifying staff easier. Staff feedback has been positive about the improvement in their professional image.
- To improve communication and the feedback process at the home a care recipient ambassador has been appointed. The ambassador gathers verbal feedback from care recipients and families to improve the care and services at the home.
- The home has improved the storage and process for archiving care recipient and staff file. As a result information management has improved and retrieval of archived files is easier and more efficient.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. The home receives updates and information pertaining to regulatory compliance through a peak body. The home also receives information through notices from government departments and agencies, attendance at external meetings and education sessions. Staff are informed of regulatory requirements, current legislation and guidelines. Mechanisms to disseminate information on regulatory compliance and professional guidelines include policies and procedures, notice boards, training sessions and meetings.

Examples of regulatory compliance for Accreditation Standard One include

- The home has a system to ensure all staff and contractors have national criminal history checks and these are monitored for renewal.
- Care recipients/representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. Staff and management stated that the education provided to them meets their needs. The home has an education program that is coordinated by a registered nurse. Staff are offered both internal and external education opportunities. Staff education is implemented by mechanisms that include the orientation program, education program, duty statements, competency assessments and staff appraisals.

Education provided relating to Accreditation Standard One include compliments and complaints, Accreditation, communication, time management, team work and ACFI (Aged Care Funding Instrument) documentation.

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 that allows access to internal and external complaints mechanisms. Care recipients/representatives said they feel comfortable raising issues of concern with staff and management. They stated that when they raise concerns that their issues are actioned in a timely manner. Complaints and comments are captured by a system that includes internal feedback forms, care recipient and relative meetings, audits and verbal feedback.

Information in the care recipient handbook outlines the system for expressing any comments and complaints and includes contact details on external complaints mechanisms. Brochures from external complaints bodies are on display in public areas throughout the home.

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 has documented the vision, mission and philosophy statements and has communicated these to care recipients, representatives and staff. The resident handbook and the staff handbook document the vision, mission and purpose of the organisation and they are included in the staff orientation program. The vision, mission and philosophy statements are displayed in 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 appropriately skilled, sufficient and qualified staff. There is a system to manage human resources that includes policies and procedures, staff appraisals, duty statements, selection and recruitment processes, appropriate rostering and an education program. Recruitment policies take into consideration the communication needs of care recipients and staff speak many different languages. Staff said they generally have sufficient time to complete their duties. The home has a system to replace staff on leave and does not need to use agency staff. Care recipients/representatives expressed satisfaction with the staff in the home including there being sufficient staff to meet their needs. Care recipients/representative interviews also demonstrated they are very satisfied with the personal and clinical care provided to care recipients.

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 ensures that there are stocks of appropriate goods and equipment to provide a quality service through systems of monitoring stock supply, maintenance and a purchasing system. A system using audits, and regular stocktaking processes, assists in monitoring stock supply. A routine and preventative maintenance program ensures that all equipment is regularly checked and serviced. Care recipients/representatives and staff said they are satisfied with the provision of stock and the maintenance of equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to manage the creation, usage, storage of information and where required its destruction. There are mechanisms in place to record and disseminate information. These include meeting minutes, handover and noticeboards. Policies, procedures and duty statements clearly outline correct work practices and responsibilities for staff. Management keep all staff and care recipient records locked to ensure security of access and maintain confidentiality of information. All computers are password protected.

Care recipients/representatives receive information from meetings. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with legislation. Staff, care recipients/representatives said they are kept well informed at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

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

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for information about the system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Two include:

- The home is participating in Optimed, a research study trial sponsored through the University of Western Australia and University of Sydney that aims to determine how to safely reduce the number of medications prescribed to older people living in residential care facilities. The aim is to improve the safety of medication management for care recipients at the home.
- The home has introduced a new schedule eight drugs of addiction policy. The care recipients are all interviewed on a weekly basis by the deputy director of nursing to establish the effectiveness of the schedule eight medications. As a result the use and effectiveness of schedule eight medications has been improved.
- To improve pain management all care recipients are evaluated for pain on a daily basis. The registered nurse monitors the care recipient's pain by speaking with them individually during the medication round. Due to this monitoring process pain management has improved for some care recipients.
- The home has been able to engage a dermatologist and a psychiatrist to visit the home on a monthly basis. Both professionals have assisted to improve skin care and behaviours for some care recipients.
- The physiotherapist now conducts a pain clinic four days a week. The home has also employed an additional physiotherapy aide and now the home has two physiotherapy aides working at the home. As a result improvements have been made in care recipient mobility and pain management.

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 about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Staff practices observed demonstrated that staff are performing their duties in accordance with the home’s policies and procedures.

Examples of regulatory compliance with Accreditation Standard Two include:

- The home keeps a record of professional registrations.
- Allied health professionals have current authorities to practice.
- Medication administration is managed in accordance with regulations and safe practice principles.

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 information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussion with staff and management and document review that the home delivers education relevant to Accreditation Standard Two.

Examples of education provided specific to Accreditation Standard Two include pain management, skin care, continence, oral and dental health, sensory loss and mobility and dexterity.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients and their representatives reported quality clinical care is provided at the home and individual needs and preferences are respected. A comprehensive program of assessments is undertaken when a care recipient moves into the home and a care plan is developed. Care plans are regularly reviewed and evaluated in consultation with the care

recipient, their representatives, and the health care team. Medical officers review care recipients regularly and as requested and referrals to specialist medical and allied health services are arranged as required. A range of care based audits, clinical indicators, care recipient surveys, meetings and staff handovers are used to monitor the quality of care. Staff said they enjoy working at the home and receive clinical care training, supervision and have access to appropriate supplies of equipment to ensure quality clinical care is provided for all care recipients.

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

Care recipients and their representatives said they are satisfied with specialised nursing care at the home. There are systems in place to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Specialised nursing care needs are assessed and documented in care plans when a care recipient moves into the home. A review of documentation including the computerised clinical care system shows changes are documented in progress notes, clinical charts, specialist forms and charts and in care plans. Care plans are regularly reviewed and evaluated in consultation with the care recipient and or their representatives and the health care team. Registered nurses attend care recipients’ specialised care and equipment is supplied as needed to meet individual need. Staff said they receive training in specialised nursing care and the use of equipment.

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

Care recipients and their representatives said they are consulted when a referral is required and they are assisted to attend specialist appointments as needed. Some external providers of specialist services visit care recipients in the home. A review of documentation including care recipients’ files and interviews with staff show care recipients are referred to medical specialists and other allied health professionals such as physiotherapist, podiatrist, speech therapist and occupational therapist in a timely manner and any changes are incorporated into care planning.

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

Care recipients/representatives said they are satisfied with the way medications are managed. There are processes in place to ensure medication orders are current and care recipient

medication needs, including allergies and administration needs are identified and met. Care recipients' medications are regularly reviewed by the care recipient's medical officer and changes are communicated and supplied in a timely manner. Medications are ordered, received, stored, administered, documented and discarded safely in line with policies and procedures and regulatory requirements. Medications are administered by registered nurses and the system is monitored, reviewed and improved through regular audits, pharmacy reviews and input from the medication advisory committee. Staff receive regular education on medication management, follow policies and procedures and are deemed competent to administer medications.

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

Care recipients are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any care recipients identified with pain including those at risk of pain are assessed and have a pain management plan. The plan is monitored and regularly evaluated for effectiveness by the registered nurses and physiotherapist who manages the pain clinic four days each week. Medication and alternative approaches to manage pain are used including massage, the provision of emotional and spiritual support, exercise, re-positioning and the use of pain relieving equipment including heat packs and transcutaneous electronic nerve stimulation (TENS) machines. Staff receive education in pain management and staff practice is monitored by management. Care recipients and their representatives are very satisfied with the way pain is managed in the home.

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

Management and staff ensure the comfort and dignity of care recipients who are terminally ill is maintained and families and friends are supported during the care recipient's illness and bereavement period. Advanced care directives are discussed with care recipients and their families at entry if appropriate. A review of documentation including policies and procedures and care plans show holistic individualised care is provided based on assessment of individual need, and reviewed daily with input from families and the healthcare team. The home liaises with the palliative care team and visiting medical officers. Pastoral care services are offered to care recipients if required. The home has received compliments from families on the management of palliative care.

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 in place to ensure care recipients receive adequate nourishment and hydration including initial and ongoing assessments of care recipients’ needs and preferences. Care recipients have input into menu planning and a dietician and speech pathologist are consulted as needed. Meals are freshly prepared on site and nutrition supplements, modified cutlery, equipment and assistance with meals are provided as needed. The registered nurse identifies any care recipient at risk of weight loss and malnutrition by monitoring regular weight records. Observation confirmed the menu is displayed in the dining area and care recipients said they are satisfied with the catering services provided and any concerns they may have are discussed at relevant meetings and with staff to ensure their needs are met.

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

Care recipients and their representatives confirmed they are satisfied with the way skin integrity is managed at the home. A review of documentation shows care recipients’ skin integrity is consistent with their general health. Care recipients’ skin integrity is assessed on entry to the home. Care staff monitor skin integrity as part of daily care and report any changes to the registered nurse for review and referral as needed. Complex wound management is carried out by the registered nurses and skin tears and infections are recorded and monitored by management. A podiatrist and hairdresser regularly visit the home and a massage therapist is available. A range of skin protective devices such as massage with skin emollients, pressure relieving mattresses, hip protectors, gel chairs and nutritional interventions are available. Staff receive education in skin care and the registered nurses are trained in complex wound management and refer to specialist services as needed.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Ainsley Nursing Home ensures there is a system in place to effectively manage the continence of care recipients. A review of clinical documentation and interviews with staff confirm continence management strategies are developed for each care recipient. Care plans are regularly reviewed and evaluated to ensure individual needs are met.

The home has sufficient stock of continence aids in appropriate sizes to meet individual need and education in continence management is provided for staff and care recipients as needed.

Care recipients and their representatives are satisfied with the way continence is managed at the home and said staff are respectful and ensure privacy and dignity is maintained.

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

Care recipients and their representatives reported management and staff ensure a calm environment is maintained at the home and there are strategies in place to assist care recipients with challenging behaviours. Clinical assessments, consultation with care recipients/representatives and monitoring of incidents and behaviour are used to identify triggers and develop appropriate care. Successful interventions are included in care planning and communicated to staff. Care plans are regularly reviewed and evaluated for effectiveness by the management and healthcare team. Staff receive training in dementia and behaviour management strategies and a psychogeriatrician visits the home when required. Recreational therapies are used successfully to engage care recipients and modify behaviours. Management monitor staff practice to ensure individual needs are met and in line with policies and procedures.

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

Care recipients and their representatives reported they are satisfied with the way mobility, dexterity and rehabilitation are achieved at the home. Mobility, dexterity and health outcomes for care recipients have been improved by the physiotherapy pain management program.

This encourages care recipients to undertake the weight exercise program to improve strength and balance, the falls prevention program and one-on-one programs carried out by the physiotherapy aides. Interviews with the physiotherapist and staff and a review of documentation show assessments, care plans, and accidents/incidents including falls are regularly reviewed to ensure optimal levels of mobility and dexterity are achieved and appropriate referrals are made. Staff are educated in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as mobile frames, mechanical lifters and wheelchairs are available and maintained by maintenance staff.

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

Care recipients and their representatives interviewed said they are satisfied with the way oral and dental care is maintained for care recipients. A review of documentation shows care

recipients' oral and dental health is assessed when they move to the home and individual care plans are regularly reviewed and evaluated to meet changing needs including observation for pain or discomfort. Diet and fluids are provided in line with the care recipient's oral and dental health needs and preferences. A dentist and dental prosthetist are available to visit care recipients when required and all care recipients receive a dental check yearly from a dental outreach service. Care recipients' individual oral and dental health equipment is labelled, stored appropriately and staff are trained in oral and dental health and assist care recipients as required.

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

A review of documentation shows care recipients' sensory loss is identified when they move into the home. Strategies to manage sensory loss are regularly reviewed for changing need and evaluated in consultation with the care recipient and the health care team and referral to specialist services arranged as needed. We observed the home has good light with natural lighting and glare is reduced as needed. Rooms and corridors are uncluttered and equipment is maintained to ensure care recipient independence and safety. Staff have received education in sensory loss and use a variety of strategies to assist care recipients to maintain their independence. This includes the provision, maintenance and cleaning of equipment such as glasses and hearing aids, assistance to move around the home and activities specifically designed to maximise sensory ability. Care recipients and their representatives said sensory losses are identified and managed effectively by caring and respectful staff.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Consultation with care recipients/representatives is undertaken to identify care recipient's preferred routines for rests during the day, their patterns for settling at night and any concerns that may interfere with natural sleep patterns. Any changes and sleep disturbances are investigated in consultation with the care recipients/representatives and their health care team. Pain management is considered if sleep patterns are disturbed to ensure care recipients are comfortable and free as possible from pain. Care recipients are checked regularly throughout the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and repositioning and are supported and reassured by night staff.

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 system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Three include:

- To improve the emotional well being and range of activities for men the home has created a men’s group. Feedback from the men’s group members has been positive.
- The home recognised that family members needed ongoing help and emotional support when their loved one entered the home. As a result a family resource group meets every three months. The resource group enjoy some social activities and also information to help them cope with many issues that they have due to the move of their loved one into the home. Feedback has been positive from the family members.
- Communication cards have been purchased for many different languages for example, Tamil, Polish, Russian, Greek and German. There are generic questions written on the cards (for example, how are you feeling? do you need to go to the bathroom?). The home has also purchased different picture cards to help nursing staff communicate with care recipients regardless of language and cultural background. As a result staff are more confident when caring for care recipients and care recipients are able to have their needs met with less frustration.
- Students from the local school visit care recipients on a weekly basis. This year the theme of the student’s visit is “Where I have lived”. Feedback from both care recipients and the school students has been positive and many close relationships have been developed.
- A new social group, the Wheelchair Wash group, has been created. Care recipients enjoy going outside, having a chat and refreshments while watching the wheelchairs have a wash. Feedback from the group has been positive about this new activity.

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 about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle.

Examples of regulatory compliance with Accreditation Standard Three include:

- The home maintains records to ensure compliance with compulsory reporting as per legislative requirements. Mandatory reporting is part of compulsory education undertaken regularly by all staff.
- Care recipients are offered a care recipient agreement which meets legislative requirements.
- Information is provided to care recipients/representatives in the resident handbook and other material regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of Residents Rights and Responsibilities is displayed in the home.

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 information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussion with staff and management and document review that the home delivers education relevant to Accreditation Standard Three that will promote the care recipients’ lifestyle.

Examples of education provided specific to Accreditation Standard Three are depression and mental health, privacy and dignity, choice and decision making, care recipient rights and responsibilities, elderly abuse and security of tenure.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each care recipient is supported in adjusting to life when they move into the home and on an ongoing basis. The process begins before admission with the Chief Executive Officer meeting with care recipients and their representatives.

Senior staff welcome care recipients on the day of arrival and assist families with the transition to the new environment. The recreational activities officers meet with care recipients and families to address any concerns and spend one on one time with care recipients during their settling in period and thereafter as needed. Referral to external services is provided and the pastoral care worker provides support as requested. A review of documentation shows staff speak several different languages, receive training in emotional support and all staff interviewed reported they work as a team to provide emotional support for all care recipients. Care recipients and their representatives said staff are caring, polite and respectful and emotional support is provided at the home.

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

Care recipients/representatives said care recipients are encouraged to achieve maximum independence and develop social, cultural and religious contact both within and outside the home and voice their preferences in regards to issues of independence. The pain clinic, falls prevention program, individual and group exercise and balance programs facilitated by the physiotherapist and the lifestyle program are all designed to promote independence and community involvement. Staff and volunteers assist care recipients to achieve maximum independence. Staff practice is monitored by management and education is provided. Care recipients/representatives meetings offer opportunities for care recipients to express their views and have them acted on in a timely manner. A mobile polling booth is available on voting days.

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

Information on care recipients rights and responsibilities is included in information for care recipients, their families and for staff and is displayed throughout the home. Staff are educated to respect the privacy and dignity of care recipients and their families and staff practice is

monitored by management. Staff knock on care recipient's doors prior to entering their room and use the care recipient's preferred name. Staff clinical handovers occur in a manner that ensures privacy of information. Electronic and hard copy information is stored and disposed of according to privacy legislation. Staff have access to appropriate information to perform their roles. Care recipients/representatives and staff expressed satisfaction with privacy, dignity and confidentiality and said that they are addressed in care planning and service delivery.

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

Feedback from care recipients/representatives and others is sought when developing and reviewing the lifestyle program. The monthly activity program is displayed in the home and scheduled activities are flexible to ensure they are responsive to the daily needs of care recipients. The activities program is skilfully managed to include behaviour modification and includes a diverse range of entertainment, music, outings, games, book/travel/poetry clubs, library and men's group. Some care recipients choose not to participate in the activity program and are supported with individual activities of interest to them. Skilled volunteers support care recipients and staff with the lifestyle program. School children visit the home on a regular basis and provide entertainment and undertake projects with the care recipients.

Care recipient satisfaction surveys of activities are conducted and changes undertaken if required. Care recipients and their representatives expressed satisfaction with the activities program.

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

Each care recipient's cultural and spiritual needs are assessed on entry to the home. Care planning is regularly reviewed and evaluated to ensure individual needs are met and end of life cultural choices for the many different nationalities who reside in the home are also supported. Pastoral care and services from a variety of denominations are provided regularly for care recipients. Specific cultural days such as ANZAC Day, Australia Day and other national days, Christmas and Easter are commemorated with appropriate festivities and care recipients birthdays are celebrated. Staff receive education in cross cultural awareness and methods of communication for non-English speaking care recipients and many different languages are spoken by staff. Care recipients and their representatives reported they are satisfied cultural and spiritual life is valued and fostered at the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure care recipients participate in decisions about the care and services they receive and are enabled to exercise choice and control. Care recipients and their representatives reported management and staff promote and encourage choice and decision making through the provision of appropriate and relevant information.

This includes the care recipients handbook, discussion, case conferences, focus groups, surveys, care recipients meetings, meeting minutes, the newsletter, the comments and complaints mechanisms and the family resource group. Personal risk is explained prior to risk taking activity and risk assessments are completed. Care recipients' choice of medical officer and allied health services are respected. Care recipients have personalised their rooms with memorabilia and items of their choosing. Satisfaction was expressed by care recipients and their representatives regarding the ability to choose, make decisions and exercise control over care recipient's lifestyles.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care and services is discussed with care recipients/representatives prior to and on entering the home. On entry care recipients receive an agreement and handbook outlining care and services, care recipients' rights and complaints resolution processes. New care recipients are orientated to the home and ongoing communication is encouraged through scheduled and individual meetings. Management advised if the need arises care recipients and their representatives are consulted and consent gained prior to moving rooms.

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 system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Four include:

- The home installed a sprinkler system to comply with fire safety requirements. A new fire panel was also installed. As a result the home is now safer from the threat of fire.
- New lounge chairs have been purchased for the comfort of care recipients. New prints and mirrors were also bought to improve care recipients rooms. As a result the living environment has been improved.
- Two bathrooms, one upstairs and one downstairs, were renovated with new tiles and were painted. Care recipients are pleased with the improved bathrooms.
- Eight additional air conditioning units have been purchased for care recipient rooms. They are able to be individually controlled and thus have resulted in improvements in the comfort of care recipients.
- The home has almost completed the program to purchase high low electric beds. There are now only six more high low beds to be purchased and then all care recipients will have a high low bed.
- New stainless steel bracelets have been purchased that contain the care recipient’s name, the name of the home and any allergies they have. The bracelets will help improve the identification and safety of care recipients in an emergency.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Staff could describe their responsibilities in relation to safe work practices, in relation to infection control, food safety, fire and emergencies, work, health and safety and the importance of reporting hazards, accidents and incidents.

Examples of regulatory compliance with Accreditation Standard Four include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display.
- The home has a sprinkler system installed as per legislative requirements.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The current NSW Food Authority licence is on display.

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 information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussion with staff and management and document review that the home delivers education relevant to Accreditation Standard Four.

Examples of education provided specific to Accreditation Standard Four include safe food handling, fire safety, infection control, WH&S and chemical 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

Ainsley Nursing Home provides a living environment that is safe and comfortable. The home is on two levels and care recipients are accommodated in single, two and three bedded rooms and have shared bathroom facilities. The home has inside and outside areas for care recipients and their families to enjoy. Care recipients are encouraged to personalise their rooms as much as possible. Maintenance of the environment occurs by the use of a preventative and routine maintenance program. The home conducts regular environmental audits and data relating to hazards, accidents and incidents is analysed to monitor the safety of care recipients. Care recipients/representatives are satisfied with the living environment and the maintenance of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Interviews with management and staff indicated that the home has systems to help ensure the provision of a safe working environment for staff, visitors and care recipients.

The home has systems to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis. Other mechanisms include manual handling training, discussion of work, health and safety issues at meetings, environmental audits, hazards, accident and incident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely manner.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Staff confirmed they attend compulsory education for fire training and that management monitor their attendance. The home has an emergency plan to guide staff as to what actions to implement to evacuate care recipients. The home has appropriate security measures such as lockup procedures, external lighting and camera surveillance to ensure care recipient safety. Care

recipients/representatives interviews demonstrated care recipients feel safe and secure living 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

A review of documentation, observation and interviews with care recipients, their representatives and staff show the home has an effective infection control program. Care recipients, their representatives and staff said infection control is closely monitored at the home and they receive ongoing training in infection control. The home has infection control policies and procedures and staff are knowledgeable on the topic. Signage, equipment including an outbreak kit, supplies and fittings are available to promote and prevent cross-contamination and facilitate hand washing/sanitisation. Care recipient infection data is regularly collected, analysed, discussed at meetings and handover and actioned to address any trends. A food safety program operates for the catering service and compliance has been confirmed through inspection by an external body. The home has regular treatment for pest control.

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

Processes are in place at the home to ensure that hospitality services enhance the care recipients' quality of life and the staff's working environment. These processes include a food monitoring system, staff education, infection control guidelines and an audit schedule. Other mechanisms include a system for communicating food preferences and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. Meals are cooked fresh each day in the main kitchen. There is a system for infection control in the laundry. All laundry is done by a contractor. The home employs cleaning staff. Care recipients/representatives stated they are very pleased with the cleaning, catering and laundry services.