



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Abernethy Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Abernethy Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Abernethy Nursing Home is three years until 6 November 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Abernethy Nursing Home				
RACS ID:	2787				
Number of beds:	30	Number of high care residents:	30		
Special needs group catered for:	• Nil				
Street/PO Box:	2 Mount View Road				
City:	CESSNOCK	State:	NSW	Postcode:	2325
Phone:	02 4990 1488		Facsimile:	02 4990 1916	
Email address:	ncca@bigpond.com				

Approved provider

Approved provider:	Northern Coalfields Community Care Association Ltd
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Assessment team

Team leader:	Kay Louise Greentree
Team member/s:	Sandra Heathcote
Date/s of audit:	13 August 2009 to 14 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Abernethy Nursing Home
RACS ID	2787

Executive summary

This is the report of a site audit of Abernethy Nursing Home 2787 2 Mount View Road CESSNOCK NSW from 13 August 2009 to 14 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Abernethy Nursing Home.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 13 August 2009 to 14 August 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Kay Louise Greentree
Team member/s:	Sandra Heathcote

Approved provider details

Approved provider:	Northern Coalfields Community Care Association Ltd
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Details of home

Name of home:	Abernethy Nursing Home
RACS ID:	2787

Total number of allocated places:	30
Number of residents during site audit:	30
Number of high care residents during site audit:	30
Special needs catered for:	Nil

Street/PO Box:	2 Mount View Road	State:	NSW
City/Town:	CESSNOCK	Postcode:	2325
Phone number:	02 4990 1488	Facsimile:	02 4990 1916
E-mail address:	ncca@bigpond.com		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	8
Registered nurses	2	Manager clinical care/ quality audits	1
Deputy director of nursing/ education	1	Manager aged care services	1
Care staff	4	Laundry staff	1
External consultant	1	Cleaning staff	1
Catering staff	2	Maintenance staff	1
Activities officer	1	Supply officer	1
Executive assistant	1	Occupational Health and safety representative	1

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Chaplain care plans	5	Personnel files	5

Other documents reviewed

The team also reviewed:

- Audit results
- Audit schedule: internal and external
- Communication diary
- Continuous improvement logs; Compliments/concern/complaint/suggestion forms
- Continuous improvement monthly action plans
- Continuous improvement program flow chart
- Continuous improvement reports
- Dietary preference list
- Education - clinical competencies
- Education - Orientation programs

- Education – self directed learning packages
- Education-training calendar 2009 and completed training attendance sheets
- Emergency procedure manual and emergency evacuation folder
- External contractor service agreements
- External Contractors and volunteers sign in book
- Food safety program
- Infection control policy
- Infection control statistics
- Kitchen temperature records for food and appliances
- Maintenance log book – routine
- Maintenance schedules – preventative program and service records
- Meeting minutes; managers meeting, residents and relatives meeting,
- Meeting schedule
- Memoranda
- Monthly activity program
- Newsletter
- Occupational health and safety (OH&S): environmental audits, risk analysis assessments, return to work programs
- Police record checks and register
- Policy and procedures
- Preferred supplier list
- Preventative maintenance program and service records
- Quality indicators
- Register for reportable and non reportable assaults
- Residents' information handbook
- Staff handbook
- Staff performance appraisals
- Staff position descriptions and statement of duties
- Survey results
- Ward register of drugs of addiction

Observations

The team observed the following:

- Activities resources
- Aged Care complaints brochures on display
- Aged care complaints investigation scheme poster on noticeboard
- Charter of Residents' Rights and Responsibilities on display
- Chemical storage and cleaner's room
- Colour coded equipment for catering and cleaning staff
- Compliments, concerns, complaint forms accessible for stakeholders
- Diabetic management kit
- Emergency medication stock
- Equipment and supply storage areas
- Fire detection and fire fighting equipment, fire egress routes (clear of obstructions), fire panel, emergency procedures flipchart, evacuation plan, emergency list, fire safety statement
- First aid kit
- Gastroenteritis outbreak management resource
- Influenza information leaflets and notices on display
- Interactions between staff and residents
- Kitchen and food storage areas
- Living environment
- Material safety data sheets

- Medication round
- Menu for the day displayed
- Mission, vision, values on display
- Noticeboards: staff and residents
- NSW Food Safety Authority licence
- Nurse call system
- Outbreak management kit
- Personal protective equipment including gloves, gowns, masks, goggles
- Pet therapy in progress
- Photographs of residents participating in activities
- Privacy statement displayed
- Registered nurses checking and administering schedule eight medication
- Spills kit
- Staff handover
- Staff wearing personal protective equipment
- Storage of medications
- Suggestion box

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.

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a system that demonstrates they actively seek and pursue opportunities to improve care and services across the home and across all Accreditation Standards. The home maintains a plan for continuous improvement in which improvement activities are documented, monitored and actioned. Information is gathered through audits, from surveys, the complaints/suggestion mechanisms, review of accident and incident data, staff and resident meetings. The organisation has a quality committee and a managers meeting where the monthly continuous improvement action plans, audits and projects are discussed. Continuous improvement is discussed at the resident and staff meetings to facilitate dissemination of information and seek feedback and suggestions. Examples of improvement activities in the home relating to the Accreditation Standard One include the following:

- As part of the home’s renovations the nurses’ station has been redesigned. The area is bigger, provides increased work space and easy access to resident files and information. It also includes secure storage for resident information, allows greater visibility of residents and easy access for residents or their representatives to consult with staff members.
- A new facsimile machine has been purchased for the nurses’ station. Staff reported this has assisted in their time management and enable them to stay within the work area as they no longer have to take time of the floor and go to reception to send faxes.
- The home has assisted three care workers to undertake their enrolled nurse training and have provided rostering flexibility and educational support. Management reported the staff members are enjoying the course and some wish to undertake registered nurse training upon completion.

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 recommendation

Does comply

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Information is received through subscription to peak bodies, Department of Health and Ageing updates and through the checking of websites by the management team. Regulatory compliance is a standing agenda item at the organisations quality and medication management committee. New legislation or changes to regulations are discussed, actioned and relayed to the relevant stakeholders. The home’s management team disseminates information received through the home’s information systems, including meetings, policy update, memoranda and displaying information on noticeboards. Changes to policy and practice are documented and education sessions are conducted to ensure the staff are aware of any changes. Examples of the

home's monitoring and compliance with legislation and guidelines relevant to Standard One, Management systems, staffing and organisational development include:

- Documentation and dissemination of information to staff, residents and their representatives prior to the accreditation site audit.
- All staff, volunteers and external service providers undergo criminal record checks and a register is in place to monitor ongoing compliance.
- In response to the Aged Care Amendment Bill 2007 the organisation has developed policies on mandatory reporting and elder abuse and has a consolidated record to record reportable and non reportable event. To ensure staff awareness of mandatory reporting requirements, education on elder abuse protocols is conducted and the policy on mandatory reporting and elder abuse is also included in the staff handbook.
- The home has implemented a procedure relating to the Department of Health and Ageing requirements on the notification of missing residents.

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 recommendation

Does comply

The home has a range of mechanisms in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. New employees undergo an orientation prior to commencing work and are partnered with an experienced member of staff to provide support and guidance. The home's education plan is designed to meet staff development needs and to ensure staff have the opportunity to attend compulsory education sessions. Staff development needs are identified through performance appraisals, audit results, observation and feedback from residents and staff. On documentation review the team verified the home reviews the effectiveness of education through staff feedback, audit results, evaluations of training sessions, attendance records, staff competencies and appraisals. All staff interviewed stated they participated in and were supported to attend education within the home and externally.

Examples of education that has occurred relevant to Standard One include:

- Use of the new accident/incident form
- Use of the new photocopy machine
- Staff performance appraisals
- Volunteer management
- Safety, security and criminal record checks.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

Residents', their representatives and other stakeholders have access to an effective complaints mechanism both internally and externally to the organisation. Information about both internal and external mechanisms is provided to residents on entry in the resident handbook, resident agreement and information is displayed on noticeboards through out the

home. The home has a number of ways for stakeholders to raise a complaint including the use of the compliments/complaints form, through the resident meetings and verbally to the management or staff. The director of nursing reviews all comments and complaints, investigates, takes action and where appropriate takes the issues raised to meetings for review and actioning as part of the continuous improvement program. Review of documents verified that complaints are promptly addressed, confidentiality maintained and managed appropriately. Residents and staff interviewed were aware of how to make a complaint or comment and state that concerns are addressed appropriately.

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 recommendation

Does comply

The home's quality system is based on and reflects the homes documented vision, mission and values. Management's commitment to quality is documented in policies and procedures, and communicated to staff through meetings, education, supervision and management support. The homes' vision, mission and values are displayed around the home and are also provided in the residents' and staff handbooks.

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 recommendation

Does comply

The home has systems and processes to monitor staffing levels ensuring there are appropriately skilled and qualified staff to deliver care and services in accordance with the needs of residents and the home's philosophy and objectives. The system includes the implementation of a range of human resources management processes including recruitment and selection, staff orientation and education, staff allocation and rostering and performance management. The staff roster is flexible to maintain staffing levels and the home has access to permanent part time or casual staff to cover leave and other absences. Staffing levels are monitored through reviews of residents' care needs, observations, and staff feedback. Staff interviewed by the team state that sufficient staff are rostered to provide care and services to the residents. Criminal record checks are completed for all staff prior to commencement and renewal date is recorded in a register. Registered nurses authority to practice is monitored for currency. Documented position descriptions, duties statements, policy and procedures are accessible by all staff. Residents' and their representatives interviewed by the team said that generally response times by staff are satisfactory and that staff provide good care.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

There is a system in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. The home has processes for stock control, reordering of supplies and stock rotation. Supplies are ordered by the organisations supply officer through a requisition system, staff verify that stock is promptly delivered upon request and

that they have adequate stocks of goods and equipment to do their job. New equipment needs are identified through feedback from staff, residents and representatives, audits, observations and assessment of residents needs. Staff are provided with training in the operation of new equipment as necessary and in the safe use of chemicals. The home employs a maintenance officer seven days a week to ensure that preventative maintenance is carried out to provide a safe environment and minimise the occurrence of breakdowns. There is a process for reporting the breakdown of equipment through maintenance requests and hazard alerts. Audits are conducted to assess the effectiveness of the maintenance process.

1.8 Information systems

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

Team's recommendation

Does comply

The home has an effective information management system to provide its stakeholders with information relevant to them. Information for residents is provided on entry to the home in a comprehensive information pack that contains the resident's handbook. Information systems within the home for residents' include resident meetings, case conferencing reviews, newsletters and information placed on the noticeboards. Assessments, care plans, clinical notes, handovers and communication diaries provide the necessary information for staff to provide resident care. The home has introduced a system to ensure that resident information that requires follow up is highlighted by a coloured tab; these alert staff, ensuring that follow up action is undertaken. The home routinely collects information through audits, surveys, documentation of incidents/accidents, medication incidents and infection incidents. The information is analysed and communicated within the framework of relevant meetings. Staff are kept informed through meetings, education, use of noticeboards and communication diaries. The home maintains the confidentiality of information by securely storing resident files which are only accessible by staff.

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 recommendation

Does comply

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. External contractors are selected according to clearly defined needs and quality standards. External service providers have service agreements with the home and the home has a process in place to ensure that they comply with statutory and other regulatory requirements. The home has a preferred supplier list which provides an easy access to a wide range of external services. The performance of externally sourced services is monitored and feedback on the quality of the services is collected from stakeholders. Identified performance issues are discussed with relevant contractors to address them and to rectify any problems. Staff expressed their satisfaction with the quality of the services currently being provided by external contractors.

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.

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Two include the following:

- To improve the nutritional intake of residents who are constantly mobile the home has set up a table in the dining room where staff or residents may access fresh fruit and single serve biscuits anytime. This has assisted in maintaining those residents' weights.
- The home has found that at times residents' glasses are misplaced by the resident's. To assist in the preventing the loss of residents' glasses, photographs are taken of the residents with their glasses on. The photographs are placed in the resident file and if a pair of glasses is found, staff match the glasses to the residents picture to confirm the glasses owner.
- A number of education self directed learning packages have been developed to educate staff regarding specific learning areas such as; safe spraying and noise control, the human body, residents rights and oral and dental care principles, management of behaviours of concern. Staff feedback has been positive about the new self directed learning packages.
- The home has purchased two electric beds that go low to the floor for residents' who are at high risk of falling. A self directed learning package on falls management including neurological observation, accidents/incidents, policy and procedures has been developed to educate staff.

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 recommendation

Does comply

The home has a system in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to the Accreditation Standard Two include the following:

- The home monitors registrations and authority to practice for the registered nurse, enrolled nurse, medical practitioners working within the home and other health and related service personnel.

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 recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff has appropriate skills and knowledge. Education relevant to Standard Two includes:

- Medication management
- Management of behaviours of concern
- Restraint free environment
- Cleaning hearing aids
- Pain management
- Parkinson disease
- Management of wandering residents
- Importance of food in Alzheimers
- The human body
- Resident comfort during a heat wave.

2.4 Clinical care

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

Team’s recommendation

Does comply

Through the review of residents’ clinical files, discussion with residents, their representatives and staff and by observation by the team, it is identified that the residents receive appropriate clinical care. The home’s registered nurses are responsible for the collection of information from the residents and/or their representatives on entry to the home regarding their clinical care needs and preferences. The registered nurse, in consultation with the care staff conduct a regime of care need assessments leading to the development of an individualised care plan that is regularly evaluated to ensure currency. These assessments are repeated as care needs change. Regular case conferences are held with the resident and/or their representatives to ensure that the care plan reflects the residents’ needs and preferences. The residents are able to have their own medical officer visit them at the home when required and instructions and directions are incorporated into the residents care plans.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

The home effectively identifies and meets the specialised nursing care needs of the residents. The home provides a range of specialised nursing care including complex wound care, pain management, catheter care and oxygen therapy. Two registered nurses are rostered Monday to Friday and one on all other shifts to ensure that there are appropriately qualified staff to direct and perform specialised care. On entry to the home an assessment is conducted by the registered nurse and a specialised nursing care plan is put in place that is evaluated in response to changes in residents’ needs and preferences. Staff training is

provided to address specific care needs. Residents and representatives interviewed by the team indicated satisfaction with the nursing care provided by the home.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

The home has systems in place to ensure referral to appropriate health specialists occurs in accordance with residents' medical practitioners' directions and the residents' needs and preferences. Referral occurs as the need arises with the staff organising health and related service to visits the home, including a physiotherapist, foot care and podiatry services. Information provided after consultation with health specialist is retained in the residents' clinical file and recommendations and instructions are incorporated into the care plan. Residents and their representatives interviewed confirmed the above and stated that they were satisfied with the home's assistance provided to access health specialists.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

The home has an effective system that ensures residents' medications are managed safely and correctly. The system includes assessing residents' medication needs and developing a care plan that is reviewed regularly, arranging for medications to be prescribed by the attending medical officer, supply of medications by the pharmacy, monitoring and checking that the supply is correct and administration of medication by the registered nurses. The pharmacist conducts medication reviews of the residents' medication regimes and provides information of the review to the medical officer for consideration and gives related instructions to the registered nurses. Evaluations of the system are conducted through the home's auditing processes and monitoring and recording of incidents. The organisation conducts quality improvement and medication management committee meetings to assist in the development of policies and procedures related to medication management. Observations undertaken by the team confirmed that medications are stored and administered appropriately. Residents interviewed by the team stated that they were satisfied with the manner staff managed their medications. Interviews with staff, and the review of relevant documents confirmed the home manages medications safely and correctly.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s recommendation

Does comply

The home has systems in place to ensure that residents' pain is identified and managed to ensure all residents are as free as possible from pain. Assessments and care plans include information about pain related to clinical care needs. The team noted the monitoring of pain and evaluation of strategies employed are recorded in progress notes. To assist in pain management, therapies such as massage, heat packs, range of movement exercises and repositioning are used along with prescribed analgesia. Care plans are reviewed every three months by the registered nurses in consultation with the resident and/or their representative and the care team to ensure pain relief treatments remain effective. Interviews with residents and their representatives confirmed the above processes and residents were satisfied with staff assistance to manage their pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s recommendation

Does comply

The care of the terminally ill resident is given ensuring comfort and dignity. The home provides palliative care in accordance with resident’s needs and preferences. Information on residents’ needs and preferences is gathered on entry to the home and discussed with the resident and/or their representative on an ongoing basis. When palliative care is required the resident’s rights to refuse treatment is respected and the resident’s symptoms are managed through consultation with the resident’s medical officer and, where required, the engagement of the local palliative care service. Staff of the home provide emotional support to residents receiving palliative care and can access support from local clergy or the home’s chaplain if the residents request this service. The home maintains a stock of equipment to support the staff to manage residents receiving palliative care including a syringe driver and pressure relieving equipment. A review of the residents clinical files indicated that information is collected regarding the residents care needs and preferences and that external service are engaged where required.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s recommendation

Does comply

The home has systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements. A dietician reviews menus and is available to provide advice about special dietary requirements. Residents are weighed at least every three months and more frequently if the resident is at risk of malnutrition to monitor changes. Significant weight loss is investigated and appropriate action taken including monitoring food and fluid intake, providing nutritional supplements and extra snacks. Residents are provided with assistive devices as required. Residents are encouraged to maintain hydration with drinks provided, and offered and encouraged with additional fluids at meal times and during medication rounds. Residents and their representatives interviewed by the team indicated they are very satisfied with the meals and drinks provided to them.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems in place for maintaining, residents’ skin integrity including initial assessments, care planning and regular evaluation. The home monitors accidents and incidents including wound infections and skin tears and acts appropriately on trends identified. Wound care is provided under the direction of the registered nurse and if required has access to the deputy director of nursing who provides additional support and direction. The home has a range of dressing products and aids to assist in maintaining and promoting skin integrity. The home has a podiatrist and foot care nurse who regularly visits the residents for assessments and care and a hairdresser service is available at the home.

Strategies to assist the maintenance of skin integrity include skin emollients, pressure relieving equipment, protective bandaging and position changing. The residents are encouraged and supported to gain vitamin D through regular sessions sitting in the sun. This includes the provision of sun hats and skin protection prior to exposure. The residents and their representatives interviewed stated that they were happy with the way the staff cared for their skin.

2.12 Contenance management

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

Team’s recommendation

Does comply

The resident’s continence is managed effectively through monitoring and management of bladder and bowel function and the prevention of constipation. Measures include the assessment of residents needs on entry to the home and on an ongoing basis, involving evaluation of management strategies which include scheduled toileting, prompting and continence aids. Bowel management programs are in place for residents with an assessed need and monitoring is via daily recording and reporting by care staff. The team noted that adequate supplies of linen and continence aids are available and adequate toilet facilities are in place for residents use. The home have been given access keys to disabled public toilet facilities in the local regional parks to ensure that residents with continence care needs are able to attend bus outings and still maintain their continence program. Residents and representatives interviewed by the team are satisfied with the way in which residents continence needs are managed.

2.13 Behavioural management

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

Team’s recommendation

Does comply

A system exists to assess and manage residents with challenging behaviours including initial and ongoing assessment of resident’s behavioural needs and the development of a care plan that includes strategies to address resident’s specific needs. Residents are actively encouraged to participate in the homes activity program during the day and the team observed staff redirecting and engaging residents in a warm and supportive manner. Specialist advice is available from psychogeriatrician services and dementia advisory groups. The home was observed to be a quiet and calm environment. Resident representatives interviewed by the team indicated 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 residents”.

Team’s recommendation

Does comply

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The systems include initial and ongoing assessment of residents mobility, dexterity and rehabilitation needs, assessed by the homes physiotherapist. The homes program includes passive and active exercise programs, group exercise, individual one-to-one exercise program attended by the homes care staff. The team observed residents using mobility aids and being assisted to move around the home. Grab rails in the bathrooms and handrails suitably placed throughout the home assist the residents to maintain their

independence. An accident and incident reporting system is in place which includes analysis of incidents to identify trends and implementation of strategies to reduce falls. All staff attend training on manual handling yearly at the home. Residents and representatives interviewed by the team expressed their satisfaction with the exercise program they received.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

The home has a system in place to ensure residents’ oral and dental health is maintained including initial and ongoing assessment of residents’ oral and dental needs. Assessments occur through staff observation and referral to dentists and dental technicians are arranged as per residents’ needs and preferences. The day-to-day oral care is attended as per residents individual care plans with aids to oral and dental care provided at the home, including tooth brushes, toothpaste and mouth swabs. The home audits and benchmarks its oral and dental care approach on an annual basis to ensure it compliance with the Accreditation standards. Residents and their representatives interviewed were happy with the assistance they are given in this care need.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

The home has a system in place to ensure that residents’ sensory loss are identified and managed effectively. The identification of any impairment in function is identified on entry to the home and a plan is developed incorporating these needs. Other specialists are involved as required, including audiology, optometry and speech therapy. The team observed examples of strategies used by the home to manage residents’ specific sensory loss and residents and representatives interviewed by the team reported that staff assist them in maintenance of sensory aids including the cleaning of glasses, fitting of hearing aids and replacement of batteries. The activity program incorporates sensory stimulation, such as tactile stimulation, hand massage, music and pet therapy.

2.17 Sleep

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

Team’s recommendation

Does comply

The home assists residents to achieve natural sleep patterns through assessments on entry to the home and at times when sleep difficulties are identified. Comprehensive and individualised sleep management strategies are developed depending on residents’ needs and preferences. These can include usual settling and rising times, pain relief, regular toileting and/or provision of a night continence aid, specific instructions on the type and quantity of bed clothes and night sedation. Residents are encouraged to participate in activities of interest to them during the day that will enhance natural sleep patterns. Residents have call bells in their rooms to call for assistance at night if required. Resident and representatives interviewed stated that the home is quiet and dimly lit at night and that they are usually able to sleep well within the home.

Standard 3 – Resident lifestyle

Principle: Residents 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 recommendation

Does comply

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Three include the following:

- Resident files are able to be visualised in the glass secure cabinets. To maintain resident confidentiality and privacy the files have been coded for staff to understand however visitors to the home would not be able to read.
- A monthly activity officer network meeting has been formulated for all the organisations activity officers to meet, discuss activity programs and receive education. The activity officer confirms this has assisted her to network with other activity officers and has helped when developing activity programs as resources and entertainers are shared.
- Happy hour and a movie night has been introduced into the activity program. Positive feedback has been received from residents regarding the inclusion of these activities.

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 resident lifestyle”.

Team’s recommendation

Does comply

The home has a system in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to the Accreditation Standard Three include the following:

- The Charter of Residents’ Rights and Responsibilities is displayed in a prominent position within the home and is included in the resident agreement and resident and staff handbook.
- The home communicates their commitment to the maintenance of residents’ privacy by providing information on privacy and confidentiality at orientation and ensuring that staff signs a confidentiality agreement as part of their employment contract.

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 recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff has appropriate skills and knowledge. Education relevant to Standard Three includes:

- Use of the activity program evaluation tool
- Red cross hands on program; hand and nail care
- Delta dog visits
- Food safety on outings.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has processes in place to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. On entry the residents' are provided with a tour of the home, introduced to staff and provided with one on one support by staff. An assessment of residents' specific needs and preferences, including leisure and lifestyle, spiritual and social history is undertaken in consultation with the resident and/or their representative. The activity officer develops the residents "life story" using this information that is available for all staff to read. The staff interviewed stated that this information is very valuable to assist them to provide emotional support according to the residents needs and preferences. The team observed the staff interactions with the residents and their visitors to be warm and supportive. Residents are able to be visited by the home's chaplain is their request this service. The residents and representative interviewed compliment management and staff on the emotional support and assistance they provide.

3.5 Independence

This expected outcome requires that "residents 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 recommendation

Does comply

The home has processes in place to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of resident's specific needs and preferences is undertaken on entry to the home and on an ongoing basis to assist staff develop an individualised care plan for each resident. A range of strategies are implemented to promote independence including a mobility program and equipment for resident use, and a program of planned activities and events that actively seeks the involvement of family, friends and the community. Staff promotes independence by encouraging residents by making/maintaining links in the community and encouraging family and friends to visit the home on a regular basis with visiting hours open. Resident interviews indicated residents' satisfaction with the way in which the home encourages them to maintain their independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Resident's' right to privacy, dignity and confidentiality is recognised and respected. Information on residents' rights and responsibilities is included in information given to the resident on entering the home and is also on display. Information about residents is securely stored behind locked cabinets. The staff and volunteers are all required to sign confidentiality agreements documenting their commitment to ensuring residents' privacy. The team observed staff respecting residents' privacy by knocking on doors before entering and resident and representatives interviewed confirmed that staff care for them in a respectful and dignified manner. The home monitors residents' privacy and dignity through annual audits, comments and complaints and resident/representative surveys.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home has systems and processes in place that identify, support and encourage resident participation in a wide range of interests and activities. These include using assessments that involve the resident and representatives in the development of a care plan that is reviewed regularly or as needs change. A review of the programs indicates that activities are provided to residents that take into consideration any cognitive deficits or sensory loss. Interviews held with staff identified that they provide encouragement and support to residents through the activities program however expressed that the residents have the right to refuse and this is respected at all times. It is evident through team observations and the review of documents that residents join in a variety of group activities and one-to-one sessions held in residents' rooms. The activities program includes outings, visiting guests, games, concerts and is supported by volunteers to the home. Residents and their representatives speak highly of the staff and the activities that are provided to them.

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 recommendation

Does comply

The home has systems in place to ensure all individual interests, customs, beliefs and cultural and ethnic backgrounds of residents are valued and fostered. Assessment of spiritual and cultural care needs is attended on entry to the home and on an ongoing basis as required. The residents are supported by a visiting chaplain and visiting clergy provide church services within the home. The activities officer is knowledgeable about accessing specific information about cultural groups and organises particular cultural and sporting celebrations according to the residents' preferences. Interviews with residents indicated that they are appreciative of the services available and that they are supported to meet their spiritual needs.

3.9 Choice and decision-making

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

Does comply

The home has policies and procedures in place that outline residents' rights, enhancing residents' choice and decision-making. Residents indicated their likes and preferences entry to the home and these were observed to be documented in resident's notes and care plans. Residents and their representatives are provided with information including resident rights and responsibilities. This assists residents in making decisions about services offered including personal care and lifestyle – such as choice of doctor, and the right to refuse to accept or participate in treatment, or activities. The effectiveness of the system is monitored through audits, surveys, meetings, the comments and complaints mechanism and informal feedback. Staff interviewed described a number of ways they encourage and support residents to make choices and decisions and residents/representatives confirm the above.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents' and their representatives meet with a member of the organisations management team prior to a resident moving into the home to provide an opportunity for discussion of security of tenure, resident's rights and responsibilities and financial considerations. Information about security of tenure, resident's rights and responsibilities, complaints resolution processes including internal and external complaint mechanisms is included in the residents' agreement and handbook. The Charter of Residents' Rights and Responsibilities is also on display in the home. Residents' interviewed by the team feel secure in their tenure within the home and confirm that any room changes within the home are only done after consultation with the resident and/or their representative

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.

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Four include the following:

- To overcome the extreme summer heat while working in the laundry the home has adjusted working times to allow the laundry staff to work in the cooler parts of the day. They have also provided “cool bandanas” which are placed around the neck to cool the staff member. Positive feedback from staff has been received regarding the changes.
- Contracted waste removal was reviewed by the home. The evaluation resulted in waste being removed three times a week and a second bin for contaminated waste provided.
- To improve the food safety in the home, the home contracted a consultant who developed a new food safety program which included temperature probing and storage of salads and sandwiches.

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 recommendation

Does comply

The home has a system in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to the Accreditation Standard Four include the following:

- The home has a NSW food authority license to prepare and serve food to vulnerable populations.
- The home displays the current annual fire safety statement.

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 recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff has appropriate skills and knowledge. Education relevant to Standard Four includes:

- Fire safety and awareness
- OH&S - manual handling
- Infection control: swine flu update
- Safe chemicals
- Catering changes in legislation.

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 residents' care needs".

Team's recommendation

Does comply

Management of the home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is currently under renovation and has added a large glass enclosed walkway between the existing buildings through the courtyard. The team observed residents and their representative sitting this area enjoying the sunlight and privacy. There is also lounge and dining area's available for residents and/or their representative to socialise. Hand rails in the hallways, grab rails in the bathrooms and toilets, mobility aids and access to a nurse call system contribute to the safe living environment. Observations by the team confirmed that the home is of a comfortable temperature, clean, appropriately furnished and well maintained. To ensure safety and security for all residents and staff the external doors to the building are alarmed following lock up at night and access to the building after lock up is only by contacting the staff member on duty. Residents and their representatives indicated that they are satisfied with the cleanliness, comfort, safety and security of the living environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The team's observations, interviews and document reviews indicate that the home is working actively to provide a safe working environment consistent with regulatory requirements. The home implements a number of safety measures which include occupational health and safety (OH&S) policies and procedures, environmental audits, a hazard reporting process, an incident management system, staff training and competency assessments, preventative and reactive maintenance programs, electrical equipment testing and tagging and safe storage and handling of chemicals. The organisation has an OH&S committee with representation from the home which monitors and oversees the occupational health and safety systems at the home. Staff orientation includes training in manual handling and occupational health and safety. A registered nurse from the home conducts manual handling competencies on new staff and annually with all staff. The home has a return to work program which is coordinated by the home's human resource officer. Staff interviewed displayed understanding of the home's OH&S system and confirmed that they receive relevant OH&S training.

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 recommendation

Does comply

The home's management team is able to demonstrate they are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire safety systems in the home include fire alarms, fire panel, smoke/fire doors, fire hoses and extinguishers, exit signs, flip charts, regular checking of equipment and evacuation plans throughout the home. As the home is currently renovating some areas of the home, the home's management team takes on the responsibility for updating the evacuation plans to ensure egress routes and assembly points are correctly identified. The home has a fire procedure manual and emergency box in the event of an emergency or evacuation. The maintenance officer is the nominated fire officer for the home and assists the external contractor in the monitoring and maintenance of all fire safety equipment and systems on the site. The team sighted documentation that verifies the fire safety system is regularly monitored and observed the home has a current annual fire safety statement. All new staff receives fire safety training at orientation and annual fire safety and evacuation training is mandatory for all staff. The home has a nurse call system, duress alarm and evening lock up procedures. Staff interviewed by the team were familiar with procedures to be followed in the case of a fire emergency.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program to manage and minimise infections and infectious outbreaks. Staff receive training at orientation and on an ongoing basis including hand washing competency and the use of personal protective equipment. There are designated procedures in place to manage an infectious outbreak and regular environmental inspections are carried out. The home's surveillance program includes daily monitoring of residents for infection and providing appropriate treatment and review. Infection rates are monitored, evaluated, actioned and the results are reviewed at the quality committee and staff meetings. The team observed practices that embrace infection control requirements including the use of personal protective equipment, hand sanitising, the use of colour coded equipment in all areas and safe disposal of contaminated and other waste. Staff and resident vaccination is offered by the home. A food safety program is in place and includes regular monitoring of food and equipment temperatures. An outbreak management kit, spill kits, stock of hand sanitising gel, gowns, masks, gloves and contaminated waste bins are easily accessible and available in the home. Staff interviewed by the team demonstrated an understanding of and commitment to, infection control principles and outbreak management procedures.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure hospitality services are provided in a way that enhances residents' quality of life and the working environment of staff. The home

provides fresh cooked meals onsite following a four week rotating menu. There are systems in place to ensure residents' food preferences are met and communication between care and catering staff support any changes to clinical nutritional requirements. Residents have input into menu selection and are able to choose their preferred meal at time of service. The team observed the internal and external living environments to be clean and uncluttered. The cleaning staff interviewed demonstrated a working knowledge of the home's cleaning practices, chemical usage, colour coded system for equipment and cleaning during an infectious outbreak. The cleaner follows a cleaning schedule to ensure all rooms and common areas of the home are cleaned regularly. Chemicals used in the home are safely stored and material safety data sheets available and accessible. The laundry service employs effective systems for the storage, laundering and delivery of linen. All laundry is attended to onsite. The team observed the laundry to be clean and have a defined dirty to clean flow with a cleaning schedule in place for the laundry and equipment. Regular monitoring of the equipment temperatures is maintained. Personal protective equipment is available and staff laundering items were able to demonstrate an understanding of the management of infectious linen. Staff confirmed they have adequate supplies of linen. The home has a labelling machine and staff label residents clothing on an individual basis as requested.