



Aged Care
Standards and Accreditation Agency Ltd

Abernethy Nursing Home

RACS ID 2787

2 Mount View Road

CESSNOCK NSW 2325

Approved provider: Northern Coalfields Community Care
Association Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 6 November 2015.

We made our decision on 20 September 2012.

The audit was conducted on 13 August 2012 to 17 August 2012. 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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Abernethy Nursing Home 2787

Approved provider: Northern Coalfields Community Care Association Ltd

Introduction

This is the report of a re-accreditation audit from 13 August 2012 to 17 August 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 13 August 2012 to 17 August 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Jennifer Morrow
Team member/s:	Dianne Gibson

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:	52
Number of residents during audit:	50
Number of high care residents during audit:	50
Special needs catered for:	Nil

Street/PO Box:	2 Mount View Road	State:	NSW
City/Town:	CESSNOCK	Postcode:	2325
Phone number:	02 4993 3100	Facsimile:	02 4990 1916
E-mail address:	mail@ncca.com.au		

Audit trail

The assessment team spent 2.5 days on-site and gathered information from the following:

Interviews

	Number		Number
Administration assistant	1	Manager clinical care/Quality audits	1
Care services manager	1	General Manager	1
Care staff	6	Pastoral carer	1
Catering staff	2	Pharmacist	1
Cleaning staff	1	Physiotherapist	1
Corporate services manager	1	Quality/education coordinator	1
Director of Nursing	1	Recreational activities officers	2
Human resources manager	1	Registered nurses	5
Laundry staff	1	Residents/representatives	14
Maintenance supervisor	1	Systems and special projects officer	1

Sampled documents

	Number		Number
Medication charts	12	Resident agreements	4
Personnel files	6	Residents' files	6

Other documents reviewed

The team also reviewed:

- Catering documentation including cleaning schedules, temperature records, roster, ordering list, food safety plan, menu, resident preference sheets, manual, Food Authority licence, special meals
- Clinical documentation including handover and exception reports, accident and incident reports, care documentation including bowel charts, clinical observation records, pain management folder, physiotherapy care plans, podiatry and foot care plans, special care day folder and wound care folder
- Complaints
- Continuous improvement documentation including pink slips, action sheets, the next step forms, audit schedule and audits
- Contractors agreements
- Education documentation including attendance records, plans, schedule, mandatory training, competency tests
- Fire safety and emergency planning documentation including annual fire statement, internal monthly service checks, monthly service records, service sheets weekly and monthly, fire service folder, resident evacuation sheets, evacuation procedures, site location sheets

- Human resources documentation including recruitment, job descriptions, nurses registrations, police certificate register for staff, for volunteers and for contractors, staff orientation package, staff handbook, rosters
- Infection control documentation including outbreak management instructions, infection surveillance data, pest control reports, medication fridge records
- Leisure and lifestyle documentation including resident assessment tool, profiles, care plans, evaluations, program schedules, program information and guidelines and photos
- Maintenance documentation including requests, monthly reports, preventative schedules, lift registration, worksheets, equipment records
- Mandatory reporting register
- Meeting minutes
- Newsletters, memorandums, handover reports
- Policies and procedures
- Residents' information package and surveys
- Workplace health and safety system including environmental audits, incident/accident logs, hazard reports, electrical tagging and material safety data sheets

Observations

The team observed the following:

- Activities in progress
- Complaints, feedback and resident rights posters and pamphlets in foyer
- Equipment and supply storage areas including medications
- Fire fighting equipment, exits, fire panel, emergency resident identification grab bag
- Hand washing stations, wall mounted hand antiseptic dispensers, protective personal equipment in use and available, colour coded cleaning equipment
- Interactions between staff and residents
- Living environment
- Medication round and storage
- Material data safety sheets
- Mission, values and philosophy on display
- Noticeboards for residents and for staff including notification of re-accreditation
- Security arrangements
- Workplace health and safety equipment including lifters, belts, warning signs during cleaning, personal protective equipment, material safety data sheets

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 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 findings

The home meets this expected outcome

The home actively pursues continuous improvement across the four Accreditation Standards through their pink 'compliments, concerns, complaints and suggestions' brochure and the 'next step' action sheets. They also have audits, surveys, meetings, staff education and accident/incident reporting. The suggestions for improvement come from various areas including audits, feedback, surveys, performance reviews and meetings; these are reviewed monthly at quality meetings. Staff could identify some of the above systems for continuous improvement and said they sometimes make suggestions for improvement. Residents/representatives stated they have input into the improvements and are aware of improvements being made. Recent improvements relating to Accreditation Standard One include:

- As a result of changes in legislation, the home consulted with staff over the last three years to create and sign off an enterprise agreement. This has required management to review rosters and position descriptions, resulting in changes to the employment status of many staff from casual to permanent part time. Staff stated they are satisfied with the agreement and their new employment status. Management are also satisfied the new conditions will result in lower staff turn over. This will be evaluated after it has been in place for a period.
- As a result of the increased acuity and clinical complexity of residents' needs, the home changed the title and split the role of the deputy director of nursing position to the positions of care services manager and quality/education coordinator. The new care services manager role has a focus on clinical expertise and infection control, while the quality/education coordinator focuses on quality and education. The incumbents in these roles stated the sharing of duties between two people has made their roles easier to manage. This change will be formally evaluated once it has been in place for a period.

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 and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of an industry peak body and a legislation provider service, both of which provide ongoing information about industry issues and regulatory changes. Additionally, the home receives circulars from the Department of Health and Ageing, the Aged Care Standards and

Accreditation Agency and other government and non-government agencies. The director of nursing and general manager receive this information and communicate it to staff through memos, staff meetings and training sessions where necessary. Policy review and development occurs routinely and as required. Examples of compliance with regulatory requirements specific to Accreditation Standard One include:

- The home has systems for collecting and monitoring police certificates and statutory declarations for staff, volunteers and contractors.
- New policies were developed by the organisation to comply with the new Complaints Investigation Scheme.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has education systems, including an informal needs analysis, leading to the development of a monthly matrix of programs. These include compulsory items, regular clinical and administration topics to cover all four Accreditation Standards and meet residents' care needs. Staff are supported in attending internal and external programs, using self directed learning packages and receive regular on the spot education. Suppliers of resources such as the continence aids and chemicals provide specific education to staff. An orientation program is provided on employment including fire, manual handling, infection control, chemical safety and mandatory reporting which are compulsory. Training attendance and competency records are kept and residents stated staff provide appropriate care for their needs. Recent examples of Accreditation Standard One: Management systems, staffing and organisational development education include:

- Orientation
- Working within a legal and ethical framework
- Re-accreditation

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 findings

The home meets this expected outcome

Residents/representatives have access to internal and external avenues of comments and complaints. The home's process is to log comments and complaints on the pink form used for continuous improvement and action them from there. Residents/representatives have access to the managers at all times and some residents/representatives make complaints verbally. Information about comments and complaints mechanisms is included in the resident handbook provided to residents/representatives at the time of entry to the home. Resident/representative meetings are held regularly and with resident surveys provide alternative avenues for complaints. Many residents/representatives stated management is approachable and act on issues brought forward.

1.5 Planning and leadership

This expected outcome requires "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 its vision, values, philosophy, objectives and commitment to quality and it is displayed in the facility. The home's commitment to quality is evident through its policies, procedures and other documents guiding the practices of management and staff. Organisational management review the home's vision, values, philosophy, objectives and commitment to quality. Management meet at an organisational level for planning and leadership support. Residents/representatives expressed confidence in the leadership of 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 human resource systems which include recruitment, qualifications, rosters, orientation, position descriptions, training, performance appraisals and workplace health and safety. Police certificate checks are completed for all staff and staff voted for a collective enterprise agreement. Staff have access to an employee assistance program. Unplanned absences are covered by casual and part time staff. Site management have the flexibility to extend shifts and increase staff numbers in specific situations as needed. Residents/representatives are generally satisfied with the competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents, taking into consideration regulatory requirements, occupancy levels, resident needs and the changing environment in which the home operates.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a full time stores person who coordinates stock levels, inventory procedures and purchasing to manage, monitor and control resources for the various functional areas. Storerooms and functional areas such as staff rooms, clinical areas and the kitchen are adequately equipped, stocked and maintained. Staff stated there are sufficient supplies of equipment and consumable products for them to perform their job roles effectively. Residents/representatives reported there are sufficient and appropriately maintained equipment and stocks of goods.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management systems for the creation, storage, archiving and disposal of documentation and communication. There is information to help staff perform their roles in relation to management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. Residents/representatives have access to information appropriate to their needs to assist them make decisions about residents' care and lifestyle. The home has many noticeboards for daily activities, as well as newsletters and other information. Residents/representatives stated the home keeps them informed on a regular basis through phone calls and when visiting, when an incident occurs, or if there is a change in residents' care needs. Information is stored appropriately for its purpose. Staff sign a privacy statement to ensure the confidentiality of resident information and confidential material is stored securely. The organisation has secure electronic systems including internet communication, financial, human resource and security.

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

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. External suppliers are currently being reviewed and service agreements are being re-negotiated by the organisation. Management and residents expressed their satisfaction with the products and services currently supplied to the home from external sources. Suppliers of external professional services have their registration and police certificate on file with their agreements and other documentation. A regular review of suppliers is undertaken to ensure the products/services and procedures are appropriate, efficient and continue to meet the residential care service's needs and service quality goals.

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 findings

The home meets this expected outcome

The home's ongoing commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care. Management demonstrated results showing improvements in health and personal care and their responsiveness to the needs of residents/representatives. Some results achieved relating to Accreditation Standard Two include:

- As a result of a staff suggestion to provide new and temporary staff with accurate information, the home has introduced a prompt sheet which summarises residents' care needs. It is like a mini care plan and is kept inside residents' wardrobes for easy access while care is being provided. Staff say it is helpful and it is yet to be evaluated.
- As a result of an accident at another site, the organisation introduced an initiative to improve procedures for processing neurological incidents. They reviewed their policy and created a form for making specific neurological observations and assessments. It is similar to the form used by the local health service for consistency and recognised by residents' doctors. More neurological torches were purchased and education was provided for staff. Staff stated they can see the tracking system which identifies neurological abnormalities in residents. Staff state it gives them a common tool with other health services and allows more immediate appropriate care to be given to residents after a head injury.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care. The home receives and disseminates regulatory information in relation to expected outcomes under Standard Two. Policies and procedures related to health and personal care reflect regulatory requirements. Staff practices relating to health and personal care are monitored to ensure they comply with the policies and procedures. Examples of regulatory compliance related to this Standard include:

- The home monitors the annual registration of registered nurses and other health professionals employed at the home and supports their requirements for education and training to maintain their registration.
- It also monitors registrations for all allied health professionals including doctors, physiotherapist, podiatrists and others.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Some examples include:

- Wound care
- Neurological observations and assessments
- Pain management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to make certain residents’ clinical care needs are assessed and plans developed to ensure they receive appropriate clinical care. Care plans are developed after assessment by registered nurses, in consultation with residents/representatives. Re-assessment occurs when residents’ medical condition or care and lifestyle preferences change. Care plans are generally updated on an ongoing basis to ensure they reflect residents’ changing care needs and preferences. Staff are informed of changes to residents’ care needs through handover processes, care documentation and incident management systems. Staff practices are guided by policy, procedure, duty statements, competency assessments and education. Management use observation, feedback systems and auditing tools to monitor staff practices. Residents/representatives are satisfied with the clinical care provided at the home.

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 findings

The home meets this expected outcome

The home has a system to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. This includes individual assessment and development of a specialised care needs plan in consultation with resident/representatives and, if necessary, appropriate specialists. Care plans generally contain strategies to meet relevant needs and are reviewed regularly by registered nurses. Registered nurses oversee specialised care and provide education, direction and support to care staff as required. A review of records and interviews with staff indicates external specialists are accessed and treatment recommendations are documented and acted upon. Residents/representatives advised they are satisfied with the specialised nursing care provided.

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 findings

The home meets this expected outcome

The home has systems for referring residents to appropriate health specialists. Health specialists visit the home or residents are provided with assistance to access them in the community. Staff have an understanding of the referral system including preparing residents’ for appointments and arranging transport. Clinical records show recommendations and treatments made by specialists are implemented at home. Feedback is provided to health specialists in relation to the treatments ordered and the clinical monitoring attended. Residents/representatives stated they are satisfied with the assistance provided for residents to see appropriate health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a system ensuring residents’ medications are managed safely and correctly. This includes assessment of residents’ medication needs, development and review of medication care plans. All medications are prescribed by the resident’s attending medical officer. Supply of medications by a contracted pharmacy and annual medication review by a pharmacist occurs. Administration of medication is attended by registered nurses. The system is monitored by internal auditing, recording of incidents and oversight by management and registered nurses. Medications are stored appropriately Practices confirmed medications are managed safely and correctly. Residents stated they are satisfied with the manner in which their medications are managed and provided.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents stated their pain is managed appropriately and they are kept as free as possible from pain. Care staff have a pain management system including identifying residents’ pain on entry to the home and on an ongoing basis. Consultation with the resident, representatives, medical officer and health specialists occurs to ensure pain relieving strategies are identified and offered. The physiotherapist offers regular treatments and is supported in this program by care staff and registered nurses. Review and evaluation of pain management strategies occurs in progress notes. Alternative methods of pain relief are offered in combination with pharmaceutical methods. Staff expressed an understanding of pain management strategies.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure palliative care needs are managed effectively and sensitively. A purpose built suite is available to allow representatives to stay with residents throughout the palliation process. Staff show the needs of residents receiving palliative care are assessed and planned strategies are implemented. Registered nurses are assisted by the care team to ensure residents’ pain relief and comfort care needs are met. Staff receive regular education about residents’ palliative care needs and have access to appropriate health professionals for advice and assistance. Staff expressed sensitivity and understanding of palliating residents’ needs. Emotional and spiritual support is provided by all staff, including pastoral carers. Residents/representatives stated they are satisfied with the way in which palliative care needs are provided for.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home’s system to ensure residents receive adequate nourishment and hydration includes assessment and care planning on entry to the home. Residents’ allergies, weight, swallowing difficulties, cultural and religious belief are identified and supported. Preferences for food and drink are recorded, communicated to catering staff and provided to the resident. Care plans are reviewed on an ongoing basis and weights are monitored and evaluated. Referral to the speech pathologist and dietician occurs when required. Observation of lunch time activities revealed staff are available to ensure residents receive appropriate assistance; assistive devices and individual dietary requirements are provided. Meeting minutes show residents have input into menu planning. Staff, residents and representatives demonstrate residents are offered choice of meals. Residents said they were generally happy with the variety of food, choice and quality of the meals.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems and practices to ensure each resident’s skin integrity is protected and skin care provided is appropriate for their needs. Staff report any alterations to an individual resident’s skin integrity to the registered nurses. This is followed up with a skin care plan and wound charts if required. Staff displayed an understanding of the measures required to maintain and improve residents’ skin integrity. This includes regular attention to personal hygiene, continence management, nutritional intake, regular repositioning, the use of limb protection devices and pressure relieving mattresses. Accident and incident forms, clinical notes and wound charts demonstrate residents’ skin integrity is monitored and wound care requirements are managed. Residents/representatives said they are satisfied with the way staff provide skin and wound care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ continence is managed effectively. An initial continence assessment of the residents needs occurs on entry to the home in consultation with residents/representatives. A care plan is developed including toileting programs, equipment needs and continence aids as required. Care staff said they assist residents with their toileting regime, monitor skin integrity and elimination on a daily basis. Staff receive training and supervision in the management of continence and the use of continence aids. Staff reported and observation confirmed the home has sufficient stock of continence aids and bed linen to meet the residents’ needs. Staff were observed being considerate of residents privacy and dignity in relation to continence needs. Residents/representatives said they are satisfied with the way 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 findings

The home meets this expected outcome

The home has systems to effectively manage residents with challenging behaviours. On entry to the home assessment and monitoring is used to identify behaviours and ‘triggers’ that may lead to challenging behaviours. Care plans are developed in consultation with residents/representatives, then implemented and reviewed. Residents are referred to medical officers and behavioural specialists as needed for review and treatment options. Residents’ preferences and needs as well as any known triggers for challenging behaviours are well known by care staff. Behaviour related incidents are recorded, reported and addressed in a timely manner. Staff receive ongoing education in behaviour management and work as a team to provide care. The activity staff provide programs suitable for residents with a range of behaviours. Residents/representatives said they are satisfied with the care, staff provide to minimise the impact of other resident’s behaviours on them.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

Residents’ mobility and dexterity needs are assessed and supported on entry and as their needs change. An individual treatment and mobility program is developed by the physiotherapist if indicated. All residents have plans to guide transfers and promote mobility and dexterity. Therapy and exercise programs developed by a physiotherapist are implemented by care staff as part of the individual resident’s activities of daily living program. Assistive devices such as mobile frames, walk belts, mechanical lifters and wheelchairs are available. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Falls incidents are documented and analysed to guide care

and practice decisions. Residents said they are assisted to remain independent and mobile as much as possible, however, assistance is available when and where required.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has strategies to maintain residents’ oral and dental health. Residents’ oral and dental health is assessed when they move to the home and care plans are developed. Diet and fluids are provided in line with residents’ oral and dental health needs, preferences and specialist advice for residents with swallowing problems is sought as needed. Dental appointments are arranged in accordance with residents’ needs and preferences. Staff receive ongoing education in oral and dental care. Residents/representatives said staff provide assistance with oral and dental care as required, or as requested.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and effectively manage residents’ sensory losses. Assessment occurs and identified care needs are incorporated into the residents’ care plan on entry to the home. The environment is well lit; rooms and corridors are free from clutter. Staff said they use a variety of strategies to manage sensory loss, including cleaning glasses and hearing aids, communication techniques, offering condiments at meal times and testing sensitivity to temperature before showering. The physiotherapist attends testing of sensation prior to the application of pain management therapies. Activities are planned to take into consideration residents with sensory loss and staff were observed to be aware of residents who have impaired senses. Residents said they are assisted with activities if required, including reading and bingo. Residents said staff are attentive to their individual needs, including the care of glasses and hearing devices.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents stated they are assisted to achieve sufficient sleep. Staff report residents are assisted to settle for the night through routines. If residents wake, a range of strategies such as offering food or drink, assistance with continence needs, pain management and reassurance are used to assist them back to sleep. Residents who require medications to assist them to sleep have it provided for them. Care plans are developed and used to improve sleep patterns in consultation with the resident. Residents said they generally sleep well and are not disturbed at night by other residents.

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 findings

The home meets this expected outcome

The home demonstrated commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, which operates across the four Accreditation Standards, including Accreditation Standard Three: Resident lifestyle. Management demonstrated results showing improvements in resident lifestyle and their responsiveness to residents’/representatives’ needs. Recent results achieved include:

- As a result of a government grant the home installed two computer stations for residents. Staff provided training to interested residents and now several residents use the facilities regularly. Many use the electronic mail function to stay in touch with the families and friends, while other use the technology to play games. The monthly evaluation of activities programs identified cognitive stimulation, social contact and emotional support from families as the benefits of the program to residents. Resident feedback about the computer availability was very positive.
- As a result of a new addition being built, the home took the opportunity to include a demonstration kitchen for resident activities. The aim is to keep residents involved with cooking as a way of maintaining their interest in food preparation and nutrition. It provides a degree of independence and provides the opportunity for reminiscing. The residents make scones, pikelets and slices, and then eat them for their morning tea. The monthly evaluation of activities programs identified social interaction and the satisfaction of cooking their own food as the benefits of the program to residents.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Three: Resident Lifestyle. Examples of regulatory compliance related to Standard Three include:

- All residents/representatives are provided with a resident agreement in line with government requirements which they can choose to sign.
- A mandatory reporting and missing person’s register is maintained and education on both is provided to staff.
- Details of the new bond arrangements were added to resident agreements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Some examples include:

- First aid
- Food safety

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 findings

The home meets this expected outcome

Residents/representatives expressed appreciation for the support and assistance provided to them during their entry to the home and the subsequent settling in period. Each resident receives support in adjusting to life in the home and on an ongoing basis. Assessments and care plans based on residents' personal history identifies emotional needs and specific interventions for each resident. The resident orientation program helps ensure the services offered meet the incoming resident's needs. Staff, pastoral carers and volunteers spend one to one time with residents during their settling in period and thereafter, according to individual need. A newsletter is provided on a regular basis to inform residents and their families of activities within the home.

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 findings

The home meets this expected outcome

The home provides an environment encouraging residents to maintain independence and friendships and participate in the life of the community within and outside the home. Residents said they are encouraged to maintain their independence and friendships; they stated they can entertain their visitors at the home or go out with family and friends. Assessment of residents' specific needs and preferences is undertaken on entry to the home and on an ongoing basis. Participation in the local community is facilitated; for example, bus outings, fundraising for charities, television, radio, newspapers and telephones. Community groups visit the home, including service clubs, entertainers and special interest groups. Provision of specialised utensils to assist with eating and drinking promotes independence at meal times. Residents are encouraged to maintain independence in areas such as decision-making, personal hygiene and attendance at activities.

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 findings

The home meets this expected outcome

Residents/representatives stated residents' privacy, dignity and confidentiality are respected. Mechanisms implemented by the organisation are designed to ensure each resident's right to confidentiality and dignity is maintained; these include a staff code of conduct, privacy policy and ongoing education. Clinical care records are kept in locked cupboards. The home has a system to gain consent from residents or their representative in relation to privacy, and information collection. Staff were observed knocking on resident's room doors before entering and addressing residents in a respectful and dignified manner. Residents who are reliant on staff for their dressing and grooming requirements were observed to be well presented and dressed appropriately for the weather.

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 findings

The home meets this expected outcome

Residents/representatives expressed satisfaction with the recreational activities staff and the activity program. An assessment is completed on entry in consultation with the resident/representative and individual lifestyle development plans are created. The monthly activity program takes into account residents' preferred activities, significant cultural days and includes a mix of group and individual activities over five days per week. Residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time with lifestyle staff and volunteers. Activities staff are responsive to the feedback provided through resident activities meetings and during informal discussions. The program includes concerts, craft, bingo, discussion groups, sing-a-longs, afternoon teas, external entertainers and celebration of special events. Staff maintain participation records and evaluate activities to identify resident's level of interest; this information is used when reviewing and developing the lifestyle 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

Residents/representatives reported they are satisfied with the support provided for their cultural and spiritual needs. Residents' individual requirements to continue their beliefs and customs are identified in the assessment process on entry. Currently residents at the home are of English speaking backgrounds. Cultural and spiritual needs are considered when planning clinical care. Specific cultural days such as Australia Day, St. Patrick's Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents/representatives expressed appreciation for the efforts of staff to entertain and please the residents on these occasions. Residents' birthdays are celebrated. Local clergy hold regular services at the home; residents/representatives are invited to attend these if

they wish to do so. Resources are available for staff, with information about different religions, nationalities and their customs and practices.

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 findings

The home meets this expected outcome

Residents/representatives reported they are satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff and residents or representatives. The menu provides choices for each meal. Residents' choice of general practitioner and allied health services is respected. Participation in group activities is the choice of the resident and they are asked how they wish activities staff to support them during one-to-one time. Residents have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture. The home has mechanisms for residents/representatives to participate in decisions about services, resident meetings, case conferences and complaints processes. Residents expressed confidence and satisfaction with the actions taken by management on matters raised and their responsiveness to requests.

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 findings

The home meets this expected outcome

The home has policies and procedures to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. A resident agreement is offered to all residents at the time of their entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, their security of tenure, prudential provisions, levels of care provision and processes regarding termination of the agreement. The agreement is regularly reviewed and updated. Residents/representatives are aware of their rights and responsibilities and feel secure in their tenure.

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 findings

The home meets this expected outcome

The home’s commitment to continuous improvement outlined under expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard Four: Physical environment and safe systems. Management demonstrated results showing improvements in physical environment and safe systems and their responsiveness to the needs of residents/representatives. Some results achieved include:

- As a result of the new addition to the home, a new activities room is now available to residents. It contains space for creative and other activities, as well as storage for all the resources. Residents state the new room is light, warm and they enjoy attending activities there.
- A new clothing labelling machine has been purchased and installed. The labels are heat applied and therefore last longer in the laundering process. Staff and residents are satisfied with the new machine.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2, encompass all four Accreditation Standards, including this Standard. Examples of regulatory compliance related to Standard Four include:

- A current annual fire statement is posted at the home.
- A current annual NSW Food Authority licence is posted at the home.
- Material safety data sheets are kept at point of use.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Some examples include:

- Manual handling

- Fire safety and emergency evacuation
- Infection control

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 findings

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in shared rooms and have personalised their space. There is a call bell system in residents' rooms and bathrooms to alert staff if residents need assistance. External doors are alarmed and key padded to assist in providing a safe environment for residents. The living environment is clean, well furnished, well lit and air conditioned. There are handrails throughout the home to assist residents' mobility. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through audits, resident/representative feedback, incident/accident reports and observations by staff. Residents/representatives expressed their satisfaction with 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 findings

The home meets this expected outcome

The home has a system to provide a safe working environment that meets regulatory requirements. Work health and safety is overseen by the quality committee and the work health safety committee which meets regularly and has staff from all areas within the home. Staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. A maintenance program ensures the working environment and all equipment are safe. The home monitors the working environment and the work health and safety of staff through regular audits, incident and accident reporting and daily observations by management and staff. The staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

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

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. A trained fire safety officer oversees fire safety and staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate fire fighting equipment and warning systems. External contractor records and equipment tagging show the fire safety equipment is regularly maintained. The current

annual fire safety statement is on display; emergency flipcharts and evacuation plans are located throughout the home. There is a disaster plan for the site and an emergency kit with up to date resident information in case of the need to evacuate. Security is maintained with a lock-up procedure, security lighting and alarmed doors at night. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and quality meetings. Staff know what to do in the event of an emergency and residents say they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home ensures its infection control program is effective through clear policies and procedures, education and an infection surveillance program. The infection control program is overseen by the care services manager. There is mandatory training in infection control for all staff. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes outbreak management guidelines, a food safety program used in the kitchen, a vaccination program, pest control and waste management. All staff have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, audits and trend analysis.

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 findings

The home meets this expected outcome

Hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. The rotating four week menu has been assessed by a dietician and caters for special diets and for residents' individual needs and preferences. All meals are cooked fresh on site and the cook is responsive to residents' changing dietary needs and preferences. The home is cleaned regularly according to a schedule and includes periodic spring cleaning. We observed the home to be clean and residents/representatives state they are very satisfied with the results. Personal clothing and linen is laundered at the home each day. The laundry provides ironing as needed. The hospitality services are monitored through audits, surveys, meetings and the home's feedback mechanisms. Residents/representatives say they are satisfied with the hospitality services provided.