



Aged Care
Standards and Accreditation Agency Ltd

Advantaged Care at Georges Manor

RACS ID 0822

111 Bellevue Avenue

[Home Address City] NSW 2198

Approved provider: Advantaged Care Pty 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 23 April 2015.

We made our decision on 6 March 2012.

The audit was conducted on 7 February 2012 to 9 February 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

Site Audit Report

Advantaged Care at Georges Manor 0822

Approved provider: Advantaged Care Pty Ltd

Introduction

This is the report of a site audit from 7 February 2012 to 9 February 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 7 February 2012 to 9 February 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:	Kathleen McDonagh
Team member:	Mark Chapman

Approved provider details

Approved provider:	Advantaged Care Pty Ltd
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Details of home

Name of home:	Advantaged Care at Georges Manor
RACS ID:	0822

Total number of allocated places:	144
Number of residents during site audit:	102
Number of high care residents during site audit:	72
Special needs catered for:	High and low care – dementia specific units

Street/PO Box:	111 Bellevue Avenue	State:	NSW
City/Town:	Georges Hall	Postcode:	2198
Phone number:	02 8713 0800	Facsimile:	02 8713 0888
E-mail address:	ahopkins@advantagedcare.com.au		

Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		Number
Facility manager	1	Managing directors	2
Executive care manager	1	Residents/representatives	18
Clinical care coordinators	2	Medical officers	2
Registered nurses	5	Pharmacist	1
Care staff	12	Physiotherapist	1
Recreational activities officers	3	Physiotherapy aide	1
Hairdresser	1	Laundry staff	1
Administration assistant	2	Cleaning staff	2
Catering staff	2	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files (including assessments, progress notes, care and lifestyle plans and associated documentation)	11	Medication charts	11
Resident agreements	10	Wound assessments, management plans and dressing charts	9

Other documents reviewed

The team also reviewed:

- Activities documentation including programs, assessments, care plans, participation records and evaluations
- Behaviour assessments and behaviour management plans/red alert folders
- Cleaning services – policies and procedures, cleaning services audits, cleaning schedules, duty statements, outbreak management guidelines, training records
- Clinical monitoring records
- Comments and complaints information, advocacy brochures, external complaints mechanisms, internal comments and feedback forms, complaints register
- Compulsory reporting documentation including register, mandatory reporting fact sheet
- Continuous quality improvement framework, plan for continuous improvement, improvement logs, quality activities schedule, audit results, residents' and staff satisfaction surveys
- Education records including education and training program 2011/12 incorporating orientation, mandatory training and in-service. Staff attendance records, some session evaluation reports and competency records
- Emergency evacuation procedures, disaster management plan
- External services contracts and service agreements, contractors' handbook, preferred suppliers' list, reactive and planned maintenance programs, electrical tagging records, supplier management folder

- Food safety program including food safety manual, temperature records, hot and cold food, food on delivery, equipment temperatures, labelling of food, sanitisation of fruit and vegetables records, calibration of thermometer records, four week rotating menu, food safety management audit list
- Human resource management policies, procedures and forms, employment information, confidentiality agreements, criminal record checks, competency assessments, performance appraisals, position descriptions, staff recognition awards, staff handbook
- Infection control including policies and procedures, outbreak management guidelines, infection surveillance data collection and graphs, infection report summaries
- Medication management including policies, medication refrigerator monitoring records, medication incident reports, drugs of addiction registers, professional signatures register, self medication assessments, medication competency assessments and audits
- Minutes of meetings, memoranda, handover reports, communication diaries, doctors communication folder
- Multi lingual communication cue cards
- Newsletters
- Nutritional supplements list
- OH&S records including environmental audits, safety logs and improvement forms
- Pain assessments and pain management plans
- Physiotherapy assessments, falls risk assessments, mobility care plans, physiotherapy aide attendance records
- Policy and procedure manuals and flowcharts
- Preventative maintenance program records
- Regulatory compliance system including Annual Fire Safety Statement, authority to practise records, Charter of Residents' Rights and Responsibilities on display and documented in various publications and information, criminal record checks, privacy consents, residential agreements, incident and accident report forms, NSW Food Authority Licence
- Resident information packs including resident agreement, handbooks, admission documentation
- Risk management system including hazard reports, risk priority chart, risk assessments, safe work practice statements

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Fire safety systems, equipment and evacuation kit
- Infection control resources
- Information noticeboards
- Interactions between staff and residents
- Internal and external comments and complaints mechanisms and advocacy brochures on display
- Internal/ external living environment
- Medication storage and administration
- Mobility equipment including mechanical lifters, transfer belts, wheel chairs and walkers
- Nursing staff handover
- Residents utilising pressure relieving mattresses, pressure relieving chairs, hip and limb protection equipment
- Secure storage of resident clinical and administrative files
- Staff work areas (administration, clinical, recreational, catering, cleaning and laundry)
- Staff work practices

- The dining environment during midday meal service including the meal presentation, the provision of assistive cutlery, staff assistance and supervision. Morning and afternoon tea/ fluid rounds.

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 implements organisational systems and processes to ensure that continuous improvement opportunities are identified planned, implemented and evaluated. The home operates within a continuous improvement framework with enhanced information systems providing added capability in monitoring systems and processes including trend identification and analyses. Information is collected through internal auditing processes, comments and complaints mechanisms, resident meetings, case conference, resident and staff surveys and verbal feedback. Residents and staff interviewed confirmed their understanding of the continuous improvement mechanisms and the avenues of access available to them.

Examples of continuous improvement activities relevant to Accreditation Standard One include:

- Computerised payroll system enhanced to allow staff access to view and modify their roster, update availability and personal contact details and lodge leave applications.
- New Quality/Workplace health and safety committee formulated to ensure a safe and healthy work environment is maintained.
- Care staff roster reviewed and additional care staff have been employed to ensure adequate care needs of residents are maintained.

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

Organisational systems ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced through subscriptions to a legislative update service and industry related newsletters, from peak bodies, State and Commonwealth government departments, statutory authorities and via the internet. Changes to legislation are disseminated to the home’s staff via emails, memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Audits, surveys, quality improvement activities, staff supervision and support ensure that work practices are consistent and compliant with legislative requirements. Interviews with staff demonstrate awareness of regulatory compliance.

Examples of the home’s regulatory compliance relating to Standard One include:

- An electronic resident agreement has been introduced to provide an easy to use template to assist with accurate and timely completion of required documentation.

- Nurses' station relocated to provide increased privacy and confidentiality of residents' records.
- Prospective employee's criminal records are checked prior to engagement and there is a process in place to review the currency of this status every three years. Contracted service personnel are also required to complete criminal record checks.

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

Education is structured and responsive to meet the needs of the staff at the home. The home has a system in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The education program is comprehensive and covers a range of functional areas, encompassing all four Accreditation Standards. The home provides opportunities for staff to attend external education and encourages staff to pursue educational opportunities of their choice. The education program covers a range of areas across clinical, management, safety and lifestyle topics. Compulsory education includes manual handling, infection control, occupational health and safety, quality, hazard analysis and critical control point program (HACCP), elder abuse, mandatory reporting, fire safety and evacuation. Internal staff, suppliers and external bodies provide training. Residents and representatives interviewed state that staff provides appropriate care as needed.

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

Brochures and information explaining the internal and external complaint's mechanisms are on display in the foyer of the home. The processes for feedback are discussed with residents and their representatives as part of the entry process and at residents' meetings. Information is available regarding aged care advocacy services. A complaints register and management reports are available to track and trend comments and complaints and a review of these demonstrates that issues are investigated, analysed and responded to in timely manner. General surveys of service satisfaction and surveys of specific services, such as leisure activities, are conducted and the results used as a basis for quality improvements. Residents and their representatives confirm an awareness of the mechanisms by which they may make complaints or compliment staff for good service. Staff are able to outline the processes for management of complaints for residents and their representatives and ways in which they can personally raise issues of concern. Residents and representatives interviewed said they were very happy with the way any concerns are managed.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The team observed the home's philosophy of care, mission, vision and values to be present in a number of documents including the staff and resident handbooks and clearly displayed throughout the home. Staff and residents and their representatives interviewed were aware of the home's mission and values statements. The team was informed that regular consultation occurs between senior management regarding the home's operations.

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

There are systems and processes in place to ensure that the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies, procedures and forms that guide the human resources practices are accessible to all staff in hard copy. Staff recruitment includes criminal record and reference checks, an orientation program and buddy shifts. Annual performance reviews through an appraisal and competency assessment program are in place. Grievance processes are documented. Job descriptions have been developed for all positions and are regularly reviewed. Staffing levels are flexible and are monitored in line with residents' specific care needs and related dependencies. Skills mix review, observation of work practices, auditing processes, clinical indicators and stakeholder feedback inform this process. Residents and representatives interviewed stated that staff are skilled and knowledgeable about their work and that staffing levels are adequate.

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

Residents, representatives and staff confirm that there are adequate levels of goods and access to equipment for the delivery of quality services. Chemicals were noted to be safely stored with easy access to material safety data sheets. There are ordering processes and stock rotation systems for perishable items. Staff members have been allocated responsibility for monitoring stocks and ordering necessary supplies. Staff have been delegated responsibility for conducting risk assessments, submitting hazard reports and implementing environmental audits. Preventative and reactive maintenance programs ensure service delivery supports a safe living and working environment. Interviews with staff and residents indicate that all maintenance is prioritised and responded to in a timely manner.

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

There are effective information management systems in place. Confidential files such as staff and resident files are stored securely. Review of residents' files and care planning documentation indicates that clinical care plans are reviewed regularly and there is a system for consultation with residents and/or their representatives. The home has a schedule of meetings to ensure relevant information is available in a timely manner to all stakeholders. Information is disseminated through email, noticeboards, newsletters, memoranda, staff handovers, formalised feedback mechanisms and informal lines of communication. Policies and procedures are available in hard copy and are regularly reviewed. The home conducts surveys, audits and peer reviews and collects data regarding the quality of care and services for purposes of assessment and improvement. Residents and representatives were generally satisfied with their access to information which assists them to make decisions about care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems in place to identify necessary and preferred contractors. The home maintains preferred supplier lists, has written agreements with contractors and regularly reviews the performance and cost of contractors. Contractors and tradespeople entering the home are required to supply evidence of current insurances and to comply with the organisation's occupational health and safety requirements. The quality of external services is monitored through regular personal contact, reporting through the home's continuous improvement system, staff and resident feedback and observation of work practices. Staff and residents/representatives indicate they are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

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 results of the team's observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of residents. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and care of residents:

- Due to increased frailty of residents an increase in physiotherapy hours was introduced to ensure exercise programs are effective in maintaining resident mobility and dexterity.
- A new comprehensive pain assessment tool and management plan has been implemented to ensure residents' are appropriately assessed, monitored and managed during their pain process.
- In order to promote an increase in sensory activity for all residents a monthly BBQ has been introduced, leading to an increase in social interaction between residents', representatives' and 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 findings

The home meets this expected outcome

The accreditation team's observations, interviews and review of documentation demonstrate that an effective system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance includes:

- The home maintains records of current professional registrations of all staff and visiting health specialists.
- The home's storage and administration of medication is in accordance with the relevant legislation.
- Infection outbreaks are reported to the Public Health Unit, NSW Health and appropriate guidelines followed to ensure quality care

- The home has a system in place to ensure it meets the regulatory requirements for the reporting of unexplained absences of residents.

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 monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of documentation by the assessment team confirms that education relating to Accreditation Standard Two Health and personal care, has been provided for management and staff in the past year and includes:

- Elder abuse
- Infection control
- Medication 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, processes, policies and procedures to ensure that residents receive appropriate clinical care. Resident clinical care is overseen by the director of care and two clinical care coordinators. The home utilises a computerised clinical and medication documentation system. Review of documentation including resident files, shows a comprehensive program of assessments are completed when a resident moves into the home. Individualised care plans are formulated and reviewed and monitored by the clinical care coordinators on a three monthly basis or more often if required. Care is planned in consultation with the resident and their representative, the resident’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Residents and representatives interviewed are satisfied with the clinical care provided and representatives interviewed state they are informed of changes in the resident’s condition and care needs.

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

There are systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Twenty four hour registered nursing care is provided and the clinical care coordinators initiate and oversee assessments of the residents’ specialised care needs. The home liaises with external health professionals as needed; referrals are made to specialised nurse consultants such as diabetic clinics, wound management, pain clinic, palliative care, enteral feeding and the local area health service to ensure residents’ specialised nursing care needs are met. Staff access internal and external

education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Residents and representatives interviewed 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

Documentation including resident files shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a physiotherapist, podiatrist, dietician, speech pathologist, pathology services and members of the palliative care and mental health teams. Residents and representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents and representatives interviewed are satisfied with the way referrals are made and the way changes to care are implemented.

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

Management demonstrates that resident medication is managed safely and correctly. Registered nurses and endorsed care staff deemed competent administer medication via a blister packaging system linked to electronic documentation. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. A photo identification of each resident with their date of birth and clearly defined allergies is on each medication chart. Pharmacy and medical officer protocols have been established in the home and staff practices are consistent with policy and procedures evidenced through audits and training. Staff advise that they access internal and external education programs; staff practice is overseen by the director of care. All medication incidents are reviewed and actioned by the director of care and the facility manager. Regular medication reviews are completed by a consultant pharmacist and monthly medication audits are attended by the pharmacist. Medication audits and incident data is collated as part of the quality clinical indicators and is benchmarked externally. Residents and representatives interviewed are satisfied that residents’ medications are managed in a safe and correct manner.

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

There are systems in place to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management programs are developed in conjunction with the physiotherapist. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage residents’ pain include attendance to clinical and emotional needs, pain relief and alternative approaches including massage

and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the resident's medical practitioner and other services is organised as needed. Staff regularly liaise with medical practitioners and allied health personnel to ensure effective holistic care planning. Residents and representatives report residents are as free as possible from pain and that staff respond in a timely manner to requests for pain control.

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

There are systems in place to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of residents are considered in care planning; pastoral care and emotional support is provided as requested. The home holds palliative case conferences and accesses the services of the local Area Health Service palliative care team as necessary. Representatives are informed of the palliation process and the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

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

Documentation reveals residents' nutrition and hydration status is assessed when moving into the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and representative and others involved in their care. The seasonal menu is reviewed by a dietician and provides residents with an alternative for the midday and evening meal. Residents are weighed monthly and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents' preferences and special requirements including thickened fluids, pureed and soft food. Residents and representatives interviewed are happy with the frequency and variety of food and drinks supplied.

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

Residents' skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents' skin care as part of daily care and report any changes in skin integrity to the registered nurses and clinical co-ordinators for assessment, review and referral to their medical practitioner or wound consultant as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Documentation reveals that staff receive ongoing training and supervision in skin care and

the use of specialist equipment such as lifting devices used to maintain residents' skin integrity. The homes' reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Residents have access to a physiotherapist, mobility nurse, podiatrist and other external health professionals as necessary. Residents and representatives report staff pay careful attention to residents' individual needs and preferences for skin care. The use of limb protecting and pressure relieving devices was observed.

2.12 Contenance management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

There are systems in place to ensure residents' continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly and monitor residents' skin integrity. The director of care and the clinical coordinator /continence nurse consultant oversee the continence program and staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections and bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents and representatives state they are satisfied with the continence care provided to the residents.

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. Documentation and discussions with management and staff show residents' behavioural management needs are identified by initial assessments and behaviour care plans formulated. The home has two dementia specific secure units; these residents attend main stream activities and outdoor areas with staff assistance and supervision. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has access to other health professionals including the local Area Health Service mental health team and a visiting psychogeriatrician. Staff were observed to skilfully use a variety of management strategies and resources to effectively manage residents' with challenging behaviours. Staff practice demonstrates awareness and respect of residents' dignity and individual needs at all times. The home does not use restraint. Resident and representatives interviewed are satisfied with how 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 findings

The home meets this expected outcome

The home has systems in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. The home has a physiotherapist three days a week and a mobility nurse each day. Individual programs are designed by the physiotherapist and implemented by the mobility nurse and care staff and are designed to promote optimum levels of mobility and dexterity for all residents. The home has a falls prevention program and includes a high resident uptake of hip protectors; preventative strategies include bed exit sensors, sensor lights in bathrooms, fall out mattresses and the lowering of beds. Falls incidents are analysed and falls data is included in the quality clinical indicators. Residents and representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, pelican belts, mechanical lifters and wheelchairs are available. Access to sunshine is effortless via several enclosed courtyards and open verandas thereby contributing to the resident's potential intake of vitamin D. The home is well lit with handrails on all corridors.

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

There are systems in place to ensure residents' oral and dental health is maintained. Oral and dental health is assessed on entry to the home and all residents have a dental and oral care plan. Residents are referred to the area health service dental clinic or dentist if needed. Staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents and representatives interviewed state residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

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

Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents care needs are managed effectively. Specialist optometry and audiology days are organised at the home so all residents can access these services. The activity officers have implemented programs and resources to assist residents' with sensory stimulation including of taste, touch and smell. The library provides a selection of large print books that residents can access. Staff receive training in sensory loss and specialist equipment is maintained in good working order. Residents and representatives report staff are supportive of residents' with sensory loss and promote independence and choice as part of daily care.

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

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents’ needs and preferences. The home has an environment of single rooms enabling choice of retiring and waking time and allows for music and low light environments. Bed sensor mats are utilised in the dementia units and a call bell system is in place that identifies residents’ rooms and alerts staff to any night time requests or disturbances; Staff report residents who experience sleep disturbances are assisted with toileting, snacks and fluids as requested and assessed as needed. Residents interviewed were satisfied with the home’s approach to sleep management.

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 is pursuing continuous improvement in relation to resident lifestyle and this was confirmed by the team’s observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous Improvement.

Some examples of the improvements made to resident lifestyle are:

- Due to an increase in resident numbers and the physical layout of the building an additional activities officer has been employed resulting in residents’ in all areas now having the ability to participate more regularly in activities leading to increased resident satisfaction and a decrease in behavioural issues.
- Companion cards have been sourced for use by residents’, resident representatives and carers to reduce the cost of outings.
- A new public address sound system and lectern has been purchased for use by residents’ at various functions, enabling residents, visitors and staff to hear speeches and music clearly.

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 results of the team’s observations, interviews and review of documentation revealed that an effective system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

- All residents are issued with a residential agreement which incorporates clauses required by law such as a 14 day cooling off period, reference to the *User Rights Principles (1997)* and the provision of specified care and services.
- The documents displayed and stored on site to inform of relevant legislation and regulatory compliance include the Charter of residents’ rights and responsibilities and the residents’ handbook.
- The home has a system in place to manage the reporting of assaults to the police and Department of Health and Ageing in accordance with regulatory requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below:

- Residents' rights and responsibilities
- Bullying and harassment
- Elder abuse

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

The home has effective systems in place to ensure that each resident receives initial and ongoing emotional support. This includes orientation to the home, staff and services for new residents and their families, resident and relatives meetings, involvement of family in the activity program and a newsletter. Emotional needs are identified through the resident's lifestyle and key to me assessments, case conferencing, one-to-one support and family involvement in planning of care. Residents are encouraged to personalise their living area and visitors including pets are encouraged. Residents and representatives interviewed are satisfied with the way residents are assisted to adjust to life at the home and the ongoing support they receive from 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 ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence including mobility and activities programs and mobility equipment for resident use. Community visitors, volunteers and entertainers are encouraged and arranged. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practice and resident and representative feedback confirms residents are actively encouraged to maintain 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 findings

The home meets this expected outcome

The home has systems in place to ensure privacy and dignity is respected in accordance with residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Information pertaining to privacy, dignity and confidentiality is contained in the resident and staff handbooks.

Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Staff education promotes privacy and dignity and staff sign a confidentiality agreement. Residents are accommodated in single rooms with ensuite bathrooms and residents are able to entertain visitors in their room, in the lounge rooms, or in the many smaller relaxation areas around the home. Staff handovers and confidential resident information is discussed in private and resident files securely stored. Staff practices respect privacy and dignity of the resident. Residents and representatives are satisfied with how privacy and dignity is managed at the home

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

The home demonstrates that residents are encouraged and supported to participate in a wide range of interests and activities. Residents' specific needs, interests and preferences are assessed on moving into the home and on an ongoing basis. The home has three recreational activities officers and the comprehensive activities program covers five days a week; the dementia units also have care staff initiated activities programs that are implemented seven days a week with a special focus on late afternoon/early evening activities. Residents from the dementia units participate in some integrated mainstream activities. The activities program includes bi-monthly bus outings, monthly entertainment concerts, exercises, bingo, card games, puzzles, quizzes and cultural celebrations. Ongoing evaluation of the activities program ensures that the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Representatives are informed of programs through display of the activities program on noticeboards, and the resident and representatives meetings are held bi-monthly. Residents are invited to make suggestions and have input into the activities program. Residents are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm that residents are highly satisfied with the activities 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 findings

The home meets this expected outcome

The home ensures residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Cultural and spiritual needs are assessed when a resident moves into the home. The home has visiting clergy who conduct regular services at the home. Residents are encouraged to maintain cultural and spiritual links in the community. For residents from a culturally and linguistically diverse background, the recreational activities

officers ensure communication cards and appropriate activities are available for them. National days are celebrated and culturally significant days such as Christmas, Easter, Mothers' Day, Fathers' Day, Australia Day, Anzac Day, St Patrick's Day and resident birthdays are also celebrated. Residents and representatives report staff are respectful of residents' spiritual and cultural 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 findings

The home meets this expected outcome

The home can demonstrate that each resident and/or representative participates in decisions about the services of the home and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. The management have an open door policy that results in continuous and timely interaction between the management team, resident and representatives. Resident meetings and surveys occur regularly to enable residents to discuss and provide feedback about the services provided by the home. Residents and representatives state that they are satisfied with the support of the home relative to their choice and decision making processes.

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 ensures residents have secure tenure within the residential care service and residents understand their rights and responsibilities. The home manages security of tenure within the framework of the Advantaged Care admission and discharge, and accommodation payment policies and procedures. This ensures all potential and new residents and representatives are provided with current information through a consistent process. A resident agreement is offered to each resident and there is a process for providing updates and changes to information on security of tenure and rights and responsibilities to residents and representatives. The Charter of residents' rights and responsibilities is included in the resident agreement, the resident handbook and displayed in the home. Residents and representatives indicate that they are satisfied with the information the home provides regarding residents' security of tenure and their rights and responsibilities.

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

Refer to expected outcome 1.1 Continuous Improvement for sources of evidence and additional information including a description of the overall system of continuous improvement.

The home has made planned improvements relating to the physical environment and safe systems including:

- New heavy duty foot operated pedal bins have been purchased for use at communal hand basins to ensure effective infection control practices are maintained.
- A formalised cleaning program has been introduced covering daily, weekly and monthly cleaning schedules leading to an organised approach to maintaining a clean and safe environment for residents.
- Due to sun glare in the dining room blinds have been installed to help create a safe and conducive environment for residents during meal times.

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 results of the team’s observations, interviews and review of documentation revealed that an effective system is in place to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Documents are on display to inform staff of relevant legislation and regulatory requirements. Compliance with legislation is ensured through monitoring of staff work practices, education, risk identification, hazard reporting, incident and accident reporting, environmental audits, routine and preventative maintenance systems, and occupational health and safety processes.

Evidence that there are systems in place to identify and ensure regulatory compliance related to the physical environment and safe systems include:

- The annual Fire Safety Statement certifying that fire equipment is appropriate and suitably serviced is current and on display.
- The NSW Food Authority licence, under the legislation governing food services to vulnerable persons is current and on display.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below:

- The orientation program includes training in fire safety, OH&S, manual handling incident reporting.
- Training in infection control including hand washing and gastroenteritis outbreak management.
- Manual handling.

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

Residents' needs are identified on entry and residents and their representatives are advised of care and services available at the home. Mechanisms, such as residents' surveys, quality improvement forms, residents' meetings and case conferences, allow residents and their representatives to have input into their living environment. Residents are accommodated in single rooms with ensuite bathrooms. Resident accommodation is on three levels with internal lift access; the home has both high and low care dementia specific units. The home has attractive communal areas which include resident dining and lounge rooms, quiet sitting nooks and enclosed garden areas. The living environment is clean, well lit and has heating and cooling systems in place. Residents interviewed said that the home is safe and comfortable and management always consider their suggestions for improvement to the home. A review of documentation and discussion with management demonstrate they are actively working to provide a safe and comfortable environment and use a risk management approach in consultation with residents, representatives, staff and others involved with the home. Regular environmental audits, surveys, accident/incident and hazard reporting are carried out and the results are discussed at resident and staff meetings for inclusion in future planning.

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 is actively working to provide a safe working environment that meets regulatory requirements. Interviews with management and staff indicate the home has systems to help

ensure a safe working environment is provided for all members of staff, visitors and residents. The home has systems in place to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis, manual handling training, discussion of occupational health and safety (OH&S) issues at meetings, environmental audits, and incident and accident reports. A review of audits and surveys show maintenance staff and external providers provide regular preventative and routine maintenance on all equipment and staff are trained in the appropriate use of equipment. The team noted issues identified by staff through the OH&S system are followed up and actioned appropriately and in a timely manner. Staff and residents said they are supported and encouraged by management to report potential and actual risks within the home and these are addressed appropriately in a timely manner.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Systems are in place to ensure the safety and security of residents and staff. Regular checks of equipment by external contractors, audits and fire and emergency evacuation procedures are in place. Staff wear identification badges and there is a sign in and sign out register for residents and visitors. Fire evacuation maps are correctly orientated and emergency procedure folders are located at strategic points throughout the building. The home is fitted with fire warning and fire fighting equipment, a sprinkler system, extinguishers and fire blankets, smoke detectors and emergency lighting. All these are checked and maintained according to the home's policy. Electrical tagging is completed according to specific scheduling. Chemical storage is secured and in line with hazardous substances guidelines. Material safety data sheets are located in the chemical storage area and throughout the home. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures and use of fire fighting equipment. An emergency evacuation kit is in place and contains an occupancy list with current residents' names, photos, tags and relevant information.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control and surveillance program. The director of care is the infection control and outbreak coordinator and there is a system in place to document, monitor and review the level of infections within the home. Observations confirm consistent staff practice to reduce cross infection such as the use of hand washing facilities, personal protective equipment and colour-coded equipment. The home has a food safety program, waste management system, monitoring of laundry and cleaning practices and outbreak management planning. Preventative measures include education for all staff and specific education and training relevant to staff positions and roles. Residents and staff are offered vaccinations. Staff providing health and personal care services to residents and support services staff, including catering and cleaning staff, demonstrate an awareness of infection control relevant to their work area.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering

There are systems in place to identify residents' dietary requirements and preferences on entry to the home and as their needs change. A four week rotating menu is offered and food is fresh cooked on site. Catering staff have attended safe food handling training and implemented these principles in the kitchen. There are systems in place to ensure residents' food preferences are satisfied and communication between care and catering staff support any changes to clinical nutritional requirements. Residents and their representatives provide comment about the catering services verbally to staff, at resident meetings and through residents' satisfaction surveys. Interviews with residents and their representatives indicated satisfaction with the food service. It was confirmed that there is adequate quantity and variety of food available and that residents are provided with alternatives if the menu is not to their liking on the day.

Cleaning

The living environment was observed to be clean and fresh. Cleaning work schedules guide the cleaning staff, who demonstrated a comprehensive knowledge of the home's cleaning requirements, infection control practices and safe chemical use. Chemicals used in the home were observed to be appropriately stored and material safety data sheets available and accessible. The cleaning roster ensures all rooms, communal areas, hall ways and offices are cleaned thoroughly according to a specific schedule. The kitchen areas are cleaned according to daily, weekly and monthly schedules. The team observed colour-coded cleaning mops, cloths and buckets and personal protective clothing in use in all areas. The cleaners' storage room was locked and the cleaning trolleys were not left unattended. Residents and their representatives interviewed are very satisfied with the level of cleanliness of their rooms and of the home. Regular audits of the building and the cleaning service are undertaken and actions implemented to address any shortfalls.

Laundry

An on- site laundry provides services six days a week. Laundry clean and dirty areas are maintained and systems are in place for collection, delivery and storage of linen, and identification, laundering and delivery of residents' personal clothing. Chemicals are auto dosed into the machines and sanitisation of the machines is part of this process. Staff interviews confirm that the laundry is operated in accordance with the home's infection control guidelines with processes in place to manage contaminated laundry items. Occupational health and safety guidelines are followed. Residents/representatives interviewed said they are very satisfied with the laundry services at the home and all clothing is cared for and returned in a timely manner.