



Aged Care
Standards and Accreditation Agency Ltd

Ainsley Nursing Home

RACS ID 2004

23 A-25 Grantham Street

BURWOOD NSW 2134

Approved provider: Hardzak Holdings 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 20 July 2015.

We made our decision on 31 May 2012.

The audit was conducted on 1 May 2012 to 2 May 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

Ainsley Nursing Home 2004

Approved provider: Hardzak Holdings Pty Ltd

Introduction

This is the report of a re-accreditation audit from 1 May 2012 to 2 May 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 1 May 2012 to 2 May 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:	Greg Foley
Team member/s:	Margaret Merlin

Approved provider details

Approved provider:	Hardzak Holdings Pty Ltd
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Details of home

Name of home:	Ainsley Nursing Home
RACS ID:	2004

Total number of allocated places:	70
Number of residents during audit:	61
Number of high care residents during audit:	61
Special needs catered for:	Nil

Street/PO Box:	23 A-25 Grantham Street	State:	NSW
City/Town:	BURWOOD	Postcode:	2134
Phone number:	02 9744 8079	Facsimile:	02 9745 6125
E-mail address:	aacf1@bigpond.net.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	7
Deputy director of care	1	Representatives	6
Senior nurse educator	1	Therapy manager/RN	1
Registered nurses	2	Physiotherapy aide/NA	1
Care staff	6	Massage therapist	1
Quality and risk manager	1	Housekeeping coordinator	1
Resource manager	1	Cleaning staff	2
Physiotherapist	1	Catering staff	2
General practitioner	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	8
Care plans	7	Service/supplier agreements	9
Resident agreements	7	External services appraisals	7
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Activities calendar and monthly records of participation
- Allied health reports - dental and oral hygiene reports, physiotherapy assessments and care plans, physiotherapy exercise charts, speech pathology reports and management plans, podiatry records
- Archives register
- Audit results and quality activity reports
- Brochures: complaints management, advocacy services, pharmaceutical benefits, hazard alerts, improvement logs, risk improvement forms, hearing services, food services, falls prevention information, safety rules
- Care conference records
- Clinical assessments and management plans for continence, behaviour, pain, skin integrity, sensory loss
- Code of conduct for staff, clients and carers
- Communications book registered nurses, doctors and physiotherapy, staff, resident appointments diary, resident document storage, CEO diary
- Complaints register

- Continuous quality improvement; manual, action plan and reports
- Daily security review checklist
- Diabetes management protocol hypo/hyper glycaemia protocols, glucose monitoring records
- Diet analysis forms
- Education and training needs analysis
- Education program and records
- Emergency management and disaster recovery plan
- External contractor list
- Eye clinic documentation
- Fire safety officer checklist
- Fire safety service reports
- Food safety legislation and resources
- Food safety program and records
- Housekeeping and spring cleaning manual and cleaning records
- Infection data and analysis
- Infection prevention and control manual
- Job descriptions and duties lists
- Maintenance plan and records
- Medication incident records, medication management policy, medical advisory committee records, resident medication management reviews, schedule eight medication register, and sample signature register, temperature records for medication and specimen refrigerators
- Meeting schedule and meeting minutes
- Menu
- Newsletters
- NSW Food Authority licence and audit report
- Outbreak management procedures
- Policies and procedures
- Record of professional registrations
- Register of criminal history record checks
- Register of reportable incidents
- Registered nurse continual professional development record
- Resident dietary preferences and nutritional requirements, modified food and fluids
- Resident handbook
- Residents' daily care accountability folder, records of weights, vital sign recordings, nail care records, bed linen change list. instruction sheets
- Residents' health care directives
- Residents' immunisation records

- Risk management plan
- Self assessment in relation to the Accreditation Standards
- Staff handbook
- Work health and safety external reviews
- Work health and safety policy, manual and action plan
- Workplace inspection audits and reports
- Wound management folder, dressing register, wound care directives by registered nurse

Observations

The team observed the following:

- Accreditation notices on display
- Activities in progress
- Activity program on display, displays of past events
- Annual fire safety statement on display
- Charter of residents' rights and responsibilities on display
- Cleaning in progress, trolleys, 'wet floor' signage and stores
- Complaints mechanism brochures and forms available in foyer
- Computer equipment and resources, staff education area and amenities
- Emergency evacuation kit
- Equipment and supply storage areas
- Evacuation plans on display and emergency procedures at each phone
- Fire alarm response in progress
- Fire safety equipment throughout the home
- General practitioner clinic in operation
- Hairdressing information and costs
- Handover between care staff
- Infection control equipment and facilities throughout the home
- Interactions between staff and residents
- Living environment
- Manual handling and mobility equipment in use
- Meal and drink services with staff assistance
- Medication administration rounds
- Medication trolley, impress cupboard contents, storage of medications, oxygen cylinders and concentrators
- Noticeboards
- Pandemic kit
- Resident nurse call system
- Secure storage of resident information

- Security system
- Staff work practices and work areas
- Suggestion boxes for confidential feedback
- Wound management products and wound dressing supplies
- Wound/ulcer identification and dressing product advice notices

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

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement logs, regular meetings, feedback mechanisms, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a quality plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by a quality improvement committee, which meets two monthly, and the system is reviewed by management on an on-going basis. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and that they always receive feedback.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below.

- A quality and risk manager was appointed in 2012 to review and update all the homes policies to ensure they are in line with current regulatory requirements and best practice guidelines. The new role also includes risk management and review of the continuous improvement system. It will provide closer monitoring of the systems used at the home.
- The home has an affiliation with several tertiary education institutions which provide training for nurses. The home is able to offer work placements to nursing students and includes nurses who are doing re-entry training through the College of Nursing. The arrangement is mutually beneficial to the students, who gain experience in aged care, and the staff at the home, who are kept abreast with current knowledge and practice from the students.
- A new nurse call system has been installed in the home. The new system is more reliable and provides better access to residents. It also includes nurse emergency call buttons located in the corridors for better access to staff in the case of emergency.
- Printed envelopes for resident information have been introduced for transfers to hospital. These include a checklist which ensures staff at the home have included all the necessary information required. They are also a help to staff at the hospital as they list all the documentation provided and keep it all together. It is a simple and effective way of conveying information to hospital staff and the feedback from those using the system is very positive.

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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, regular meetings and ongoing training. Relevant information is disseminated to residents/representatives through residents’ meetings, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous quality improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- Criminal history record checks have been carried out for all staff.
- The team observed the contracts with external contractors confirming their responsibilities under the relevant legislation, regulatory requirements and professional standards, including criminal history record checks for contractors visiting the home.
- Staff contracts include confidentiality agreements to ensure compliance with privacy standards and legislation.
- A document control system is in use for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents/representatives were informed of the reaccreditation site audit in accordance with the Accreditation Grant Principles 2011.
- Policies and documents have been updated to reflect changes to the Aged Care Complaints Principles 2011.

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

There is a system in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and qualifications required for each position. There is a comprehensive orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. The education program, including topics covering the four Accreditation Standards, is developed with reference to training needs analysis, performance appraisals, staff input and management assessments. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and

training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard One include:

- The orientation program covering such topics as: vision, mission and philosophy of the home, comments and complaints mechanisms, and communication within the home.
- Education at meetings on: continuous improvement, regulatory changes, complaints system and management, communication, and the home's systems.
- An external course, where four staff are currently enrolled in the Certificate IV in Frontline management.

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 are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all comments and complaints and the team noted that issues raised are addressed in a timely manner to the satisfaction of complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the orientation program and staff are required to abide by a code of conduct that is aimed at upholding the rights of residents and the home's vision, values and commitment to quality. Feedback from interviews with residents/representatives and staff, and our observations, demonstrated the vision and values of the home underpin the care provided to the residents.

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

Management has systems in place to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program, outlined in expected outcome 1.3 Education and staff development, provide the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for all positions, and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data, and feedback from staff and residents/representatives. The performance of staff is monitored through annual appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives interviewed report their satisfaction with the care provided by the staff.

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 demonstrated that it has a system in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes in place to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home enters into service agreements with approved suppliers and responsibility for ordering goods is delegated to key personnel. Maintenance records show that equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is overseen by management and monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. The team observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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 information management systems in place to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. A password protected computer system facilitates electronic communication and administration. Policy and procedure manuals and job

descriptions clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms used to facilitate communication between and amongst management and staff are meetings, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed report they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is a system in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing, podiatry and other allied health professionals. The services provided are monitored by management through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers. Residents/representatives, staff and management interviewed say they are satisfied with the external services provided.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below.

- The physiotherapy program has been revised. A physiotherapist has been contracted to work at the home for four days each week and a part time physiotherapy aide has been replaced by a full time physiotherapy aide. The physiotherapy documentation has also been updated. These changes provide better physiotherapy for residents and enables rehabilitation which commenced at hospital to continue at the home.
- A falls prevention program was introduced at the home in 2011. Residents identified as being at risk of falls are identified on a colour coded handover sheet so all staff are alerted to the risk for the resident and made aware of their individual needs and strategies. Each day the residents who are at risk of falls are supervised through a program of group activities and exercises using a variety of staff. The program has led to a reduction of the number of falls at the home.
- Liaison with the local community health team has enabled early intervention in the management of challenging behaviours and depression. Where the need is identified, a psychologist from the local community health team visits the home to make an in-depth assessment of individual residents and also provide training for staff and residents. If further assistance is needed the residents can be admitted to the local hospital. This relationship with the local health service has improved the management of behaviours at the home. An extra initiative to assist residents with depression is being planned with the assistance of the psychologist. This will be a group program to help residents through the transition into residential aged care.
- A new tool for the assessment of residents' needs for activities of daily living has been introduced. It can more accurately establish the level of a resident's independence and so more accurately determine the level of care required for each resident.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Department of Health and Ageing and industry body resources are available to management and staff on topics relating to health and personal care.
- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these incidents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education and training that management and staff attend relating to Accreditation Standard Two include:

- The orientation program which includes the assessment of clinical care competency for registered nurses and nursing assistants.
- The in-service education program which covers a wide range of clinical topics.
- External courses; with 11 nursing assistants completing the Certificate IV in aged care in 2011 and 17 staff completing the first aid certificate.
- Graduate training; with the senior nurse educator currently enrolled in a graduate certificate in clinical nursing.
- Education resources, such as DVDs, available for individual education, especially to assist registered nurses to maintain their professional development.

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 ensure residents receive appropriate clinical care through initial and ongoing assessment and care planning. Effective communication and consultation between residents, their general practitioner and relevant staff ensure that care needs are met. Also changes in a resident’s condition are identified, and timely and appropriate interventions occur. Registered nurses, healthcare teams and external nurse consultants are available in response to the referral of resident care requirements. Ongoing advice, education and resources support the residents and care staff. A comprehensive shift by shift handover record is available to provide information to carers on a resident’s specific care requirements. The home holds regular registered nurse and care staff meetings, and

routinely monitors accident/incidents. This includes, but is not limited to, resident falls, skin tears, aggressive episodes, and weight changes with appropriate actions implemented in response to data collected. Residents/ representatives interviewed expressed satisfaction with the nursing care provided by 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 systems to identify and meet residents’ specialised care needs. This includes initial and ongoing assessments. Care delivery is regularly reviewed and evaluated in consultation with residents/representatives and with appropriate input from other health professionals as required. Registered nurses are available to meet specialised care requirements and all staff have access to the home’s protocols, policies and procedures. Specialised clinical equipment is available throughout the home or accessible through external services. Residents/representatives interviewed expressed satisfaction with the nursing care provided by the home.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure referral to appropriate health specialists occurs in accordance with residents’ needs and preferences. Referral occurs, as the need requires and transport is provided by residents’ representatives, or is arranged by the home. An extensive and diverse range of health professionals and related services regularly visit the home and/or are scheduled for resident appointments throughout the year. These services include, but are not limited to, podiatry, dietary, dental, physiotherapy, continence management, behaviour management, psychiatry, palliative care and symptom management, and complex wound consultation. In addition, supply pharmacy and clinical pharmacy review of medications are available. Interviews with residents/representatives confirmed satisfaction with choice and access to external services when required.

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

Systems are in place at the home to ensure residents’ medication is managed safely and correctly. This includes participation in a medical advisory committee, safe and correct medication administration, secure and correct medication storage including schedule four and eight medications. Medication reviews, incident reporting and auditing systems are in place. Medication incidents are investigated and all incidents reviewed were actioned appropriately. Safe and correct medication administration was observed, and staff displayed understanding of the home’s medication management system, protocols, policies and

procedures. Residents/representatives interviewed reported medication is administered consistently.

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

The home has systems to identify, manage and evaluate pain management strategies that ensure residents are as free as possible from pain. This includes initial and ongoing pain assessments using observation, discussion, ongoing documentation and pain assessment forms. One form is also designed to measure pain in the cognitively impaired. Pain relieving strategies including medication, massage, passive/active physiotherapy, and appropriate pain evaluation and referral are available as required. Pain management strategies are documented and are accessible to all relevant staff. Residents/ representatives interviewed confirmed the suite of pain relieving interventions listed above. They stated pain management in the home is adequate in meeting residents’ needs.

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 that the comfort and dignity of terminally ill residents is maintained. Systems include identification of palliative care needs, appropriate care planning and ongoing evaluation. The home has an established relationship with members of religious groups, and pastoral care. A referral system is in place for the outreach palliative care team services when required. Support and advice to staff and residents/ representatives in end-of-life issues is available. Discussion with residents/representatives provides information on the specific wishes of the resident.

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 has systems to provide residents with adequate nutrition and hydration through initial and ongoing assessment of dietary preferences and requirements. This information is communicated to the kitchen and care staff. Residents are provided with fresh cooked meals and regular fluids. Individual water jugs are provided and are refilled with fresh water daily. Residents’ nutritional status is monitored through monthly weighing and/or according to individual requirements. Specialists, such as a dietician and/or speech pathologist are involved in individual care as required. Specialised enteral and dietary supplements and/or modified meals are provided and monitored as required. Residents/representatives interviewed were satisfied with the meals including choice, quality and quantity.

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 for maintaining residents’ skin integrity including initial and ongoing assessments, care planning and ongoing evaluation. Directions for maintaining and improving skin integrity are documented and accessible to staff with referrals to relevant professionals as required. The home has established external support for the management of complex wounds and infections. There is a system to monitor accidents/incidents including wound infections and skin tears, and appropriate action is implemented on data collected. The home also provides access to a visiting podiatrist, and hairdressing services are available routinely. Pressure relieving equipment and skin protection devices are available when required. Interviews with residents/representatives confirmed staff assist them with skin, hair and nail care needs as required.

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 that residents’ continence is managed effectively. Residents’ continence is assessed on entry to the home and continence assessment is ongoing through the completion and regular review of continence care plans. Where appropriate, dignified but closer monitoring of residents’ continence patterns is conducted to identify when further interventions are required. The home has an external supplier for all continence products and to provide staff education. Staff ensure an adequate supply of continence aids is maintained at all times. Infection data is regularly collected, collated and analysed. Interviews with residents/representatives confirmed general satisfaction with continence care and stated that staff assists them to the toilet as required. An ample supply of continence aids and catheter products was observed during the reaccreditation audit.

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 the needs of residents with challenging behaviours. Systems include initial and ongoing assessment of residents’ behavioural needs and the development and review/evaluation of care plans. Residents are supported in the home’s environment and encouraged to participate in activities and designed interventions to address their individual needs. Episodes of challenging behaviours are recorded, monitored closely and evaluated regularly. This is to determine the effectiveness of strategies used and identify the need for further strategies to be developed. Other health professional services are consulted as required to assist with planning and evaluation of behaviour management programs. Staff interviewed provided several examples of strategies used to manage specific resident behaviours. The home was observed to be calm during the reaccreditation audit. Residents/representatives interviewed did not report any problems with behaviours of or amongst residents within 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

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. Systems include initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs, assessment/review by an external physiotherapist available four days per week, and the development of a care plan and individual exercise regime where required. The home's physiotherapy aide is supervised by the physiotherapist and conducts daily group and individual exercise programs developed by the physiotherapist. Staff have access to current daily profile charts that outline manual handling requirements. The physiotherapist and physiotherapy aide are involved in the delivery and evaluation of residents' mobility programs. The home's program includes but is not limited to, passive/active exercises during activities of daily living, group exercise classes, individual one-on-one exercise programs and walking routines. Mobility/exercise programs and residents using mobility aids were observed. Handrails were suitably placed throughout the home. Residents/representatives confirmed involvement in the mobility programs offered by the home.

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 a system to ensure residents' oral and dental health is maintained including initial and ongoing assessment of oral and dental needs. Assessments occur through staff observation, and referral to the dentist and/or specialists are arranged as per residents' needs and preferences. Evidence of appropriate referrals to dental services was observed. Day-to-day oral care is attended as per the resident's care plan. Residents/representatives confirmed that care staff assist them with personal oral hygiene needs as required.

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 a system to ensure that residents' sensory losses are identified and managed effectively. This system includes initial and ongoing assessment of residents' sensory needs of sight, hearing, touch, smell and taste. A plan of care is reviewed regularly incorporating these needs and other specialists involved in the resident's care. The home has internal resources for specific communication requirements, access to books, optometry and audiology services. Many of the home's staff are multilingual and assist in specific cultural communication. The ambient light in the home was observed to be strong and the environment free from clutter. Residents/representatives interviewed stated staff assist them with the maintenance of sensory aids, and if required, the fitting of hearing aids and glasses.

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 ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of sleep requirements, sleep assessments, the implementation, and evaluation of strategies and the provision of a quiet environment. Strategies used include massage, offering food or a warm drink and a night sedation where prescribed by the general practitioner. Residents/representatives reported that the environment is quiet at night and no irregular sleeping trends were reported during the reaccreditation audit.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- A trained pastoral care worker was appointed at the home in 2011. It is a part time position but the pastoral carer is also available at critical times. They are available for all residents and are also part of the palliative care service. Management stated the residents appreciate the support that is provided.
- The quality and risk manager has been appointed a resident ambassador. The role involves seeing residents on a one to one basis to gather feedback on life at the home. A record is kept of the interviews and any matters that need following up are actioned. This provides a personal opportunity for residents to raise any concerns and also provides for residents who are not comfortable raising concerns in groups or who have hearing impairment.
- A prayer group run by a volunteer was established in March 2012. This provides residents with greater opportunity for spiritual expression and social interaction.

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

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

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to residents/representatives in the resident handbook regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The resident agreement reflects resident’s rights under privacy legislation, and written permission is sought for the disclosure of personal information.
- The Charter of Residents’ Rights and Responsibilities is included in the resident handbook and displayed in the home.

- Staff are trained in residents' rights and responsibilities in their orientation program and follow a code of conduct. They also sign a confidentiality agreement to ensure residents' rights to privacy and confidentiality are respected.
- The home has processes in place for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents.
- Training has been provided for staff on the mandatory reporting of elder abuse.

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.

Examples of education and training that management and staff attend relating to Accreditation Standard Three include:

- The orientation program which covers such topics as resident rights, and staff responsibilities in relation to the confidentiality of residents' personal information.
- The in-service education program which covers such topics as Accreditation and residents' rights.
- Mandatory training for all staff on elder abuse.
- External education, with two recreational activities officers currently enrolled in the Certificate IV in leisure and health.

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

Resident needs and preferences are assessed on entry to the home, and an environment of support is provided through care services, family involvement, pastoral care services, resident and staff education, individual care and activities. A system of review, monitoring and evaluation, continues to assist residents with their emotional adjustment and needs on an ongoing basis. Interviews with residents/representatives showed satisfaction that the home is caring for emotional needs on an individual basis. Staff interviews and observations showed evidence of ongoing commitment to residents' personal needs.

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

Residents are assisted to join group activities in the home, as well as being encouraged to attend outings and functions. Individual and group activity plans, monthly calendars and lifestyle assessment forms provide information which allows staff to support residents to achieve optimal independence. Individual engagement between residents, visitors and staff is encouraged. Friendship between individuals and in groups was observed among residents. Visits by extended family and friendship networks, an integral part of the home's program, was also observed. The activities plan showed that regular access to outdoor community venues is a significant part of the resident's routine and much enjoyed. Interviews with residents/representatives indicated satisfaction with the home's efforts to ensure that independence is supported in culturally appropriate ways.

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 recognises and respects the privacy and dignity of residents. Recent updates of programs, surveys and consent forms ensure effective acknowledgement of individual needs and preferences. A system of review/monitoring of resident specific checklists and documentation ensures individuals receive support and assistance where required. Staff training and competencies in caring for residents during bathing, grooming, toileting and dressing is monitored consistently. Staff ensure residents' personal, confidential and spiritual needs are respected and met. Residents/representatives stated they are satisfied with the way resident care and services are provided to ensure privacy and dignity is maintained.

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 offers a diverse range of activities involving groups and individuals. Family members and visitors are involved. Group and individual activities presented by the recreational activity team in collaboration with care staff to encourage and support resident participation were observed. A review of activity programs, resident meeting minutes and activity participation records showed the home is conducting engaging activities and outings in consultation with residents and representatives. Observation of varied activities for individuals and groups showed the participants engaged in socialisation, exercise and enjoyment. Documents recording personal preferences, suggestions for new activities and integrated exercise program evaluations, show the home has systems to achieve ongoing results for residents. Feedback from residents/representatives shows satisfaction with the range of activities offered and the access to outside community venues.

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 is strongly connected with its community and cultural groups and has a history of celebrating national culture and spiritual life as an inherent part of its program. Family members and friends were observed visiting residents, the general practitioner and management staff. The home's activity and lifestyle assessment forms and recreational and lifestyle plans of care, show individual interest, customs and beliefs are respected and made available. The home's monthly program reflects that church services and cultural activities and national events are held regularly. Residents/representatives provided strong supportive comments and examples that the home appreciates and supports their customs, beliefs and ethnic traditions.

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 are supported by the home to decide their lifestyle and choice of services and activities through initial assessment, recording of their preferences and feedback through surveys, meetings and suggestions to staff. Residents were observed exercising choice about their daily preferences for meals, attendance to activities and rest periods. Resident consent forms, activity plans, care conference documentation, complaints processes, surveys and meetings, demonstrate the home supports continual input from residents on their needs and desire for independence. Residents are enabled to exercise choice and control over their lifestyle, diet and personal affairs. Interviews with staff and residents/representatives evidenced that regular resident and relative meetings, individual feedback and opportunities to complain in person and in writing, are actively followed up by management.

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 is able to demonstrate that residents have been advised of their secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided and discussed with prospective residents and their representatives prior to and on entering the home. The residential care agreement accompanied by the residents' handbook outlines care and services, residents' rights and feedback mechanisms. Any changes in room and/or location within the home are done in consultation with residents and/or their representatives. Ongoing communication with residents/representatives is through meetings, in the newsletter and by way of notices on display. Residents interviewed by the team feel secure regarding their residency within the home and confirm awareness of 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 information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- There was a major refurbishment of the home in 2011. The interior and exterior of the home was repainted. Bathrooms and toilets were retiled. The home was refurbished and new curtains, blinds, bedspreads and floor coverings were purchased. Outdoor areas and staff work areas were also refurbished. This has provided a more attractive and comfortable living and working environment.
- The home has a progressive acquisition program for electric beds. At the time of the audit, 45% of the beds are electric and new beds are being acquired at the rate of one per month. The electric beds provide greater safety for residents and staff.
- To ensure the safety of the electrical infrastructure an infrared thermology investigation was conducted of all the electrical wiring and switches. This technology enables any problems to be identified and so corrected. As an ongoing safety initiative the switches are scheduled to be checked annually and the wiring periodically.
- Management has introduced a no smoking policy at the home. Discussions were held with the small number of residents who smoked and their situations were taken into account. Discussions were held with staff and counselling offered where necessary. All prospective residents are informed of the policy prior to their coming to the home. There is now no smoking at the home and it is a safer and healthier environment.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, and the annual fire safety statement is on display in the home.

- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The home has a disaster management plan in accordance with the NSW Health Plan as required for all hospitals and health care facilities.
- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- Material safety data sheets (MSDS) are displayed adjacent to the chemicals to which they refer.
- The home has developed a work health and safety management system in line with the Work health and safety regulations 2011.

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.

Examples of education and training that management and staff attend relating to Accreditation Standard Four include:

- The orientation program which includes training in fire safety, work health and safety, infection control, and competency assessment of manual handling.
- The education program covering topics such as: infection control, fire awareness and evacuation, manual handling, risk management, chemical handling, and food safety.
- External education; with five general service employees completing the Certificate III in Health support services.

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. The home has a number of different levels linked by a lift and had an extensive refurbishment in 2011 as noted above in expected outcome 4.1 Continuous improvement. Residents are accommodated in single and shared rooms and the rooms have been personalised. There are communal areas and lounge rooms as well as outdoor areas available for residents and their visitors. The living environment is clean, well furnished, well lit, and has a heating/cooling system to maintain a comfortable temperature. 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 environmental inspections, resident/representative feedback, incident/accident reports, audits and

observation by staff. Residents/representatives interviewed expressed their satisfaction with their 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

Management has a system in place to provide a safe working environment that meets regulatory requirements. The work health and safety committee has regular meetings to oversee work health and safety within the home. All 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. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by management, work health and safety representatives and maintenance staff. The staff interviewed 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 in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. A trained fire safety officer oversees fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate fire fighting equipment and warning systems and inspection of the external contractor records and equipment tagging confirms the fire safety equipment is regularly maintained. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. The home has an emergency and disaster plan for the site and an emergency evacuation kit, which includes an up to date list of residents and residents' details. There are procedures and equipment in place to maintain security at the home. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff interviewed indicate they know what to do in the event of an emergency and residents interviewed state 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 that its infection control program is effective through clear policies and procedures, education and an infection surveillance program. Infection control is overseen by management and the continuous quality improvement committee. The home has mandatory

training in infection control and infection control is discussed at all staff meetings. 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 an outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, trend analysis, internal and external audits and benchmarking.

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

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All residents are assessed for their dietary preferences and needs when they move into the home. There is a rotating menu that caters for special diets and provides choices for residents and all meals are cooked fresh on site. The home is cleaned daily according to a schedule and includes periodic high cleaning and spring cleaning. The quality of the cleaning is monitored by the housekeeping coordinator and management. A laundry contractor washes all personal clothing and linen for the home. The home provides a labelling service to minimise any losses and there is a system in place for the management of misplaced clothing. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives interviewed say they are satisfied with the hospitality services provided.