



Aged Care
Standards and Accreditation Agency Ltd

C A Brown Village - McIntosh Approved provider: Anglican Care

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 7 January 2015. We made the decision on 9 November 2011.

The audit was conducted on 10 October 2011 to 14 October 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Home and approved provider details

Details of the home

Home's name:	C A Brown Village - McIntosh				
RACS ID:	0239				
Number of beds:	63	Number of high care residents:	50		
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia specific home 				
Street/PO Box:	Toronto Rd				
City:	BOORAGUL	State:	NSW	Postcode:	2284
Phone:	02 4958 0010		Facsimile:	02 4958 0051	
Email address:	Nil				

Approved provider

Approved provider:	Anglican Care
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Assessment team

Team leader:	Kay Louise Greentree
Team member/s:	Annette Fitzpatrick
Date/s of audit:	10 October 2011 to 14 October 2011

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

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

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

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

C A Brown Village - McIntosh 0239

Approved provider: Anglican Care

Introduction

This is the report of a site audit from 10 October 2011 to 14 October 2011 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 10 October 2011 to 14 October 2011

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:	Kay Louise Greentree
Team member/s:	Annette Fitzpatrick

Approved provider details

Approved provider:	Anglican Care
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Details of home

Name of home:	C A Brown Village - McIntosh
RACS ID:	0239

Total number of allocated places:	63
Number of residents during site audit:	63
Number of high care residents during site audit:	50
Special needs catered for:	Dementia specific home

Street/PO Box:	105 Toronto Road	State:	NSW
City/Town:	BOORAGUL	Postcode:	2284
Phone number:	02 4958 0010	Facsimile:	02 4958 0051
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	17
Lifestyle and wellbeing staff	2	Resident liaison officer	1
Registered nurses	2	Clinical quality officer	1
Manager – environmental services	1	Executive director of residential care services	1
Human resource manager	1	Occupational health and safety manager	1
Acting information technology manager	1	Occupational health and safety representative	1
Clinical nurse educator	1	Accommodation bonds officer	1
Manager – hotel services	1	Hotel services coordinator	1
Care staff	5	Laundry staff	2
Lifestyle and wellbeing coordinator	1	Cleaning staff	2
Catering staff	2	Physiotherapist	1
Certificate IV ACFI/continence coordinator	1		

Sampled documents

	Number		Number
Residents' files including interim care plan, observation charts, assessments, progress notes, care plans and medical notes	12	Medication patch application charts	2
Medication charts	7	Self administration medication assessments	1
Accident and incident forms	8	Residential care agreement	6
Wound logs	3		

Other documents reviewed

The team also reviewed:

- Advanced care plans
- Annual fire safety statement
- Anticoagulant therapy results and medical officers reports
- Audit schedule and results
- Case conference records
- Checklist for outbreak management
- Clinical and complex care flow charts
- Clinical policy and procedure documents

- Communication diary for care staff and staff handover sheets and alerts
- Consolidated record of all incidents of alleged/suspected assault
- Contractor agreement
- Data incident collection including wounds, infections, falls, medications, weight loss and hospital transfers
- Draft enterprise agreement
- Duty statements
- Education and training attendance records
- Emails from management to staff
- Emergency and disaster management plan
- External contractors criminal record check register
- Feedback register
- Food safety records
- Infection control summary log
- Laundry cleaning schedules
- Leisure and lifestyle program including monthly programs, activity records and evaluations, attendance forms, consent forms and residents' handbook
- Mandatory reporting register
- Medical officer communication books
- Medical officer guides for insulin parameters
- Medical referrals including, audiologist, cardiologist, psychogeriatrician, mental health team, podiatrist, physiotherapist, optometry, pathology, speech therapist, dermatologist
- Medication management information including: monthly audits, pharmacy facsimiles, medication charts and signing sheets, nurse initiated medication forms, medication management reviews
- Menu and servery notification forms
- Mixing valves records
- New employee orientation handbook
- Nurses' registration records
- OHS audit and inspections
- OHS committee meeting minutes
- Pest control service reports
- Preventative maintenance schedule – internal and external, technical service call reports, electrical tagging inspection and test reports
- Quality improvement forms
- Regulatory and legislative compliance report
- Resident and staff meeting minutes
- Resident immunisation consent form
- Resident information packs including residents handbook
- Resident liaison officers communication book
- Resident physiotherapy care plans
- Special dietary needs information
- Staff handbook

Observations

The team observed the following:

- Access to library books and activity resources
- Activities in progress
- Chapel
- Clinical computer system and password protection
- Clinical notice boards
- Clinical room fridge and temperature charts
- Displayed information; Charter of Residents' Rights and Responsibilities, privacy policy, "Our values", feedback information, external complaints information

- Education records
- Equipment and supply storage areas
- Feedback forms box
- Food preparation and meals being served
- Interactions between staff and residents
- Internal and external living environment
- Leisure and lifestyle calendar and activities in progress
- Manual handling and mobility equipment
- Meal service and assistive equipment
- Medication administration round in progress
- Medication trolley and equipment
- Nurse daily alert form
- Outbreak kit, sharps containers, contaminated waste bins, skill kits
- Resident communication boards
- Resident locked bedroom cupboards
- Residents newsletter
- Secure storage of resident files
- Staff handovers in progress
- Staff information notice boards, after hour emergency numbers
- Staff using personal protective equipment
- Storage of medications
- Suggestions/comments/concerns forms and flowchart
- Wound trolley and single use equipment

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 management of the home demonstrate that it actively pursues continuous improvement across the four Accreditation Standards. Mechanisms used, and that contribute to continuous improvement include audits, surveys, incident and accident reports. Other means include the comments and complaints system, hazard reports, and issues raised during staff and resident meetings. The home’s continuous improvement plan shows a system that identifies trends and potential strategies for improvement. Staff, residents and other stakeholders are encouraged to participate in the implementation of improvements. Results and outcomes are identified; analysed and further improvement strategies are planned and implemented as required. Continuous improvement initiatives are reported back through methods such as meetings, emails, newsletters, and changes to policy and procedures. Residents and their representatives confirmed the home is responsive to issues they raise. Staff said the home’s management team actively encourages them to put forward ideas for improvement and these do lead to improvements being made across all of the Accreditation Standards. Examples of continuous improvement specifically relating to Accreditation Standard One include:

- To better analyse incidents and infections data, the facility manager has developed a log to identify trends. This information is available to staff and displayed on the noticeboard after the end of the month. The information is available much sooner so that actions can be taken instead of waiting for information to be provided by the external benchmarking program.
- The home has recently increased hotel service hours by four hours, five days a week. The additional shift duties include monitoring linen stores and putting residents’ personal clothing in residents’ wardrobes. The job also entails maintaining the organisation and cleanliness of the residents’ wardrobes. The care staff said the inclusion of this new position means they have more time to spend on direct care with residents.

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 organisation has systems in place to identify current legislation, regulatory requirements, professional standards and guidelines. This occurs through subscription to an industry peak body, a legislation update service, correspondence with government departments, and through professional associations. Legislation updates are circulated to all senior staff and logged. Where action is required in response to changes, individuals or committees are informed and given responsibility to make the changes. Amendments to policies and procedures are communicated to staff through education sessions, staff meetings, memoranda and emails. Examples of the home’s monitoring and compliance with legislation

and guidelines relevant to Accreditation Standard one - Management systems, staffing and organisational development include:

- The home's organisation is currently consulting with staff regarding the introduction of a new enterprise agreement. The agreement and consultative process is in accordance with the Fair Work Act 2009.
- The home has a register of police checks for all staff, including external contractors and volunteers and this is monitored to maintain currency. The home has a system for taking statutory declarations should this be required and staff members are required to inform the employer should they be convicted of a precluding offence.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has a range of mechanisms in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. New employees undergo an orientation and are buddied with an experienced member of staff to provide support and guidance. A program of annual mandatory training is in place and includes fire safety training, elder abuse, bullying and harassment, manual handling, occupational health and safety, and infection control. Staff members are provided with education and training through self directed learning packages, brief focused small group training sessions and through access to external presentations. Training attendance records are kept and information is available to managers during each staff members annual performance review. Staff interviewed stated they participate in, and are supported to attend education within the home and externally. Residents and their representatives interviewed state that staff provide appropriate care and are confident in staff knowledge and skills. Examples of education that has occurred relevant to Accreditation Standard One include:

- Leadership
- Performance 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

Interviews with residents and resident representatives confirm that the home has a system to ensure access to both internal and external mechanisms to resolve complaints or concerns. Information on the internal and external mechanisms is included in the resident handbook and residential care agreement that is provided to residents and their representatives. Information is also on public display in the foyer, forms are available to complete and there is a secure box for submitting confidential feedback. Resident and relative meetings also provide a forum in which they can raise issues or concerns. The facility manager maintains a feedback register to record actions, complainant consultation, and outcomes. Residents and resident representatives advised they generally provide feedback using informal mechanisms however know how to make a complaint using more formal processes. Representatives stated they have had good response when issues are raised.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's parent organisation's mission, vision and values statements are displayed across the home and document the homes commitment to quality service provision. This information is also included in the resident information handbook and residential care agreements.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The results of the team's observations, documentation review and interviews revealed that this is achieved through the effective implementation of human resource policies and procedures. These cover staff recruitment, orientation, annual performance review, and a competency assessment program. The staffing budget has been formulated to meet the specific needs of the site, but staffing levels are monitored and adjusted in accordance with the residents' needs. A referral scheme is in place where existing staff can be remunerated for recommending prospective staff. The home's human resource management program is subjected to annual auditing as part of the home's quality program. Residents and their representatives said that staff attend to all care needs in a timely manner and never appear to rush resident care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home maintains systems to ensure appropriate goods and equipment are available for use. Goods are ordered from a list of approved suppliers according to residents' needs and preferences. Plant and equipment is maintained according to a preventative maintenance schedule and resident and staff input is sourced prior to the purchase of new equipment. Medical and continence products are ordered by the facility manager and were noted to be in generous supply. The team viewed stocks of food and catering supplies and noted rotation of stock occurs. Staff describe a system for return of unsuitable or damaged products. During interviews residents and staff report adequate supplies of goods and equipment including food, continence and medical supplies, linen and cleaning chemicals and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has a comprehensive information technology program that enables management and staff to communicate with ease through personal email accounts. Protections are in place for safe storage of information and there are computer back up procedures in place. Information flows from the manager to staff, and from management to residents and their representatives through memoranda, newsletters, information displayed on noticeboards and at meetings. Documentation reviewed and observations made by the team indicate all of these mechanisms are working effectively. Staff, residents and their representatives report they are kept informed of matters that are relevant to 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

The home sources external services in a way that meets the home's needs and service goals. A list of approved suppliers of external services to be used is maintained. A contractor information book is in place which documents the specific practices and level of performance expected. Contracts and agreements with the external providers are largely formal, signed agreements. Performance of external service providers in the home is regularly monitored and is reviewed at organisation level. Records of service calls and service reports are maintained in the home. Some external contractors contribute to the home's quality systems by providing staff training in the areas of their expertise, such as continence training, medication systems, and chemicals safety training. Procedures are in place to contact external providers after hours. Residents and representatives and staff interviewed by the team are satisfied with services offered by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for details of the home's system for continuous improvement. Examples of continuous improvement specifically relating to Accreditation Standard Two include:

- The organisation has recently conducted a wound care audit and consequently changed wound dressing suppliers. The staff have been trained in the new wound dressing regime which provides dressings that stay intact for longer periods. The management team stated that the dressings do not require to be changed as frequently, so decreasing the workload of staff.
- The home has a team of two certificate four trained staff who are responsible for the assessment of resident care needs. Under the direction and supervision of registered nurses, the team assess resident care needs according to a schedule and assist in the development of an interim care plan when residents first enter the home. The manager stated that the team has improved the accuracy of resident assessments and that the assessments are now more comprehensive.
- A palliative care box has been introduced that provides staff with equipment to care for residents in their final days. The resource box contains clinical equipment such as mouth washes and relaxing music for families to play.

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 of the home's system for ensuring regulatory compliance. Examples of regulatory requirements undertaken in relation to Accreditation Standard Two include:

- The home ensures that high care residents' initial and ongoing assessment, planning and management of care is under the direction of a registered nurse.

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

For details of the home’s systems for ensuring that staff members have the appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education relating to Accreditation Standard Two conducted by the home includes:

- Caring for elderly with diabetes
- Successful swallowing in residential aged care
- Empowering dementia care
- Death of a resident
- Palliative care
- Catheterisation
- Delirium and dementia
- Podiatry and basic foot care
- Resident assessment
- Falls prevention
- Pressure area care
- Wound care products
- Fluids and hydration
- Skin integrity
- Medication management

2.4 Clinical care

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

Team’s recommendation

The home meets this expected outcome

The home has comprehensive systems in place to assess, identify, monitor, and evaluate residents’ individual care needs. Information obtained when residents move into the home together with a range of focused assessments are used to prepare individual care plans. Registered nurses review and update care plans every three months or as necessary. Staff training addresses issues relating to resident care including medication management and continence care. The provision of care is monitored via audits, surveys, collection of clinical indicators, and the comments and complaints mechanisms. When indicated residents are transferred to hospital for emergency treatment or to meet specific care needs. Representatives interviewed by the team said they are kept well informed of the residents’ care needs and health changes.

2.5 Specialised nursing care needs

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

Team’s recommendation

The home meets this expected outcome

The home has systems in place to identify and meet residents’ specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with residents and their representatives. Input is sought from other health professionals as required. Residents’ documentation

identifies they have been referred to a range of specialists to assist the home manage residents' complex and specialised needs. The registered nurses oversee the specialised care needs at the home. Residents and representatives interviewed by the team indicated satisfaction with specialised care that is provided to the residents at the home.

2.6 Other health and related services

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

Team's recommendation

The home meets this expected outcome

The home has systems in place to ensure referral to appropriate health specialists occur in accordance with the residents' needs and preferences. Referrals occur as the need arises, with transport provided by the home or with the resident's representatives. Documentation confirmed reviews by a psychogeriatrician, the mental health team, speech therapist, physiotherapist and dermatologist. Others include optometry, podiatrists, and audiology and cardiology services. Residents have a choice of their medical officer with some visiting the home on a weekly basis. A review of residents' care plans, progress notes, assessments, and other documentation confirmed ongoing reviews are in place. Specialist recommendations are followed up by the medical officers. Representatives interviewed by the team indicated they are satisfied with the resident referral process to appropriate health and related specialists.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

The home meets this expected outcome

The home has systems in place to manage the ordering, storage, administration, recording, and review of medications. The home communicates with the supplying pharmacist to ensure that new or changed medications are supplied promptly. Medication reviews have been completed by an external pharmacist with recommendations noted by the residents' medical officers. The administration of medication is by registered nursing staff and care staff members who have completed and passed competency assessments. The team observed safe and correct medication administration with medication supplies locked securely. A review of medication charts indicated they contain appropriate documentation and contain relevant information and identification of residents. The home audits the medication system as part of its benchmarking program. Residents reported they are satisfied with the administration and monitoring practices in place regarding their medication management.

2.8 Pain management

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

Team's recommendation

The home meets this expected outcome

There are systems in place to identify and manage residents' pain, and evaluate pain management strategies that ensure residents are as free as possible from pain. A range of pain relieving strategies are used and appropriate pain evaluation and referral to health professionals is available as required. The physiotherapist has developed and implemented programs for residents specifically related to the management of pain. Care staff described their role in pain management, including identification, reporting, and monitoring of pain. Residents and representatives interviewed by the team said that pain management appropriately meets the individual resident needs.

2.9 Palliative care

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

Team’s recommendation

The home meets this expected outcome

The home has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. This includes ensuring that their physical, emotional, cultural and spiritual needs and preferences are identified, documented, and implemented. End of life wishes are raised when residents enter the home and discussed at family conferences. Many residents have completed an advanced care directive. Pastoral care services are available to support and counsel terminally ill residents and their representatives. The residents have access to a chapel within the grounds for prayer and reflection. Staff members reported a range of interventions employed when caring for terminally ill residents to ensure their pain is managed and their comfort and dignity is maintained. Interviews with representatives confirmed that residents are offered an opportunity of complete advanced care plans and the residents’ wishes are maintained.

2.10 Nutrition and hydration

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

Team’s recommendation

The home meets this expected outcome

The home has systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences. The menus are reviewed by a dietician on a regular basis and a referral system is in place for the dietician to visit residents as required. The home has a referral system in place for a visiting speech therapist. Residents are weighed monthly to monitor changes. Significant weight losses of two kilograms are investigated as per the organisation’s policy. Additional nourishing fluids and dietary supplements are provided when the need is identified. Assistive devices such as special cutlery and plates are available to encourage residents to maintain their independence. Residents and representatives interviewed by the team indicate satisfaction with the way the home meets the resident’s individual nutrition and hydration requirements including specialised diets.

2.11 Skin care

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

Team’s recommendation

The home meets this expected outcome

The home has systems in place for maintaining residents’ skin integrity including initial and ongoing assessments, care planning, and regular evaluation. The home monitors accidents and incidents including wound infections and skin tears, and acts appropriately on trends identified. Wound care is provided under the direction of the registered nurses and the home has access to a wound care consultant. The home has a range of dressing products and aids to assist in maintaining and promoting skin integrity. The home has a podiatrist and hairdresser who regularly visit the residents. Medical officers’ notes identified regular review of wounds. Residents and representatives interviewed by the team said that residents’ wound care is completed effectively by the registered nurses at the home.

2.12 Contenance management

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

Team’s recommendation

The home meets this expected outcome

The home has systems in place to monitor and manage bladder and bowel continence and constipation effectively. These include assessment on entry to the home and on an ongoing basis. Management strategies in place include scheduled toileting, prompting, continence aids, increased fluids, fibre, and exercise. Bowel management programs are in place with daily monitoring by registered nurses. Urinary tract infections are recorded monthly and, where indicated, preventive strategies have been implemented. The team noted adequate supplies of linen and continence products are available for residents’ use. Residents and representatives confirmed the care staff members assist the residents with their continence needs and the resident’s needs are met.

2.13 Behavioural management

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

Team’s recommendation

The home meets this expected outcome

The home has systems in place to assess and manage residents with challenging behaviours. Care plans are developed to include strategies to address resident’s specific needs. All episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the effectiveness of strategies used. The home is secure with key pad entry and exits. One wing within the home has a key pad entry/exit gate. This wing is designated for residents who have more challenging behaviours. Specialist advice is available from a psychogeriatrician and the mental health team as needed. The home was noted to be quiet and peaceful during the visit with staff redirecting residents in a polite manner. Representatives interviewed by the team indicate their satisfaction with the manner in which residents with challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

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. The systems include initial and ongoing assessment of residents’ mobility, dexterity, and rehabilitation needs. These assessments are completed by the home’s physiotherapist with a physiotherapy assistant implementing the programs. The team observed residents using mobility aids and attending exercise groups. The home collects and monitors data on residents’ falls for internal monitoring and analysis. All staff at the home are required to complete compulsory yearly training on manual handling. Representatives interviewed by the team expressed their satisfaction with the therapy program in place for the residents at the home.

2.15 Oral and dental care

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

Team’s recommendation

The home meets this expected outcome

The home has a system in place to ensure residents’ oral and dental health is maintained including initial and ongoing assessment of residents’ oral and dental needs. Assessments occur through staff observation and referral to dentists and/or specialists are arranged as per residents’ needs. The home has arranged with a local dental technician to visit residents at the home as needed. The day-to-day oral care is attended as per residents’ individual care plans. Residents are encouraged to brush their own teeth or dentures to maintain their independence.

2.16 Sensory loss

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

Team’s recommendation

The home meets this expected outcome

The home has a system in place to ensure that residents’ sensory losses are identified and managed effectively. The identification of any impairment includes sight, vision, touch, taste, and smell. A plan is developed incorporating these needs and other specialists are involved as required, including audiology, optometry and speech therapists. The team observed examples of strategies used by the home to manage residents’ specific sensory loss. Residents and representatives reported staff are supportive of residents with sensory loss and promote independence and choice as part of daily care. The leisure and lifestyle program incorporates sensory stimulation, such as massage, music, large print books, audio books, cooking, gardening and pet therapy.

2.17 Sleep

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

Team’s recommendation

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. These include maintaining usual settling and rising times, pain relief, regular toileting, and night sedation. Residents and representatives interviewed reported satisfaction with the assistance and care given to residents with assisting the residents settling and sleep requirements.

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 details of the home’s system for continuous improvement. An example of continuous improvement undertaken in relation to Accreditation Standard Three includes:

- The home has experienced low rates of return of information forms provided to families to record residents’ memories and background. In response, the home reviewed the process. Instead of providing the form to families to complete, the lifestyle and wellbeing officers now meet with the families and complete the form as part of their discussions. Once the information is collected, all staff are required to sign to acknowledge they have read the information. It was reported that more detailed information has proved beneficial to staff to be able to better manage behaviours of concern, particularly resident aggression.

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 of the home’s system for ensuring regulatory compliance. Examples of regulatory requirements undertaken in relation to Accreditation Standard Three include:

- The Charter of Residents’ Rights and Responsibilities is displayed throughout the home.
- The residents’ handbook contains information outlining residents’ rights and this information is current.
- The home has recently conducted education sessions for staff on elder abuse. This includes instructing staff on the mandatory reporting mechanisms used to record incidents. The home maintains a consolidated register to record any reportable events.

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

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3

Education and staff development. Education relating to Accreditation Standard Three conducted by the home includes:

- Code of conduct
- Recreational and creative engagements for care staff
- Activity planning
- Privacy and dignity

3.4 Emotional support

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

Team's recommendation

The home meets this expected outcome

Residents said they are supported by management and staff in adjusting to life in their new home, and on an ongoing basis. Residents are offered information via the resident liaison officer and the home's information package to assist in settling in. The resident's emotional needs are identified through residents social and leisure profile assessment and staff observation. The team observed staff interacting with residents and their families in a friendly and supportive manner. Feedback is gained formally through the resident satisfaction surveys. Residents and representatives reported they are satisfied with the way the residents are assisted to adjust to life at the home. They said residents are offered ongoing emotional support from the staff members.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

The home meets this expected outcome

The home has strategies in place to provide assistance to residents to maintain maximum independence, maintain friendships and participate in the life of the community within and outside the home. Review of documentation, and staff and resident interviews confirmed that residents are encouraged to maintain their lifestyle, health choice, and daily activities. The home provides an environment in which representatives, family, friends, and community groups are welcome to visit. The leisure and lifestyle program contains both internal and external activities such as outings and entertainment by community groups. Residents and representatives interviewed by the team said they are satisfied with the home's encouragement to maximise individual resident's independence.

3.6 Privacy and dignity

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

Team's recommendation

The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. As part of the initial assessment process, when a resident enters the home, the resident has an opportunity to sign consent forms. These include the identification and use of residents preferred names. They also give consent for leisure and lifestyle staff to take their photographs and to have their names and birthdays placed in newsletters. Staff members also advised of strategies applied for maintaining respect for residents' privacy and

dignity such as knocking on doors. Resident confidentiality is also maintained through computerised information being password protected. The team observed that some residents have keys to their rooms and a locked cupboard in their room. Residents and representatives interviewed by the team said they are satisfied with the ways in which staff members demonstrate respect for and maintain residents' privacy and dignity.

3.7 Leisure interests and activities

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

Team's recommendation

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. An assessment and leisure and lifestyle care plan is developed after the settling-in period using information gained from the assessment, staff knowledge, observation, and informal resident feedback. The home provides a leisure and lifestyle program five and a half days per week. The monthly program, which includes special events, takes into account residents' preferred activities and significant cultural days. On a regular basis the program includes bus trips, entertainment, and a variety of music, quizzes, bingo, exercises, cooking, and craft. Information obtained from attendance records, activity evaluation forms, resident meetings, and one-on-one discussions are used to plan and review suitable group and individual activities. Residents and representatives interviewed by the team said they are satisfied with the range of resident activities offered by the home.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's recommendation

The home meets this expected outcome

The home has systems to identify and document residents' religious and cultural backgrounds. Residents' individual requirements regarding their beliefs and customs is identified in the assessment process and incorporated into their care plans. Residents are encouraged to maintain cultural and spiritual links in the community and supported in the home to do so. Regular religious services are held at the home. Specific cultural days such as Australia Day, ANZAC Day, Mother's Day, Father's Day, Melbourne Cup, Christmas and Easter are commemorated with appropriate festivities. Residents and representatives interviewed by the team said they appreciated the efforts of staff to make these occasions special for the residents.

3.9 Choice and decision-making

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

Team's recommendation

The home meets this expected outcome

The home has systems and processes in place to acquire and record residents' preferences. These include in relation to their financial management, medical care, personal care, cultural and spiritual needs, activities, routines and meals. Residents are able to provide input into decisions about the care, services, and environment through care planning processes. Other means include surveys, resident meetings, the formal comments and complaints process, and directly to staff and management. Staff member interviews reported they are aware of the residents' rights to exercise choice and described how residents are supported to make

their own decisions where possible. Residents and representatives interviewed by the team reported that residents make their own choices and decisions regarding their day-to-day routine and activities in the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

The home meets this expected outcome

Systems are in place to ensure residents have secure tenure within the home. Management advised of processes through which bonds, fees and charges are discussed and with potential and/or new residents and their representatives. The accommodation bond officer advised that a residential care agreement is offered to each resident and their representative for signing when moving into the home. The residential care agreement provides information on residents' rights and responsibilities including: termination of the agreement; complaint resolution; conditions for transfer and entitlements for care and services. The Charter of Residents' Rights and Responsibilities is included in the residential care agreement and the resident handbook. Representatives interviewed indicated they were provided with adequate information regarding security of tenure for residents.

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 details of the home’s system for continuous improvement. Examples of continuous improvement undertaken in relation to Accreditation Standard Four include:

- The hotel services manager has implemented an amended serverly notification form for documenting residents’ dietary requirements. The form documents more detailed information including thickness of fluids, specialised eating equipment required, meal size, and any nutritional supplements required.
- The home has recently made some improvements to the outside courtyard area. The water fountain has been repaired and is operational, there has been a program of replanting and the brick work has been cleaned. The team observed residents and their families gardening and enjoying the environment.
- The manager has introduced the use of disposable wipes for the personal hygiene of residents. The disposable wipes replace the need for face washers and decrease the risk of cross infection.

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 of the home’s system for ensuring regulatory compliance. Examples of regulatory requirements undertaken in relation to Accreditation Standard Three include:

- Work load issues are a standing agenda item at all staff meetings in accordance with the Fair Work Act 2009.
- Staff members on the organisational OHS committee members are drawn from homes and work groups across the organisation and all committee members receive training to undertake this role.

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

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education relating to Accreditation Standard Four conducted by the home includes:

- Manual handling
- Bullying and harassment
- Infection control
- Fire safety
- Restraint use
- Chemical safety

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe and comfortable environment consistent with resident care needs. Each resident is accommodated in a single room with ensuite. All residents are encouraged to personalise their rooms. The team noted the home to be clean and without malodour. Communal areas such as dining rooms, lounge rooms and small sitting rooms are furnished appropriately and in a home like manner. Residents' safety is monitored through staff observation, accident / incident forms, hazard identification and environmental audits. Residents and representatives describe the home as being very clean and well maintained.

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 demonstrates they are actively working to provide a safe working environment that meets regulatory requirements. There is an organisational occupational health and safety committee in place with staff representation from the home. Accident/ incident data, hazards and risk assessments are monitored by both management and the occupational health and safety committee. Review of documentation identifies staff report hazards and corrective actions are undertaken in response. Occupational health and safety forms part of the compulsory education program attended by every staff member annually. Staff interviewed said they are aware of the home's procedures in relation to safety and felt they worked in a safe environment.

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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire and security and emergency risks. The home's systems include annual training, policies and procedures, emergency equipment and evacuation plans. Safe storage of chemicals, designated smoking areas and an electrical tagging program reduce the risk of fire. Staff training records confirmed that staff undergo fire training when they are orientated and on a yearly basis. Regular monitoring and testing of fire and other emergency equipment is carried out by an external fire contractor. External doors are locked after hours and entry is only after the staff have identified the visitors. Residents and their representatives interviewed stated they feel very safe within 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 has an effective infection control program in place. The program includes processes to prevent, minimise, monitor and manage staff and residents' infections. Infection data is collated and evaluated monthly and the results are discussed at staff meetings. Staff members receive education on commencement of employment and on an ongoing basis about infection control. The team observed practices that reduce the risk of cross infection including the use of personal protective equipment, hand washing and the use of colour coded equipment in all areas. The team also observed adherence to food safety guidelines, a dirty to clean flow in the laundry, cleaning and maintenance programs and a vaccination programme for staff and residents. Staff interviewed by the team demonstrated an understanding of the home's infection control procedures.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

There are appropriate arrangements in place that ensure the hospitality services at the home are provided in a way that enhances residents' quality of life and the staff working environment. The home's catering service ensures residents' preferences are taken into account and appropriate meal choices and alternatives are offered. The team observed comfortable dining areas and residents being assisted with all aspects of the meal. Cleaning is completed according to a schedule which covers resident's room and communal areas. Cleaning staff stated that some areas are done more often due to residents' needs. The onsite hotel services coordinator monitors all areas to identify any areas not cleaned effectively. Laundry services are provided by the laundry at the co-located home. The laundry staff maintain a system of tagging of residents' clothing to minimise lost items. They also collect unmarked items and make them available to residents and their representatives to identify and claim. Residents and their representatives interviewed were very happy with catering, cleaning and laundry services provided at the home.