Decision to accredit
Eden Community Aged Care

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

The Agency has decided that the period of accreditation of Eden Community Aged Care is three years until 23 March 2013.

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

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

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

Information considered in making an accreditation decision
The Agency has taken into account the following:
• the desk audit report and site audit report received from the assessment team; and
• information (if any) received from the Secretary of the Department of Health and Ageing; and
• other information (if any) received from the approved provider including actions taken since the audit; and
• whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.
# Home and approved provider details

## Details of the home

<table>
<thead>
<tr>
<th>Home’s name:</th>
<th>Eden Community Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0842</td>
</tr>
<tr>
<td>Number of beds:</td>
<td>85</td>
</tr>
<tr>
<td>Number of high care residents:</td>
<td>22</td>
</tr>
<tr>
<td>Special needs group catered for:</td>
<td>Dementia care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street/PO Box:</th>
<th>22 Barclay Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>Eden</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2551</td>
</tr>
<tr>
<td>Phone:</td>
<td>03 9559 9300</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>03 9553 2120</td>
</tr>
</tbody>
</table>

### Approved provider

**Approved provider:** Innisfree Aged & Community Care Pty Ltd

### Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Wendy Ommensen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Veronica Hunter</td>
</tr>
<tr>
<td>Date/s of audit:</td>
<td>15 December 2009 to 16 December 2009</td>
</tr>
</tbody>
</table>
### Executive summary of assessment team’s report

#### Standard 1: Management systems, staffing and organisational development

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

#### Standard 2: Health and personal care

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

#### Accreditation decision

<table>
<thead>
<tr>
<th>Agency findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
<tr>
<td>Does comply</td>
</tr>
</tbody>
</table>
### Executive summary of assessment team’s report

#### Standard 3: Resident lifestyle

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Assessment team recommendations</th>
<th>Agency findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.4 Emotional support</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>3.10 Resident security of tenure and responsibilities</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
</tbody>
</table>

#### Standard 4: Physical environment and safe systems

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Assessment team recommendations</th>
<th>Agency findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
</tbody>
</table>
Assessment team’s reasons for recommendations to the Agency

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

Name of home | Eden Community Aged Care  
RACS ID | 0842

Executive summary
This is the report of a site audit of Eden Community Aged Care 0842 22 Barclay Street Eden NSW from 15 December 2009 to 16 December 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team’s recommendation regarding compliance
The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team’s recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Eden Community Aged Care.

The assessment team recommends the period of accreditation be 3 years.

Assessment team’s recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.
**Site audit report**

**Scope of audit**
An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 December 2009 to 16 December 2009.

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

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

**Assessment team**

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Wendy Ommensen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member:</td>
<td>Veronica Hunter</td>
</tr>
</tbody>
</table>

**Approved provider details**

| Approved provider: | Innisfree Aged & Community Care Pty Ltd |

**Details of home**

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Eden Community Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0842</td>
</tr>
</tbody>
</table>

| Total number of allocated places: | 85 |
| Number of residents during site audit: | 35 |
| Number of high care residents during site audit: | 22 |
| Special needs catered for: | Dementia care |

<table>
<thead>
<tr>
<th>Street/PO Box:</th>
<th>22 Barclay Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
<td>Eden</td>
</tr>
<tr>
<td>Phone number:</td>
<td>03 9559 9300</td>
</tr>
</tbody>
</table>

| E-mail address: | Nil |

<table>
<thead>
<tr>
<th>State:</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postcode:</td>
<td>2551</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>03 9553 2120</td>
</tr>
</tbody>
</table>
Assessment team’s recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Eden Community Aged Care.

The assessment team recommends the period of accreditation be 3 years.

Assessment team’s recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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

Audit trail
The assessment team spent 2 days on-site and gathered information from the following:

<table>
<thead>
<tr>
<th>Interviews</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional managers</td>
<td>2</td>
<td>Management secretary</td>
</tr>
<tr>
<td>Facility manager</td>
<td>1</td>
<td>Cook</td>
</tr>
<tr>
<td>Registered nurse/Administration assistant</td>
<td>1</td>
<td>Catering staff</td>
</tr>
<tr>
<td>Registered nurse/ACFI</td>
<td>1</td>
<td>Laundry staff</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>3</td>
<td>Cleaning staff</td>
</tr>
<tr>
<td>Care staff</td>
<td>2</td>
<td>Maintenance staff</td>
</tr>
<tr>
<td>Recreational activities officers</td>
<td>1</td>
<td>Residents/representatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sampled documents</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ files (electronic) including all assessments, care plans (electronic and hard copy) progress notes, bowel and weight charts, observation charts, allied health documentation and specialist referrals and interim care plans (cancelled after nominated period)</td>
<td>5</td>
<td>Medication charts including resident identification and details, diagnosis, allergies, medication administration details, blood sugar level charts and special considerations</td>
</tr>
<tr>
<td>Summary care plans (hard copy)</td>
<td>5</td>
<td>Personnel files containing letters of appointment, position descriptions, duty lists, staff appraisals.</td>
</tr>
</tbody>
</table>
Other documents reviewed
The team also reviewed:

- Activities program including newsletters, activities records and evaluations, planning sheets, attendance forms and volunteers’ handbook.
- Acknowledgement of notification of dangerous goods on premises expiry date 27 March 2010, annual fire safety statement (4 May 2009), 1999 certification assessment instrument, fire safety system maintenance records, colour coded emergency procedures flip charts, emergency evacuation site plans, building security protocols including staff lock up procedures.
- Care manuals including clinical care procedures.
- Cleaning programs - policies and procedures, schedules, tick sheets and chemical information including material safety data sheets.
- Clinical and care assessment documentation (including assessments for Aged Care Funding Instrument (ACFI) and initial and ongoing resident care needs and preferences such as resident dietary and menu choices, observation charts including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy; wound assessments and authorisation for restraint forms, leisure and lifestyle)
- Comments and complaints 2009 – incident register and compliments folder, improvement logs for compliments, suggestions, complaints and hazard data. Fact sheet on providing feedback through the internal comments and complaints process. Aged Care Complaints Investigation Scheme brochures and TARS –The Aged Rights Advocacy Service information.
- Communication diaries – kitchen,
- Comprehensive medical assessments
- Continuous improvement (CI) documentation 2009 (including strategic plan, CI plans, quality activity/audit schedule, audit and survey results, trend data, CI improvement report forms and register)
- Education records – incorporating organisational orientation program, mandatory training and in-service sessions by product providers and via the electronic training program. Staff attendance records, some session evaluation reports, training certificates and competency records. Course outlines and education resources.
- Electronic communication systems including e-mail and computer hardware.
- Food - four week rotating menu, initial assessment data, residents’ food likes and dislikes, special dietary needs and food allergies information.
- Improvement logs. Special project action plans.
- Incident investigation report register, incident and accident forms, incident investigation report register, environmental safety inspections, material safety data sheets (MSDS), manual handling instructions, thermostatic mixing valve temperature records.
- Infection control documentation and data collection – policies and procedures for maintaining a safe environment including outbreak management guidelines, monthly summary and trended data, staff and volunteer immunisation register, medication refrigerator temperature records, sanitisation of fruit and vegetable records, temperature records for food and equipment, NSW Food Authority preliminary audit (21 July 2009), food safety plan, NSW Food Authority licence expires 21 June 2010.
- Legislation alert information - memoranda from approved provider and other aged care related services including Commonwealth and State government departments and peak bodies.
- Maintenance records - reactive and preventative including planned maintenance records, maintenance request logs/work orders and calendar, electrical tagging records and maintenance work records. Contractors’ orientation information sheet and contractors’ handbook. Visitors and contractors sign in sign out books. Manager’s purchasing approval flow chart.
• Medication management documents including residents medication charts, medication management information and schedule eight drug records, medication policy and procedure, audits, anti coagulant therapy monitoring records, medication management reviews and incident forms.


• Planning documentation - mission, vision, values, goals and commitment to quality on display and recorded in the various handbooks. Service organisational charts.

• Policy and procedural manuals paper based and electronic copies on computerised management system site. Documented quality management framework.

• Preferred suppliers/contractors information and handbook, a sample of suppliers’ contracts and agreements including contracts for the supply of pharmacy and chemicals.

• Privacy information, residents’ consent for the release of health and personal information and photographs.

• Residents’ handbook, prudential statement, low care and high care residential agreements, privacy statement for residents, consent for the release of health information.

• Resident pre-entry information pack

• Resident lists and evacuation profiles

• Residents’ survey summary 2009

• Staff communication diaries and handover sheets

• Staff handbook and personnel folders, federal police record check register, professional registration records for registered nurses, endorsed enrolled nurses, podiatrist, accredited pharmacist, and medical practitioner’s registration with the NSW Medical Board. Practicing certificate for physiotherapist and hairdresser registration certificate.

• Staffing rosters

• Various meeting minutes 2009

**Observations**

The team observed the following:

• Access to telephones and provision to have phone and/or computer connected in room if desired.

• Activities in progress - an entertainer playing the piano accordion and singing along with residents, residents constructing plum puddings from biscuits and sweets, residents watching the cricket on the large screen television screen.

• Charter of residents’ rights and responsibilities on display.

• Cleaning in progress including equipment, trolleys and wet floor signage boards.

• Equipment, supply storage and delivery areas. Fire safety system equipment including fire panel, extinguishers, fire blankets, sprinkler system, emergency exits, fire egresses, emergency evacuation area and external fire hydrants.

• Evacuation procedures – emergency procedures folder, emergency flips charts near phones throughout the building, residents’ occupancy box including current residents’ lists, workplace emergency response evacuation stream,

• Flu and gastro information for family and visitors on display, gastroenteritis and influenza kits,

• Dining areas during lunchtime, morning and afternoon tea times, resident seating, staff serving, supervising and assisting residents with meals.

• Hot water/gas heating throughout the home.

• Interactions between residents, medical and other health and related service personnel.

• Kitchen staff practices, work environment, selection of foods, food storage areas.

• Laundry staff practices, work environment, stocks of linen.

• Living environment - internal and external, including residents rooms and en-suite bathrooms with nurse call system, communal living areas including dining and lounge areas, numerous smaller sitting areas, hairdressing salon, landscaped gardens and outdoor/barbecue areas with shade structures and outdoor furniture. Living environment...
- internal and external, including residents rooms, en-suite bathrooms and nurse call system, communal living areas including dining and lounge

- Manual handling equipment and instructions for use.
- Medication rounds and safely stored medications.
- Men’s shed.
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and mobility aids.
- Notice boards displaying resident and staff notices, menus, memos.
- Oxygen cylinders stored safely.
- Personal protective clothing in all areas, colour coded equipment in the kitchen, laundry and cleaning areas, self disposing laundry bags, first aid kits, spills kits, hand washing signs, hand washing bays, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information.
- Recreational equipment for residents including board games, craft items, bingo cards, knitting and crochet equipment, raised gardening space and photographic evidence of special activities days and occasions.
- Residents’ suggestion boxes
- Safe chemical and separate mower fuel storage.
- Secure storage of residents’ and staff files.
- Security systems – closed circuit surveillance cameras, key padded entry to residential and business areas, nurse call system, phones, external lighting,
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources and computer terminals
- Staff handovers
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff areas – cleaner’s rooms, clinic/treatment rooms, kitchen, laundry, maintenance workshop, nurses’ stations, offices, reception and staff rooms. Staff areas - cleaning rooms, clinic/treatment rooms, kitchen,
- Water storage tank (60,000 litres for the garden and as back up to the fire fighting system.
- Waste disposal systems including sharps containers, spills kits, yellow contaminated waste bins, recycling bins and general waste skip in specific area with roller door.
- Welcome baskets containing toiletries for new residents.
Standard 1 – Management systems, staffing and organisational development

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

**Team's recommendation**

Does comply

Eden Community Aged Care accepted their first resident in June 2009 and occupancy had gradually increased to thirty-five residents at the time of the Accreditation site audit. Magnolia is a thirty bed low care wing, Emerald has the ability to provide high care services to eighteen residents and Crystal is a secured twelve bed unit for the care of residents living with dementia. Residents are presently spread across these areas with a twenty bed unit to be opened as the resident population increases.

The home implements systems and processes to ensure that continuous improvement opportunities are identified, planned, implemented and evaluated. The service operates within a quality management framework which consists of four focus teams, management, health, lifestyle and environment, which correlate, to a degree, with the four Accreditation Standards. All teams meet monthly and focus on one expected outcome, using a review of relevant policies, procedures and practices and consideration of the outcomes of scheduled audits as a guide to improvement opportunities. Comments, complaints, improvement logs, meeting minutes, hazards, incidents, infections and audit results are initially reviewed by the facility manager then referred to the appropriate focus team for follow up, action and feedback. Residents and relatives may attend focus meetings and contribute to the outcomes. Monthly household meetings in each of the occupied wings of the home also give residents and relatives the opportunity to raise issues and have input to the quality improvement processes of the home.

The following are some examples of improvements relating to management systems, staffing and organisational development that have been implemented at Eden Community Aged Care since June 2009:

- Information and a flowchart were formulated to guide staff through the processes associated with changes to a policy or to forms and to ensure document control across the organisation. To ensure consistency, draft forms are trialled for a month and then forwarded to the regional manager for approval.

- A process for the creation and implementation of self directed learning packages for staff using the electronic education channel was set up. Management staff are responsible for establishing library borrowing criteria for the DVD learning program, guidelines for completion and return of worksheets and communication of these processes to staff. Posters advertising the monthly program are displayed and staff participation is monitored. Evaluation of the effectiveness of this education is undertaken by the management team through staff feedback, at meetings and through a review of incident investigation.
1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation has a system in place to identify and implement changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced through subscriptions to a legislative update service at the organisational level, through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and via the internet. Changes to legislation are disseminated to the home’s staff through memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Internal audits, surveys, quality improvement activities, staff supervision and support ensure that work practices are consistent and compliant with legislative requirements.

The following examples illustrate regulatory compliance pertaining to Accreditation Standard One:

- Prospective employee’s criminal records are checked prior to engagement and there is a process in place to review the currency of this status every three years. Volunteers assisting at the home and contracted service personnel are also required to complete criminal record checks.

- Mandatory reporting guidelines regarding elder abuse have been implemented at the home. A system is in place and consolidated records are maintained to support notification, investigation and actions taken for alleged or proven elder abuse. To date there have been no incidents of elder abuse at the home.

- Changes under the Aged Care Act 1997 effective from 1 January 2009 have been implemented in regard to notification of missing residents to the Police Department and Department of Health and Ageing. The critical incident reporting mechanisms at the home ensures senior management of the organisation also receive this advice.

- Accreditation site audits are discussed at residents’ meetings, information is included in the newsletters and notices of impending audits are displayed prominently throughout the home.

- The prudential statement to residents assures them “that the organisation will manage amounts received as Accommodation Bond monies in accordance with the Aged Care Act 1997, the Aged Care (Bond Security) Act 2006 and the User Rights Principles 1996.

1.3 Education and staff development:

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

Team’s recommendation

Does comply

The home supports staff development and has a system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through: research, legislative change, review of industry issues, performance appraisals, surveys, observation of work practices, results of audits, monitoring of incidents and issues raised at focus, staff and residents’ meetings. There is a
comprehensive orientation program and a ‘buddy system’ for new staff. Education sessions are conducted by product suppliers, the pharmacist, and other professionals, for example the home recently hosted a seminar for general practitioners on Dementia Care presented by a geriatrician. The organisation subscribes to an electronic learning program which provides self-directed and facilitated learning packages across the Accreditation Standards. Competency assessments are conducted with staff on initial employment and then annually and skills questionnaires ensure relevant staff skills are maintained. Records of attendance are maintained and there is a system to monitor attendance at compulsory training.

Interviews with staff review of the staff attendance records since June 2009 highlighted the following examples of training provided in relation to Accreditation Standard One:

- Aged Care Funding Instrument (ACFI) Assessment – documentation.
- Customer service – complaints mechanisms, residents’ rights and responsibilities,
- Digital Enhanced Cordless Technology (DECT) phones for in-house use.
- Electronic care planning and documentation program.
- Leadership training for endorsed enrolled nurses.
- Quality management system - continuous improvement cycle.
- Reportable incidents – elder abuse and missing resident.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Information regarding the internal and external complaints processes was observed to be on display in the foyer of the home. The mechanisms for feedback are discussed with residents and their relatives as part of the entry process, brochures outlining the external complaints’ scheme are included in the pre-entry pack, and processes for raising concerns are outlined at residents’ household meetings where issues can also be raised and actions reported back. The facility manager walks around the home once a day and maintains an ‘open door’ to those wishing to speak with her. Incident registers and management reports are in place to track and trend complaints, compliments and concerns, and these demonstrate that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints. Resident and relatives’ satisfaction with services are surveyed and the results used as a basis for quality improvements. Residents and their representatives confirm an awareness of the mechanisms by which they may make complaints or compliment staff for good service. Those who have raised an issue have found management and staff responsive to their concerns and report that matters have been addressed promptly. Staff are able to outline the processes for management of complaints from residents and their representatives and the ways in which they can personally raise issues of concern.

1.5 Planning and leadership

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

Team’s recommendation

Does comply

The home adopts the vision, mission, values, philosophy and objectives which link to business and strategic planning goals which are constructed in consultation with
stakeholders across the organisation. These are with staff at orientation, displayed at the home and documented in the various handbooks, newsletters and corporate publications.

1.6 Human resource management

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

Team’s recommendation

Does comply

There are systems and processes in place to ensure that the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home’s philosophy and objectives. The organisational human resources policies and procedures guide staff recruitment including criminal record and reference checks, orientation, annual performance review through an appraisal and competency assessment program, the grievance process and encouragement for staff demonstrating better practices. Job descriptions have been developed for all positions and will be regularly reviewed. Suitable rostering and relief arrangements include permanent part time staff, who work extra shifts, and a casual pool of staff fill in when needed. Personnel records are maintained. Rosters are developed fortnightly in advance and a review of rosters confirmed that staff, who are unable to work, are replaced. Staffing levels are flexible and are monitored in line with reviews of the occupancy rate, residents’ care and related dependencies, special care needs and challenging behaviours of residents. Skills mix review data, observation of work practices, auditing indicators and stakeholder feedback inform this process. Recognition of the contribution and skills of staff is supported by celebratory barbeques and afternoon teas throughout the year. Residents and representatives reported that all staff provide assistance with care and respect.

1.7 Inventory and equipment

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

Team’s recommendation

Does comply

Residents, representatives and staff confirm that there are adequate levels of goods and equipment for the delivery of quality services. Cleaning, linen, food, continence aids, and medical stores were observed to be well stocked. An annual budget is in place for the purchase of entertainment programs and recreational materials to enhance resident lifestyle. There is an ordering and a stock rotation system for perishable items. Purchasing and assets management is in place and the environmental focus group members participate in trials of new equipment and facilitate risk assessments. Preventative and reactive maintenance is carried out by external contractors and the onsite maintenance staff person, who also monitors the incidence of repairs and makes recommendations regarding replacement. Interviews with staff and residents indicate that all maintenance is prioritised and responded to in a timely manner. Staff are trained in the safe use and storage of chemicals.

1.8 Information systems

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

Team’s recommendation

Does comply

There are systems in place for the creation, storage, archiving and destruction of documentation within the home. Confidential files such as staff and resident files are stored
securely. Review of residents’ files and care planning documentation indicates that clinical care plans are reviewed regularly and there is a system for consultation with residents, their relatives or representatives. The organisation has a system of focus groups and schedule of meetings to ensure relevant information is available in a timely manner to all stakeholders. The facility manager sends monthly reports to the regional team on issues integral to the management of and service delivery at the home. Information is disseminated through a secured password protected email and computerised management system, a shared file, notice boards, newsletters, memoranda, staff handovers, formalised feedback mechanisms and informal lines of communication. Policies are procedures are available in hard copy as well as electronically. The home conducts surveys, audits and collects data to provide information regarding the quality of care and services provided. Document control processes are implemented at the organisational level with some forms being trialled at the home and referred to the regional management team for approval prior to being adopted.

1.9 External services

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

Team’s recommendation

Does comply

Externally sourced services are provided to a standard that meets the home’s requirements for quality service goals. The organisation has a list of preferred service providers and suppliers. Service providers must produce evidence of licensing, safe work method statements, public liability and other insurance and are required to have completed criminal checks and adhere to appropriate behaviour if interacting with residents. Service agreements with external providers are negotiated, managed and monitored in a variety of ways which include audits and inspections, feedback from residents and staff, supervision of the contracted clinical services by the clinical team and observation of the work practices of contractors by the maintenance staff. Poor performance may lead to cancellation of the contract. External contracts include (but are not limited to): pharmacy services, podiatry, physiotherapy, hairdressing, and cleaning services, waste management, grease trap cleaning and pest control.
Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s recommendation

Does comply

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

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

- The home aims to offer holistic palliative care services and end of life care to residents and significant others, whilst ensuring emotional support and dignity for residents. Collaboration with local and regional acute care facilities, aged care assessment teams, community palliative care teams has been undertaken to provide awareness of the home’s ability to provide respite care for people requiring this support. Pressure relieving mattresses are available, a syringe driver has been purchased and staff have been trained in its use. Funding for respite through the Commonwealth program has been arranged for residents suffering hardship and meeting the criteria for fourteen days paid respite accommodation. This has proved beneficial to a number of eligible residents who may otherwise been unaware of their entitlements. Positive feedback has been received from residents’ relatives and the aged care services.

- To ensure safety and effective management of residents with challenging behaviours liaison and communication with community services has resulted in the establishment of assessment and referral guidelines. Residents demonstrating challenging behaviours which are unresponsive to interventions by staff at the home are reviewed by their medical officer and may be referred to: the dementia support team for assessment, to the emergency department of the local hospital if aggressive, to the mental health team for psycho-geriatric review or to the psycho-geriatric unit at Goulburn. The home recently hosted a seminar/workshop on dementia care for medical and nursing staff from the community and staff from the home. The education was conducted by a visiting geriatrician who attends Pambula Hospital. This proved very effective in showcasing the new aged care home and services to the community.

- The facility manager, in consultation with the care service manager, has negotiated a process with the medical practitioners to provide comprehensive medical assessments for permanent residents of the home. As a result a number of comprehensive medical assessments have been completed and residents have been able to access additional allied health services at no extra cost.

- Adequate care to new residents of the home was being compromised by a lack of information relating to their previous and current medical history. Correspondence was sent to local acute care facilities, community health centres and A.S.E.T. (aged services in emergency team) nurses outlining information about the Eden Community Aged Care
Centre and the pre-entry documentation requirements for prospective residents. The following information and medication is requested: discharge summary from the hospital if this is the referring service, the aged care client record, medication charts and blister packs for all respite and permanent residents.

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

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

Evidence that there are systems in place to identify and ensure regulatory compliance relating to health and personal care includes:

- Authority to practice registrations are sighted and records maintained by the home for all qualified staff and health professionals including registered nurses, the accredited pharmacist, the podiatrist, and the physiotherapist. General practitioners provide information regarding their registration with the NSW Medical Board.

- Registered nurses provide 24 hour coverage at the home and are responsible for the care planning and assessment processes and specialised nursing services implemented for all residents. A registered nurses’ specimen signature register is maintained.

- The home ensures high care residents are provided with supplies and equipment as required under the Quality of Care Principles (1997).

- The home’s storage of medication is in accordance with the relevant legislation including The Poisons and Therapeutic Drugs Act and Regulations.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system.

Examples of training and education provided in relation to health and personal care include:

- Continence management.
- Dementia care.
- Falls prevention and management.
- Medication administration and competencies for registered nurses and endorsed enrolled nurses.
2.4 Clinical care
This expected outcome requires that “residents receive appropriate clinical care”.

Team’s recommendation
Does comply

The home has comprehensive systems in place to assess, identify, monitor and evaluate residents’ individual care needs on entry to the home and on an ongoing basis. Information obtained from residents and representatives prior to moving into the home is used to create an interim care plan. When residents move into the home a range of focussed assessments, together with staff observation and information already gathered, are used to prepare individual working care plans over a four week period. Interviews and a review of documentation confirm that care plans are reviewed every three months or as necessary to ensure that the care provided is up-to-date and effective and residents are regularly seen by their treating medical practitioners. Residents and representatives interviewed by the team expressed satisfaction with the care provided, advised that they have the opportunity to contribute to care planning and are kept well informed of residents’ care needs and health changes either personally or by telephone. Staff training addresses issues relating to resident care and where appropriate consultants are accessed to support staff and provide advice regarding specific care issues. A wide range of competency assessments relating to the provision of clinical care is undertaken for all care staff including registered nurses. The provision of care is monitored via audits, surveys and the comments and complaints mechanisms. When indicated residents are transferred to hospital for emergency treatment or to meet specific care needs.

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

Team’s recommendation
Does comply

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, and with input from other health professionals as required. Registered nurses are rostered 24 hours seven days each week to oversee specialised care needs. Residents’ documentation confirmed that they have been referred to a range of allied health professionals and other specialists to assist the home to manage residents’ complex and specialised needs. Staff training is provided to address specific care needs, for example diabetic care, wound care and pain identification. Ongoing competency assessments ensure that staff skills and knowledge are up-to-date. Residents and representatives interviewed by the team indicated satisfaction with the care provided by the home.

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

Team’s recommendation
Does comply

The home has systems in place to ensure referral to appropriate health specialists occur in accordance with the residents’ needs and preferences. Referrals occur as the need arises, with transport provided by residents’ representatives or as arranged by the home. The home also organises health and related service visits to the home including but not limited to, geriatrician, psycho-geriatrician, dietician, the aged care assessment team, physiotherapist, podiatrist, dementia behaviour management advisory service and palliative care services.
Residents have a choice of their medical practitioner. A review of residents’ care plans, progress notes, assessments and other documentation confirmed that residents are referred to a range of health care specialist for advice, assessment, treatment and review, and that appropriate changes are documented and implemented as a result. Residents and representatives interviewed by the team indicated that they are satisfied with the arrangements for referral 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**

Does comply

The home has effective systems in place to manage the ordering, storage, administration, recording and review of medications. Medication incident reporting is conducted with internal and external auditing of the systems. The home uses a blister pack system and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. The doctors’ request book is used to ensure consistent messages are provided between staff and medical practitioners. Medications are stored in locked cupboards or the locked medication trolleys and are administered by the registered nurses and medication endorsed enrolled nurses. The team observed safe and correct medication administration and staff displayed understanding of the home’s medication management system, policies and procedures. Review of medication charts indicated that they are appropriately documented and contain relevant information for the safe administration of medication and identification of residents. A random check of medications indicated that all medications in use are within the expiry dates. Temperatures of medication refrigerator are recorded daily and are within the acceptable range of safe medication storage. Residents and representatives indicate that they are satisfied with the care provided, including medication management.

2.8 Pain management

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

**Team’s recommendation**

Does comply

There are systems in place to identify, manage residents’ pain and evaluate pain management strategies that ensure residents are as free as possible from pain. This includes information collected before entering the home about successful strategies in use for pain management. Further and ongoing assessment occurs upon entry to the home using observation, discussion, and verbal and non verbal pain assessment forms. A range of pain relieving strategies are used and appropriate pain evaluation and referral to health professionals are available as required. As well as the involvement of the medical practitioner and medication for pain relief, the physiotherapist is actively involved and uses the transcutaneous electrical nerve stimulation (TENs) machine, heat packs and massage strategies to assist in pain management. Staff interviewed by the team were able to describe their role in pain management, including identification and reporting of pain, and are educated in the use of techniques by the registered nurses and physiotherapist. Residents and representatives interviewed by the team confirm that pain relief can be accessed as required and that they are as free as possible from pain.
2.9 Palliative care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. The staff involve residents and representatives in care planning to ensure that physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. End of life wishes are discussed with the resident and their representative (if possible), the medical practitioner and the registered nurses, and the care plan is adjusted in line with the residents changing condition to keep them pain free and as comfortable as possible. The home has access to palliative care services, if needed, and residents are supported to remain in the home in the event of requiring palliation. Pastoral care services are available to support and counsel terminally ill residents and their representatives. Staff described a range of interventions employed when caring for terminally ill residents to ensure their pain is managed and that their comfort and dignity is maintained.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements and the communication of this information to the kitchen and care staff. The home works continually with residents through their meetings, individual discussion and preferences to satisfy their expectations and requirements. Menus are changed in response to residents’ feedback and dietary needs, to ensure a diet that is enjoyable and nutritious. Breakfast and the evening meal are served as a buffet to provide extra food choices. A dietician periodically reviews menus and is available to provide advice about special dietary requirements. Residents are referred to a speech therapist if they require a review of swallowing difficulties. Residents are weighed monthly to monitor changes, and significant weight loss is investigated and appropriate action taken. Additional nourishing fluids and dietary supplements are provided when a need is identified. Assistive devices such as special cutlery and plate guards are available to encourage residents to maintain their independence. Residents are encouraged to maintain hydration with drinks provided at meal times, together with a selection of drinks for morning and afternoon tea and supper. In hot weather, additional drinks are supplied. Residents and their representatives interviewed by the team indicate satisfaction with the meals and confirm they are able to have input into menus via resident meetings, comments and complaints mechanism and directly to management.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems for maintaining residents’ skin integrity consistent with their general health, through initial and ongoing assessments, care planning and care provision. Residents have podiatry, pressure area care, massage and nail care provided according to their needs. Residents with skin integrity breakdown have wound care charts recording descriptions of
the wounds and the management implemented. Current initiatives to manage residents at risk of skin impairment include maintaining nutrition and hydration, continence management, use of pressure mattresses, repositioning, lotions and creams. Incident reporting of skin tears and pressure areas forms part of the monthly data collation and this information is analysed for any trends and discussed at the health focus group meeting. Residents and their representatives are satisfied with the skin care provided including personal hygiene and pressure area care.

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

Team’s recommendation
Does comply

The home has systems in place to monitor and manage bladder and bowel continence and constipation effectively. These include information gathered prior to entry to the home so that the residents can be managed comfortably. Focussed assessments are undertaken post entry and on an ongoing basis. Management strategies which include scheduled toileting, prompting, continence aids, increased fluids and fibre are adjusted to suit individual residents and the care plan is evaluated three monthly. The home’s external continence aid supplier provides support and education for the staff on a three monthly basis. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. The use of aperients is kept to a minimum where possible. Urinary tract infections are recorded monthly and, where indicated, preventive strategies are implemented. The data results are discussed at the monthly meeting of the health focus team. The team noted that adequate supplies of linen and continence aids are available for residents’ use. Residents and representatives interviewed by the team are satisfied with the way in which residents’ continence needs are managed.

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

Team’s recommendation
Does comply

The home has systems in place to assess and manage residents with challenging behaviours including initial and ongoing assessment of behavioural needs and the development of a care plan that includes strategies to address residents’ specific needs. All episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the effectiveness of strategies used and to identify the need for further interventions to be developed. Residents are encouraged to participate in the home’s activities program during the day, individual activities plans are formulated for residents with challenging behaviours and the team observed staff redirecting and diverting residents’ attention with effect. Specialist advice is available from a psycho-geriatrician if needed and the home is regularly visited by staff from the dementia behaviour management advisory service. Staff have received education to enable them to effectively manage a range of challenging behaviours. Residents and 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

Does comply

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The systems include initial and ongoing assessment of residents’ mobility, dexterity and rehabilitation needs. An assessment is carried out by the home’s physiotherapist within the first week after entry and the exercise programs are implemented by care staff. The physiotherapist does a risk assessment and manual handling chart for each resident. The home’s program includes passive and active exercise during activities of daily living, programmed exercises and weekly group chair exercises conducted by the recreation activities officer with input from the physiotherapist. The team observed residents using mobility aids and handrails suitably placed throughout the home. An accident and incident reporting system is in place which includes analysis of incidents to identify trends and implementation of strategies to reduce falls. All staff complete training on manual handling yearly at the home. Specialised cutlery is available to assist residents with manual dexterity and independence with eating their meals if required. Residents and representatives interviewed by the team express their satisfaction with the therapy program they receive.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental health care is maintained through initial and ongoing assessments, and care planning processes. Residents’ ongoing oral and dental care strategies are reviewed through staff observation and evaluated for effectiveness every three months or as residents’ conditions change. Dental consultations are arranged as required. Residents are provided with the necessary oral hygiene products and staff interviewed said that they are familiar with managing residents’ oral and dental care, which includes the care of teeth/dentures and mouth. Access to a dietician and speech pathologist is available for assessment of diet and swallowing. Residents and resident representatives said they are satisfied with the oral care the home provides.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home has a system in place to ensure that residents’ sensory 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 specialist services are involved as required, including audiology and speech therapy. The team observed examples of strategies used by the home to manage residents’ specific sensory loss and residents and representatives interviewed by the team reported that staff assist them in maintenance of sensory aids including the cleaning of glasses, fitting of hearing aids and replacement of batteries. The activity program incorporates sensory stimulation, such as massage, music, large print books, gardening and cooking.
2.17 Sleep

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

Team's recommendation

Does comply

The home assists residents to achieve natural sleep patterns through assessments on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents’ needs and preferences. These can include usual settling and rising times, pain relief, regular toileting and/or provision of night continence aid and night sedation. Staff also supply hot drinks, overnight snacks, massage and supportive conversation to assist residents who are unsettled. Residents are encouraged to participate in activities of interest to them during the day in order to enhance natural sleep patterns. Residents have call bells in their rooms to call for assistance at night if required. Resident and representatives interviewed do not identify any problem with residents achieving natural sleep patterns, residents advise the home is quiet and conducive to sleep at night.
Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

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

Team’s recommendation

Does comply

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

Some examples of the improvements made to resident lifestyle are outlined:

- Following feedback from staff regarding various aspects of the food service delivery to residents from Crystal, the dementia specific unit, a decision was made to provide food over the servery counter from the kitchen rather than from a trolley. Buffet meals are being served, residents are encouraged to attend the dining room for breakfast and staff serve and monitor the residents’ enjoyment of the food. This is ensuring that residents’ nutritional requirements are being met.

- Residents requested the opportunity to participate in outings to the community. The facility manager investigated options for transport of residents on outings and was able to negotiate with Imlay house in Pambula to hire their bus from time to time. This fifteen seater bus has wheelchair capabilities. Residents have been on one outing and another is being arranged for January 2010. The home will purchase a bus for this purpose when occupancy levels have reached capacity and the option is viable.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

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

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

- The Charter of Resident Rights and Responsibilities is clearly displayed at the home and is documented in the resident agreement and in the residents’ handbook. The content is discussed with staff at orientation.

- Resident information and files are kept in a manner that meets privacy legislation requirements. Residents sign releases in relation to the disclosure of health information and the publication of personal information such as photographs. Staff are advised of
their role in relation to the Privacy and Personal Information Protection Act (1998) at orientation and they sign off on a confidentiality agreement. Staff are able to outline their responsibilities in relation to residents’ privacy and dignity

- All residents are issued with a resident agreement which incorporates clauses required by law such as a 14 day cooling off period, reference to the User Rights Principles (1997) and the provision of specified care and services. The resident agreement is regularly reviewed to ensure that legislative requirements are met.

3.3 Education and staff development

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

**Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Examples of training and education provided in relation to resident lifestyle include:

- Customer service – residents’ rights and effective communication.
- Privacy, dignity and independence.
- The role of staff in providing quality of life not just quality of care.
- The role of the volunteers.

3.4 Emotional support

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

**Team’s recommendation**

Does comply

The home has processes in place to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. During the entry period, the new resident is provided with an orientation to the home including availability of pastoral care services, introduced to staff and given extra one-to-one time. Pre-entry and during the initial period, there is a comprehensive assessment of each resident’s social, cultural and spiritual support needs and an individual care plan is developed. Residents’ emotional needs are monitored and care plans updated to ensure that each resident’s needs are met, as their requirements change. Staff interviewed demonstrate that they have a clear understanding of each resident’s individual needs in relation to emotional support. Documentation reviewed and interactions observed between staff and residents confirm that residents are appropriately assisted, comforted and supported emotionally. Residents report that they feel supported by the staff, both when they first entered the home and on an ongoing basis.

3.5 Independence

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

**Team’s recommendation**

Does comply

The home has processes in place to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and
outside the home. Assessment of residents’ specific needs and preferences is undertaken on entry to the home and on an ongoing basis to assist staff develop an individualised care plan for each resident. A range of strategies is implemented to promote independence including a mobility program and equipment for resident use. A program of planned activities and events that actively seeks the involvement of volunteers, family, friends and the community is in place. In addition, residents have access to their own phones and a computer connection if they wish. Staff assist with the use of the home’s phones and provide easy access to television, radio, and newspapers. Staff promote independence by encouraging residents to participate in their own activities of daily living whenever possible. They further support the making and maintaining of links with the community and encourage family and friends to visit the home on a regular basis. Resident interviews indicate residents’ satisfaction with the way in which the home encourages them to maintain their independence.

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

Team’s recommendation
Does comply

Interviews with residents confirm that their privacy, dignity and confidentiality is respected and staff practices are based on resident’s individual preferences. Information on residents’ rights and responsibilities is included in information given to the resident on entering the home and is also on display. Resident records are securely stored and residents provide written consent regarding access to information held about them. Residents’ care plans and progress notes provide evidence of consultation with residents about their preferences for the manner in which care is provided. Residents are accommodated in single rooms with ensuite bathrooms. Staff were observed to address residents in a respectful manner and knock on residents’ room doors before entering. The team observed that frail residents who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. The home monitors residents’ privacy and dignity with comments and complaints, audits and survey mechanisms.

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

Team’s recommendation
Does comply

Residents are encouraged and supported to participate in a range of interests and activities of interest to them. Assessment of residents’ specific needs, interests and preferences is performed on entry to the home and on an ongoing basis. An activity care plan is formulated comprising group, small group and individual activities. Resident participation in activities is monitored. Care plans are evaluated three monthly and changes made as required. The activities program includes music, sensory stimulation, bingo, craft and outdoor activities. The team observed residents creating Christmas craft and a Christmas cooking session in progress, residents setting out for the very popular and regular beach walk accompanied by volunteers, and a resident playing the piano accordion for a sing-along with a group of residents. There is a men’s shed which is popular with male residents. A trained volunteer from the Bega Valley Shire library visits low vision residents and records their books of choice onto an audio navigator to address isolation due to sight deficit. This volunteer also provides colourful magazines which are very popular with residents living with severe dementia. Residents who choose to remain in their rooms or are unable to be involved in group activities are offered one-on-one activities on a scheduled basis weekly or as needed. Information obtained from surveys, resident meetings, informal and formal groups and one-on-one discussions is also used to plan suitable group and individual activities, ensuring that
activities meets residents’ changing needs and wishes. Residents interviewed by the team find the activities in the home very enjoyable.

3.8 Cultural and spiritual life

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

Team’s recommendation

Does comply

The home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of residents’ specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held at the home by ministers of different denominations. These ministers, together with pastoral care visitors, are available to support residents and families during difficult emotional periods and end of life services. Residents are helped by staff to attend external church services if they wish. Days of cultural and religious significance are celebrated and photographic evidence was presented to the team illustrating individual birthday celebrations. Easter and Christmas are celebrated and residents have chosen the menu for the forthcoming Christmas Dinner. Since the home opened in June 2009, days such as Fathers Day, Melbourne Cup and Remembrance Day were celebrated with special events on each day. Residents and representatives interviewed by the team confirm they are encouraged and supported to continue with their own interests, customs, beliefs, and ethnic backgrounds are valued and fostered.

3.9 Choice and decision-making

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

Team’s recommendation

Does comply

The home has processes in place to ensure that each resident (or 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. Residents are kept informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys, comments and complaints mechanisms, and resident meetings. Residents are provided with choices including their financial management, personal care, cultural and spiritual choices, preferred shower times, getting up and going to bed times, menu choices, personalisation of their rooms, participation in activities, end of life choices, and choice of their medical officer and allied health services. Interviews with residents and representatives and documentation reviews demonstrate that the home actively supports residents in maintaining their right to make their own lifestyle choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team’s recommendation

Does comply

The home has policies and procedures to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. The administration assistant, who is a registered nurse, ensures that a residential agreement is...
offered to all residents at the time of entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities and their security of tenure, the 14 day ‘cooling off’ period, prudential provisions, levels of care provision and processes regarding termination of the agreement. The assessment team's interviews indicate that residents and their representatives are aware of their rights and responsibilities and feel secure in their tenure.
Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

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

Team’s recommendation

Does comply

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

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

- Management has commenced preparedness planning for emergencies and disasters, including bushfire and tsunami, in line with guidelines for the management for emergency events, from the Department of Health and Ageing. An emergency procedures manual has been developed with flowcharts and emergency plans in case of flood, gas explosion, blackout, bushfire etc. Alternate accommodation has been arranged with ‘Nullica House’, the other aged care facility in Eden and this arrangement is reciprocal should that home be affected by a need for emergency resident accommodation. The NSW Fire Brigade members have visited the site and are aware of the evacuation plan. The disaster committee meets every four months.

- A review of the telephone system has been undertaken to ensure that it will remain functional in case of a power outage, to assess reasons for the D.E.C.T. phones not operating in certain parts of the building and to add a red button on the phones to activate a duress call for back up staff support.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

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

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

- The Annual Fire Safety Statement (4 May 2009) certifying that fire equipment is appropriate and suitably serviced is current and on display. The home has achieved a pass in safety and is certified against the 1999 building certification assessment instrument.
The NSW Food Authority licence (22 June 2009 – 21 June 2010) under the new legislation governing food services to vulnerable persons has been received. The home has implemented food safety guidelines in the kitchen and the NSW Food Authority Audit Report for 21 October 2009 records an A level pass.

The facility manager has completed training as Fire Safety Officer (level one).

Acknowledgement of notification of dangerous goods on the premises is current and will be due for renewal on 27 March 2010.

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

Team’s recommendation
Does comply

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Education sessions and activities that relate to this standard include:

- Chemical handling and safety.
- Cleaner’s guidelines.
- Fire safety training (theory and practical).
- Infection control (including outbreak management)
- Introduction to food hygiene and food safety
- Manual handling training and competency testing.
- New equipment training - lifters and electric beds
- Occupational health and safety (including risk management)

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

Team’s recommendation
Does comply

Residents' needs are identified on entry and the administrative assistant/registered nurse outlines the care and services available at the home. Mechanisms, such as the annual residents’ survey, residents’ newsletters, improvement forms and residents’ household meetings, allow residents and their representatives to have input into their living environment. Accommodation consists of large single rooms with en-suite bathrooms, and there are a number of spacious lounge rooms and dining areas across the home. Large floor to ceiling windows provide adequate lighting during daylight hours. The residential rooms, offices and communal areas facing the front of the building have pleasant views of the sporting fields across the road and glimpses of the lake beyond. Two large garden courtyards provide pleasant sun traps for residents and relatives to sit outside during the day. Residents are invited to bring small items of a personal nature to decorate their rooms. Hand rails in the wide hallways, grab rails in the en-suite bathroom and toilets, mobility aids, lifting equipment and access to a nurse call system contribute to the safe living environment. Internal temperatures are comfortably maintained by individually controlled air conditioning systems in the communal areas, overhead fans in residential rooms and a hot water/gas system provides heating throughout the home. To ensure safety and security for all
residents and staff all external doors to the building are locked at dusk and the building is monitored at all times by closed circuit television consisting of sixteen surveillance cameras. All residents interviewed expressed satisfaction with their living environment and the sense of security provided at the home.

4.5 Occupational health and safety
*This expected outcome requires that “management is actively working to provide a safe working environment that meets regulatory requirements”.*

**Team’s recommendation**

*Does comply*

Management are actively working to provide a safe working environment that meets regulatory requirements. The occupational health and safety officer is a member of the environment team and attends environment focus group meetings, which review audit results, staff and resident accident and incidents, infections, hazard reports and risk assessments. The effectiveness of actions taken is monitored and evaluated. Environmental audits are conducted to ensure that the home meets regulatory requirements and the home’s quality and safety standards. Interviews and review of documentation show that staff highlight risks, hazards and improvement opportunities through the hazard and accident and incident reporting systems and are aware of safe work practices. The occupational health and safety officer in conjunction with the physiotherapist ensure that all staff are trained and competent in manual handling techniques and in the use of equipment required to perform their duties. Personal protective equipment is readily available for staff and the accreditation team observed staff using this equipment appropriately. Staff orientation and annual education sessions include training in manual handling, infection control and occupational health and safety. The facility manager, who is a registered nurse is a trained return to work coordinator and ensures support and a speedy return to work for injured staff. So far there are no staff members who have been injured during the course of their duties at the home.

4.6 Fire, security and other emergencies
*This expected outcome requires that “management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks”.*

**Team’s recommendation**

*Does comply*

The home has systems in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home has emergency and fire evacuation procedures and is equipped with fire warning and fire fighting equipment, extinguishers, fire blankets and a sprinkler system all of which are regularly checked and maintained by external contractors. The facility manager is a fire safety officer who has completed the required external training course and plans are in place to train a number of other staff in this role. Staff confirm that compulsory education is held for fire training and are able to explain what action to take in the case of a fire or other emergency. The home has been assessed under the 1999 Certification Assessment Instrument and met the safety and overall building requirements. Staff wear identification badges and there is a sign in/sign out register for residents, representatives, contractors and visitors. The home has security measures such as key padded external doors, closed circuit television surveillance, lock-up procedures and outdoor lighting.
4.7 Infection control
This expected outcome requires that there is "an effective infection control program".

Team’s recommendation
Does comply

The home has an effective infection control and surveillance program. The facility manager, who is a registered nurse, is the infection control coordinator and there is a system in place to document, monitor and review the level of infections within the home. Infection data is collected and analysed monthly and discussed at the clinical focus meeting. Infection rates have remained low since June 2009. Observations confirm consistent staff practices to reduce cross infection such as the use of hand washing facilities, hand washing competencies, personal protective equipment and colour-coded equipment. The home has a food safety program, waste management system, monitoring of cleaning practices and outbreak management planning. Preventative measures include regular audits, education for all staff and specific training relevant to staff positions and roles. Residents and staff are offered vaccinations. Staff providing health and personal care services to residents and support services staff, including catering and cleaning staff, demonstrate an awareness of infection control relevant to their work area.

4.8 Catering, cleaning and laundry services
This expected outcome requires that "hospitality services are provided in a way that enhances residents’ quality of life and the staff’s working environment".

Team’s recommendation
Does comply

Catering
The home has a system where food is freshly cooked on site following a four weekly rotating menu. Residents are encouraged to attend the dining areas for meals as an adjunct to their socialisation, however, trays are available to those who are unable to do so or choose to remain in their rooms. Catering staff have implemented food safety guidelines in the kitchen. Systems ensure that residents’ food preferences are identified and communication between care and catering staff support any changes to clinical nutritional requirements. Texture modified food and nutritional supplements are provided as required, at present there are no residents with these special needs. A consultant dietician is available to regularly review the content of the menu, provide advice regarding special diets, and assist with staff education, quality initiatives, new policies and practices.

Cleaning
The living environment was observed to be clean and cleaning work schedules guide the cleaning staff, who demonstrate a sound, working knowledge of the home’s cleaning requirements, infection control practices and safe chemical use. Chemicals used in the service were observed to be safely stored and material safety data sheets are available and accessible. The cleaning roster ensures all rooms, communal areas, hallways and offices are cleaned thoroughly according to a specific schedule. The kitchen areas are cleaned by catering staff and a high cleaning service is provided by the maintenance staff. The team observed colour-coded cleaning mops, cloths and buckets and personal protective clothing in use in all areas. The cleaners’ storage area was locked and the cleaning trolleys were not left unattended. Residents and their representatives interviewed by the team are very satisfied with the level of cleanliness of their rooms and of the home. Regular audits of the building and the cleaning service are undertaken and actions implemented to address any shortfalls.

Laundry
All flat linen and residents’ personal clothing is laundered in the on-site laundry. Programmed washing machines with auto dosed chemicals and commercial dryers
ensure a clean and fresh smelling wash. Some items and the mop heads are dried on a clothes line in the sunshine adjacent to the laundry. The laundry staff explained the labelling system, the processes in place to reduce loss of personal items, and for the management and expedient return of laundry. A dirty to clean flow of laundry is maintained and linen supplies are regularly monitored and were observed to be adequate. Mop heads are changed at the end of each day or more regularly if required and washed separately. Residents and representatives expressed satisfaction with the laundry services and advised that staff respond promptly to comments and suggestions.