



Aged Care
Standards and Accreditation Agency Ltd

Eden Community Aged Care

RACS ID 0842
22 BARCLAY Street
Eden NSW 2551

Approved provider: ICL Operations One Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 March 2016.

We made our decision on 8 February 2013.

The audit was conducted on 8 January 2013 to 10 January 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Eden Community Aged Care 0842

Approved provider: ICL Operations One Pty Ltd

Introduction

This is the report of a re-accreditation audit from 8 January 2013 to 10 January 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 8 January 2013 to 10 January 2013.

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:	Margaret Williamson
Team member/s:	Greg Foley

Approved provider details

Approved provider:	ICL Operations One Pty Ltd
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Details of home

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

Total number of allocated places:	85
Number of residents during audit:	83
Number of high care residents during audit:	74
Special needs catered for:	12 bed secure dementia unit

Street/PO Box:	22 BARCLAY Street	State:	NSW
City/Town:	Eden	Postcode:	2551
Phone number:	02 6496 1422	Facsimile:	02 6496 1099
E-mail address:	manager@eden.innovativecare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manger	1	Residents/representatives	17
Clinical care coordinator/registered nurse	1	Catering staff	2
Registered nurses/endorsed enrolled nurses	6	Laundry staff	1
Care staff	6	Cleaning staff	1
Admissions/education officer	1	Maintenance staff	1
Operation director	1	Activity staff	2
Risk and compliance manager	1	Management secretaries	2
Legal compliance manager	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	17
Service/supplier agreements	10	Personnel files	7
Resident agreements	5		

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Activities program and records
- Approved supplier list
- Archives register
- Audit schedule and results
- Call bell response report
- Cleaning manual and records
- Communication diaries, handover sheets
- Complex health care directives, blood glucose levels, weight records, bowel records, wound charts
- Computer based information systems
- Continuous improvement plan and improvement forms register
- Critical incident report register and consolidated register of mandatory reports
- Education program and attendance records
- Emergency management plan

- Fire safety inspection and maintenance records and annual fire safety statement
- Food safety program and records
- Infection control manual and infection reports and analysis
- Laundry manual and records
- Maintenance records and service reports
- Maintenance request logs and preventative maintenance program
- Manuals, flowcharts, memoranda - various
- Medication refrigerator temperature records, audits, self medication assessments
- Meeting minutes
- Menu and dietary overview and summary charts
- Monthly managers report
- Newsletters
- Notices advising residents/representatives and visitors of the re-accreditation assessment
- NSW Food Authority licence
- Organisational chart
- Orientation program and staff induction records
- Police certificate register
- Position descriptions and duties statements
- Record of professional registrations
- Resident handbook, admission package
- Resident survey and staff survey
- Restraint authorisations
- Staff handbook
- Staff roster and replacements records
- Vaccination records
- Volunteers' information package and handbook, volunteer visits record

Observations

The team observed the following:

- Activities in progress and resources
- Charter of residents' rights and responsibilities on display
- Cleaning in progress
- Complaints mechanism notices, brochures and forms throughout the home
- Emergency lighting, evacuation plans and evacuation kit
- Equipment in use, supplies and storage areas - various
- Fire detection and safety equipment
- Generator

- Improvement forms available throughout the home
- Infection control facilities, equipment and resources
- Interactions between staff, residents and relatives/representatives, visitors
- Living environment including covered outdoor areas and gardens
- Medication system including packing, storage, opening dates, administration rounds
- Menu displayed
- Notice boards with notices, pamphlets, forms and other information on display for staff and residents
- Residents at midday meal, morning and afternoon tea service
- Scooter storage area
- Secure storage of resident files
- Shift handover in progress
- Staff access to information systems
- Staff practices, staff work areas, staff room
- Visitor sign in/out books

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement forms, regular meetings, feedback and reporting mechanisms, a program of audits and surveys and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the manager and overseen and supported at an organisational level by the executive team. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and they always receive feedback.

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

- Following a review at the organisational level the electronic management system used for administration and clinical documentation has been upgraded. The improved software is more efficient, saving time for the user and has a greater capacity to generate reports. It has been customised to meet the specific needs of the home and is more easily monitored with network access by senior management.
- Management identified the need to review the agreements with service providers and suppliers. This has been carried out and agreements have been renewed. The review provided management with the opportunity to ensure all suppliers and service providers are meeting their regulatory requirements and professional obligations.
- The home has experienced a number of power outages and because of its rural location there have often been extended delays before power can be restored. In response a large generator has been purchased which will start automatically in case of a power blackout. It has the capacity to provide power for the whole home and so maintain normal service delivery to the 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’s management identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, a legislative update service, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, regular meetings, memos and ongoing training. Relevant information is disseminated to residents/representatives through residents’ meetings, newsletters, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

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

- Criminal history record checks are carried out for all staff and volunteers.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards and include criminal history record checks for contractors visiting the home.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the Accreditation Grant Principles 2011.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position. The home has a comprehensive orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. There is an education program which includes in-service training by a nurse educator, training by visiting trainers and suppliers, one to one training on duty, self directed learning and access to external training and courses. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through observation of staff work practice and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives are of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard One include: the orientation program covering such topics as:

continuous improvement, the vision, mission and values of the home, and policies and procedures and training in the use of the computer software upgrade.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Comments and complaints are logged in the continuous improvement system and we noted issues raised are addressed in a timely manner to the satisfaction of complainants.

Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally.

Residents/representatives say they are aware of how to make a comment or complaint and feel confident concerns are addressed appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission, values and philosophy of care are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality. Feedback from residents/representatives and staff and observations of staff interaction with residents demonstrated the vision and values of the home underpin the care provided to the residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. Relief staff are drawn from existing permanent and casual staff to fill any vacancies that arise in the roster. The performance of staff is monitored through appraisals, competencies, meetings,

audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they generally have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives report they are generally satisfied with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

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

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Clinical care documentation, which is regularly reviewed, provides the necessary information for effective care. A password protected computer system facilitates electronic administration, clinical documentation and access to the internet, the organisation's intranet and e-mail communication. Policy and procedure manuals and position descriptions clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings and newsletters. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, shift handover, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

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

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Audits of medication documentation identified the need to more clearly differentiate between regular and as needed (PRN) medication orders. The issue was discussed with the local medical officers and the medication charts were updated. Education was provided to staff. Colour identification and PRN stickers were introduced to alert staff. This has resulted in clear differentiation between regular and PRN orders and a reduction in medication errors.
- The organisation identified challenges in communication and follow up by some medical officers in regional areas. In response the organisation has employed a full time medical officer to visit all its homes on a regular basis. The role includes reviewing medical assessments as needed and liaising with the local medical officers. This has resulted in improved assessment and clinical outcomes for residents, better relationships between the home and local medical officers and increased confidence of families in the medical care.
- Following gaps identified in the bowel chart documentation the process was revised. The process was changed to exclusively use electronic records and eliminate the need for hard copy records. Education was provided to staff and the new system is more easily monitored. It has resulted in all bowel charts now being completed as required.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

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

- A record is kept of the current registration of registered nurses and other health care professionals.

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

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education and training that management and staff attend relating to Accreditation Standard Two include: the in-service program covering a range of clinical topics, three staff currently enrolled in the Certificate III in Aged care and three staff currently enrolled in the Certificate IV in Aged care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Eden Community Aged Care implements a clinical care system which ensures residents receive appropriate care. The home’s electronic care system includes comprehensive assessments, care planning, progress note documentation and health monitoring. Registered nurses oversee visits by medical officers and communicate any changes during verbal handovers and progress notes. Residents’ health monitoring is undertaken on a monthly basis or more often if required including measurement of weight and general observations. Clinical reassessments are completed if a resident’s condition or care needs change; referrals are arranged if required and care plans are updated regularly. Clinical performance is monitored through regular audits and there is a system for recording and reviewing accidents and incidents. Care staff demonstrate a sound knowledge of individual residents care needs. Residents/representatives expressed satisfaction with the timely and appropriate assistance given to residents by care staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses identify, assess, document and provide residents’ specialised nursing care needs. Care plans and related forms include sufficient detail to guide staff in the day to day provision of specialised nursing care. Specialised nursing care currently provided at the

home includes diabetic management, catheter care, oxygen therapy and pain management. Staff consult external nursing specialists when required including for behaviour management, wound care and palliative care. Staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives say they are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Residents are assisted to access external medical specialists and allied health professionals. Referrals are arranged by registered nurses to specialists some of whom visit the home including a physiotherapist, speech pathologist, podiatrist and dietician. Staff said transport to external appointments is usually provided by the resident's family. The residents' care plan and progress notes are reflective of specialist health care practitioners' recommendations and ongoing care interventions. Residents have pathology testing when ordered by their medical officer including checks for therapeutic medication levels. Residents/representatives say they are aware of available external health services and are provided with assistance to access them if needed.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Registered nurses, medical officers and a pharmacist oversee the medication system to ensure residents' medication is managed safely and correctly. Staff who have completed training and assessment complete medication rounds using a pre-packed system of medications supplied by the pharmacy. The home stores medications safely and securely in locked treatment rooms and trolleys. Staff were observed to administer medications safely and correctly. Staff report medication incidents which are documented and followed up by management. A pharmacist conducts regular medication reviews with results provided to the resident's doctor and registered nurses for review. Audits of the medication system are undertaken to ensure safe and correct administration and a medication advisory committee meets regularly. Residents/representatives say they are satisfied with the medication management provided for residents.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home implements a pain management system which ensures all residents are as free from pain as possible. Residents identified as experiencing pain are reviewed by a registered nurse, referred to their medical officer as needed, pain interventions are commenced and monitoring occurs to ensure effectiveness. Referrals to the physiotherapist are arranged for all new residents and those who experience pain on movement. Care staff are knowledgeable about the many ways of identifying residents who are experiencing pain and

provide a range of comfort measures including regular repositioning, analgesia, gentle exercise or rest during the day. Other treatments being used include heat treatments and massage. Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home provides end of life care for residents which respects their privacy and dignity and ensures their comfort. Clinical assessment, medical review, care planning and consultation with residents/representatives identify residents’ needs and preferences for end of life care. Strategies and interventions vary depending on resident’s wishes, diagnosis and condition and may include pain management, mouth care and pressure area care. Staff may access the local palliative care team who will liaise with the home, the family and the medical officer. Families are encouraged to stay with the resident and the home can organise a visit by religious clergy if this is the resident’s request. The home has letters and cards of appreciation from family members thanking staff for their dedicated care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ dietary needs and preferences are identified when they first move into the home. Information identified including food allergies, special diets and food and drink preferences is forwarded to the kitchen to ensure the appropriate staff have access to relevant information. Staff notify the kitchen if residents’ needs and preferences change. Residents are weighed monthly or more often if weight fluctuations occur. Registered nurses review residents who experience weight fluctuations with referral to medical officers or health specialists as needed. Residents were observed being served and assisted with meals and drinks and staff could discuss the provision of nutrition supplements and/or special diets for residents with specific requirements. Residents say they enjoy the meals provided at the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health through initial and ongoing assessments and care planning. Registered nurses and endorsed enrolled nurses oversee skin care provision and complete wound assessments, treatments and dressing changes. There is evidence of residents being referred to, and reviewed by the wound care nurse from the local community. Care staff confirmed they assist residents to maintain their skin integrity through the application of emollient creams, providing regular pressure area care, regular repositioning and manual handling practices.

Incidents such as skin tears are monitored to enable follow up and implementation of prevention strategies. A hairdresser and a podiatrist visit the home on a regular basis. Residents/representatives say they are satisfied with the skin care provided at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of residents. Registered nurses and the designated continence nurse oversee the continence management system and assessments provide information for care planning. The effectiveness of continence and bowel management programs is monitored on a daily basis by care staff who report any anomalies to registered nurses for follow up. The continence product supplier provides ongoing education and support. Urinary tract infections are monitored. During the re-accreditation audit all areas of the home were free of odour. Staff confirmed there are adequate supplies of continence aids available. Residents/representatives say they are happy with the assistance given in managing residents’ continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home implements systems to effectively manage residents with challenging behaviour. Clinical assessments, consultation with residents/representatives and monitoring of behaviour identifies triggers and successful interventions which are included in care planning. Registered nurses review the effectiveness of behaviour management plans and refer to the resident’s doctor as needed. Specialist consultations by the Dementia Behaviour Management Advisory Service (DBMAS) are arranged as needed and staff have access to the local mental health team when required to assist with the management of residents with challenging behaviours. Staff could discuss individual residents, any triggers for behaviours and strategies used to manage these behaviours. Observation of resident and staff interaction shows a patient and gentle approach to behaviour management. Residents/representatives say the needs of residents with challenging behaviour are effectively managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure optimum levels of mobility and dexterity are achieved for all residents. Clinical assessments by registered nurses identify the assistance required by residents for transferring and mobility. A physiotherapist works two days a week and provides assessment, therapy planning and some individual treatments such as massage, heat treatments and exercises. The home investigates and monitors falls to

identify interventions to prevent further occurrences. Reassessments completed after falls or if a residents condition changes provide information for updating of care plans. Staff were able to discuss individual residents needs and were seen to be assisting residents mobilise within the facility. Residents said they were satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Clinical assessments identify the oral and dental needs and preferences of residents which are then included in care plans. Staff assist residents to maintain their oral and dental routine including set up assistance, cleaning of teeth or dentures and soaking of dentures according to resident preference. Staff report any changes in residents’ oral health or eating habits to registered nurses to ensure any concerns are identified and followed up. Staff say there are sufficient supplies of toothbrushes and denture care equipment. Staff assist residents to make and attend external appointments with dentists and dental technicians. Residents say they are satisfied with the assistance provided by staff for the cleaning of their teeth.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Registered nurses complete clinical assessments and consult with residents/representatives to identify any sensory impairment such as vision or hearing loss. Care plans include daily routines such as cleaning and placement of glasses and application of hearing aids. Interventions to reduce the impact of sensory losses include good lighting, large print books, large screen televisions and the smell of food at meal times. There is evidence of residents being referred to external health professionals such as optometrists and audiologists. Residents say they are happy with the assistance from staff in managing any assistive aids.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Strategies are implemented to assist residents to achieve natural sleep patterns. Clinical assessments identify individual sleep patterns and residents are encouraged to maintain their usual bed time and to rest through the day if they choose. Registered nurses review residents who experience sleep disturbances and medications to assist with sleeping are prescribed at the discretion of the resident’s medical officers. Residents who are unable to sleep are offered a warm drink to help them settle. Staff check residents regularly throughout the night providing repositioning, continence care and pain management if required. Residents say the home is quiet at night and they are able to sleep comfortably.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Following a review of the lifestyle program by management the program was revised and expanded. Residents’ lifestyle assessments were completed. Education was provided to staff on their role in the lifestyle program. The activities program was expanded and more frequent bus trips were included. Residents’ participation is recorded and monitored more closely to ensure residents’ needs are being met. This has resulted in improved resident satisfaction with the lifestyle program.
- At the suggestion of staff the outdoor area of the dementia specific unit has been enhanced. New outdoor furniture has been acquired, a shade umbrella installed and the area decorated. This has resulted in increased usage of the area by residents. There has also been positive feedback from the families of residents.
- To acknowledge and celebrate the third anniversary of the opening of the home a special celebration was held in June 2012. All the residents and their families/representatives were invited along with the local member of state parliament and a local school choir. As well as being an enjoyable celebration the event also resulted in an improved public image and greater public awareness of the home. This supports the staff recruiting program, bed occupancy and has led to an increase in volunteers.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- Information is provided to residents/representatives in the resident handbook and the resident agreement regarding residents’ rights and responsibilities including security of tenure and the care and services to be provided to them.

- The Charter of residents' rights and responsibilities is included in the resident handbook and displayed in the home.
- Staff are trained in residents' rights and responsibilities in their orientation program and follow a code of conduct.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents. Training has been provided for staff on the mandatory reporting of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education and training that management and staff attend relating to Accreditation Standard Three include: the orientation program which covers such topics as privacy and dignity and confidentiality of residents' personal information; and compulsory training in elder abuse and mandatory reporting.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Staff ensure residents are introduced to each other and other staff and explain daily happenings at the home. Staff encourage residents to join in with social activities as they feel comfortable, whilst respecting their right to refuse. Residents are encouraged to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcome by staff. Ongoing support for existing residents includes management and staff support, contact with volunteers and visits by religious representatives by resident choice. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve and maintain maximum independence and friendships for as long as possible and to participate in community life within and outside the home. A range of individual and general strategies are implemented to promote independence including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimen. A number of the residents go out regularly to visit family, shops and for other activities and relatives and friends, entertainers, community and school groups and volunteers are encouraged to visit. Several residents own mobility scooters and some still maintain cars. Residents said they are satisfied with the access to the community, medical appointments and family involvement in the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. All residents have private rooms with en-suite bathrooms. Medical notes, clinical information and resident personal information are stored in secure areas and are accessible only by staff. Detailed information about resident rights to privacy, dignity and confidentiality is provided in the resident and staff handbook. Residents sign consent forms for the release of information and staff sign letters of offer, agreeing to maintain confidentiality of residents' personal information. Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home provides a varied lifestyle program which is developed in consultation with residents. Individual assessments identify resident's background history, leisure interests and preferences for social interaction. Information obtained from resident meetings, activity evaluations and one-on-one discussions is also used to plan suitable activities. Review of documentation and observation shows the home encourages and supports residents to participate in a wide range of interests and activities of interest to them. The lifestyle program includes activities such as beach walks, entertainment, bingo, games, mobile library, movies and a weekly café gathering for residents, their family and friends. The facility bus facilitates outings into the community. Residents/representatives are informed of recreational activities available through the notice board, activity calendars and verbal prompts about the activities of the day. Residents told the team they enjoy the activities available at 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 findings

The home meets this expected outcome

The cultural and spiritual lives of residents are acknowledged and celebrated by the home. The home identifies information related to residents' cultural and spiritual background when they first move into the home which is incorporated into care planning where appropriate. Church services are held by religious representatives and volunteers from a range of denominations. Residents choose whether to participate in celebrations of significant cultural days such as ANZAC Day, Easter, Mothers Day, Fathers Day and Christmas. Staff plan special theme days to recognise different cultures from around the world. Residents say they are satisfied with the spiritual and cultural support provided.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Examples include residents being given the choice of medical practitioner, having their diet preferences documented and provided for, choosing where they take their meals and in which activities they participate. Survey completion, improvement forms and meetings provide opportunities for residents/representatives to be involved in the running of the home. Residents have access to management for confidential matters. All residents are provided with a handbook that details the services available. Residents are able to decorate their own rooms with personal belongings. Residents/representatives say they speak up without hesitation and the home enables residents to make choices of importance to them.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and their representatives meet with management prior to or on entry to the home and are provided with an admission pack which outlines the rights and responsibilities of the resident. This includes a resident handbook which gives detailed information about all aspects of life at the home. The home's mission statement and the charter of residents' rights and responsibilities are included in the resident handbook and are clearly displayed in the home. A resident agreement is offered to all residents and fully details all services provided, fees, charges and information about security of tenure and other rights of residents. Resident contracts were appropriately signed and clearly outlined the services provided and costs of such services. Residents/representatives understand their rights and feel secure in their tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- A fire safety consultant identified the need for an upgrade of fire extinguishers in residential areas. New fire extinguishers were purchased and installed in accordance with NSW Health guidelines. This has resulted in a safer environment for residents.
- Following a work place injury staff work practice in the area was reviewed. The review identified an incorrect orientation of washing machine doors. This was rectified and has resulted in a safer work environment.
- As an initiative of the organisation a one day catering conference was held in November 2012. This was attended by the chef and manager of the home. It provided an opportunity for networking with other catering staff within the organisation and a sharing of ideas and improvements. It also provided education and practical training, including topics such as leadership in the kitchen. This conference has resulted in improved implementation of the food safety program and better management of the kitchen.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display in the home.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The home has an emergency management plan in accordance with the NSW Healthplan as required for all hospitals and health care facilities.

- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- Safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education and training that management and staff attend relating to Accreditation Standard Four include: the orientation program which covers such topics as occupational health and safety, incident reporting, safe chemical handling; and mandatory training in fire safety and evacuation, infection control, manual handling and safe food handling at orientation and on an ongoing basis.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is built on one level and includes a secure wing for residents with dementia. All residents are accommodated in individual rooms with en-suite bathrooms and residents have personalised their own rooms. There are a number of communal areas and lounge rooms as well as courtyards and gardens for each area. The living environment is clean, well furnished, well lit, free of clutter and has a heating/cooling system to maintain a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff. Residents/representatives say they are satisfied with the comfort and safety of the living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. There is an occupational health and safety officer and any matters relating to work health and safety are discussed at the regular staff meetings. All staff are trained in manual handling and work health and safety procedures during their orientation and on an

on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by management and staff. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. A fire safety officer oversees fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate fire fighting equipment and warning systems and inspection of the external contractor records and equipment tagging confirms the fire fighting equipment is regularly maintained. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. An evacuation kit and current resident list and photographs of all residents are located at the reception desk in case of evacuation. There is also an emergency management plan for the site and a system to maintain security at the home. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and residents say they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home ensures its infection control program is effective through clear policies and procedures, education and an infection surveillance program. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kit, a food safety program used in the kitchen, a vaccination program for residents, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The clinical care coordinator oversees the program and the program is monitored through reporting of all infections, trend analysis, audits, benchmarking and organisational review.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. There is a rotating menu that provides choice and variety of meals and all meals are cooked fresh on site. The menu has been assessed by a dietician and caters for special diets and for the individual needs and preferences of residents. The home is cleaned regularly according to a schedule and includes periodic high cleaning and detail cleaning. Personal clothing and linen is laundered at the home seven days a week. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives say they are satisfied with the hospitality services provided.