



Aged Care
Standards and Accreditation Agency Ltd

Goulburn Masonic Village

RACS ID 0433

10 Long Street

GOULBURN NSW 2580

Approved provider: Royal Freemasons Benevolent Institution of
NSW Nominees 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 19 October 2015.

We made our decision on 11 September 2012.

The audit was conducted on 7 August 2012 to 8 August 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development		
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.		
Expected outcome		Accreditation Agency decision
1.1 Continuous improvement		Met
1.2 Regulatory compliance		Met
1.3 Education and staff development		Met
1.4 Comments and complaints		Met
1.5 Planning and leadership		Met
1.6 Human resource management		Met
1.7 Inventory and equipment		Met
1.8 Information systems		Met
1.9 External services		Met

Standard 2: Health and personal care		
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.		
Expected outcome		Accreditation Agency decision
2.1 Continuous improvement		Met
2.2 Regulatory compliance		Met
2.3 Education and staff development		Met
2.4 Clinical care		Met
2.5 Specialised nursing care needs		Met
2.6 Other health and related services		Met
2.7 Medication management		Met
2.8 Pain management		Met
2.9 Palliative care		Met
2.10 Nutrition and hydration		Met
2.11 Skin care		Met
2.12 Continence management		Met
2.13 Behavioural management		Met
2.14 Mobility, dexterity and rehabilitation		Met
2.15 Oral and dental care		Met
2.16 Sensory loss		Met
2.17 Sleep		Met

Standard 3: Resident lifestyle Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.		
Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Goulburn Masonic Village 0433

**Approved provider: Royal Freemasons Benevolent Institution of NSW
Nominees Ltd**

Introduction

This is the report of a re-accreditation audit from 7 August 2012 to 8 August 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 7 August 2012 to 8 August 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Allison Watson
Team member/s:	Alexander Davidoff

Approved provider details

Approved provider:	Royal Freemasons Benevolent Institution of NSW Nominees Ltd
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Details of home

Name of home:	Goulburn Masonic Village
RACS ID:	0433

Total number of allocated places:	43
Number of residents during audit:	39
Number of high care residents during audit:	22
Special needs catered for:	Dementia specific wing (10 beds)

Street/PO Box:	10 Long Street	State:	NSW
City/Town:	GOULBURN	Postcode:	2580
Phone number:	02 4822 1881	Facsimile:	02 4822 1880
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	10
Quality assurance officer	1	Cleaning and laundry contractor representative	1
Acting care co-ordinator	1	Recreational activity staff	2
Physiotherapist	1	Maintenance staff	1
Care staff	3	Laundry staff	1
Administration officer	1	Cleaning staff	1
Catering manager	1		

Sampled documents

	Number		Number
Residents' files (hardcopy and electronic)	6	Medication charts	6
		Personnel files	6

Other documents reviewed

The team also reviewed:

- Access and safety guidelines for contractors
- Activities program including newsletters, weekly calendars, activities records and evaluations and attendance forms
- Appraisals schedule
- Cleaning schedules
- Clinical and care assessment documentation including assessments for initial and ongoing resident care needs and preferences such as resident dietary and observation charts including weights, continence, behaviours, sleep, skin integrity, pain, mobility, fall risk, toileting, wound assessments and case conference reports
- Complaints, suggestions and improvements folder
- Consolidated register of reportable incidents
- Contractors and agreements folder
- CQI plan 2012
- Emergency flip charts
- Emergency procedures manual and disaster management continuity plan
- Fire equipment service logs
- Food safety program
- Hazards logs and risk analysis forms
- Improvement logs

- Infection control manual
- Internal and external preventative maintenance schedules
- Job descriptions and duty statements
- Kitchen temperature records for food and appliances
- Legionella test results
- Mandatory training attendance records
- Medication management documents including medication management information and medication policy and procedure
- Meetings schedule and minutes of meetings
- Memoranda and communication documentation
- Menu and the dietician's review of the menu
- Monthly cleaning and laundry audits
- New staff recruitment pack
- Philosophy, vision and mission statements
- Police checks register for staff, volunteers and allied health providers
- Policies and procedures
- Register of contractor agreements
- Resident dietary needs forms
- Residents' information handbook
- Residents' information package and surveys
- Schedule of audits and reviews
- Self assessment report
- Staff confidentiality agreements
- Staff education records
- Staff handbook
- Staff induction checklist
- Training and competencies calendar
- Visitor sign in book
- Warm water temperature tests records

Observations

The team observed the following:

- Accreditation notices on display
- Activities in progress (including residents being visited by family and friends, sing-a-longs, coffee shop)
- Annual fire safety statement
- Cleaners' room
- Dining rooms at meal times (the serving and transport of meals, staff assisting residents with meals and beverages)

- Equipment and supply storage areas
- Fire safety equipment and emergency exits
- Hairdressing room
- Hand washing/hand cleaning/sanitising facilities
- Interactions between staff and residents
- Kitchen and food storage areas
- Laundry area
- Lifting equipment and manual handling aids
- Living environment (internal and external)
- Medication rounds and safely stored medications
- NSW Food Authority licence
- Secure storage of care files and other documents
- Spills kits, sharps disposals and contaminated waste disposal
- Staff handover
- Staff work areas (including nurses stations, treatment/utility rooms, staff room, reception and offices)
- Waste disposal facilities

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

The home has systems and processes to ensure that improvement activities are identified, actioned and evaluated for effectiveness. Improvement activities are identified through a range of systems involving residents, representatives, staff and management. These systems include improvement logs, audits, surveys, meetings, accidents/incidents documentation and hazard logs. Improvements may also be identified through management observations, group initiatives, complaints system, and as a result of regulatory changes and changing resident needs. Identified improvement activities in the home may be actioned directly by management or may be planned and monitored to completion and evaluation through the improvement and hazard logs, meetings and improvement action plans. Continuous improvement committee meets bi-regularly. Examples of improvement activities relating to Accreditation Standard One include the following:

- As a result of a group initiative the home has implemented an electronic resident care documentation package to improve consistency and continuity of resident information and data. We noted that the resident clinical information is being documented in a comprehensive and person centred manner.
- Following management meeting discussions the complaints form was modified to include a provision for signing off of the resolved complaint or suggestion by the person who has originated the complaint. This provides improved assurance that complaints are being resolved satisfactorily.
- Management identified the quality improvement manual has not been reviewed for a considerable period of time. The manual was reviewed, updated and published. All the staff were required to read the updated manual and in the future the document will be reviewed annually. The up to date manual contributes to strengthening the continuous improvement process in the home.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has procedures in place to identify and ensure compliance with changes in relevant legislations, professional standards and guidelines. The home subscribes to a legislative update service and has a membership with a peak aged care industry association. It also receives information from government departments and agencies, industry

publications, group sources and professional networks. Regulatory information is communicated within the home through memos, notices, meetings, and education sessions as appropriate. Policies and procedures are updated as required. Regulatory compliance within the home is monitored by management observations, audits, competency testing and accident/incident system. Specific examples of regulatory compliance relating to the Accreditation Standard One include the following:

- The home has policies and procedures for mandatory reporting of allegations of elder abuse and consolidated register of reportable incidents is in place.
- The home notified residents/representatives in the home of the forthcoming Accreditation site audit and informed them of an opportunity to have an interview with the assessment team.
- Procedures are in place to monitor the availability of current police checks for staff and volunteers visiting the home.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to provide management and staff with appropriate knowledge and skills to perform their roles effectively. Staff education calendar is developed to cover the four Accreditation Standards, and includes assessment of resident care needs, staff feedback, quality monitoring systems, incidents/accidents system, management observation of staff practices, and regulatory changes. The education program includes in-services given by internal and external presenters and the use of the electronic education channel materials. Records are maintained of staff education activities. Staff interviewed said they are generally provided with sufficient and appropriate education and training to perform their roles effectively. Residents interviewed consider staff to be generally adequately trained. Examples of education activities relating specifically to the Accreditation Standard One include staff education on bullying and harassment.

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

The home provides access to the complaints mechanisms for residents and their representatives through improvement logs and comments/complaints forms, resident/representative meetings, surveys and verbal communications to management and staff. Information on complaints mechanisms is displayed in the home and is included in the resident handbook and the residential care agreement. Consolidated register of reportable incidents for the home is maintained. Residents/representatives interviewed stated they are satisfied with the complaints mechanisms available to them and would be prepared to make a complaint if needed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has clearly documented statements of philosophy, mission and values which outline the home's commitment to quality resident care, and which are displayed in the home. The values expressed in these statements are promoted in management and staff practices, and are contained in the staff and resident 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 findings

The home meets this expected outcome

The home has policies relating to human resource management and job descriptions and duty statements. The care staff in the home have Certificate III qualification in aged care or higher qualifications as well as the first aid certificate. New employees undergo an orientation to ensure that they are aware of the home's essential policies, procedures and practices. Appropriate training is given to staff when indicated by new resident care needs. An annual staff performance appraisal system is in place and staff competencies are tested. Staff absenteeism and leave in the home are covered by the use of casual staff and additional shifts given to permanent part time staff. The home monitors registrations of professional staff, and a system is in place to monitor staff criminal records. Staff interviewed said they have adequate skills and staff numbers are generally adequate to provide quality service to residents. Residents and representatives interviewed are highly satisfied with the attitude and responsiveness of staff and adequacy of care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has adequate stocks of equipment and goods to provide quality service delivery to residents. Equipment needs are identified through staff feedback, changes in resident care needs, maintenance feedback, hazard/risk assessments and management observations. New equipment may be evaluated prior to purchase for work health and safety and workplace trialling aspects. Preventative maintenance of equipment is implemented by the site maintenance staff and by external contractors as appropriate. Responsibilities for ordering medical, catering and other supplies are clearly allocated and appropriate procedures are in place. Purchasing is generally done through approved suppliers. Staff interviewed said the home has adequate levels of equipment and supplies to provide quality resident care and that maintenance and repairs are completed as 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

The home maintains records relating to resident care which include assessments, care plans, progress notes, medical records and other clinical records maintained on an electronic system. These provide information to staff to help them perform their roles effectively. Residents are provided with the residential care agreement and a residents' handbook and other entry information which explain aspects of entry to and life within the home. Other information systems include documentation of incidents/accidents, medication incidents and infection incidents, communication book, meetings, memos and a newsletter. Confidential information is securely stored and computer access is password protected. Procedures are in place for the back up of the computer information. Residents and staff interviewed by the team are satisfied with the information systems in the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home sources external services in a way that meets the home's needs and service goals. The services are provided by the contractors approved by the home, and their licence and insurance details are monitored. Contractors are provided with information on the expected levels of service in the home and their performance is evaluated on an ongoing basis. Some external contractors contribute to the home's quality systems by providing staff training in the areas of their expertise. Procedures are in place to contact external providers after hours. Residents and representatives and staff interviewed by the team are satisfied with services offered by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Two include the following:

- The home appointed a physiotherapist to work on site four days a week assessing resident mobility, dexterity and rehabilitation needs, and to conduct a pain management clinic. The initiative has had a significant effect on resident care.
- The secure dementia wing did not have secure medication storage and staff had to leave the wing to go to another location where the medications were stored. A lockable cabinet was purchased and installed in the Grevillia nurses' office, allowing the staff to remain in the wing at all times and thus providing improved resident supervision.
- The home compiled information for residents, families and care staff on the additional care needs during the heat wave weather conditions. This improves resident clinical safety during difficult climatic conditions.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Two include the following:

- The home provides continence aids and toiletries to residents receiving high level care in accordance with legislative requirements.
- The home monitors registrations of professional staff working in the home.
- The home has in place medication storage, administration and record keeping procedures in line with the Poisons and Therapeutic Act 1966.

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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Two include medication management, wound management, end of life care, identification and management of pain, and dementia – responding to behaviours.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Goulburn Masonic Village has systems to ensure residents receive appropriate clinical care. Residents’ physical and mental health needs are identified on entry to the home through a series of ongoing clinical and lifestyle assessments. The information gathered is used to develop person centred care plans which meet the individual needs of residents. Care plans are reviewed on a regular basis by appropriately qualified staff. There is ongoing consultation with residents and representatives in regards to resident care planning and changes to the residents’ care and/or treatment. Residents are regularly reviewed and have access to their medical officer. Any changes in care requirements are communicated between staff through handover, communication book and changes in care plans. Residents and representatives advised they are very satisfied with the care provided to residents.

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

Goulburn Masonic Village’s assessment and care planning processes ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Examples of specialised care the home currently provides are diabetic care with blood glucose monitoring, catheter care and wound care. Staff accompany doctors on rounds and nursing staff review doctors’ notes, organising care, appointments and referrals as required. Staff have access to consultants for advice regarding residents’ specialised care needs. Staff said they have ongoing education and training which is provided to address specific care needs, and there is adequate equipment available to them. Residents and representatives said they are very satisfied with the way staff provide specialised nursing care to residents.

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

Goulburn Masonic Village has systems that ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. Ongoing assessments and regular reviews of residents’ care needs help to identify residents requiring referral to other health and related services. Some of the services being accessed by the home include geriatrician, cardiologist, speech pathologist, physiotherapy and dentist. Referrals to health specialists and the outcomes of the consultations are documented in residents’ files with appropriate changes made in assessments and care plans. Staff at the home assist residents with travel arrangements to external appointments when required. Residents and representatives said residents are referred to medical and allied health services and staff assist with the care recommended by the health and other related services.

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

Goulburn Masonic Village has systems to ensure residents’ medication is managed safely and correctly. This includes secure and correct medication storage and incident reporting and actioning. The home uses a multi dose blister packed medication system with photo identification. Medications are administered by nursing staff with current medication competencies. All medications are securely stored and schedule eight drugs are checked regularly by two appropriately qualified staff. A medication advisory committee (MAC) meets six monthly. Residents’ medication regimes are reviewed by their medical officers and the home’s medication management system is audited regularly by an external pharmacist. Residents and representatives said they are satisfied with the care provided in relation to residents’ medication requirements.

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

Goulburn Masonic Village has systems to identify, manage and evaluate pain management strategies that ensure residents are as free as possible from pain. This includes initial and ongoing pain assessments using observation, discussion, pain monitoring and non-verbal pain assessments. In conjunction with analgesic medication an external physiotherapist conducts a pain clinic four days per week. A range of complementary pain relieving strategies are offered such as repositioning, attending to clinical and emotional needs, exercise/physiotherapy programs, distraction through activities and the application of heat packs. Referrals to pain specialists or the palliative care team are organised as required. Residents and representatives said pain management provided to residents meets residents’ needs and pain relief can be accessed as required.

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

Goulburn Masonic Village has systems to ensure that residents’ palliative care and comfort is managed effectively. Residents and representatives are encouraged to participate in discussions relating to their end of life care needs and wishes. The home has access to the area palliative health team and palliative care specialists when necessary. The palliative care team can assist in maintaining residents’ comfort and care including pain management and provision of specialised equipment. Residents who have complex care needs may require transfer to another service or home and this will occur in consultation with the resident and/or their representative. All staff interviewed showed sensitivity and understanding of meeting the physical, cultural, spiritual and psychological needs of frail residents. Residents and representatives said they are comfortable with the home’s approach to maintaining residents’ comfort and dignity, and the knowledge that their wishes would be considered and respected.

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’ nutritional and hydration needs and preferences are identified on entry to Goulburn Masonic Village through the assessment and consultation processes. Individual needs identified include swallowing difficulties, sensory loss, special diets and individual preferences which are documented in care planning. Residents are routinely weighed monthly and weight loss/gain monitored more frequently when necessary. The residents’ doctors are informed and in consultation residents may be referred to allied health practitioners such as dietician, speech pathologist and dentists. Staff described how they assist residents in managing meals and fluids and how the home provides special utensils, special diets, nutritional supplements and varied consistency of fluids and diets as required. Meals are cooked within close proximity to the residents’ dining room and residents advised they are satisfied with the frequency and variety of meals provided by 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

Goulburn Masonic Village has a system to ensure residents’ skin integrity is consistent with their general health. Staff monitor the residents’ skin integrity as part of daily care and report any changes to management and the clinical care coordinator for review and referral to the residents’ doctors as needed. A podiatrist attends the home regularly and a wound care specialist can be accessed when necessary. Staff report breakdown in residents’ skin integrity as part of the clinical data collection which is monitored by management. Documentation and staff interviews showed staff receive ongoing training and supervision in skin care and understand the importance of attention to residents’ personal hygiene,

continence management, skin care, regular repositioning and the use of limb protection devices when necessary. Residents advised they are satisfied with the personal care assistance and skin care which is provided by the staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Goulburn Masonic Village has systems to ensure that residents' continence is managed effectively. This includes assessment on entry to the home and evaluation of management strategies such as scheduled toileting and the use of continence aids. The home's external continence aid supplier can be accessed as required for advice and the provision of staff training. Bowel management programs including the provision of high fibre diets and encouragement with fluids, and monitoring is via daily recording and reporting by care staff. Urinary tract infections are monitored and preventive strategies are implemented when indicated. Residents advised they are satisfied with the assistance and continence care provided by the staff.

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

Goulburn Masonic Village has systems to ensure the needs of residents with challenging behaviours are managed effectively. Following assessment, a person centred care plan is developed which includes strategies to address residents' specific needs. Episodes of challenging behaviour are recorded, monitored closely and evaluated regularly, with care conferences conducted as required. Care treatments and routines are flexible to minimise verbal and physical aggression. The home has a secure dementia unit with a large garden accessible to residents. If required, residents are reviewed by a psychogeriatrician or an external behaviour management service. Residents and representatives expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are 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

Goulburn Masonic Village has a system to ensure optimum levels of mobility and dexterity are achieved for all residents. Assessments are undertaken on entry and when there is a change in a resident's mobility, dexterity or rehabilitation care needs. An external physiotherapist provides residents with mobility, dexterity and rehabilitation programs. The home's programs include group exercises and individual exercise programs with strategies to improve and maintain residents' strength and prevent falls. Other strategies include the monitoring of footwear and the lowering of beds. Residents were using a variety of mobility aids throughout the home. All fall incidents are monitored and reported through the home's

clinical monitoring system. Residents said they are satisfied with the mobility program and the 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

On entry to Goulburn Masonic Village residents' oral and dental health is assessed and there are processes to ensure their oral and dental health is maintained. This is achieved by ongoing assessments and the development of care plans to address oral hygiene. Access to dental professionals is available to residents and when required residents are assisted to access dental and oral care services of their choice outside the home. Care staff assist or prompt residents with teeth and denture cleaning and report any changes in oral health to the care coordinator and this is documented in progress notes and the care planning system. Residents and representatives advised residents' oral and dental health is maintained.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

There is a system to ensure that residents' sensory losses are identified and managed effectively. This is achieved by ongoing assessments of residents' sensory losses and care plans which identify strategies to manage these losses including the use of any aids. Residents are referred to external health professionals such as audiologists and optometrists. The activities program further enhances sensory stimulation through activities such as gardening, cooking, massage and music. Residents and representatives advised residents are satisfied 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

Goulburn Masonic Village has processes to ensure residents are able to achieve natural sleep patterns. Residents' sleep patterns are assessed on entry to the home taking into account past history of night sedation and sleep patterns. This information is compiled to assist in the documentation of sleep care plans. Medications to assist with sleeping are prescribed at the discretion of the resident's medical officers. Residents' ongoing sleep patterns are reviewed and sleep disturbances monitored. Residents are encouraged to participate in recreational and exercise programs during the day to assist in achieving normal sleep patterns. Lighting and noise is subdued at night to provide a peaceful and secure environment. Staff advised that for those residents who experience sleep disturbances non pharmacological strategies implemented include offering drinks and snacks, extra blankets and pillows and toileting residents. Residents interviewed said the home is generally quiet at night and they sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Three include the following:

- Following a resident survey feedback the home introduced a weekly “Goodies” shopping trolley enabling residents to purchase snacks, drinks, toiletries, as well as specific requested items. The trolley is very popular with the residents.
- The home identified the need to provide a smoke apron to a resident in a motorised wheelchair who enjoys smoking. The apron was purchased and a procedure was implemented for staff to document when the apron is being applied.
- A resident/relative survey feedback indicated dissatisfaction with the recreational activities program in the dementia wing of the home. The duties of the activities officers were reviewed and one officer was allocated to spend additional time in the wing. Suitable activities and resources are being introduced, appropriate to the shorter attention span and particular needs of the residents.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to resident lifestyle. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Three include the following:

- Staff in the home undertake to maintain confidentiality of residents’ information and residents are provided with information on their rights and responsibilities.
- Residents provide consent for the collecting and use of their personal information and photographs.
- Residential agreements are in place. The agreements provide a 14 day cooling off period, information on the care and services, security of tenure and disputes resolution procedures.

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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Three include dementia – meaningful activities, palliative care – grief and loss, person centred care – it's my choice, and creating a restraint free environment.

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

Goulburn Masonic Village has a system to ensure residents receive support in adjusting to life in the home and on an ongoing basis. Pre-entry and entry interviews are conducted to obtain information about each resident from the resident themselves and from their representative. Residents' emotional needs are assessed on an individual basis with consideration for their background, family dynamics, and physical and mental health. The care staff and activity team reported ways in which they provide residents with emotional support after arrival. These include introducing them to other residents and checking on a daily basis to ensure they are aware of and invited to attend activities on the day. Residents advised the staff are very caring and sensitive to their needs and expressed their satisfaction with the ongoing support they receive.

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

Goulburn Masonic Village residents are assisted to achieve maximum personal independence, maintain friendships and participate in community life within and outside the home. This process is undertaken through a multi-disciplinary approach through lifestyle, physiotherapy, and nursing care. Residents are able to make choices for themselves in the attendance of social and spiritual events and in regard to the preference of meals, showering and sleep times. The activities program is designed to facilitate independence and community participation within the community such as bus trips. Residents who wish to participate in voting and elections are assisted to maintain their civic duties by the home. Residents are encouraged to be as independent with personal care and grooming as they are able. Residents and representatives said residents are encouraged to be independent and are able to participate in the community as they wish.

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

Residents and representatives interviewed said residents' privacy, dignity and confidentiality are recognised and respected. Residents' personal preferences and needs for privacy are documented on assessments and care plans. Residents' personal information is stored securely and their clinical records are stored in locked cupboards or rooms. Staff practices which enhance residents' privacy include knocking on doors and addressing residents by their preferred name. Privacy and dignity of residents is further enhanced through staff education and staff signing confidentiality agreements. Residents advised they are satisfied with the approach taken by the home to manage their privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Goulburn Masonic Village has systems to encourage and support residents to participate in a wide range of interests and activities according to their preferences. On entry to the home the resident's leisure interests and activities are identified through the admission database assessment and lifestyle assessment information. Individual care plans are developed, reviewed and changed according to the wishes of the resident. The activities program is reviewed through feedback from resident meetings, surveys, and activity attendance data which is analysed. The home provides residents with a newsletter to inform residents of the monthly calendar of events. Residents and representatives said residents are satisfied with the range of activities on offer, are asked for their ideas and can choose whether or not to participate.

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

Goulburn Masonic Village is able to demonstrate individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Residents are actively encouraged to maintain cultural and spiritual links in the community. Regular religious services are held within the home by ministers from different denominations including Anglican, Uniting, Christian and Catholic services and weekly Catholic communion. Provision is made for the celebration of special national, cultural and religious days, for example, Australia Day, St Patrick's Day, birthdays, Christmas and Easter. Other cultures are respected when identified and cultural practice for terminal care is respected. Residents and representatives expressed satisfaction with the way staff ensure their cultural and spiritual needs of residents are met.

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

Goulburn Masonic Village ensures residents and representatives participate in decisions about the services the resident receives, making sure residents exercise choice and control over their lifestyle. Choice and decision making is discussed at entry to the home. A review of care plans and minutes of residents' meetings shows residents exercise choice and control over their care and lifestyle. Residents are encouraged to participate in decisions about their care and services required to meet their individual needs. Management have an open door policy to ensure ease of access. Processes involving residents include one-on-one interviews, discussions with staff and management, completing surveys and other feedback. Residents and representatives said they are provided with sufficient up to date information to assist with the choice and decision regarding resident care and lifestyle at the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. Documentation provided to all new residents and family includes the aged care resident agreement and a resident handbook, which explain the conditions under which a resident may be transferred, conditions for ending the agreement, and complaints resolution procedures. The documentation includes information regarding the Charter of residents' rights and responsibilities, and lists care and services provided by the home. We noted that extensive consultations are held with families and their agreement is obtained before a resident is moved from one wing to another. Residents interviewed 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

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Four include the following:

- A new air conditioner was installed in the kitchen, replacing a smaller one, to improve working conditions. A new “combi” oven was purchased to replace an old unit.
- An area next to the lounge in the dementia specific wing was freed of furniture to allow temporary storage of wheel chairs and water chairs. When residents are brought into the lounge and transferred to day chairs, their mobility equipment can now be parked close by and available for ready use if needed.
- Material safety data sheets were out of date. The updated documents were sourced and placed in the appropriate sections of the home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an effective system in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Four include the following:

- The home has a current annual fire safety statement.
- The home has a licence from the NSW Food Authority under the regulations on Food Preparation and Service for Vulnerable Persons and food safety plan is in place in the kitchen.
- The home is implementing the new regulations relating to work health and safety.

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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education

activities relating to Accreditation Standard Four include mandatory education on fire safety and manual handling and infection control, OHS risk assessment, outbreak management, and disaster evacuation 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 findings

The home meets this expected outcome

Residents in the home are accommodated in single rooms with ensuites. The rooms are located in four wings, one of which accommodates residents with dementia. There is a central dining area for the mainstream residents and each wing has a lounge. The rooms are spacious, are centrally heated and have ceiling fans. The home has wide corridors with good lighting and handrails; all common areas are easily and safely accessible to residents. The home was noted to be well maintained, clean, free from odour and with low level of noise. A lockdown check is in place in the evening. The home is serviced by the site maintenance officer and maintenance request logs are in place. Assessment of safe and comfortable environment in the home includes environment audits. Residents and representatives interviewed are satisfied with the living environment in 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 findings

The home meets this expected outcome

The home has systems to provide a safe working and living environment for residents and staff. Work health and safety policy is in place and the occupational safety matters are discussed at the staff and management meetings. New staff orientation includes manual handling and other occupational health and safety aspects, and annual manual handling training is mandatory for staff. The home has an accident/incident and hazards identification and risk assessment systems, environmental audits are completed and material safety data sheets are in place. Staff said the home has adequate stocks of equipment and supplies to ensure occupational health and safety when providing resident care. Staff advised they are satisfied with the safety of the working environment in 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 findings

The home meets this expected outcome

Fire safety systems in the home include fire sprinkler system, emergency instructions manual, annual fire safety training which is mandatory for all staff, and a resident evacuation kit. Fire equipment is regularly maintained by external contractors and its location, and the location of the emergency exits, are clearly marked and were observed to be free from obstructions. The home has emergency procedures flip charts and evacuation plans are displayed. The home has a visitors 'sign in' book. Fire emergency aspects such as exit lights

are monitored through regular inspections by external contractors. Residents interviewed 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 has an effective infection control system which includes policies and procedures including outbreak management procedures, audits, staff induction and the use of personal protective equipment. Spills kits, sharps disposal containers, contaminated waste disposal and an outbreak management kit are in place. Incidents of infection are documented within the electronic clinical documentation system. Staff said they are aware of infection control procedures and they have access to adequate stocks of personal protective equipment. Vaccinations are offered to residents. A food safety plan is in place in the kitchen and the temperatures of delivered foodstuffs, cooked meals and kitchen appliances are monitored, and prepared food items are dated. The laundry has equipment with programmed cycles and uses automated ozone system. There are designated areas and procedures for handling contaminated linen. Cleaning procedures and schedules for the cleaning staff and dispensing of cleaning chemicals are used. Colour coded equipment is used to reduce the risk of cross contamination. The staff in the home were observed to be using appropriate personal protection equipment in the performance of their duties. The home has services of a pest control contractor.

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 meals in the home are cooked fresh on site according to a four season rotating four week menu. The menu provides one dish for the main meal, but residents may be provided with an alternative if requested. Special meals can be prepared for residents with particular requirements such as diabetic, gluten free, texturing of meals and thickening of fluids, and for those with other special requirements or preferences. Modified crockery and cutlery is available to promote resident independence if needed. Residents have meals in the spacious dining room, with condiments provided at the tables for resident use. Resident feedback on catering service is obtained through resident meetings and surveys, through the comments and complaints system, and through direct monitoring by the catering staff. Residents interviewed by the team are generally satisfied with the catering service in the home. Residents' personal items are laundered in the on-site laundry by an external contractor and are returned folded and on hangers the same day. The home labels residents' clothing to minimise the incidence of lost items. The home's cleaning is done by external contractor staff, with cleaners working 7 days a week; the cleaning schedule includes detailed cleaning of resident rooms. Standards of cleaning are monitored through audits and staff and resident feedback. Residents interviewed by the team are satisfied with the laundry services, and the cleaning of their rooms and communal areas.