



Aged Care
Standards and Accreditation Agency Ltd

Kingswood Court Aged Care Facility

RACS ID 2480

29 George Street

KINGSWOOD NSW 2747

Approved provider: East West Health Care 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 22 January 2015.

We made our decision on 6 December 2011.

The audit was conducted on 15 November 2011 to 16 November 2011. 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

Site Audit Report

Kingswood Court Aged Care Facility 2480

Approved provider: East West Health Care Pty Ltd

Introduction

This is the report of a site audit from 15 November 2011 to 16 November 2011 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 15 November 2011 to 16 November 2011

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

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

Assessment team

Team leader:	Patricia Hermens
Team member/s:	Maria Toman

Approved provider details

Approved provider:	East West Health Care Pty Ltd
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Details of home

Name of home:	Kingswood Court Aged Care Facility
RACS ID:	2480

Total number of allocated places:	77
Number of residents during site audit:	77
Number of high care residents during site audit:	67
Special needs catered for:	Nil

Street/PO Box:	29 George Street	State:	NSW
City/Town:	KINGSWOOD	Postcode:	2747
Phone number:	02 4736 7955	Facsimile:	02 4736 2958
E-mail address:	kingswdcourt@optusnet.com.au		

Audit trail

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

Interviews

	Number		Number
Administrator	1	Residents	7
Director of nursing (DON)	1	Resident representatives	6
Deputy director of nursing (DDON)	1	Activity officers	3
Educator/OH&S	1	Catering staff	2
Registered nurses (RNs)	3	Cleaning staff	1
Care staff	6	Maintenance staff	1
Physiotherapist	1	Fire officer	1
Physiotherapist aide	1		

Sampled documents

	Number		Number
Residents' files including admission database, lifestyle assessments, medical notes and care plans and summary care plans	1	Medication charts, Medication reviews, Resident medication ID charts; and Nurse initiated medication charts	12
Medication self-administration assessments	2	Restraint authorisation assessments and monitoring tools	2
Residential contracts	4		

Other documents reviewed

The team also reviewed:

- Activity calendar
- Allied health referrals and assessments
- Behaviour assessment and management tools
- Care, medical and physiotherapy communication books
- Certification instrument 1999 report, annual fire safety statement of compliance 2 June 2011, fire safety maintenance contractor records, emergency evacuation site plans, emergency procedures colour coded flip charts, building security protocols (including staff lock up procedures)
- Cleaning manual (containing planned cleaning programs)
- Clinical care assessment and review tools
- Comments and complaints 2011 (including policy and forms). Aged Care Complaints Investigation Scheme and Advocacy brochures
- Compulsory reporting register and forms – includes elder abuse and missing persons
- Continence folders
- Continuous improvement (CI) documentation 2011 (including CI plan, quality activity/audit schedule, audit and survey results, organisational self assessment)
- Education records – program/calendar July 2011 to June 2012, notices, attendance records, competency records (including food safety and fire), training certificates

- Electronic communication systems (including e-mail and various purpose specific computer programs)
- Emergency medication book
- Hospital discharge letters
- Human resource records - including staff handbook, recruitment information, job descriptions, duty statements, performance appraisals, police probity check register staff/volunteers/contractors, professional registration records, staff rosters and staffing reports. Code of conduct
- Incident and accident/hazard reports records, summaries and trend data, OH&S environmental safety inspections, chemical information, material safety data sheets (MSDS), manual handling instructions
- Infection control material (including manual, monthly summary and trend data, temperature records for food (delivery, cooking and serving, fridge/freezers/cool rooms and medication fridges, food safety plan, NSW Food Authority license 6 December 2010, food safety audit report, outbreak management program, resident and staff influenza vaccination records)
- Legislation alert service material and library
- Lifestyle and activity assessment and review tools, attendance records and activity evaluations
- Lifestyle and leisure communication books, work schedule and bus trip rotation lists
- Lifestyle and leisure resident assessment and care planning tools
- Maintenance records (preventative and corrective) including maintenance program 2011, maintenance request logs and work records
- Medication competency tools, medication incidents
- Memos
- Nurses' work folders
- Pain assessment and management tools
- Physiotherapy assessments and care plans, daily exercise programs
- Planning documentation (including mission, vision and values). Organisation charts
- Policy and procedural manuals (hard copy)
- Preferred suppliers/contractors information, suppliers contracts, and agreements
- Resident four week cyclic menu, initial assessment data, residents likes and dislikes, and special dietary needs information
- Resident information kit (incorporating resident handbook and resident care agreements)
- Resident newsletter
- Resident weight, glucose monitoring and observation charts
- Schedule 8 register
- Self-administration medication assessments
- Specialised nursing care tools
- Various meeting minutes and agendas 2011 (including the quality management committee, medication advisory committee, care staff, RN's, resident and relatives meetings).
- Wound assessment and management tools

Observations

The team observed the following:

- Activities in progress
- Blue phone for resident's use
- Bus for resident outings
- Cleaning in progress (including use of equipment, trolleys and wet floor signage boards)
- Dining rooms at meal times (the serving and transport of meals, staff assisting residents with meals and beverages)
- Doctors room and holding room
- Equipment, archive, supply, storage and delivery areas

- Fire safety system equipment (including fireboard, extinguishers, emergency exits, fire egresses and emergency evacuation area)
- Gastroenteritis precautions notices on display
- Individual finger nail clippers appropriately labelled and stored
- Kitchen/servery staff practices, environment, selection of foods, food storage areas and practices
- Laundry pick up and delivery area
- Lifting, manual handling and mobility equipment and bed baths available for use
- Living environment (internal and external)
- Manual handling stickers on beds for notification of safe lifting practices
- Medication administration. Storage of medications, including eye drops, creams, syringes and emergency stock medications
- Notice boards (containing resident activity notices, menus, memos, staff and resident information including the charter of residents rights and responsibilities, comments and complaints information)
- Oxygen cylinder use notice-board
- Personal protective clothing and equipment in use, first aid kits, spills kit, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins/skips)
- Privacy curtains and screens in use
- Residents suggestion boxes
- Security systems (including phones, resident call bells, external lighting, CCTV cameras, fencing and security entrance gate)
- Specialised eating crockery and cutlery in use
- Specimen collection notice-board
- Staff assisting residents with activities of daily living
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff work areas (including clinic/treatment rooms, staff rooms, reception and offices)

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

The home meets this expected outcome

The home’s continuous improvement system incorporates a range of activities used to seek stakeholders’ opinion for the purpose of improvement. They also allow it to assess, monitor and evaluate performance in areas that relate to the four Accreditation Standards. This is achieved through a quality activities program that incorporates the use of CI suggestion/opportunities for improvement forms, surveys, audits, reviews, collection and benchmarking of performance indicators, and the comments and complaints system. Formal review of the results of these activities occurs, trends can be identified and improvement strategies are planned and implemented as required. All residents and resident representatives interviewed indicated that the home is responsive to the issues they raise on feedback forms, at resident and relative forums, in person and through the comments and complaints system. All staff interviewed indicated that the home is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

A review of the results of quality activities undertaken that pertain to expected outcomes in Standard One reveals that actions are taken that have resulted in improvement. Some examples of improvements are:

- Staff skills and knowledge have improved to ensure they are commensurate with the changing resident acuity or changing service delivery requirements. For example, managers recently attended a seminar on the new OH&S legislation that is to be passed in early 2012.
- A number of human resource related improvements have occurred. For example, opportunities for career path progression are provided to staff. Four staff are currently completing their registered nurse training. The home is also building up its casual pool of registered nurses. For example, of the four casual positions advertised to date two have been filled. A new staff enterprise agreement was agreed and introduced in July 2010.
- Improvements in the area of information management include the upgrading of computer hardware, software and Internet access.
- Inventory and equipment purchases that are supporting staff to provide appropriate care to residents include additional air mattresses, a shower trolley bath, bed rail protectors and slide sheets.

1.2 Regulatory compliance

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

Team's recommendation

The home meets this expected outcome

The organisation has adopted an effective system to manage regulatory compliance. The results of the team's observations, interviews and document review revealed that policies and procedures have been developed by the organisation to ensure that they embrace regulatory compliance. The home is notified of change through legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting management and staff to ensure that required standards are maintained and enhanced. An example of responsiveness to a change in legislation is that the organisation has considered the implications of the *Aged Care Amendment (Security and Protection) Bill 2007* and implemented the necessary changes. For example, the introduction of Federal criminal record checks for staff/volunteers and contractors. In addition, the home's policies and procedures have been reviewed in light of the new *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 recommendation

The home meets this expected outcome

Systems in place have ensured that management and staff have the knowledge and skills to perform their roles effectively. The results of the team's observations, interviews, and document review revealed that maintenance of staff knowledge and skills is underpinned by a staff orientation program and an education program. These programs familiarise new staff with the home's policy and procedures and provide all staff disciplines with education on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests. Education sessions and courses that relate to this Accreditation Standard and have been attended by management and staff include policies and procedures, Aged Care Funding Instrument (ACFI), bullying and harassment, comments and complaints, elder abuse/mandatory reporting, and information technology systems. Numerous other topics have been provided through seminars and workshops and external training courses.

1.4 Comments and complaints

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

Team's recommendation

The home meets this expected outcome

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including residents, relatives and staff. The results of the team's observations, interviews and document review revealed that stakeholders are aware of and feel comfortable to use these mechanisms, which include both internal and external complaint

mechanisms. For example, the residents meeting, staff meetings, use of the staff grievance procedure, use of the home's feedback forms for suggestions/complaints and external complaints bodies including the Aged Care Complaints Scheme. Complaints received are documented together with details of the investigations conducted and action is taken to resolve concerns and complaints in a timely manner.

1.5 Planning and leadership

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

Team's recommendation

The home meets this expected outcome

The organisation has documented the home's mission, vision, values and commitment to quality. These statements are clearly communicated to all stakeholders. The results of the team's observations, interviews and document review revealed that these statements are posted on the walls of the home and included in the home's key documentation. This includes policy and procedure manuals and the resident and staff handbooks. In addition, the home has effective mechanisms for communication, planning and review, and integration of services. For example, there are stakeholder consultation processes, committee and reporting systems, as well as planning and budget processes that underpin the provision of services.

1.6 Human resource management

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

Team's recommendation

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The results of the team's observations, documentation review and interviews revealed that this is achieved through the effective implementation of human resource policies and procedures. These cover staff recruitment, orientation, performance review through an annual appraisal process and competency assessment program, and the maintenance of staff records (that include job descriptions, duty lists, registration details and probity checks). The staffing budget has been formulated to meet the specific needs of the site, but staffing levels are monitored and adjusted on an ongoing basis in accordance with the residents' needs. For example, resident and relative feedback, staff feedback, and the results from the performance monitoring system are also considered. The staff resident ratios were provided and examples of staff adjustments as a result of resident identified need were noted. Reward and recognition strategies exist to ensure the home continues to maintain sufficient numbers of appropriately skilled and qualified staff. For example, staff have access to training for career path progression purposes and an enterprise bargaining agreement.

1.7 Inventory and equipment

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

Team's recommendation

The home meets this expected outcome

The home has systems in place to ensure that appropriate stocks of goods and equipment

are available at all times. The results of the team's observations, interviews and document review revealed that the maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved. This is achieved through the implementation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance.

1.8 Information systems

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

Team's recommendation

The home meets this expected outcome

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of the team's observations, interviews and document review revealed that the home effectively disseminates information to management, staff and residents/resident representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the Internet, e-mail, data management and reporting applications, memos, noticeboards, meetings, a clinical record system, information packages (including resident and staff handbooks), education sessions, meeting minutes and policy and procedure manuals. Information is managed in accordance with the home's privacy policy.

1.9 External services

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

Team's recommendation

The home meets this expected outcome

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of the team's observations interviews and document review revealed that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services. In addition, the performance of major or regular suppliers is measured against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services such as fire system maintenance, cleaning, pharmaceutical and continence supplies. Verbal agreements exist between the home and other suppliers. There are mechanisms to track and resolve ongoing problems with suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

The home meets this expected outcome

The results of the team's observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments relating to resident and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement. A range of quality activities including numerous stakeholder surveys, reviews, audits and quality indicators measure performance in relation to all expected outcomes in Standard Two. Improvements are implemented based on the information obtained. Some examples of improvements are:

- Staff skills and knowledge have improved to ensure they are commensurate with the changing resident acuity or changing service delivery requirements. For example, four staff members are undertaking a Bachelor of Nursing at the University of Western Sydney. A number of AINs have completed the Certificate IV in aged care work and six are due to complete same in December 2011.
- Frail aged residents' with glaucoma are benefitting from the introduction of regular on site optometry clinics.
- The home's medication management practices have been improved. For example, a Warfarin use administration policy and protocol was introduced in August 2011.
- In May 2011 end of life pathways were developed for residents who are dying. These have been beneficial for residents/relatives and staff.

2.2 Regulatory compliance

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

Team's recommendation

The home meets this expected outcome

The results of the team's observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance. An example of responsiveness to a change in legislation is the action taken by the home to review its practices in accordance with the Department of Health and Ageing requirements. For example, the home has implemented the requirements of the Aged Care (Residential Care Subsidy – basic subsidy amount) Determination 2008 (No 1), i.e. the home has implemented changes associated with the introduction of the Aged Care Funding Instrument (ACFI).

2.3 Education and staff development

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

Team’s recommendation

The home meets this expected outcome

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include medication management, palliative care, behaviour management, physiological changes in the elderly, continence management, use of equipment and ACFI. The effectiveness of education is measured through observation, audits, survey and resident feedback. In addition, staff competency is assessed in various areas including medication administration.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems, processes, policies and procedures to ensure that residents receive appropriate clinical care. On entry to the home each resident is assessed by the health and lifestyle teams to establish individual residents’ needs. An interim care plan is completed on admission to guide staff practice regarding individual resident care needs. Once established these needs are then recorded on the care plan and a summary care plan is readily available for staff to read up to date changes in resident care needs. Registered nurses perform the review of resident care needs and associated care plans. Review of care documents and staff and resident interviews confirm that review of care needs is regularly undertaken in consultation with residents and their representatives. Communication of information across shifts is managed through a handover process where changes in resident care are verbally communicated. Interviews with residents confirm that they trust management and staff to provide for their care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has an effective system to identify and meet resident’s specialised nursing care needs. The home utilises the expertise of registered nurses to assess and meet specialised nursing care needs. The home has a registered nurse on duty 24 hours every day. The registered nurse manages specialised nursing care needs such as catheter care, parenteral nutrition, diabetes management and others. Specialised care needs are performed, documented and reviewed by the registered nurse. Interviews with residents reveal that they are satisfied with the way staff provide for their specialised nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that residents are referred to appropriate health specialists consistent with residents' identified needs and preferences. Residents are assessed by registered nurses and referred to their doctor for further assessment. Review of documents and interviews with staff and residents suggest that allied health services can be accessed promptly. Review of documents and interviews with staff show that the home has regular psychiatrist visits that assist with resident specific issues. The home also has access to a number of other external allied health professionals; for example: mental health, psycho-geriatric and palliative care experts visit the home. Interviews with residents confirm a high level of satisfaction with referral to appropriate health 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

The home demonstrates that staff have the necessary knowledge and skills required to safely and correctly administer residents’ medications. The home uses a blister packed medication delivery system. The home has appropriate access to pharmacy to assist with supply of required medications. Registered nurses administer all medications. Registered nurses undergo an annual medication competency on medication management. Schedule Eight (drugs of addiction) registers are checked regularly by two staff. Medication incidents reports are completed as required and managed through the medication advisory committee. An external pharmacist undertakes regular reviews of resident medications. Audits are performed by management to ensure the safety of the medication management system. Interviews with residents and their representatives confirm satisfaction with medication management.

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 demonstrates that it provides for assessment and management of individual resident’s pain, ensuring all residents are as free as possible from pain. Each resident is assessed on entry to the home and on an ongoing basis for verbal and non-verbal signs of pain. The physiotherapist performs a pain assessment and provides alternatives to medication for relief of muscular pain. Effective pain management strategies are developed through staff consultation with the residents, their representatives and external specialists as required. Interviews with residents and their representatives confirm that residents are as free as possible from pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort, dignity and wishes of terminally ill residents are maintained and respected. The home has established a separate palliative care room for use if and when required. Interviews with staff and management suggest that the home makes every effort to provide for individual end of life preferences in consultation with the residents and their representatives. Interviews with residents and their representatives revealed that residents have a high level of trust in staff and management to provide for their palliative needs.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home demonstrates residents’ nutrition and hydration needs are assessed and strategies are implemented to promote the residents’ health. The home has access to a number of external allied health professionals who assist with the assessment and management of nutritional intake. Each resident is assessed for their individual needs on entry to the home and these details are then communicated to the kitchen. A review of catering and care documents confirms that information regarding individual changing needs is communicated and acted upon. If residents lose weight the home provides nutritional supplements and dietetic review to promote nutritional status. Residents at risk of reduced intake are assessed and monitored through individualised plans. Interviews with residents and their representatives confirm a high level of satisfaction with the nutrition and hydration services 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

The home can demonstrate residents are provided with care and services which promote health and well being ensuring skin integrity is maintained. Each resident receives a detailed assessment of their skin integrity on entry to the home. Registered nurses perform wound assessment and management within the home. If any alteration to skin integrity is assessed this is taken care of through a wound assessment and management process. A podiatrist visits the home regularly. Review of care documentation shows the care planning system includes wound assessment and management. Interviews with residents and their representatives demonstrate satisfaction with the skin care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying; assessing, monitoring and evaluating residents’

continence needs to ensure that residents' continence is managed effectively. Residents have an assessment completed on entry to the home and ongoing needs are documented. The home has access to regular education on continence management. Interviews with staff and review of care documents demonstrate appropriate continence assessment and review. Interviews with staff show that education is regularly provided on continence assessment and management. Observations confirm staff assist residents with continence management. Residents and their representatives confirm they are satisfied with the continence management provided by the home.

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 ensures that the needs of residents with challenging behaviours are monitored and managed effectively. On entry to the home residents undergo assessment and monitoring to identify any challenging behaviour and to identify triggers that may lead to challenging behaviours. The home has access to visiting external psycho-geriatric specialists and mental health professionals as required. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing behaviours. The lifestyle staff are integrally involved in behaviour management. The activities are tailored to individual residents' needs. Residents and their representatives confirm they are satisfied with the homes management of behaviour.

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

Residents' mobility, dexterity and rehabilitation needs are assessed on entry to the home to ensure optimum levels of mobility and dexterity are achieved. The home has a physiotherapist one day each week and a physiotherapy aide three days per week. The physiotherapy aide works under the guidance and supervision of the physiotherapist, and in communication with the registered nurses in the home to ensure that all residents' mobility and dexterity is maximised. Interviews with care staff and review of care documents indicate that the home focuses on optimising residents' mobility. The home has access to a large supply of mobility assistive devices. Main areas of the home are provided with handrails to assist residents with mobility. A number of exercise classes were conducted for residents during the site visit. Interviews with residents and their representatives revealed that residents are satisfied with the way they are assisted to maintain their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. The home undertakes an oral assessment on entry to the home. A review of residents' documentation shows residents receive regular dental assessments and referrals to dental health specialists as required. The home has access to a visiting dentist who visits the home for management

of dental health and associated oral health issues. Staff interviewed stated they receive education in oral and dental care and assist residents maintain daily dental and oral health. Residents and their representatives confirm they are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and effectively manage residents’ sensory losses. Assessments of residents’ sensory needs are completed on entry to the home and when a change in the resident’s condition is identified. The home has access to a number of allied health professionals for assessment and management of sensory loss. For example visiting; optometrist, audiologist, dentist and others. Review of care documents show that residents have recently accessed allied health services for sensory needs. Interviews with staff and observations demonstrate that staff assist residents who have sensory loss. Interviews with residents and their representatives show that they are satisfied with the way their sensory loss is managed.

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

Residents’ sleep patterns are assessed on entry to the home and an individual management plan is developed. The home ensures residents are able to achieve natural sleep patterns wherever possible. Individual strategies are implemented to assist residents to maintain sleep. Review of care documents and interviews with staff show that residents are offered alternative strategies such as a cup of tea and a chat in the evening to assist them to sleep. Residents and their representatives are satisfied with the way residents are assisted to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

The home meets this expected outcome

The results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement. The home uses a range of quality activities including numerous stakeholder surveys, reviews and audits to measure its performance in relation to all expected outcomes in Standard three of the Accreditation Standards. A review of the results of these activities indicated that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- Staff skills and knowledge have improved ensuring they are commensurate with the changing resident acuity or changing service delivery requirements. For example, staff members attend elder abuse training. TARS facilitated education sessions on residents’ rights and responsibilities for both residents and staff. Staff also attended a series of eight one hour lectures on how funerals work.
- The resident activity and lifestyle program is reviewed and changed on an ongoing basis in accordance with residents’ needs and desires. For example, new resources have been obtained for use in the activities program. This includes popular board games, a set of DVDs used for resident sing-along and an exercise DVD from the Arthritis Foundation. These initiatives have been well received by residents. A new activity, bead making, has been exceptionally popular with residents.
- A blue public phone has been installed in the foyer. Residents can now make outgoing calls and receive incoming calls on this phone. This is allowing residents to stay in touch with their family and other members of the community.

3.2 Regulatory compliance

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

Team’s recommendation

The home meets this expected outcome

The results of the team’s observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Residents’ Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance. An example of responsiveness to a change in legislation is the action taken by the home to implement policy and procedures to manage mandatory reporting and investigation of resident abuse in line with changes to the *Aged Care Act*.

3.3 Education and staff development

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

Team's recommendation

The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions attended by staff that relate to this standard include, but are not limited to, elder abuse, residents' rights, social cultural and spiritual needs, sexuality, leisure and lifestyle, confidentiality, privacy and dignity.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents receive support in adjusting to life in the home and on an ongoing basis. Residents' emotional needs are assessed on an individual basis with consideration given to their background and physical health. The lifestyle staff provide for early social validation to ensure each resident is supported in adjusting to life in the home. The resident care plan is utilised as a tool for providing ongoing support through the use of individualised strategies specific to the resident. Observations of staff practices and review of care documents demonstrate the home provides for each resident to receive support in adjusting to life in the home. Interviews with residents suggest that they are satisfied with the emotional support provided to them.

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

The home has a system to ensure that residents are assisted to achieve and maintain maximum independence and participate in the life of the community. Lifestyle and care staff assess residents' individual needs on entry to the home. Lifestyle staff work with the residents in each area of the home to promote their independence through access to community events and through external arranged bus trips. The home provides special cutlery and crockery to assist residents with dexterity issues, to maintain their sensory enjoyment and independence at meal times. The home utilises the expertise of the lifestyle staff, care staff, allied health professional and others to assess and provide for maximum independence. Residents and their representatives confirm they are satisfied with the assistance the home provides in relation to residents' independence and continuing participation in the life of the community both within and outside 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

The home demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. Care documentation is secured appropriately. Observation of staff practices show that privacy and dignity are respected on an individual basis at each interaction. Review of care documents and interviews with staff demonstrate how behaviour management activities are carried out with respect to the individual resident's dignity and confidentiality. Staff were able to give examples of personalised activities developed through the health care team to meet individual resident's behaviour, independence, and social needs, thereby promoting their dignity in the home. Interviews with residents and representatives revealed that they are satisfied with the way residents' privacy, dignity and confidentiality is respected.

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 encourages and supports residents to participate in a wide range of interests and activities that are of interest to them. There is a number of trained activity staff across all areas of the home. On entry to the home a detailed assessment of the resident's past and present interests is assessed and documented by lifestyle staff. Activities are then provided on a group or one to one basis depending on the assessed need of each resident. Activity staff also perform routine shopping tasks for residents who have no other to attend such jobs. Review of care and lifestyle assessment and planning documents and observation of practices shows that the home provides activities to meet the individual needs of each resident. The team observed a large number of residents in attendance at the majority of activities during the site visit. Interviews with residents and their representatives revealed that residents are satisfied with both the group and individual activities available to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home demonstrates that resident's individual interests, customs, beliefs, cultural and ethnic backgrounds are valued and fostered. On entry to the home the lifestyle staff complete an individual assessment of the resident's cultural and spiritual preferences and wishes. A number of spiritual and religious services are available at the home. Interview with staff and residents demonstrates the importance that the home places on the involvement of cultural and spiritual life in all areas of the resident's life in the home. Residents' individual wishes are provided for through a number of internal and external resources. Interviews with residents show that they are happy with the attention given to their individual preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are encouraged to participate in choice and decision-making in all aspects of their care while not infringing on the rights of others. The home holds regular meeting forums for residents and their representatives to participate in the life of the home. Representatives are regularly kept informed of changes to residents' health. Residents and their representatives interviewed reported they are satisfied with the level of choice and control they exercise over the services and lifestyle at the home. In particular two residents' representatives made a point of expressing their delight with the manner in which the staff meet the individually identified preferences of their loved ones.

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

When entering the home a resident information pack and agreement is provided to all residents. The agreement covers topics such as: security of tenure, fees, resident rights and responsibilities, and comments and complaints. The resident handbook details similar information including the services offered by the home such as bus outings. Interviews with staff show how the home maintains security of tenure for residents through regular communication and opportunity to participate in organised meeting forums. Residents and representatives interviewed confirm that residents feel secure in their tenure within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

The home meets this expected outcome

The results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities to measure its performance in relation to all expected outcomes in Standard Four of the Accreditation Standards. These include but are not limited to reviews and audits in areas covering resident satisfaction (includes hospitality services such as catering, cleaning and laundry), the environment, occupational health and safety and infection control. A review of the results of these activities indicated that actions are being carried out that are resulting in improvement. Some examples of improvements made are:

- Staff skills and knowledge have been improved ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, the fire officer completed fire warden training in August 2011. A full days mandatory fire training is now held twice a year which is facilitating staff attendance. One staff member completed food safety training in October 2011.
- A number of initiatives have improved the safety and comfort of the resident living environment. This includes systems that efficiently control temperatures within the environment. For example, the installation of whirlybirds on the roof to remove hot air has improved the efficiency of the air conditioning system. In addition, the home has installed around 21 solar panels on its roof to generate its own electricity.
- Equipment purchased that has improved the safety and comfort of residents and staff includes new oxygen regulators. These were changed in accordance with legislative requirements to meet the Australian Standards (AS2473.3).
- A number of initiatives have strengthened the home’s infection control practices. For example, the home has a food safety program operating in its kitchen. This program is audited annually by the NSW Food Authority and achieved an “A” rating when audited in 2010. The home’s next audit is on 29 November 2011. In addition, the infection control policy was reviewed following a viral outbreak that occurred in 2009.
- The home’s disaster management plan, which incorporates evacuation procedures and business continuity plans, was recently reviewed and updated.

4.2 Regulatory compliance

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

Team's recommendation

The home meets this expected outcome

Results of the team's observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance. An example of the home's responsiveness to legislative requirements is the assessment of the building using the 1999 Certification Assessment tool, which includes a mandatory minimum pass mark for fire and safety. In addition, the home implemented a food safety program in response to the introduction of the *Food Safety Act*, is registered with the Authority and is now audited annually.

4.3 Education and staff development

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

Team's recommendation

The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Education sessions attended by staff that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), and fire safety training (theory and practical). Staff have completed a range of occupational health and safety training (including incident and accident reporting, hazard identification and OH&S committee training). They have also attended first aid, equipment use, chemical handling and food safety training. The majority of this training has been identified as compulsory and staff attendance is monitored. Staff competencies are carried out in various areas including manual handling, fire safety, and infection control.

4.4 Living environment

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

Team's recommendation

The home meets this expected outcome

The results of the team's observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with residents' care needs and expectations. For example, resident/resident representative interviews revealed that they are satisfied with the quality of the living environment. All residents reside in single rooms with ensembles and/or single and double rooms with access to shared bathrooms. All communal areas are comfortably furnished. They include resident dining, lounge and activities areas. Other amenities include a library, hairdressing salon, specialists consulting room, a single room for palliative care and multi purpose lounge with beverage area. A comfortable climate is maintained within the building. Large windows and doors provide residents with views of the external environs. The home has extensive well maintained landscaped gardens and paved garden courtyard areas that are accessible to residents.

The safety of the environment is underpinned by the identification of the residents' care needs on admission as well as monitoring of their environmental needs on an ongoing basis. Environmental audits and the planned preventative and corrective maintenance systems are ensuring that the environment (grounds, building and equipment) is well maintained.

4.5 Occupational health and safety

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

Team's recommendation

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The results of the team's observations, interviews and document review revealed that this is achieved through a program of staff awareness, incident/accident/hazard reporting, risk assessment and a functional OH&S committee. There is also a workers compensation program, which incorporates an injury management and staff return to work program. In addition, the home employs a number of preventative strategies including compulsory education and competency testing, hazard management and the provision of suitable equipment to assist with lifting and minimise bending. For example, trolleys to transport goods, lifters and fully adjustable electric beds. Staff confirmed that they have access to workplace safety training and to adequate supplies of equipment. Workplace safety inspections/environmental audits are undertaken and remedial action is undertaken to rectify hazards or risks identified.

4.6 Fire, security and other emergencies

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

Team's recommendation

The home meets this expected outcome

The environment and safe work practises are minimising fire, security and emergency risks. The results of the team's observations, interviews and document review revealed that this is achieved through well publicised and clearly understood emergency and fire evacuation procedures, plus fire warning and fire fighting equipment. The performance of this equipment is regularly assessed against the relevant Australian Standard. The buildings when assessed under the 1999 Certification Assessment Instrument exceeded the mandatory minimum score of 19 out of 25 for fire safety. Emergency exits are clearly marked and free from obstruction. Fire prevention measures in place include education, competency assessment, environmental safety inspections, safe storage of chemicals, a program of electrical equipment checking and tagging, and a no smoking policy with designated outdoor areas provided for residents and staff. Security systems include lock up procedures, closed circuit television (CCRV) cameras, outdoor security lighting, appropriate fencing and security gate with intercom system. Staff wear identification badges authorising them to be on site. A sign in/sign out book is maintained for staff, visitors and contractors. Emergency numbers and phones are available to staff to call for assistance. All residents have access to emergency buzzers in their rooms, bathrooms and communal areas.

4.7 Infection control

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

Team's recommendation

The home meets this expected outcome

The home has an effective infection control program in place. The results of the team's

observations, interviews and document review revealed that the program incorporates an organisation-wide approach. This includes the infection control surveillance and reporting system, a hazard risk management system and a waste management system. There is a food safety program in the kitchen which includes the sanitisation of high risk foods. There are appropriate linen handling and sanitisation processes for laundry which is done off site. Procedures for the management of outbreaks are in place. Preventative measures include education for all staff disciplines, an effective cleaning program, and a staff and resident vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff associated with the provision of care, catering, and cleaning services demonstrated an awareness of infection control as it pertains to their work area.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The results of the team's observations, interviews and document review revealed that:

- Residents choose from a variety of meals cooked fresh in the onsite kitchen. The four-week rotating menu has been reviewed by a dietician and provides residents with choice and variety. Residents have input into menus on entry, their likes and dislikes are recorded and monitored on an ongoing basis through the resident committee, the comments and complaints system, food surveys, and resident satisfaction surveys. Residents/resident representatives interviewed confirmed that their likes and dislikes, special dietary needs and expectations re quality and quantity of meals are identified and met.
- Planned cleaning programs, which are carried out by contract cleaning staff, are ensuring that cleaning standards are maintained. Residents/resident representatives and staff confirmed that a clean and hygienic environment is maintained at all times.
- The laundry service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing. Residents/resident representatives interviewed confirmed that they were happy with the laundry services provided. They confirmed that their personal items are returned to them promptly and in good condition.