



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Lourdes Nursing Home

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

The Agency has decided that the period of accreditation of Lourdes Nursing Home is three years until 25 October 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Lourdes Nursing Home				
RACS ID:	2750				
Number of beds:	64	Number of high care residents:	60		
Special needs group catered for:	• Nil				
Street/PO Box:	95 Stanhope Road				
City:	KILLARA	State:	NSW	Postcode:	2071
Phone:	02 8467 4550		Facsimile:	02 8467 4560	
Email address:	Nil				

Approved provider

Approved provider:	Aevum Limited
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Assessment team

Team leader:	Maggy Franklin
Team member/s:	Jose Rigor
Date/s of audit:	17 August 2009 to 18 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Does comply

Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Lourdes Nursing Home
RACS ID	2750

Executive summary

This is the report of a site audit of Lourdes Nursing Home 2750 95 Stanhope Road KILLARA NSW from 17 August 2009 to 18 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Lourdes Nursing Home.

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

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 17 August 2009 to 18 August 2009

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

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

Assessment team

Team leader:	Maggy Franklin
Team member/s:	Jose Rigor

Approved provider details

Approved provider:	Aevum Limited
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Details of home

Name of home:	Lourdes Nursing Home
RACS ID:	2750

Total number of allocated places:	64
Number of residents during site audit:	60
Number of high care residents during site audit:	60
Special needs catered for:	Nil

Street/PO Box:	95 Stanhope Road	State:	NSW
City/Town:	KILLARA	Postcode:	2071
Phone number:	02 8467 4550	Facsimile:	02 8467 4560
E-mail address:	Nil		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Lourdes Nursing Home.

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

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Extended care operations manager	1	Residents/representatives	10
Executive care manager	1	Managing director contract cleaning company	1
Care manager	1	National quality manager catering company	1
Continuous quality improvement and training manager	1	Recreational activities officers (RAO)	2
Registered nurses	2	Maintenance staff	1
Physiotherapist	1	Cleaning staff	1
Diversional therapist	1	Administration assistant	1
Care staff	5	Laundry staff	1

Sampled documents

	Number		Number
Residents' files – hardcopy and electronic format (admission data, care plans, staff progress notes and medical notes)	13	Medication charts (including pain chart)	11
Resident assessments (various)	15	Personnel files	5
Observations charts – behaviour patterns, personal care, bowel, blood pressures (BP), blood glucose levels (BGL), pressure area care, restraints, wound management	24	Incident forms including medication incidents	7

Other documents reviewed

The team also reviewed:

- Accident/ incident reports
- Audit planner and audits across the Standards
- Cleaning schedules
- Clinical care procedure manual
- Comments forms, verbal complaints register, complaints monthly statistics and letters
- Confidentiality consent forms
- Continuous quality improvement logs
- Daily exercise program
- Diet forms and menu
- Education programme, attendance sheets, compulsory reading sign sheets, evaluation sheets and education worksheets/competencies 2009
- Elder abuse folder
- Emergency procedures manual and resident evacuation data
- Family meeting conference schedule (all residents)
- Fire safety testing records and annual fire safety statement 31 January 2009
- Hazard forms
- Infection control annual summary 2009 (graphic representation), policy and information
- Legislation and policy folder
- Maintenance schedule 2009, external contractors' maintenance schedule, maintenance and tradesmen folder and service records
- Management plan in allowing the resident the right to refuse (services when offered)
- Manual handling guidelines for resident transfers
- Medication expiry checks (north and south wing)
- Memoranda, communication books, diaries and newsletters
- NSW food authority licence 17 October 2009
- Orientation program
- Performance reviews and agreements
- Police check register
- Policy manuals and Standards folder
- Position profiles and work instructions
- Priority action plan work
- Professional registrations
- Resident and relative information folder
- Resident information sheet (mini care plan)
- Residents' and visitors handbook
- Roster and daily staff allocations sheets
- Schedule 8 medication register
- Schedule and minutes of staff, residents/relatives, occupational health and safety (OH&S) committee, medical advisory committee, senior management and Aevum extended care quality team meetings
- Service agreements, certificates of currency and insurances
- Sing in out books - next of kin, visitors and contractors
- Staff reading folder and interesting reading folder
- Surveys
- Team members' handbook
- Temperatures records food delivery, dispatch, dishwasher, fridge, freezer and medication fridge and sanitising records
- Vaccination register
- Wound dressing selection chart

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Fire fighting equipment, fire panel, evacuation plans, cordless phone and exit lighting
- Hospitality services in operation including assistance with meals and special cutlery and plates
- Infection control equipment, outbreak boxes, spills kits, sharps containers, contaminated waste disposal bags and bins, hand washing facilities and hand sanitisers and material safety data sheets (MSDS)
- Interactions between staff and residents
- Internal and external living environment
- Noticeboards, brochures and suggestion box
- Secure storage of staff and resident files
- Adequate stock levels maintained for: oral and dental hygiene, incontinence pads and aids, wound dressings, personal toiletries and clinical stock items
- Colour-coded stickers on resident folders to designate infection risk, falls risk and behavioural concerns
- Electronic and mechanical lifting equipment, walking belts and a variety of mobility aids and equipment to facilitate mobility, personal hygiene and continence. Mobility aids tagged with residents' name as well as brief manual handling information. Tub chairs.
- Medication storage areas, medication trolley and medication administration process

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The assessment team (the team) viewed evidence that there is a quality management system in place and that the home is actively pursuing continuous improvement. The system includes mechanisms for the collection, implementation, evaluation and feedback of continuous improvements to all stakeholders. The executive care manager oversees the system at the home supported by head office. Quality activities to monitor compliance against the four Accreditation Standards include audits, benchmarking across the organisation, comments forms, accident/incident reports and maintenance requests. A consultative approach through avenues such as meetings and individual discussions ensures all stakeholders have the opportunity to be involved in improvements. Staff and residents/representatives receive feedback via meetings, memos, discussions and education. Continuous improvement activities undertaken in relation to Accreditation Standard One include the introduction of a new position of continuous quality improvement coordinator, the introduction of a new audit system for high care across the organisation and a new computerised rostering and system for employee information.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home’s management has systems in place to identify and ensure compliance with all legislation, regulatory requirements, professional standards and guidelines. Management identifies changes via subscription to a peak industry body and other aged care and industry organisations, a legislative update service and government bodies. Regulatory and legislative changes are discussed at head office where changes are made to policies/procedures and distributed to each home. Relevant information is disseminated to staff through memos, meetings, reading folders, notices and education and to resident/representatives via meetings and noticeboards. Policies and procedures and other relevant legislation is readily available to staff. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard One include a system to ensure all staff have up to date criminal record checks and the introduction of a new reporting information and procedure for missing residents.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has recruitment processes, an orientation and buddy program, position profiles and work instructions and an ongoing evolving education program in place that ensures staff have the knowledge and skills to perform their roles effectively. Training needs are identified from discussion with staff, audit results, observation of staff practices, education evaluation sheets, an education update survey and performance reviews. Topics range across the four Accreditation Standards and include internal and external sessions. The team sighted staff attendance records including those in mandatory topics. Education sessions that staff and management attended in 2008/9 relating to Accreditation Standard One include communication, team work, stress management and accreditation.

1.4 Comments and complaints

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

Team's recommendation

Does comply

There are systems in place to ensure that all residents or their representatives and other interested parties have access to internal and external complaints mechanisms. Internal mechanisms include meetings, comments forms, family conferences, surveys, a suggestion box, letters and discussions with management. The team noted that information on the internal and external complaints' mechanism was displayed at the home, documented in an information folder and described in handbooks. Residents/representatives were aware of the complaints mechanisms and complaints were noted to be actioned and followed up with the complainant 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

Does comply

The home's mission, vision, values, philosophy and objectives are displayed in the foyer and the mission and quality statement is documented in the residents' and visitors' handbook. The team members' handbook includes the mission, vision and values statement and information is also found at the start of the policy manual. Staff are introduced to the vision, mission and values of the organisation during orientation.

1.6 Human resource management

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

Team's recommendation

Does comply

The team noted there is a range of staff skilled in different areas rostered throughout the week. Resident care needs, occupancy, the safety and welfare of staff and staff input determine staffing levels. A podiatrist and physiotherapist visit on a regular basis and other specialist and relief services such as palliative care and mental health teams are available as required. The home has a system of recruitment which has recently been streamlined so it is carried out through head office, orientation including "buddy shifts", continuing education, staff replacement including agency, competencies and performance reviews. Staff are issued with handbooks, position profiles and work instructions. Residents/representatives interviewed stated staff are knowledgeable in their area of work and responsive to their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The team observed and staff confirmed they have appropriate levels of stock and equipment to provide quality care and services to residents and said that management are responsive to all reasonable requests for additional stock and equipment. Various staff have delegations related to the ordering and receipt of stock and goods are checked on arrival. Equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. Equipment undergoes a trial prior to purchase if appropriate as with the recent purchase of a reclining shower chair and staff are educated on the use of new equipment. Other equipment purchased recently includes a new specialised oven, leaf blower, washing machine and dryer.

1.8 Information systems

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

Team's recommendation

Does comply

The team confirmed that the home has a range of effective information systems in place. Interviews with residents/representatives and staff indicated that there is an efficient flow of information. Staff communication systems include meetings, access to journals and articles, manuals, handbook, orientation and training, noticeboards, communication books and diaries, handover sheets, one-to-one discussions and a range of clinical documentation. A resident/representative information system is in place that includes administration forms, handbook, residency agreements, residents/relatives' meetings, newsletters, family conferences and clinical records. The team noted that there is a system to ensure residents, staff and archived files are securely stored and destroyed appropriately. Computers are password protected and backed up.

1.9 External services

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

Team's recommendation

Does comply

Systems and procedures are in place to assist management in the selection of external services that meet the home's needs and quality goals. Some contracts are arranged and managed at organisational level as they are common to all homes in the group but some are specific to the home. The team viewed up to date service agreements, certificates of currency and insurances. Management at the home and organisational level monitor the standard of service and contracts are reviewed as required and at the time of renewal. Catering, cleaning and part of the laundry service are contracted out. Residents/representatives and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Two include the expansion of the pain management system including the introduction of a pain management clinic, reviewing and updating wound management charts and streamlining the communication with the geriatric rapid acute care evaluation and palliative care teams.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available to staff on legislation and guidelines relating to health and personal care. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Two are keeping professional registrations up to date and the introduction of policy, procedures and staff education for reporting suspected elder abuse.

2.3 Education and staff development

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

Team's recommendation

Does comply

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2008/9 related to Accreditation Standard Two include continence, catheter care, pain management, nutrition and hydration, behaviours and falls prevention.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents/representatives indicated that they receive the appropriate clinical care and are comfortable and aware that the procedures performed are delivered with the necessary proficiency expected. Management demonstrated that decisions for residents about the type of clinical care they receive involve direct input from medical practitioners, allied-health practitioners, registered nurses as well as management and care staff. The delivery of clinical care as evidenced by the resident care plan is evaluated every three months by registered nurses who compile and process current, aggregated verbal, documentary and observed information from doctors, external specialists, allied-health personnel, clinical staff, management as well as care staff. Staff interviews and a review of relevant documentation indicated that the home employs a structured approach in documenting changes in residents’ acuity, behaviour as well as changes in treatment regimens. The home currently uses a computerised resident clinical care management system to document residents’ care planning processes. Regular audits and reviews of the home’s clinical care are maintained and regularly scheduled by the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

A system is in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents’ receive specialised nursing care from registered nurses and this includes assessment, care plan development, evaluation and direct provision of care. Medical officers are involved where appropriate and other external specialist expertise is accessed to assist in meeting residents’ specialised nursing care needs as required. Care of residents with complex wounds, continence aids and respiratory illnesses are managed by appropriately qualified registered nurses with specific expertise and supported by competencies and specialist equipment suppliers. The registered nurses report that they have access to relevant external expertise and additional education such as the area health service palliative care team or wound care specialists when required to assist in meeting those needs. Residents/representatives are satisfied with the specialised nursing care being provided to residents. A program of audits is in place and results indicate the home is maintaining compliance with the organisation’s policies.

2.6 Other health and related services

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

Team’s recommendation

Does comply

A system is in place to ensure that residents are referred to appropriate health specialists in accordance with their needs and preferences. The need for a referral is made in consultation with each resident/representative and their general practitioner. Identification of incidences where an outside referral is required is facilitated by the home’s clinical staff with specialist training and competencies supported by the home’s

clinical assessment tools. Transport to and from appointments is arranged as appropriate and staff assist by escorting residents when required. There is evidence of residents having been seen as required and in accordance with their wishes by a dentist/dental technician, dietitian, optometrist, physiotherapist, podiatrist, palliative care team and mental health specialist through the local area health service's resources. There is a documented system for referral and follow-up after appointments for health and related services. Residents/representatives confirmed that residents have been referred to and attended appointments with health specialists within and outside of the home.

2.7 Medication management

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

Team's recommendation

Does comply

A system is in place to ensure residents' medication is managed and stored safely and correctly. Packed medications are managed by a pharmacist and residents' doctors and administered by registered nurses and endorsed enrolled nurses. Education and competencies support the safe administration practices by staff in addition to documented policies and procedures for medication administration. Current observed practices indicate that staff are able to administer and access medication and resident information quickly, accurately and efficiently in line with the home's policies and procedures. Medications are stored securely in an appropriately temperature controlled environment to maintain efficacy. A medication incident reporting and auditing system is in use and the findings are regularly reviewed by a medication advisory committee comprised of clinical staff, a medical practitioner and pharmacist amongst others. Residents/representatives are satisfied with the way their medications are being managed.

2.8 Pain management

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

Team's recommendation

Does comply

The home has systems in place 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, and pain assessment tools. The home utilises a range of pain relieving regimens which include medical interventions and complementary therapies. Some of these therapies include massage, aromatherapy, cold and heat packs, ultrasound, repositioning, exercise, analgesia and diversionary strategies. Referrals to health professionals are organised as required. Residents/representatives interviewed by the team confirmed that pain management in the home appropriately meets their needs and pain relief is timely when required. Documentation in resident records indicated that pain management intervention outcomes are identified and evaluated for effectiveness and if indicated reassessment occurs and new interventions implemented following consultation by treating medication practitioners. The home has recently introduced an updated pain management organisational policy to include a range of assessment tools and complementary therapies to supplement the current program. Care staff were able to describe their role in pain management, including the identification and reporting of pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. Where possible, residents' end of life wishes are identified and documented on entry to the home or shortly thereafter. The home has access to specialist area palliative care services that provide specialised care planning to ensure resident comfort. The palliative care team recommended care plan interventions are implemented by the home in addition to the home’s palliation protocols. Management demonstrated that family conferencing is a vital tool in ensuring that care is timely, sensitive, appropriate and consistent with residents’ preferences. A review of the home’s medication administration and palliation protocol records indicate that registered nurses ensure and maintain resident physical and spiritual comfort. Residents are supported to remain at the home while family members and representatives are encouraged access to residents’ bedside where possible in the event of requiring palliation. Staff interviewed by the team stated that they felt adequately supported in issues of grief and loss and advised that they have received education relating to palliative care.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

There are systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements and the communication of this information to the kitchen and care staff. A rotating menu is provided with special and texture modified diets available as required. Weighing is undertaken monthly or more frequently if indicated to monitor residents’ nutritional status. Additional nourishing fluids and dietary supplements are provided when a need is identified. Specialists, such as a dietitian and/or speech pathologist are involved in individual care as required. Residents/representatives interviewed by the team confirmed they are able to have input into menus via resident meetings, surveys, comments and complaints mechanisms and by directly approaching management. The home maintains specialised cutlery and other appropriate aids to maintain resident independence and to ensure an optimal dining experience for its residents. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning, afternoon tea and supper. In hot weather additional fluids are supplied. Adequate numbers of staff were observed to be assisting residents with meals.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems for maintaining residents’ skin integrity including initial and ongoing assessments as required, care planning and regular evaluation. The home monitors accidents/incidents including wound infections and skin tears and acts appropriately on trends identified. A podiatrist and hairdresser attend the home

regularly. Care staff interviewed by the team are able to describe the systems in place for reporting changes in skin integrity. A range of dressing products and aids for maintaining or promoting skin integrity is available for use as required, including the provision of special mattresses for high care residents and the use of limb protection and moisturising and emollient creams. If required the home is able to access wound consultants for advice and education. Education is provided to staff relating to the maintenance and promotion of skin integrity and manual handling competencies are carried out for staff.

2.12 Contenance management

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

Team’s recommendation

Does comply

A system is in place to ensure residents’ continence is managed effectively. Residents’ continence management history, needs and preferences are identified and assessed when they move into the home and individualised continence management care plans and toileting programs are developed. Staff prompt and assist residents with toileting, use of continence aids and manage urinary catheter care as required. A range of strategies are used to promote and maintain optimum urinary and bowel function for residents which include urinalysis routinely performed by staff. Where there is a risk of or actual change in function residents are closely monitored and strategies are developed to assist them such as dietary supplements, aperients and/or medical interventions as needed. Adequate stocks for continence management are maintained by the home. The effectiveness of interventions is evaluated on a regular basis and care plans are updated to reflect current needs and preferences. Staff are familiar with the system in place and understand the importance of ensuring residents’ needs are met promptly. Residents/representatives are satisfied with the way residents’ continence is managed by staff.

2.13 Behavioural management

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

Team’s recommendation

Does comply

A system is in place to ensure the needs of residents with challenging behaviours are managed effectively. When a resident moves into the home assessments are conducted to identify challenging behaviour and a care plan is developed as required. Care plans list the triggers of challenging behaviours and individualised strategies for managing them, including diversional and alternative therapies. A resident may be referred to the local area health service’s mental health care team in collaboration with the resident’s doctor and representatives when required. There is documentary evidence of ongoing monitoring of residents’ behaviour and their responses to interventions. This information is used to inform and update regular care plan reviews. Staff are familiar with strategies for dealing with individual residents when they exhibit challenging behaviour and confirm they have had training in behaviour management and identification. The home has policies in place for the implementation of restraint strategies for managing difficult behaviour undertaken in consultation with the residents’ representatives and doctor. Relatives/representatives are satisfied with the approach taken to managing residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

A system is in place to ensure optimum levels of mobility and dexterity are achieved for all residents. Residents’ mobility is assessed by the registered nurse on admission and by a physiotherapist on an ongoing basis. A physiotherapist and exercise physiologist develop and oversee a care plan and exercise program for each resident as well as group exercises that are designed to enhance and encourage participation. The team observed mobility aids to assist residents to move independently as well as equipment to assist staff to move and transfer residents safely. The home works towards falls minimisation and when falls occur they are reported and actioned appropriately. Carers and RAOs are familiar with individual exercise programs for residents recommended by the physiotherapist and exercise physiologist. Specialised cutlery is available for residents wishing to maintain independence during mealtimes. Residents/representatives are satisfied with the assistance provided with their mobility and dexterity and gave examples of resultant improvements in their mobility.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

A system is in place to ensure residents’ oral and dental health is maintained. The condition of each resident’s teeth is documented when they move into the home and strategies for keeping them healthy are documented in a care plan and implemented on a daily basis. Residents are assisted to access relevant health specialists as required, such as dentists and dental technicians. Residents have access to oral hygiene products and they state that they are satisfied with the assistance in oral hygiene provided by care staff. The home has adequate stocks for dental and oral care such as mouth swabs, toothbrushes and toothpaste as well as denture cups. Staff demonstrated a working knowledge of the process of maintaining oral and dental hygiene for a resident.

2.16 Sensory loss

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

Team’s recommendation

Does comply

A system is in place to ensure residents’ sensory losses are identified and managed effectively. Residents’ sensory losses are assessed when they move into the home and strategies to assist them and communicate with them effectively are documented in a care plan. Residents are assisted to access relevant health professionals for specialist vision and hearing assessments and treatment or fitting of aids. Large print reading material and other literary, video and audio aids are available through the home’s library and community resources. Staff assist residents to wear, label and care for aids, such as eye glasses and hearing aid devices. Carers are able to describe how to replace and fit hearing aid batteries and state that they often assist residents by sharing community and information regarding events within the home of particular interest to them. The home maintains specialised equipment as well as activities to

stimulate sensory perception for residents seen as requiring it. Residents/representatives are satisfied with the assistance staff provide to residents in relation to sensory loss and communication.

2.17 Sleep

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

Team’s recommendation

Does comply

All residents and their representatives interviewed stated that residents are able to achieve sufficient sleep. Staff interviewed stated that they assist residents at night who have difficulty sleeping by offering a range of interventions to facilitate and encourage normal circadian rhythms. The home’s culture and environment is conducive to achieving restful sleep for all residents. Residents who have sleep deficits and disorders are identified in a sleep care plan and have individualised interventions to address their particular requirements. Residents who require medications to assist them to sleep are charted by their doctor and administered by registered nurses. Documentation reviewed confirmed that the home has a system in place to assess sleep patterns on entry to the home and on an on-going basis in consultation with the resident and their representative and that the corresponding care plans are appropriate and current for each resident reviewed. Staff interviewed are able to describe appropriate interventions to assist residents who appear to have sleep deficits.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Three include new electronic residential contracts, the introduction of pet therapy and setting up a light mood sensory room. A new “Show and Tell” program that allows residents an opportunity to introduce significant events and persons in their life history to fellow residents, staff and visitors has also been introduced. Activities staff sought the approval and assistance of family and representatives in setting up the program.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available to staff on legislation and guidelines relating to resident lifestyle including the Charter of Residents’ Rights. An example of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Three are staff signing confidentiality statements as part of their employment agreements and residents signing consent forms for release of personal information.

3.3 Education and staff development

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

Team’s recommendation

Does comply

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2008/9 related to Accreditation Standard Three include death and dying, elder abuse, dementia, grief and an activities training day for the RAOs.

3.4 Emotional support

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

Team's recommendation

Does comply

A system is in place to ensure each resident receives support in adjusting to life in the new environment and on an ongoing basis. Residents are provided with orientation when they move into the home and receive a significant amount of support from management and all staff to help them adjust to the new environment. Each resident's emotional support needs are identified through assessments and a care plan is developed. Any change in a resident's emotional state is recorded, monitored and appropriate follow-up action is taken. Residents receive additional one-to-one time from care staff and RAO if they require it. Visits from family members and friends are encouraged and visits by religious clergy and volunteers through community visitor schemes can also be arranged. Staff interviewed talked about the various ways they support residents on an emotional level, and demonstrated a caring approach in their dealings with residents during the Accreditation site audit. Residents and their representatives are highly satisfied with the emotional support provided to residents.

3.5 Independence

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

Team's recommendation

Does comply

A system is in place to ensure residents are assisted to maintain their independence. Strategies for supporting resident independence are identified and documented in care plans. Residents are encouraged to be as independent as possible with their activities of daily living and receive support to maintain or improve their mobility so they can move independently. Residents are encouraged to maintain their family and social networks through regular established communication processes as well as visitors from the local community regularly visiting the home. Through the recreational activity program residents are supported to maintain their independence and participate in the life of the community. Staff interviewed confirmed that residents are supported to independently vote in local, state and Federal elections. Residents and their representatives are satisfied with the assistance provided by staff to maintain residents' independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

A system is in place to ensure residents' right to privacy and their dignity and confidentiality is recognised and respected. The organisation has privacy policies and procedures, and this information has been made available to staff, volunteers, residents and representatives through the resident agreement and various handbooks. Residents/representatives have signed privacy consents and media release forms for permitted uses of their personal information. Equipment, supplies

and storage are available to ensure that residents' right to privacy, dignity and confidentiality is always respected. Care staff and registered nurse handover is conducted in auditory privacy. Residents can also meet with their visitors in relative privacy in the home's lounge areas, sitting rooms, outdoor areas as well as their own rooms. Staff interviewed by the assessment team gave examples of the ways they respect residents' privacy and dignity. Residents and their representatives report that staff treat residents with respect and safeguard their privacy.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

A system is in place to ensure residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Residents' interests and activity preferences are identified when they move into the home. A detailed social, cultural and lifestyle care plan is then developed. RAOs are on duty Monday to Friday as well as on Saturday to organise and facilitate group and one-on-one activities. The programs and calendars include activities that support residents' interests in physical activity and intellectual endeavours, as well as their social, emotional, spiritual and sensory needs and interests. There are also outings, celebrations and entertainment. One-to-one recreational activities are provided for residents who cannot or choose not to participate in group activities. Participation records are kept and are used to evaluate activities and each resident's care plan. Feedback on the activities is regularly sought from residents and their representatives, and is used to improve and update the programs. Residents and their representatives say that residents enjoy participating in the activities offered at the home and this is consistent with feedback provided at residents' meetings and in the home's resident survey findings.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

A system is in place to ensure residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. There are multicultural and Australian celebrations with Anzac Day and Remembrance Day being of particular cultural significance for those residents who are war veterans or the wives of war veterans. Regular religious services are conducted at the home and residents' spiritual needs are otherwise being met through one-on-one visits by pastoral carers, religious clergy and laypersons. Residents and their representatives confirmed that staff show respect for their beliefs, customs and cultural backgrounds.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

A system is in place to ensure that each resident (or their representative) participates in decisions and is enabled to exercise choice and control. Residents and/or their representatives are encouraged and assisted to make decisions and exercise choice in relation to many aspects of the daily routine, including rising and retiring times, care interventions, involvement in activities, and their meals. Their decisions and choices are documented in care plans where relevant. Residents are able to have control over matters that affect them by participating in resident and family liaison meetings, attending care conferences, and using other feedback mechanisms such as suggestions, complaints and surveys. An effort is made to identify and keep up-to-date records of substitute decision-makers such as power of attorney and guardian, and review of residents' files shows good communication with those representatives about medical, health care and financial matters. Staff are aware of the importance of respecting residents' choices and the decisions they make. Residents and their representatives confirmed they are able to make decisions and exercise choice about the services they receive and their lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

A system is in place to ensure that residents have secure tenure and understand their rights and responsibilities. There is information about security of tenure provisions and residents' rights and responsibilities in the resident handbook and agreement, which are provided to all residents. The Charter of Residents' Rights and Responsibilities is on display in the home. Room moves only occur after consultation with the resident and/or their representative. Residents and their representatives did not raise any concerns about their rights or tenure at 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

Does comply

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Four include updating the hazard forms, the installation of hand sanitisers throughout the home, upgrading the safety of electrical connections in residents’ rooms and building a new maintenance work bench.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available to staff on legislation and guidelines relating to physical environment and safe systems such as information packs on outbreak management. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Four include displaying MSDS near stored chemicals, monitoring food temperatures and the home having a licence from the NSW Food Authority.

4.3 Education and staff development

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

Team’s recommendation

Does comply

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Staff were noted to be carrying out their duties using OH&S and infection control principles. Education sessions that staff and management attended in 2008/9 related to Accreditation Standard Four include fire safety, manual handling, infection control and food safety.

4.4 Living environment

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

Team's recommendation

Does comply

Systems and procedures have been established to guide management and staff in the provision of a safe and comfortable environment to meet residents' care needs. Residents in the extra services section of the home have single or double rooms with ensembles and there is a lounge area, dining room and outside patio and BBQ area. The general services section has multi bedded rooms with shared bathrooms, a dining room and lounge room. There is an activity room with a light sensory room, a court yard and other outdoor areas. The team noted the home to be clean, odour free, with well maintained equipment and furniture be at a comfortable internal temperature.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has an OH&S system in place that operates to provide a safe working and living environment that meets regulatory requirements. Mechanisms include an OH&S committee who meet regularly and OH&S is an agenda item at the home's staff and senior staff meetings. Statistics on such things as falls are collected, benchmarked across the organisation and appropriate actions taken. OH&S forms part of orientation and ongoing education in such areas as manual handling and fire safety. There is a maintenance, hazard, risk assessment and accident/incident reporting system in operation. Chemicals are securely locked away, and MSDS and personal protective equipment is available. A range of environmental audits is carried out and equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. The team noted documentation relating to safe practices displayed and observed safe practices in operation.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

There is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. There is ongoing compulsory education of staff in fire safety procedures and staff interviewed were knowledgeable in fire safety systems at the home. There is a trained fire officer at the home. The team observed external and internal reports confirming that equipment is regularly tested. Documentation relating to fire safety and other emergencies such as flip charts, evacuation plans and resident evacuation data is easily accessible and exit routes are clearly marked. The home has equipment such as smoke detectors, hydrants, hose reels and fire blankets. There is a security system in operation including a lock up procedure and alarmed doors, key coded exit to some doors, security night patrol, video phone connection to the front

door when locked, a nurse call system and security bracelets for residents in danger of wandering.

4.7 Infection control

This expected outcome requires "an effective infection control program".

Team's recommendation

Does comply

The home has an infection control program that includes staff orientation, ongoing education and observation of staff practices, hand washing competencies, the availability of policies and procedures including information on outbreak management and an outbreak kit and the collection, analysis and external benchmarking of infection rates. The centre manager oversees infection control and infection control matters and statistics are discussed at the OH&S meeting and is a standing agenda item at the home's staff meetings. The team noted infection control procedures such as colour coded equipment, personal protective equipment, cleaning schedules and monitoring of fridge, freezer and food temperatures in use. Audits are undertaken, there are processes for the removal of contaminated waste and a spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as the separation of clean and dirty areas in the laundry and confirmed they had undertaken education in this area. There is a resident and staff vaccination program in operation.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents/representatives interviewed are happy with the catering, cleaning and laundry service. Dietary information including special requirements and preferences is held in the kitchen and serveries and updated as required. Catering is contracted out with a fresh cooked on site six-week rotating menu and residents have choices at all meals. Mechanisms for feedback on catering and other hospitality services are available and include meetings, surveys and verbally. Linen is outsourced and residents' personal laundry done on site. Cleaning is also mainly carried out by an external company. Infection control procedures are in place to ensure hospitality services are provided in accordance with health and hygiene standards and staff were able to describe and demonstrate application of these procedures to their work.