



Aged Care
Standards and Accreditation Agency Ltd

Sir Joseph Banks Aged Care Facility

RACS ID 0519

31-33 Edgehill Avenue

BOTANY NSW 2019

Approved provider: Bisaxa 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 30 September 2015.

We made our decision on 22 August 2012.

The audit was conducted on 17 July 2012 to 19 July 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Sir Joseph Banks Aged Care Facility 0519

Approved provider: Bisaxa Pty Ltd

Introduction

This is the report of a re-accreditation audit from 17 July 2012 to 19 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 July 2012 to 19 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Colleen Fox
Team member/s:	Rodney Offner
	Janet Lawrence

Approved provider details

Approved provider:	Bisaxa Pty Ltd
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Details of home

Name of home:	Sir Joseph Banks Aged Care Facility
RACS ID:	0519

Total number of allocated places:	170
Number of residents during audit:	163
Number of high care residents during audit:	163
Special needs catered for:	n/a

Street/PO Box:	31-33 Edgehill Avenue	State:	NSW
City/Town:	BOTANY	Postcode:	2019
Phone number:	02 9316 9544	Facsimile:	02 9316 9545
E-mail address:	sjbnh@bigpond.net.au		

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents	9
Deputy director of nursing	1	Representatives	16
Assistant directors of nursing	4	Physiotherapist	1
Registered nurses	8	Physiotherapy aides	2
Dressing nurse	1	Clinical nurse consultant	1
Care staff	15	Catering staff	3
Educator	1	Laundry staff	4
Administration staff	2	Cleaning staff	3
Workplace student nurses	2	Maintenance staff	1
Recreational activity officers	6	Work health and safety co-ordinator	1
Doctor	1	Fire officer	1
Volunteer gathering statistics	1	Podiatrist	1

Sampled documents

	Number		Number
Residents' files	40	Personnel files (including performance reviews)	8
Summary/quick reference care plans	52	Site inspection reports	8
Medication charts	32	External contract agreements	8
Recreational/diversional care plans (including assessments and resident profiles)	20	Maintenance request logs	20
Resident agreements	6	Staff accident and incident reports	15

Other documents reviewed

The team also reviewed:

- Audit schedules, results and summary reports, clinical indicators
- Blood sugar monitoring folder
- Cleaning: cleaning schedules, cleaning work sign off sheets
- Communication books (various), staff handover sheets
- Complaint register, forms
- Continuous improvement plan

- Contractor information list
- Education and training calendars, education records, staff development analysis, competency assessments, compulsory training register
- Fire safety and emergencies: service reports, resident evacuation information, fire equipment testing log records, visitor sign in/out register, emergency procedure manual
- Food safety: food safety program, food safety monitoring records, food services cleaning and duty schedules, NSW Food Authority report, residents' diet requirements folder, residents' special meal requirements, menu
- Incident reports folder and statistics
- Infection control: manual, outbreak management information, infection control audit results and trends, outbreak kits, infection surveillance data
- Maintenance records: maintenance schedules, preventative maintenance records, corrective maintenance request books, service reports and pest control reports
- Matrix of residents with specialised needs
- Meeting minutes, staff memos
- Organisational chart
- Orientation program, position descriptions, duty statements, staff confidentiality agreements, elder abuse and duty of care agreements
- Police certificate registers, staff registrations
- Policies, procedures, and flowcharts
- Privacy/confidentiality folder, consent forms for the collection and handling of personal information
- Recreational activity manual, activities calendars and programs, activities attendance records, activities evaluations, newsletters
- Reportable and discretionary incident registers, forms, consolidated records
- Resident admission pack, resident handbook
- Restraint authorisation forms and evaluation of restraints
- Satisfaction survey results: resident, relative, food, recreational activities
- Self-assessment for re-accreditation and associated documentation
- Staff handbook, employment agency staff information book and orientation manual
- Staff rosters, enterprise agreement
- Summary of weights, observations and urinalysis folder
- Work Health and Safety (WHS) records: incident and accident reports, monthly trend analysis reports, safety data sheets, maintenance program and inspection results, hazard alert folders, WHS manual, physical environment and safe systems audit folder
- Wound management folder

Observations

The team observed the following:

- Aged Care Standards and Accreditation Agency Ltd re-accreditation audit notices on display
- Activities in progress, activities calendar on display and activity resources
- Brochures and posters – external complaints services, various others
- Charter of residents' rights and responsibilities displayed
- Clinical care: oxygen equipment, percutaneous endoscopic gastrostomy (PEG) feed equipment, palliative care box
- Feedback forms, suggestion box
- Fire safety systems and equipment: annual fire safety statement, evacuation plans, evacuation kits, emergency procedures' flip charts throughout the home
- High-low beds and special pressure mattresses
- Infection control resources - personal protective clothing and equipment in all areas, first aid kits, spill kits, hand washing facilities and sanitisers, sharps' containers
- Information on noticeboards - residents, staff
- Interactions between staff, residents and representatives
- Living environment - internal and external
- Midday meal service including staff assistance and supervision, morning, afternoon tea and additional fluid rounds
- Mobility and lifting equipment in use and in storage including transfer belts, wheel chairs and walkers
- NSW Food Authority licence displayed
- Resident call bell system
- Secure document storage and records management
- Secure medication storage, medication round
- Staff work areas and staff practices in all areas
- Supply storage areas including: chemicals, linen, clinical supplies and archive room
- Vision, mission and philosophy statement displayed

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action and review the home's processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Activities which support quality improvement include regular resident/relative, staff and committee meetings, external audits and an internal audit program, and trend analyses of clinical indicators. Stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One include:

- Management identified staff required guidance in using appropriate forms for reporting accidents and incidents. A flowchart has been developed showing the required documentation for reporting general and reportable incidents that is assisting staff complete the correct forms.
- An external audit identified gaps in the system for monitoring staff criminal history checks and statutory declarations. Following a review of procedures, revised and updated processes for administration staff have been implemented. Staff report these are easy to follow and there is a more effective record keeping system.
- A number of registered nurses and management staff have commenced a program in health management to develop skills and confidence in management and leadership. Management has supported this education as the importance of effective leadership has been identified as a requirement for promoting residents' welfare.
- Additional staff have been rostered in response to increased care needs of residents. An extra staff person has been rostered for both the morning and afternoon shifts and an extra hour allocated in the mornings. This is assisting in meeting the needs of residents for both personal care in the morning and activities in the late afternoon.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. A subscription to a legal service, membership of peak bodies and Department of Health and Ageing information assist in

ensuring management receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual mandatory education sessions. Updated information is communicated at handover, education sessions, meetings and through staff memos. Key personnel ensure policies, procedures and forms are current and staff demonstrated awareness of current legislation. Monitoring of compliance includes scheduled internal audits, staff competency assessments, performance appraisals and observation of staff practices. Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors as necessary have current national criminal history checks and statutory declarations completed where appropriate.
- Current policies in response to legislative changes, such as for reportable incidents, are held.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Competency assessments are conducted at orientation and are ongoing annually and as required to monitor staff practices. Training calendars are developed based on mandatory training requirements, staff development needs, and education needs analysis surveys. Other sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Staff development is supported through certificate program education. Training and education is offered on-site in groups and one-on-one. Staff participation and program evaluations are recorded. Residents/representatives said they believe staff are providing appropriate care for residents' needs.

Education and training attended in relation to Accreditation Standard One includes: communication with colleagues, Certificate IV in Aged Care, Certificate IV in Health Supervision, human resource policies, reportable incidents, aged care funding instrument (ACFI), managing complaints, orientation, accountabilities and responsibilities, Accreditation and continuous improvement.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints available to all residents and their representatives. On entry all new residents are made aware of feedback mechanisms outlined in the resident handbook and feedback forms and brochures for accessing external complaints and advocacy services are readily available. A suggestion box is centrally located for submitting written feedback and the manager is available to assist with resident/representative enquiries. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated

issues. Complaints reviewed indicated they are acknowledged, investigated and feedback is given to complainants. All complaints are handled confidentially and are registered, collated, and analysed monthly and if appropriate, issues are transferred to the quality improvement program. Staff demonstrated awareness of complaints' procedures. Residents/representatives said if they have any concerns they are happy to raise them with staff.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Management and staff interviewed and documentation such as policies and procedures confirm a commitment to quality within the home. The vision, mission and philosophy statements are displayed and are included in staff and resident handbooks. The Charter of residents' rights and responsibilities is displayed and is included in handbooks. Regular senior staff meetings, audits and quality management program ensure an ongoing commitment to quality care for residents

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of skill requirements and qualifications for resident care needs and criminal history checks are conducted prior to employment. New staff attend an orientation program which includes competency skill assessments and working with a 'buddy'. Position descriptions, handbook, policies and procedures inform staff of care and service delivery requirements and staff sign a confidentiality agreement. Staff practices are monitored through observation, skill assessments, annual performance appraisals, feedback, surveys and audit results. Staff rosters are adjusted according to workloads and registered nurses (RNs) are on duty on each floor for all shifts. Casual staff and additional staff hours cover for any leave. Staff said they enjoy working at the home, they work as a team and have sufficient time to complete shift duties. Residents/representatives expressed satisfaction with care provided by staff and said residents are assisted promptly when necessary.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has stocks of goods and equipment to support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request logs are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook and position descriptions and have access to current policies, procedures and forms. Updated information for staff is available through handover, care documentation, communication books, memos, noticeboards and meetings. Key staff have access to electronic internal management systems and databases. A resident agreement and handbook inform residents and representatives and a privacy of information disclosure form is completed on entry. Updated information is provided to residents through meetings, noticeboards and verbally and residents/representatives interviewed believe they are kept informed and up to date. There are processes for confidential storage of records, electronic back up, archiving and destruction of documentation at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's externally sourced services are arranged primarily through the organisation by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references, insurance and police checks are made. All major contracts are reviewed regularly through feedback by the home to the organisation's executive officers and/or the home's senior management team. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor, a list is maintained at the home and updated as required. Staff are kept informed of appropriate matters relating to the provision of services by external contract 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- Nursing staff have attended a two day workshop to ensure appropriate wound management for residents. This has increased staff knowledge in providing appropriate treatments for wounds. To improve wound monitoring, charts have been revised and updated to ensure evaluation is attended and staff are finding these easier to use.
- Following the identification of a need to better monitor and manage any resident skin rashes treatment boxes have been developed. These include guidelines and appropriate protective clothing for use if necessary and staff have been educated on the purpose and use of the boxes.
- An analysis of resident falls' incidents showed that some residents are at risk of falls during the night. Bed sensors were trialled for these residents with positive results and their use is ongoing. Staff report they have noticed a decrease in falls as care staff are alerted and can attend promptly.
- A consultant pharmacist has given education to assist new graduate nurses gain better skills and knowledge in medication management. This ensures medication is administered safely and correctly to residents.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard Two include:

- Medication administration staff practices are monitored for compliance.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to health and personal care. Some of the topics include: personal care, wound management and documentation, schedule eight (S8) drugs, falls prevention, risk assessments, correct use of restraints, dementia, behaviour management, palliative care, enteral feeding/gastrostomy care, skin/rash management, hydration, pain management and continence management. Medication management and administration competency assessments have been completed by registered nurses.

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 a system to ensure residents receive appropriate clinical care. A comprehensive assessment of residents is undertaken on entry to the home and care plans are formulated based on the assessment information. Care plans are reviewed and updated by the registered nurse three monthly and annually and when the resident care needs change. Residents’ family is informed and consulted on the changes to the nursing care plan and evidence of consultation is noted in the progress notes. Clinical care is delivered in accordance with care plans and residents have access to medical officers and other relevant health care specialists as needed. Clinical care is monitored, communicated at handover to ensure continuity of resident care. The assistant directors of nursing monitor and guide staff with care practices through audits and surveys. Changes in the status of a resident’s health are noted in the progress notes. Residents/representatives state they are fully informed about the clinical care required and are very satisfied with the care provided.

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 systems to identify and meet residents’ specialised nursing care needs including insulin dependent diabetes, supra pubic catheters, oxygen therapy, colostomy, wound management, enteral feeds and pain management. Initial and ongoing assessments and appropriate care delivery is regularly reviewed. Specialised nursing care is provided by registered nurses on all rostered shifts. Residents with specialised nursing care needs have access to medical and allied health specialists as required. The home has detailed nursing care plans in place for residents with a specialised medical diagnosis including residents with skin rashes and other skin conditions, diabetes and abnormal blood pressure recordings. These are evaluated in a timely manner in consultation with the resident’s medical officer and family. Residents/representatives interviewed are satisfied residents’ specialised nursing care needs are appropriately met.

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 residents have regular consultations with the medical officer of their choice and are able to access appropriate health specialists through referrals from their medical officer. The home has allied health staff that visit on a regular basis including the physiotherapist and podiatrist while other allied health services available from the local hospital include: a nutritionist, speech pathologist, dentist, psycho-geriatrician, mental health team, falls prevention team and palliative care team on a needs basis. Records of consultation with health specialists are kept in resident files and instructions are recorded in the residents’ care plans. The home works with the dietician from the local hospital to ensure residents with a diagnosis of diabetes have a diabetic dietary plan, in particular the insulin dependent diabetics. A registered nurse specialised in wound management works with the residents’ medical officer to follow wound treatment protocols and any changes made are done in consultation with the medical officer and wound consultant. Documentation, residents, their representatives and staff state that these services are available on a referral basis. Staff and residents/representatives confirm residents are referred to appropriate health specialists and are satisfied with the arrangements.

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 has systems in place to manage residents’ medications safely and correctly. A medication advisory committee is organised every three months and a consultant pharmacist reviews residents’ medications. Medications are stored appropriately and the medication trolleys are stored securely when not in use. The home has clear policies and procedures for the safe and correct management of medication. The medication needs of a resident are assessed when they come to the home in consultation with residents/representatives and their medical officer. Medications are dispensed from single packs and weekly and monthly audits and surveys are conducted by the assistant directors of nursing. Medication incidents are documented, reported and appropriately addressed in a timely manner while the consultant pharmacist recommendations are followed up by the medical officer and documented in the progress notes and nursing care plan. Residents/representatives report residents are assisted with their medication requirements and express satisfaction with the administration of medications.

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

Residents are assessed for any pain management needs including residents displaying behaviour or sleep disorders. Non-verbal assessment tools are used to assess residents with communication and/or cognitive deficits. Individual pain management strategies are planned

in consultation with residents/representatives and residents' medical officers for all residents identified as experiencing pain. Analgesia on a regular and 'as necessary' basis is prescribed by the resident's medical officer and administered by staff. Residents are also closely observed for pain and provided with non-chemical pain relief interventions including gentle and regular exercise, music therapy and massage. The home has policies and procedures regarding pain management and strategies are determined according to the abilities, needs and preferences of the individual. Clinical records show staff administer pain medication as prescribed and feedback is sought from residents/representatives as to the effectiveness of pain management strategies. Residents/representatives state residents are maintained as free from pain as possible and that pain relief can be accessed as required.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity for terminally ill residents are maintained with the help of the palliative care team from the local hospital and a medical officer specialised in palliative care. The home has advanced care directives from the local hospital for some residents requiring palliative care and has funeral arrangement forms for all other residents in their files. Appropriate and specialised equipment is available for delivery of pain control medications managed by the registered nurse. Residents reside mainly in shared rooms and staff ensure privacy and dignity. The local ministers of religion visit the home on the request of residents and/or their families to provide spiritual support. A resident was observed receiving palliative care and staff extended the emotional support to the family as well. Residents' representatives are informed of their condition and medical officers and the palliative care team are involved in the care planning and delivery. Residents/representatives confirm they are confident their wishes will be respected and residents' comfort and dignity will be maintained at the end of life.

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

All residents are assessed for dietary needs and preferences including residents with special dietary needs for diabetes and these are documented in a care plan and a copy kept in the kitchen. The residents are offered a varied, healthy and well balanced diet with food cooked on the premises. A system is in place to monitor residents' weight and a dietician visits to review residents who have experienced a weight change. The home has access to a speech pathologist as required and the consistency and food texture of the meal is adjusted according to the resident's individual needs. There are adequate numbers of staff on duty to assist with meals for residents requiring assistance, and special crockery and cutlery is available to encourage independence with meals and hydration. Staff provide regular drinks to encourage residents to maintain their fluid intake. Residents are weighed as part of the regular care review and according to individual need. Residents/representatives interviewed are satisfied the meals provided are meeting residents' dietary requirements.

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

Residents’ skin integrity is assessed on entry to the home with skin care needs identified and incorporated into the care plan with registered nurses responsible for the wound management. Staff monitor residents’ skin integrity, provide moisturiser for residents and encourage residents to keep up their fluid intake. Pressure area care is provided and equipment is available to assist with pressure area care. An incident reporting system records data on wounds, tears, rashes and bruises. The home developed a rash assessment format with photos of residents’ rash and a weekly evaluation tool. A podiatrist visits the home regularly to provide foot care for residents. Residents/representatives interviewed say they are satisfied with the care provided for residents to maintain their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

All residents have their continence level assessed when they enter the home. The care plans are developed based on their assessed needs and evaluated and managed effectively. Toileting programs are established for residents who need assistance. Residents have access to toilets and to a call bell system when physical assistance is required. There are adequate supplies of disposable continence aids available of varying sizes based on the residents’ individual needs. Care staff are trained in the use of these products by the continence product company representative. Regular audits and surveys are conducted on the effective use of the continence products in consultation with the resident and their family. Residents/representatives confirm residents are satisfied with the care provided and that continence is managed effectively.

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 demonstrated the needs of residents with challenging behaviours are managed effectively. Behavioural assessments are carried out and interventions to deal with challenging behaviours are outlined in resident care plans. Management and staff work to maintain a quiet and calm environment and were observed interacting in a polite manner to maintain the resident’s dignity. Residents are provided with a range of activities and specific one-to-one activities dependent upon their level of need. Alternative therapy, non-chemical, is used to manage residents with challenging behaviours and includes music therapy and massage therapy. The home has access to specialist medical personnel to assist in managing challenging behaviour and documentation verifies their interventions as necessary. Incident forms are available to document behaviour incidents. Residents/representatives confirm they are satisfied with the care and the way residents’ challenging behaviours are managed by the staff.

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’ optimum level of mobility and dexterity is assessed and strategies developed in consultation with the physiotherapist and recorded in the resident care plans. Two physiotherapy aides assist residents with the use of exercise equipment and mobility aids and assist the physiotherapist in reviewing the care plans. The living environment is well lit, uncluttered and has hand railings throughout to assist resident mobility. Appropriate and appropriately designed furniture, including chairs with arm rests for resident comfort, is available throughout the home. All residents have electric high/low beds to reduce the risk of falls and the home has a nurse call system to alert the staff if residents need assistance. An incident reporting system is in place and fall rates are reported. The director of nursing with the assistant directors of nursing oversees the falls prevention program to discuss the effectiveness of strategies to achieve optimum mobility and dexterity. Residents/representatives interviewed say they are satisfied with the assistance provided to residents to achieve optimum levels of 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 demonstrated residents’ oral and dental health is maintained. Residents’ oral and denture care needs and preferences are identified, documented on care plans and monitored on an ongoing basis. The day-to-day care is attended as per residents’ individual hygiene care plan and staff assist residents to achieve an optimum level of oral and dental care. Residents have access to dental services and are referred for treatment when required. Staff assist residents to make appointments to access dental services outside the home and a dental service also visits the home. Residents/representatives interviewed say residents are assisted with oral hygiene when necessary and are satisfied with the care provided.

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

Residents’ vision, speech and hearing are assessed at the time of their entry to the home and care plans are developed based on their assessed needs and preferences. Optometry services are accessed by residents as needed. Staff are aware of residents’ sensory needs through their care plans and progress notes. Staff assist residents with cleaning glasses and fitting hearing aids as part of the residents’ daily hygiene routine. They also assist residents with sensory loss to participate in the activities of the home such as meals, leisure activities and walks. The home is well lit, uncluttered and has handrails in all the corridors to provide a safe environment and assist those who are visually impaired, for example lifts have braille imprints on the lift buttons. Residents/representatives interviewed say they are satisfied with the management of sensory loss.

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 their entry to the home and there are strategies to ensure residents are able to achieve adequate rest and sleep. Sleep patterns are monitored and documented in care plans. A nurse call system is in place to alert staff if any residents require assistance at night. Strategies to assist residents achieve a natural sleep pattern include pain and continence management and medication where prescribed. Dim lighting is used in shared rooms when undertaking nursing care for residents at night. The progress notes are also used to record any periods of sleeplessness and evaluation of actions taken. Night snacks are available for residents as needed. Residents confirm that the environment is quiet at night and that staff use a range of strategies to assist them if they have difficulty sleeping.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Resident meetings, satisfaction surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Resident lifestyle. Some examples of improvements over the last year include:

- Following an incident during an outing identification cards with lanyards have been developed for resident use when on outings. The cards include the home’s address and contact details and the residents name is included discreetly. Signage has also been developed for displaying on the bus to identify the home.
- Additional equipment has been purchased to increase residents’ access to entertainment. A large screen television has been installed in the lounge area and digital video disc players have been purchased. Residents are enjoying both the music and movies provided.
- Management identified the need to increase understanding by relatives and carers of the importance of planning treatment and care for their loved one. An information session was provided by the local area health service on advanced care planning and books and brochures were made available. This has helped representatives understand how residents comfort and dignity can be maintained in the home.
- To provide increased mental stimulation for residents activities staff have introduced word games, trivia and quizzes. These are very popular and staff have observed increased resident communication skills and social interaction since these have been introduced.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Three include:

- All new residents receive a resident agreement and handbook which include information about security of tenure and residency rights and responsibilities.
- There is a system for compulsory reporting in accordance with regulatory requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to resident lifestyle. Some of the topics include: communicating with residents, residents' rights, elder abuse, activities planning, spiritual and cultural needs, confidentiality, privacy and dignity and Certificate IV in Leisure and Health.

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 effective systems to ensure each resident receives initial and ongoing emotional support. This includes a formal welcome and orientation to the home, staff and services for new residents and their families, visits from the pastoral team, resident and relatives' meetings, involvement of family in the activity program and a monthly newsletter. Emotional needs are identified through the residents' assessments, case conferencing, one-to-one support and family involvement in planning of care. Residents are encouraged to personalise their living area and visitors including pets are encouraged. Residents and representatives interviewed are satisfied with the way they are assisted to adjust to life at the home and the ongoing support they receive from the home.

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 ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence that includes mobility and activities programs and mobility equipment for resident use. Community visitors, volunteers and entertainers are encouraged and arranged. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practice and resident/representative feedback confirms residents are actively encouraged to maintain 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 findings

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs. Information pertaining to privacy, dignity and confidentiality is contained in the resident and staff handbooks. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Staff education promotes privacy and dignity and staff sign a confidentiality agreement. Residents' rooms are managed so that residents' privacy is not compromised; privacy screening and lockable storage is available to all residents. Staff handovers and confidential resident information is discussed in private and resident files securely stored. Staff practices respect privacy and dignity of the resident. Residents/representatives are satisfied with how privacy and dignity is managed at the home.

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 demonstrates residents are encouraged and supported to participate in a wide range of interests and activities. Residents' specific needs, interests and preferences are assessed on entry and on an ongoing basis. The home has a comprehensive activities program covering seven days a week and includes bus outings, daily exercises, entertainers, bingo and cultural celebrations. Ongoing evaluation of the activities program ensures the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Representatives are informed of programs through display of the activities program on noticeboards, newsletters and resident and representatives meetings are held on a regular basis. Residents are invited to make suggestions and have input into the activities program. Residents are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm residents are highly satisfied with the activities provided 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 ensures residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Cultural and spiritual needs are assessed when a resident moves into the home. Ministers of various denominations visit the home and conduct church services. Residents are encouraged to maintain cultural and spiritual links in the community. For residents from a culturally and linguistically diverse background the lifestyle officers ensure communication cards and appropriate activities are available for them. Significant cultural celebrations are held and celebrations include appropriate food, music, digital video discs and national dress. Culturally significant days such as Christmas, Easter, Mothers'

Day, Fathers' Day, Australia Day, Anzac Day, Melbourne Cup and resident birthdays are also celebrated. Residents/representatives report staff are respectful of residents' spiritual and cultural needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home demonstrates each resident and/or representative participates in decisions about the services of the home and is able to exercise choice and control over lifestyle through consultation around residents' individual needs and preferences. The management have an open door policy resulting in continuous and timely interaction between the management team, residents and representatives. Resident and representative meetings and surveys occur regularly to enable residents to discuss and provide feedback about the services provided by the home. Residents and representatives state they are satisfied with the support of the home relative to their choice and decision making processes.

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

There are processes to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. Administration staff and the manager discuss relevant information about security of tenure, fees, care, services and residents' rights with residents and/or their representatives prior to and on entering the home. Residents/representatives receive a residential agreement and handbook which outline accommodation, residents' rights and complaint resolution processes. A copy of specified care and services is included in the new residents' information pack. Ongoing communication with residents and/or their representatives is encouraged through scheduled meetings, individual meetings and notices. Residents/representatives indicated awareness of residents' rights and responsibilities and security of 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident feedback. Some examples of improvements over the last year include:

- Some residents complained they were unable to go outside due to a lack of proper shelter. To address this awnings have been extended to provide extra cover. Additions to provide a more pleasant outdoor area for residents to enjoy include two gazebos and extra plants placed in the courtyard.
- Following discussion at the Work Health and Safety meeting staff recognised a need to identify equipment for repair or replacement purposes. All mobility equipment has been tagged and a register established to improve monitoring of equipment to ensure it is maintained in good condition for safe use by residents.
- New procedures have been introduced to ensure physiotherapy aides are kept informed of resident infections. These include a shift handover by registered nurses to inform the aides of any infections and the introduction of reporting sheets to record any observed changes by aides or staff. This improved information minimises cross infection when attending residents.
- Specialised emergency evacuation training given to management staff has resulted in a review and update of procedures and items available for use in the event of an emergency. Additional items introduced include fluorescent clothing and identification cards with lanyards for storing in the evacuation pack.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Four include:

- Annual compulsory education is provided for fire safety and manual handling.
- A current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Documentation verified that a range of education and training sessions have been attended over the last year in relation to the physical environment and safe systems. Some of the topics include: manual handling, fire safety, Work Health and Safety (WHS), infection control and outbreak procedures, chemical handling, hygiene and food safety. Hand washing competency assessments were completed.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home demonstrates it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home consists of two levels with a central outside courtyard. Residents are accommodated in single and shared rooms. There is a preventative and reactive maintenance program in place, including recording of the warm water system temperatures, and regular physical environmental audits are undertaken. Residents may personalise their rooms. Residents/representatives stated they are very satisfied with the residents' individual and communal living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular environmental and safety audits. The home takes effective and efficient action to resolve any accidents, incidents and hazards. There is compulsory education for all staff in workplace safety including manual handling. Chemicals are appropriately stored and safety data sheets and personal protective equipment are available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities and observation confirms safe work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are evening lock-up procedures. There is regular testing of external security lighting and alarm systems. Fire evacuation plans, emergency services flip-charts and exit signs are located throughout the home. Monitoring and maintenance of all fire equipment is undertaken and reports provided. Fire equipment is located throughout the home and there is evidence this is regularly serviced and tested. Fire safety and evacuation training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. Emergency evacuation kits are maintained including resident identification badges. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has established policies and practices that support an effective infection control program. Staff receive training at orientation and on an ongoing basis. Hand sanitisers and hand washing facilities are located throughout the home. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures and disposal of waste. A vaccination program is in place. The home's management are aware of federal guidelines for the management of influenza and gastroenteritis outbreaks. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. Information on infections is collected, analysed and discussed with staff. Observation demonstrates staff comply with infection control practices including the use of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents/representatives expressed a high level of satisfaction with the hospitality services provided at the home. Residents' dietary needs and choices are assessed and documented on entry to the home. Catering staff maintain a list of food preferences and special diets, including supplements and modified meals. Food is prepared and cooked on-site and served to residents in the dining rooms. The home has a rotating menu with input from a dietician. The home presents as clean, fresh and well maintained and cleaning staff are guided by documented schedules and work practices. There is an on-site laundry and linen and residents' clothes are collected in appropriate coloured linen bags. There are procedures and work practice statements for the collection and handling of laundry. Staff demonstrated a

good knowledge of infection control, manual handling requirements and safe handling of chemicals.