



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredit The Abbey Nursing Home

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

The Agency has decided that the period of accreditation of The Abbey Nursing Home is 3 years until 11 May 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 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:	The Abbey Nursing Home				
RACS ID:	2610				
Number of beds:	77	Number of high care residents:	76		
Special needs group catered for:	Nil				
Street/PO Box:	Range Road				
City:	MITTAGONG	State:	NSW	Postcode:	2575
Phone:	02 4871 1085		Facsimile:	02 4872 4093	
Email address:	theabbey@thc.net.au				

Approved provider

Approved provider:	Thompson Health Care Pty Ltd
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Assessment team

Team leader:	Allison Watson
Team member/s:	Sue Morgan
Date/s of audit:	24 February 2009 to 25 February 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
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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
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Agency findings
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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	The Abbey Nursing Home
RACS ID	2610

Executive summary

This is the report of a site audit of The Abbey Nursing Home 2610 Range Road MITTAGONG NSW from 24 February 2009 to 25 February 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 The Abbey Nursing Home.

The assessment team recommends the period of accreditation be three 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 24 February 2009 to 25 February 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:	Allison Watson
Team member/s:	Sue Morgan

Approved provider details

Approved provider:	Thompson Health Care Pty Ltd
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Details of home

Name of home:	The Abbey Nursing Home
RACS ID:	2610

Total number of allocated places:	77
Number of residents during site audit:	76
Number of high care residents during site audit:	76
Special need catered for:	

Street/PO Box:	Range Road	State:	NSW
City/Town:	MITTAGONG	Postcode:	2575
Phone number:	02 4871 1085	Facsimile:	02 4872 4093
E-mail address:	theabbey@thc.net.au		

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be three 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.

The assessment team recommends there should be three support contacts during the period of accreditation and the first should be within 12 months.

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
Director of nursing	1	Residents	8
Deputy director of nursing	1	Relatives	5
Registered nurse (RN)	4	General practitioner	1
Operations manager	1	Volunteers	1
Assistants in nursing (AINs)	6	General service officer (cleaning and laundry)	1
Enrolled nurse (EN)	1	Cleaning staff	1
Catering staff	2	Maintenance officer/ occupational health and safety officer (OH&S)	1
Laundry staff	1	Property manager	1
Lifestyle manager	1	Recreational activities office (RAO)	2
Infection control officer	1	Pharmacist	1
Palliative care team - nurse specialist	1	Aroma therapist	2

Sampled documents

	Number		Number
Residents' files including care plans, progress notes, assessments, medical officers reports	8	Medication charts	12
Advanced care directives	8	Accident/incident reports	8
Referrals to specialists	5	Social profiles	8
Social and lifestyle plans	8	Case conference records	4
Data base	7	Wound healing - clinical case study	2
Wound evaluation charts	10	Photographic evidence of wound healing process	3
Multi purpose charts	8	Resident of the day	8

Other documents reviewed

The team also reviewed:

- Accreditation site audit notification displayed at reception and letter to residents/ representatives dated February 2009 regarding dates for the accreditation audit
- Activities communication diary
- Activities diary – daily activities
- Activities programs – monthly 2009
- Activity planner 2009
- Aged care channel program schedule including the four accreditation standards
- Annual fire safety statement
- Approved provider's certificates of currency – workers compensation and public liability
- Audit results – medication management, medication charts, food safety, infection control, sharps management, denture labelling, education and staff development, nurse call system, occupational health and safety/environment
- Audit schedule – infection control
- Audits
- Calibration records
- Care and services procedures manual
- Certificate of competency for fire safety officer level 1
- Certification report against the 1999 aged care certification assessment instrument
- Chemical register
- Chlorination of food records
- Clinical indicators – monthly
- Communication diaries – kitchen, laundry and at nurses' stations
- Complaints report January 2009
- Compliments folder
- Compulsory reporting manual
- Continuous improvement register 2009

- Daily management folder – education attendance records, statement of duty, interim care plan, daily management chart, incontinence pads and physiotherapy
- Daily routine maintenance manual
- Delivery dockets – food stores
- Dietary preference sheets (allergies, preferences, meal size, cultural, supplements and special needs) x`20
- Doctors communication books x 3
- Education logs – one on one training January 2009 and February 2009
- Education plan 2009 including the four accreditation standards
- Electronic record of criminal record checks for all staff members – February 2009
- Evacuation contingency plans at four nurses' stations
- Executive services manual
- External provider fire safety equipment checks November 2008 to February 2009
- External provider preventive maintenance reports including pest control, chemicals, plumber (thermostatic mixing valves), and gas heaters
- Food allergies and food dislikes lists
- Food handling declaration manual (reporting requirements)
- Food produce orders – fresh fruit and vegetables, dry goods, groceries, meat, milk and bread
- Food safety program review and food safety program manual
- Gastro information outbreak coordination handbook
- Guide to changes to the regulatory framework for aged care 2008 – Department of Health and Ageing
- Human resources manual
- Infection control data, infection control manual, infection control newsletters spring 2008 and summer 2009 and Infection control report January 2009 and February 2009
- Internal and external complaints' mechanism brochures and posters available in communal areas
- Job descriptions
- Kitchen and laundry cleaning records – February 2009
- Kitchen stock control sheets
- Laundry services manual and laundry cleaning schedule
- Learning and development monthly reports
- Legionella check certificate of analysis March 2008
- Maintenance register January 2009 and February 2009 x 13
- Manual (policies and procedures) amendment history
- Medical advisory meeting minutes – division of GP joint GP panel meetings
- Meeting calendar 2009
- Memo to staff regarding temperature of meals in compliance with NSW Food Authority Guidelines 4 September 2008
- Menu – four week rotating
- Menu selection forms for breakfast, lunch and dinner x 10
- Microbiology report January 2009
- Minutes of meetings – Aromatherapy 1 December 2008
- Minutes of meetings – extraordinary staff 19 September 2008
- Minutes of meetings – general service officers November 2008 and February 2009
- Minutes of meetings – hazard analysis critical control point (HACCP) December 2008, January 2009
- Minutes of meetings – OH&S/infection control 19 November 2008 and 5 February 2009
- Minutes of meetings – quality improvement December 2008 and February 2009
- Minutes of meetings – RAOs 28 October 2008
- Minutes of meetings – residents 21 October 2008 and 17 February 2009

- New resident check list – care plan evaluation dates, dates for reappraisal
- Newsletter (residents/families) June 2008, August 2008
- NSW Health influenza and pneumococcal vaccines acquittal form 2008 x 75 administered
- Nurses communication books
- Occupational health and safety and injury management manual
- Organisation chart
- Outbreak folder
- Outings folder
- Photographic record - residents activities
- Plan for continuous improvement 2009
- Policies and procedures – finance committee terms of reference, learning and development committee terms of reference, aged care funding instrument (ACFI), missing persons – absconding residents, abuse of older people, criminal history record checks, missing persons, equal opportunity, grievance, professional conduct, recruitment
- Position descriptions – AIN, cleaner, RN and duty statements
- Preventive maintenance program schedule
- Recipe manual including photograph of each meal and nutritional value
- Recruitment policies and procedures
- Relative survey results August 2008
- Resident meal codes folder
- Resident survey results – August 2008
- Resident vaccination register 2008
- Residents' change of diet forms x three and dietary changes register x three
- Residents' dietary preference charts
- Residents' handbook
- Residents' information handbook
- Residents' information package and surveys
- S8 drug register
- Social and recreational activities folder
- Social and recreational cultural resources
- Social and recreational entertainment
- Social and recreational outings – policies and procedures, outing records, future outings index, successful do it again, unsuccessful never again, and completed outings forms
- Social recreational daily record – evaluation sheet
- Special care day book – bowel book
- Staff accident/incident summary November 2008, December 2008, January 2009
- Staff competency checks – food safety, fire safety, manual handling
- Staff Handbook
- Staff orientation program
- Staff roster 23 February 2009 to 15 March 2009
- Staff training records – food safety, infection control, oral and dental care, chemical safety, palliative care, falls prevention, team building, mediation and conflict management, skin tears, limb protectors, pressure area care, medication management, manual handling, privacy and dignity, confidentiality, residents' rights, oxygen equipment, continence management, syringe driver, accreditation, continence management
- Staff vaccination register 2008 x 20
- Temperature check records – food on delivery
- Temperature check records – medication refrigerators, staff refrigerator, communal refrigerators, scullery, and kitchen freezers and refrigerators
- Thermostatic mixing valve monthly checks
- Thompson Healthcare News 2008
- Vision, value, philosophy and mission statements posted at reception

- Volunteer handbook
- Wound management folder

Observations

The team observed the follow

- Activities in progress including cooking, ball games, jigsaw puzzles, computer games and visit from local school students
- Aroma therapist attending to resident
- Body substance spill equipment available in utility rooms
- Call bells in residents' rooms
- Charter of residents' rights and responsibilities displayed at reception
- Chemicals stored safely and securely, with accompanying material safety data sheets
- Colour coded cleaning, catering and laundry equipment
- Clinical care supply
- Contaminated waste disposal facilities
- Equipment and supply storage areas
- Evacuation kit including list of residents, name tags, safety gear, first aid kit, torches, bottled water, plastic cups and mobile telephone
- Fire safety equipment checked and tagged November 2008 and February 2009
- Hand sanitising gel located strategically throughout the home
- Hand washing facilities located appropriately throughout the home
- Interactions between staff and residents
- Linen skips in use
- Living environment including residents' rooms, internal and external communal areas
- Lunch, morning and afternoon tea being served
- Material data safety sheets available where chemicals are stored
- Medication round and the storage of medications
- Mobility aids in use and available throughout the home
- Nail kits
- Notice boards for staff, residents and representatives located in communal areas
- NSW Food Authority license displayed at reception
- Personal protective equipment in use and available throughout the home
- Pressure relieving equipment in use
- S8 medication audit check in process
- Safety signs available and in use throughout the home
- Sanitisers in utility rooms
- Sharps containers
- Skin tear kits
- Snack vending machines for residents/representatives and staff members
- Staff afternoon handover
- Suggestion box
- Tagging of electrical equipment
- Wound dressings and wound trolleys

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 home has a quality system that includes a continuous improvement cycle. Management demonstrates that its improvements are developed from self-assessment processes, and research and review of opportunities for improving services and care, in particular in management systems, staffing and organisational development. All stakeholders are encouraged to be involved and contribute to the continuous improvement program. The home’s framework has multiple mechanisms for identifying areas for improvement, processes for implementing change, and monitoring and evaluating the effectiveness of improvements. Key objectives of improvement activities are identified and tracked, and information provided for all stakeholders about progress and results of the activities. The home measures and reviews its performance against similar nursing homes, and uses this information to help improve all aspects of its business, with emphasis on resident care and hospitality services. All staff interviewed said management is responsive to their suggestions for improvement and cited examples including purchase of fans for A2 area. Recent improvements and results for residents include:

- Review of staffing rosters resulting in additional night care roster hours.
- Review of position descriptions and duty lists to ensure staff are aware of their individual positions and responsibilities.
- Additional training opportunities have been provided for nursing care staff to achieve their Certificate III and IV in aged care work.
- Development and implementation of an education program for RNs in leadership skills, conflict resolution and dealing with complaints.

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 has systems for identifying relevant legislation, regulations and guidelines, and for monitoring compliance with these in relation to the accreditation standards, and specifically in Standard one. The approved provider has comprehensive organisational communication systems to receive and access information about changes to or new legislation. The information is acted upon and approved as appropriate by the relevant committees at the home and/or head office. Staff interviewed confirm that changes are communicated to them verbally, via memos, at meetings, during unscheduled or regular education, in policies and procedures, or on notice boards. If regulatory changes need to be communicated to residents/representatives, this is carried out by

individual letters, newsletters, notices, or via the resident/relative meetings. The home's regulatory compliance is monitored through its auditing system, and staff compliance is monitored by observation, resident feedback, surveys and competencies. Examples of compliance relevant to Accreditation Standard One include:

- The home has introduced systems and processes to manage the Aged Care Amendment (Security and Protection) Bill 2007. This includes conducting criminal record checks for all staff and volunteers.
- The home's privacy policy is posted at reception.
- The home has systems to ensure that they comply with mandatory reporting legislation introduced by the Commonwealth government in July 2007. Staff have received education about recognition and mandatory reporting of abuse.
- Industrial awards information is readily available for staff, and nurses' union and hotel services union representatives regularly visit the home to talk directly with staff members.
- The home has received approval of its development application to re-develop and expand on the site to bring on-line additional approved bed licenses.

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 systems to help ensure that staff have the knowledge and skills required for effective performance in relation to the accreditation standards and in particular in relation to management systems, staffing and organisation development. Education is planned and provided in accordance with legislative requirements and the accreditation standards. Staff selection processes incorporate required knowledge and skills related to the current care and lifestyle needs of residents, and staff confirm they are encouraged to improve their skills. Position descriptions and duty statements are developed for all responsibilities and these are explained to staff during the interview and subsequent orientation processes. Unscheduled education is conducted if a need is identified, for example an increase in falls or skin tears, or a resident has a medical condition with which staff are unfamiliar. Education sessions are evaluated with competency checks following the training and by observation of staff in performance of their duties. The education officer meets regularly with other training officers in the area to network and share information. Staff interviewed confirm they are encouraged to improve their skills with in-service and external training, and cited recent training sessions relating to all the accreditation standards. Staff education relating to accreditation standard one includes:

- Team building
- Mediation and conflict management
- Bullying and harassment
- Assessing the accreditation standards
- Aged care rights services (TARS) – for residents and staff
- Management of oxygen equipment

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

The home has systems to ensure that each resident has access to internal and external complaints' mechanisms. This information is available in documentation provided to the resident, and posted in communal areas throughout the home, including for registering confidential complaints. Staff interviewed report that residents are aware of and use the complaints' mechanism, and that residents may raise a concern or problem directly with them. The staff said that if they cannot resolve a problem immediately, they raise the matter on the appropriate form and action is taken to deal with the complaint. Residents/representatives interviewed said that if they have a complaint they generally talk to a staff member and that their problem is resolved. The majority of residents interviewed said they attend the regular residents' meetings where they are encouraged to offer feedback about the services provided by the home. The team's review of residents' meeting minutes indicate that residents are informed about what is happening in the home, and that they are encouraged to offer suggestions and feedback about the care and services provided. The home records and analyses complaints received on feedback forms, at meetings, and by letter. Action taken is documented, and there is subsequent evaluation of the outcome.

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 organisation has documented the home's philosophy, vision, values, and mission, and these statements are posted throughout the home, and are recorded in several documents including resident and staff handbooks. The home has a commitment to quality that includes providing holistic care for the older person in its aged care facilities, to follow best practices in aged care and service delivery, and to continuously improve the quality of care and services provided. The organisation's overall objective is to continuously strive to achieve the vision of the group by excelling in all areas of the expected outcomes of the accreditation standards. The home effectively manages planning and leadership with their involvement in the transition of aged care funding instrument (ACFI) assessment processes, and involvement in the aged care (education) channel program. The DON was nominated by the Southern Highland division of general practice for the 2007 minister's awards for excellence, and the home was a finalist in the Aged Care Association excellence in business awards. The DON has represented the residential aged care sector on the South Sydney Western Area Health Service's reference group to promote advanced care planning, and interface between the acute and residential aged care sectors, to achieve better end of life outcomes for the elderly.

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

Management demonstrates the numbers and types of staff are appropriate to ensure services are delivered in accordance with the accreditation standards and the home's philosophy and objectives. The roster system is used to ensure numbers of staff are maintained at all times, including replacement for leave and absenteeism. Staff interviewed said they are encouraged to improve their skills, and that they mostly have time to undertake their responsibilities within the allocated time. They also report that generally replacements are made for unexpected absenteeism, and always for scheduled leave. Staff interviewed said that morale has recently improved and that management is sympathetic and understanding of their needs and expectations. There are systems for annual appraisal of staff members and a comprehensive orientation that includes mentor shifts until the new staff member is assessed as competent to undertake their responsibilities. All staff are required to undertake and pass a criminal record check prior to appointment, and there are systems to monitor qualifications of registered staff members. Residents/representatives interviewed said they believe staff are competent in their responsibilities, and are attentive to their care needs. Refer also in this report to Expected outcome 1.3 Education and staff development relating to how the home maintains the skills of staff.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The team's review of documents, interviews with stakeholders and their observations confirm the home has systems to ensure that stocks of appropriate goods and equipment for quality service delivery are available. The full time maintenance officer is responsible for corrective and preventive maintenance, and staff and residents/representatives interviewed expressed satisfaction with the quality, quantity and serviceability of goods and equipment. Staff and residents also confirm that maintenance requests are carried out within a reasonable time. Staff said that they are supplied with appropriate equipment and supplies to carry out their responsibilities. Residents are assessed for their equipment needs soon after arrival in the home, and care plans include information about these requirements. The residents' special care day includes cleaning and maintenance of residents' mobility aids. The team observed appropriate goods and equipment in adequate quantities, to manage personal care, resident lifestyle, catering, housekeeping and cleaning and maintenance processes. Regular audits are conducted to check that inventory and equipment is suitable for the home and residents' needs. There is adequate storage for stock, and new equipment is trailed prior to purchase, with training for staff in safe use of equipment. There are ordering systems to ensure sufficient stocks are available at all times and obsolete equipment is disposed of appropriately, ensuring confidentiality and safety.

1.8 Information systems

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

Team's recommendation

Does comply

The team found that the home has effective information management systems in place. All stakeholders as appropriate have access to current information about the processes and general activities and events of the home. Staff interviewed confirm they have access to appropriate information to help them perform their roles including personal care, resident lifestyle and the maintenance of a safe environment. Staff and residents/representatives interviewed confirm they are satisfied with communication systems in the home. The pre-admission interview with residents is used to accurately convey information regarding the home, its services, fees, confidentiality of, and access to information. A public address system is operational through the telephone system, and there are numerous notice boards located throughout the home to communicate information to residents/representatives, staff and other stakeholders. Policies and procedures are updated as changes in systems occur, and every three years. The policies and procedures are document controlled to ensure accuracy of information. Confidential information is stored safely and securely, and there are systems to safely dispose of obsolete confidential information. An off site server is used for daily back up of electronic data, and computers are password protected. Archive records are maintained in a secure environment free from infestation or fire hazard, and are readily retrievable. Information is routinely collected and recorded and developed to meet reporting requirements of the home and external authorities.

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

Management demonstrates that all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The approved provider contracts an organisation to source a variety of products and equipment for the group including medical supplies, chemicals, furnishings and equipment. The group also contracts individual suppliers to provide goods and services to the home. There are systems to ensure that contractors are aware of their responsibilities of supply, of specifications, and the home's requirements regarding occupational health and safety. Staff document identified non-conformance of food suppliers, and they ensure corrective action is taken and recorded. Non-conformance of other approved providers is generally dealt with by verbal report or on an improvement log to the operations manager, who then takes action to deal with the matter that may include meetings and/or written communication, until the matter is resolved. Contracts are continually reviewed in consideration of the supplier's performance, standards, quality, or non-conformance. Past performance, tenders, quotations and/or recommendations are considered when appointing new approved providers. There are systems to check that suppliers have appropriate insurance cover prior to commencing a contract, and to alert the home when insurance cover falls due.

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

Refer also in this report to Expected outcome 1.1 Continuous improvement regarding the home's quality system and how it manages continuous improvement activities. Management demonstrates that its quality systems result in improvements in the health and personal care of the residents, for example:

- To avoid unnecessary hospital admissions, the home made arrangements with the Community Acute Post Acute Care team (CAPAC) to cannulate residents who need intravenous (IV) drug therapy. CAPAC conducts annual education of all RNs to ensure their continuing competency in administering IV drugs.
- Skin tear packs have been introduced and are available at nurses' stations. They include normal saline, cotton tip probes, and dressings. Nutritious supplementary products are given on an assessed needs basis for assisted wound healing. The home is also undertaking a trial with their dressing supplier for the management of skin tears. Staff report changes in wound management has improved wound healing outcomes for residents.
- The document “special wishes for final stage of care and death” has been introduced and actively promoted to the residents/representatives. 85% of residents have provided the home with this data. When the information is available, a colour coding system is used to identify the residents' care files.
- Development and implementation of medication management competencies and wound care management/documentation training has enabled AINs to work in an advanced role in the home. There has been no identified increase in medication errors since introduction of the new system.
- The introduction of computer generated medication charts has improved legibility of orders, and the purpose for which the medication is ordered. Medical officers have approved the new system, recognising it as a saving in time spent re-writing medication charts.
- Following a review of pharmacy services, a change in pharmacy contractor services has improved the quality of service, and significantly decreased the number of packaging errors.
- To improve residents' pain management, eight RNs, two RAOs and the aromatherapist have received education in therapeutic massage for pain relief.
- A special care day has been introduced which includes processes to ensure residents are weighed regularly to ensure appropriate nutrition and hydration.
- Two additional continence link nurses have been appointed that improve the effectiveness of continence management in the home.
- The home has implemented an on-line ordering system for continence aids, which ensures continuity of supply.
- Following review of the behavioural management program, an evening baroque music and aromatherapy program has been introduced, that has reduced agitation in residents who previously displayed behavioural problems.

- The safety, mobility and dexterity of residents has improved with the introduction of an improved falls risk assessment tool, a falls group, and trial of several new products that has improved resident safety. Beds have been lowered to the floor with a mattress at the side, which has reduced the number of night-time falls. Floor alarm mats have been effective in reducing the number of falls for a specific resident, and a community group has installed three computers and is providing training for residents on a weekly basis regarding mobility and dexterity.
- Two staff members have attended a two-day workshop regarding sensory loss, particularly hearing deficits. The “hearing buddies” provide special care and attention to hearing aids and other equipment, and assist in providing sensory loss education for other staff members.
- The home has purchased a small oven that is set up on a mobile trolley. This has enabled the expansion of cooking as part of the activities program. The “smell of cooking baking” has provided an almost forgotten sensation for many residents.
- Ten AINs have achieved their Certificate III in aged care work, and five AINs have achieved their Certificate IV in aged care work.
- Education on depression in the older person has led to a better understanding of this condition, subsequently leading to a diagnosis and treatment in many instances, and satisfactory outcomes for the residents concerned.

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

Refer also in this report to Expected outcome 1.2 Regulatory compliance. The home has systems in place to identify and ensure compliance with relevant legislation, about health and personal care. The organisation is a member of various industry associations that provide up to date legislative information and the home receives regular bulletins from the Department of Health and Ageing. The DON attends quarterly aged care and services meetings and has access to information about changes to and new legislation on the internet. The home also subscribes to medical index medical supplies (MIMS) that is updated annually and is available to the staff. Examples of the home’s compliance relevant to Accreditation standard two include:

- To comply with requirements of the Aged Care Act 1997 – the home introduced ACFI procedures. The home ensures that documentation meets duty of care, as well as funding requirements. All care staff have received training in the ACFI including via the aged care channel and sessions conducted by the Department of Health and Ageing.
- Records are maintained of medication administration and monitoring of medication stock in compliance with the Therapeutic Goods and Poisons Act
- The home maintains and monitors RNs and allied health professionals ensuring they have current authorities to practice.
- Professional standards and guidelines are readily accessible to relevant staff members.
- A team including the resident’s medical officer, peer medical officer, pharmacist and RN meet every four months to review and analyse residents’ medications.
- Medication practitioner agreements have been signed, and registrations are current.

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

Refer also in this report to Expected outcome 1.3 Education and staff development. The home has systems to help ensure that staff have the knowledge and skills required for effective performance in relation to the accreditation standards and in particular in relation to residents’ health and personal care. The education officer conducts one-on-one training for staff when observing staff practices that may require improvement. Recent staff training includes:

- oral and dental care
- palliative care
- skin tears
- limb protectors
- pressure area care
- medication management
- syringe driver and intravenous antibiotic management
- sensory loss
- continence management
- the role of the coroner

2.4 Clinical care

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

Team’s recommendation

Does comply

The home can effectively demonstrate that residents receive clinical care that is appropriate to their individual needs and preferences. Residents’ clinical care needs are assessed on entry to the home, using a process which includes collecting information from residents, their representatives, transfer documentation and the aged care assessment team. Once they enter the home further information on their needs is gathered through a range of focus assessment tools and daily entries in the progress notes. An individual care plan is developed from the information collected and the home ensures consultation with the resident and/or their representatives in the care planning process. Care plans are updated as residents’ care needs change and are formally evaluated bimonthly. Various clinical monitoring processes are in place and any adverse health changes are reported to the residents’ medical officers or the allied health services contracted by the home. Management of the home routinely undertakes data analysis on clinical accidents/incidents and provides ongoing education to care staff to ensure the quality of resident care is maintained. Residents and representatives confirm that the care the residents receive is both effective and responsive to their identified needs and preferences.

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

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officers or allied health services input when required. The documentation review identified that appropriate assessments, care planning, monitoring and evaluation of residents' specialised nursing care needs is undertaken by a registered nurse for residents requiring a high level of care. Medical and allied health professionals are consulted as required and the clinical files reviewed show clear links between specialised nursing procedures, medical, and other health care specialist interventions. Review of wound charts and computerised treatment records verify the specialised nursing care treatments provided, for example complex wound care and nutritional supplements to assist healing. Team observations and registered nurse interviews indicate the home has sufficient supplies of equipment for the provision of residents' specialised care needs. Residents confirm that their specialised nursing care needs are identified and met by appropriately qualified nursing staff.

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

The need for referral to other health and related services is identified on entry to the home through the assessment process and further evaluation and referral is arranged as necessary. Residents' medical officers initiate referrals to medical specialists and allied health professionals as required. A number of allied health professionals available for consult by residents include physiotherapy, optometry, podiatry and aromatherapy/massage services, and speech pathologist. Clinical files reviewed contained documentation related to referrals and follow up reports from other health and related services relevant to residents' care needs. The home assists residents and their representatives in arranging appointments and transport to external health care providers. Residents confirm that they have access to, and are referred to appropriate specialists as required.

2.7 Medication management

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

Team's recommendation

Does comply

The home has policies and procedures in place to ensure that medication is managed safely and correctly. Medication is administered from seven-day single dose blister packs, the team observed a qualified AIN administering residents' medication following safe procedures. The home has a system for 24 hour emergency medications and pharmacy supplies. Residents' medication charts reviewed record current medical officers' orders and staff initials for the medications administered. Medication charts are filed with residents' medication identification charts which include photographic identification, medication allergy status and instruction for medication administration. Guidelines on medications not suitable to crush are on display. Medication incidents

are recorded, analysed, and reported to the Medication advisory committee and actioned as appropriate. The home has a multidisciplinary approach for reviewing residents' medication that has been highlighted for review due pathology or pharmacy review, the team includes registered nurses, pharmacists, residents', medical officers, in conjunction with the Southern highlands division of general practitioners peer review. The home has a system for safe disposal of medications. Residents are satisfied with the management of their medication.

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 ensures all residents are as free as possible from pain through initial and ongoing pain assessments, care planning evaluations, and accessing advice on pain management from medical officers and other health professionals when required. The home has specific assessment and pain management tools to assist staff in identifying and managing residents' pain. The assessment tool includes assessment of verbal and non-verbal descriptors of pain. Pain management strategies are incorporated into the resident's care plan that is regularly reviewed to ensure pain management strategies continue to be effective. Interviews and documentation reviews demonstrate pain management strategies currently in use for residents include: the administration of analgesia including analgesic patches and schedule eight medications, repositioning, massage, aromatherapy, physiotherapy, heat packs, music, and reassurance and diversion. The team noted that residents are referred to medical specialists and/or other health and related services as necessary. Residents and representatives are satisfied with the treatments provided for residents' pain management.

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 can demonstrate that it has effective systems to ensure that the comfort, privacy and dignity of the terminally ill resident is maintained. Assessment, and 'special wishes for final stage of care and death' document (if completed), and care planning provide staff with information regarding residents' terminal care wishes. The information includes emotional, spiritual and personal specific requests. The home utilises the services of the residents' treating medical officers, the palliative care link nurse, and the palliative care team to ensure medical interventions including pain management are appropriate for residents' ongoing palliative care needs. Spiritual support is available to residents and relatives. Residents and representatives appreciate that palliative care services and end of life care is available for residents.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' dietary needs and preferences are obtained on entry to the home and this information is provided to the kitchen staff. Levels of assistance, types of diet, food allergies and any specific behaviour associated with eating are documented on residents' care plans that are reviewed bimonthly. The home ensures residents receive adequate nutrition and hydration by regular monitoring of residents' weights, monitoring intake of food and fluids, review by a dietician as required, and regular feedback from residents in relation to the quality and quantity of the meals. Special dietary needs are catered for and this includes special diets and protein supplement drinks. Residents with swallowing difficulties are assessed by a speech pathologist. Resident feedback through meetings is taken into consideration and residents interviewed report they are satisfied with the home's services related to nutrition and hydration.

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 policies and procedures to ensure residents' skin integrity is consistent with their health. Residents' skin integrity is assessed on entry to the home and residents' care plans reflect their assessed needs and include appropriate strategies to manage their skin integrity. Residents have podiatry, pressure area care, aromatherapy, massage, and nail care provided according to their needs. Interviews with care staff indicate they maintain resident skin integrity through the application of emollient creams and correct manual handling technique. The home has equipment to minimise the risk of skin trauma for residents such as, pressure relieving mattresses, limb protectors, bed cradles and bed rail protectors. Residents/representatives are satisfied with the skin care provided including the personal and pressure area care given.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

Residents' continence is managed through assessment, care planning and review of the individual resident's continence management needs. This includes individualised toileting programs, catheter care management and assistance with specific continence aids. The home's continence aid supplier provides ongoing advice and education for staff. Bowel management programs include daily monitoring and the availability of various bowel management strategies such as regular drinks, aperient medication if necessary, and a menu that contains high fibre foods, low residue diets, fresh fruit and vegetables, and a variety of fruit juices. The home has processes to identify and follow up residents with suspected urinary tract infection. The team noted through document review and staff interviews that care staff are provided with appropriate information to ensure they assist residents with their continence management relevant to their individual needs. Residents are satisfied with the continence care provided.

2.13 Behavioural management

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

Team's recommendation

Does comply

The needs of residents with behaviours of concern are managed effectively through the home's initial and ongoing assessments, care planning and evaluation processes. Individualised behavioural care strategies are identified in consultation with residents, resident representatives, medical officers and other health professionals as required. This includes accessing a geriatrician or a psychogeriatrician when indicated. The home does not provide a secure living environment for residents and the director of nursing reviews potential residents to ensure they can be safely accommodated within the home. The lifestyle program includes activities specifically suited to the needs of residents with behaviour concerns such as programs involving baroque music, aromatherapy and massage to reduce agitation in residents. Residents and representatives are satisfied that behaviours of concern are addressed appropriately and that resident distress is minimised by the approach adopted by the home.

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

Residents' mobility, dexterity and rehabilitation needs are assessed on entry to the home. A physiotherapist and the recreational activity officers provide residents with support for their mobility and dexterity needs. The physiotherapist assesses all residents and the physiotherapy care plan developed identifies individual strategies to assist residents to achieve optimum levels of mobility and dexterity. The recreational activity officers and care staff are responsible to assist residents in undertaking their individual mobility and exercise plans. Exercise sessions form an integral part of the lifestyle program and care staff can demonstrate how they assist with maintaining residents' mobility for residents. During the visit the team observed staff assisting residents with their mobility needs and residents using a range of mobility aids. Residents and representatives are satisfied with the home's overall approach to mobility and dexterity.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has policies and procedures to maintain residents' oral and dental health. An oral and dental assessment for all residents is attended on entry to the home. The results of the oral assessment and the level of assistance required to maintain oral hygiene are recorded in care plans. Dental consultations are arranged as required. Residents are provided with the necessary oral hygiene products and dentures are discreetly labelled on entry to the home. A dental technician service visits to undertake denture repairs and/or denture replacement and dental consultations are arranged as required. Care staff interviewed said they have attended education provided by an external denture clinic and are familiar with managing residents' oral and dental care including the care of teeth/denture and mouth. Residents and representatives said that they are satisfied with the oral and dental care assistance provided.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home has a system to identify and address sensory loss of individual residents. An optometry and audiology service visits the home and the home has access to specialist medical services if necessary. Levels of assistance required and management of relevant aids such as reading glasses and/or hearing aids are included in residents’ care plans. The home has an extensive library of large print books and audio tapes are available from the local library. Provision is made for residents’ touch and smell sensory needs through the aromatherapy and massage programs. Staff state they are familiar with procedures to assist residents with the management and care of their spectacles and hearing aid devices. Residents with sensory loss indicate that they are happy with the level of support offered to them at the home.

2.17 Sleep

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

Team’s recommendation

Does comply

The home assists residents to achieve natural sleep patterns through assessments, care planning, and staff support at night. Residents have call bells in their rooms to call for assistance at night if required. A range of strategies are used to support residents to achieve natural sleep patterns including; the use of aromatherapy sleep blends, the availability of warm drinks, pain relief, conversation, checking continence requirements provision of pressure relieving equipment, reduced lighting at night, and night sedation as per medical officers’ orders if necessary. Staff on night duty monitor residents’ sleep patterns and major sleep disturbances are referred to the resident’s medical officer. Resident and representative interviews do not identify any problems with residents achieving natural sleep patterns. Residents advise the home is quiet and conducive to sleep at night.

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

Refer also in this report to Expected outcome 1.1 Continuous improvement regarding the home’s quality system and how it manages continuous improvement activities. The home’s framework has multiple mechanisms for identifying areas for improvement including in relation to residents’ personal, civic, legal and consumer rights and their lifestyle in the home and community. Planned improvements include the building of a non-denominational chapel for the new Abbey nursing home. Recent improvements and results for residents include:

- A gardening group has been introduced that has encouraged residents to enjoy the gardens, and increased the range of activities available for residents.
- The home has introduced regular trips to a bowling alley where two teams of residents socialise in the community and enjoy a competitive environment.
- Due to tax implications it was no longer practicable to continue with the volunteer weekly “lolly trolley”. Rather than have residents lose the opportunity to purchase a selected range of items, the cost is being borne by the approved provider and is included in the activities budget.
- The privacy and dignity of residents has been improved with the re-configuration of six bed-rooms to two to four bed rooms.
- The home’s RAO has achieved their Certificate IV in lifestyle management.
- A new aromatherapy program for residents with neurological disorders has been introduced that has improved behaviour management. In addition residents’ representatives are offered aromatherapy.
- A “giving tree” has been introduced at Christmas time, with all donations to the Salvation Army.
- Tea and coffee making facilities have been made available in all sections, for families to access whilst visiting their residents.
- The home has introduced regular visits by a bereavement counselling service that has improved emotional support in the home.

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

Refer also in this report to Expected outcome 1.2 Regulatory compliance. The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle. Examples of the home’s compliance relevant to Accreditation standard three include

- Residents are provided with information about their rights and responsibilities in the residents' handbook and residents' agreement. The charter of residents' rights and responsibilities is displayed at reception, and staff orientation includes training about residents' rights and responsibilities.
- All residents are offered a residents' agreement that meets the requirements of the Aged Care Act 1997 and the User Rights Principles.
- A new policy and procedure was developed subsequent to the introduction of the Elder Abuse Policy in 2007, and is based on legislative requirements. All staff have received compulsory education relating to the legislation.

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

Refer also in this report to Expected outcome 1.3 Education and staff development. The home has systems to help ensure that staff have the knowledge and skills required for effective performance in relation to the accreditation standards and in particular in relation to resident lifestyle. The staff orientation program includes matters relating to residents' rights and responsibilities and their security of tenure. One of the RAOs has achieved their Certificate IV in lifestyle and leisure. The approved provider conducts four training days a year for all RAOs in the group. In addition an RAO from the home attended a two-day lifestyle and leisure conference in 2008 and subsequently carried out training for other RAOs in the home. Recent staff training that has relevance to accreditation standard three includes:

- Aromatherapy training day
- Massage (for residents and staff)
- Elder abuse and compulsory reporting
- Senior first aid
- Depression in the elderly (relating to emotional support)

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

Residents compliment staff on the support they provide to residents to assist them achieve a smooth entry to the home and the provision of assistance to meet their ongoing emotional needs. Care staff and the recreational activity officer spend one-to-one time with residents during their settling in period and thereafter according to need. The entry process includes gathering information from the resident and/or their representative to identify the resident's care needs and social history. As part of the care planning process, residents' emotional needs are identified, addressed and regularly reviewed. Residents have access to counselling where a need has been identified. A review of residents' progress notes identifies that reassurance is provided to residents requiring emotional support. Religious clergy visit the home and residents or representatives can contact them for individual support as needed.

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

Residents' abilities and wishes in relation to independence and lifestyle needs are assessed on entry to the home, and documented on their care plans. The care plan is regularly reviewed to ensure resident's changing needs in relation to maximising their independence are met. Residents are assisted to make the most of their independence through health care interventions that include daily physiotherapy and lifestyle programs. The activity program helps facilitate community access by regular bus trips to community events, as well as engaging a variety of community entertainers to come and entertain the residents. Residents' independence is also enhanced with access to television, radio, computers, telephones and assistance is provided to vote if they wish to do so. Staff can demonstrate that they encourage and assist residents to maintain their independence. Residents and representatives are satisfied with the home's approach in encouraging and assisting them to maintain their 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

The home recognises and respects each resident's right to privacy and dignity through the identification of residents' care needs, care planning and staff practices. New residents or their representatives are requested to sign a privacy consent form for the display of their photographs. Staff interviewed demonstrate they understand the need to maintain confidentiality of residents' information and apply strategies for maintaining respect for residents' privacy and dignity including closing doors and privacy curtains when providing treatments in residents' rooms. Observation and documentation reviews demonstrate that the home identifies and uses residents' preferred names. Process have been developed to recognise and respect the dignity of residents receiving palliative care. Residents and representatives interviewed expressed satisfaction with the way staff treat them with respect and value 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

The home has systems to support and encourage residents to participate in leisure interests and activities of interest to them. Systems include; detailed social history, data base social and humans needs care planning of residents, providing group activity, programs and one-to-one support. The home provides activity programs seven days a week, and residents from all floor of the home are invited to attend. Examples of activity programs observed include: balloon games, entertainers, weekly visits by school children, entertainment, cosmetic care, weekly pet therapy, bingo, and cooking. The

home also provides gardening for residents, birthday celebrations, bus outings, and the celebration of special events. Social and recreational record, and evaluation forms assess residents' satisfaction with the activities programs and the one-to-one support. Residents and representatives are informed of recreational activities available through monthly activities programs on display; residents also receiving a weekly program and daily verbal information about activities. Residents and representatives indicate they are satisfied with the range of activities available.

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

Residents state they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and customs is identified in the assessment process and known to staff. Multicultural visitors can be organised to visit residents with similar linguistic backgrounds when required. A variety of cultural days and religious celebrations that are relevant to residents are acknowledged and celebrated. For example, the home has held special activities for Valentines Day, St Patrick's Day, Good Friday, Melbourne cup day, and Anzac Day. There is a weekly Catholic service conducted on site, and other denominations arrange to conduct their services each Sunday at the home. Residents and representatives are satisfied with the home's approach to cultural and spiritual programs and the support provided in terms of their cultural and spiritual 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 recommendation

Does comply

Residents/representatives state they are fully informed and have the freedom to make decisions and choices about all areas of service delivery including their care, their lifestyle, their personal environment, and other services provided by the home. Residents are able to choose the times they get up and go to bed and routines are arranged through discussions with staff. Residents' food preferences are documented and menu choices are available. Residents can choose their medical officer. Participation in activities is also the choice of the resident. The 'Charter of residents' rights and responsibilities' is contained in the resident handbook and displayed in the home. Residents can participate in decisions about the services they receive through regular resident meetings, the comments and complaints process and one-to-one discussions interviews, and discussions with management. Residents report they are satisfied with the choices available to them concerning their life at the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents report they are satisfied with the information the home provides on entry regarding details of tenure as well as the accommodation bond, fees, and charges. Details of residents' tenure are included in the written resident agreement, which is offered to residents on entry and which meets the requirements of the *Aged Care Act 1997*. Information on rights and responsibilities is contained in the resident handbook that residents receive on entry. Residents state they were aware of this information. Management advises that residents and their representatives are consulted prior to moving rooms.

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

Refer also in this report to Expected outcome 1.1 Continuous improvement regarding the home’s quality system and how it manages continuous improvement activities. The home’s framework has multiple mechanisms for identifying areas for improvement particularly in regard to providing a safe and comfortable environment for the residents. Recent improvements and results for residents include:

- Residents’ representatives have received education regarding food safety, particularly in relation to bringing prepared food into the home. A food safety tips leaflet is included in all pre-admission packages to help ensure compliance with safe management of prepared food.
- A new plate warmer has been purchased to improve temperature of food at point of delivery.
- To help ensure effective infection control processes, individual nail care packs are provided to each resident on arrival.
- To reduce the number of mobile trolleys used to stock linen, two cupboards have been built to store the linen, which has improved safety in corridor areas.
- To improve occupational health and safety, washing machines have been raised onto a plinth, making loading and unloading easier and safer for staff members.
- Yellow colour coded mops and buckets have been purchased and are now in use, following an identified audit deficit.
- The catering department has improved its services with the introduction of “toast bags” for breakfast, purchase of a new refrigerator, stainless steel trolleys for food service, and labelling for shelving in refrigerators and dry store areas.
- An outbreak folder has been introduced and implemented to provide staff with ready access to information about the home’s systems relating to gastroenteritis and influenza outbreaks.
- Following a risk assessment on a resident who wished to make their own “cup of tea”, the maintenance officer built a small cupboard in which to house an electric jug, to ensure it is safe and out of view from other residents. This has enabled the resident to retain this element of independence.

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

Refer also in this report to Expected outcome 1.2 Regulatory compliance. The home has systems to identify and ensure compliance with all relevant legislation, regulatory

requirements, professional standards and guidelines about physical environment and safe systems. The Food Authority of NSW communicates the current changes to food for vulnerable persons and new legislation in 2008. Examples of the home's compliance relevant to Accreditation standard four include

- The home complies with requirements and changes to the National Standard of Vulnerable persons' food safety standard.
- The home displays a current fire safety statement according to local government requirements.
- The home achieved a pass standard against the 1999 Certification Instrument tool, including for the overall environment and fire and safety.
- In response to amendments to Australian Standards for testing and tagging of electrical appliances, maintenance staff (or electricians) regularly test and tag all electrical appliances in the home.
- The home has an OH&S committee that meets regularly to review and analyse results of audits and identified hazards, in compliance with OH&S legislation.
- The laundry complies with Standard AS/NZS 4146:2000.

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

Refer also in this report to Expected outcome 1.3 Education and staff development. The home has systems to help ensure that staff have the knowledge and skills required for effective performance in relation to the accreditation standards and in particular in relation to physical environment and safe systems. Training sessions mostly include a competency check on completion. Recent staff training has included:

- Food safety
- Fire safety
- Manual handling
- Chemical safety
- Falls prevention
- Infection control

4.4 Living environment

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

Team's recommendation

Does comply

The home is actively working to provide a safe and comfortable environment, consistent with residents' care needs. Refer also in this report to Expected outcome 1.7 Inventory and equipment regarding supply and maintenance of equipment. Residents are assessed for their needs and preferences soon after arrival in the home, and a care plan is subsequently developed with input and consultation with the resident/ representative. Relevant information is conveyed to the appropriate department (for example housekeeping, kitchen, or recreation). Systems are in place to ensure this information is updated on an as needs basis. Individual rooms accommodate one, two,

three and four residents. The team observed the home has created a homelike environment that facilitates mobilising, including in outdoor areas. There is access to call bells, toilets and mobility aids. There is adequate lighting and systems to prevent clutter in the home. Residents/representatives confirm they feel safe and secure, and family and visitors feel welcome. Residents are encouraged to personalise their space according to their own choice. Tea and coffee making facilities are available to visitors in several areas. The resident handbook outlines the security of residents' personal belongings. A lockable drawer is available at each bedside, and any other valuables may be stored in the home safe. Television and music systems are available in all areas, and residents are encouraged to have their own entertainment systems, as long as this does not impact adversely on other residents.

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 is actively working to provide a safe working environment that meets regulatory requirements. The OH&S committee is responsible for ensuring the OH&S program is effective and meets expected outcomes. This is evidenced in review of the OH&S committee meeting minutes, where results of audits, accidents/incidents, risk assessments and hazards are discussed and action is taken to improve processes and systems where necessary. Staff orientation includes safety matters and staff are trained in the home's systems and processes to perform their roles safely and to alert the home to potential hazards. There is regular assessment and reporting of risk via accident/incident reports, and the maintenance system. Improvements are implemented when necessary, following review of OH&S assessment and review. Refer also in this report to Expected outcome 1.7 Inventory and equipment regarding how the home maintains equipment to ensure a safe working environment. All staff interviewed said they are familiar with the home's OH&S policies and procedures, and that they undertake regular manual handling training.

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

Management demonstrates it has practices and systems to ensure the environment minimises fire, security and emergency risks. Staff are aware of the home's fire and safety systems, the location of evacuation information, and understand their role in the event of an evacuation. Information about fire, security and other emergencies is made available to residents/representatives on their arrival, and is clearly displayed in communal areas throughout the home. Staff undertake mandatory training in the use of fire, security and emergency equipment, and there are systems to ensure that staff comply with this requirement. An approved contractor undertakes regular checks of the fire safety equipment, and actions are taken in relation to recommendations to comply with legislation. Emergency exits are clearly marked, free from obstruction, well lit, and comply with legislative requirements. The team observed and reviewed documents that confirm there are up to date lists identifying residents' transfer and other needs in the

event of evacuation. The team observed that the home and surrounds are free from combustible materials. Procedures and equipment are in place to deal with loss of electrical supply, and staff are trained to deal with any loss of power. Electrical appliances are checked for safety in accordance with legislated guidelines. First aid equipment is maintained throughout the home, and a fully stocked medical treatment room ensures ready supply of first aid materials. No smoking is allowed within the home. Emergency colour coded flip charts are located throughout the home relating to procedures in the event of other emergencies. There is a security lock up procedure at night and staff have immediate access to emergency services (for example bomb threat, intruder, natural disaster etc).

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems and processes to ensure that it has an effective infection control program. A qualified infection control officer is responsible for monitoring and maintaining the infection control program. Appropriate infection control education is provided at orientation and on an ongoing basis for all staff. The home collects data on infection rates, causes and treatment. The OH&S/infection control committee reviews and analyses this data. There is a routine testing of mixing valves and regular pest control management. Scheduled and random audits are conducted to identify any matters that may require improvement. All residents and staff are offered annual influenza and Pneumococcal vaccination, and the home maintains a record of such immunisation that is carried out by a qualified RN. All staff interviewed displayed a sound understanding of universal and the home's infection control policies and procedures, including use of personal protective and colour coded equipment. All staff said they have undertaken mandatory infection control training and hand washing competencies, and are familiar with how to manage infectious outbreaks.

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

The home demonstrates that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Residents/representatives interviewed confirm they are satisfied with the quality and quantity of food supplied, as well as the laundry and cleaning services. They said that their meals are served at the appropriate temperature, and at about the same time every day.

Catering

All residents are assessed for their nutritional needs on admission (including allergies) and this information is conveyed to hospitality staff. Meals are provided according to the residents' needs and preferences, including appropriate texture (for example , regular, pureed meals and "soft diets"). A qualified dietician has reviewed and approved the four-week rotating menu, and residents are asked for their suggestions about the menu. Qualified chefs prepare food on-site, and all staff have received safe food handling education. The NSW Food Authority food safety program has been fully implemented and all regulatory compliance with regard to safe food handling is met,

including temperature recording, food labelling, stock rotation and calibration of equipment. The team observed that where a resident requires full assistance with a meal, staff provide this in a relaxed and pleasant manner, offering appropriate encouragement with nutrition and hydration. Balanced and supplementary food is provided for residents with assessed special needs. Residents have a choice of food and drinks, and alternatives are available on request.

Cleaning

In house staff and external contractors carry out planned cleaning programs, and personal protective equipment is supplied. All new staff are oriented to and receive ongoing education in correct cleaning practices and infection control procedures. Position descriptions and duty lists clearly define each role. All chemicals are managed appropriately and material safety data sheets are available where chemicals are stored. Cleaning equipment is colour coded and staff use equipment appropriately. There are processes to minimise malodour and there are systems to regularly clean residents' rooms, the general living environment, staff areas, and equipment. The team observed the home is clean and free of clutter during the accreditation audit.

Laundry

Laundry services are provided in house over seven days per week. There is clear delineation between clean and soiled areas and infection control standards are maintained through chemical and temperature control. Linen is collected and sorted appropriately prior to laundering, and delivered to residents on completion. There are systems to isolate contaminated linen that is laundered on a specific infection control program for "heavy soil". Residents are asked to ensure their clothing is appropriately labelled to minimise misplaced items. Colour coded equipment is available, and chemicals are stored and managed appropriately.