



Aged Care
Standards and Accreditation Agency Ltd

Presbyterian Aged Care - Paddington

RACS ID 0536

74 Brown Street

PADDINGTON NSW 2021

Approved provider: The Presbyterian Church (New South Wales)
Property Trust

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 6 October 2015.

We made our decision on 29 August 2012.

The audit was conducted on 24 July 2012 to 26 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

Presbyterian Aged Care - Paddington 0536

Approved provider: The Presbyterian Church (New South Wales) Property Trust

Introduction

This is the report of a re-accreditation audit from 24 July 2012 to 26 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 24 July 2012 to 26 July 2012.

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

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

Assessment team

Team leader:	Mary Butcher
Team member/s:	Judy Wong

Approved provider details

Approved provider:	The Presbyterian Church (New South Wales) Property Trust
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Details of home

Name of home:	Presbyterian Aged Care - Paddington
RACS ID:	0536

Total number of allocated places:	104
Number of residents during audit:	84
Number of high care residents during audit:	65
Special needs catered for:	Residents with dementia and/or related disorders

Street/PO Box:	74 Brown Street	State:	NSW
City/Town:	PADDINGTON	Postcode:	2021
Phone number:	02 9361 1000	Facsimile:	02 9361 1144
E-mail address:	jcoomby@pcnsw.org.au		

Audit trail

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

Interviews

	Number		Number
Manager	1	Residents/representatives	24
Care manager	1	Chief executive officer	1
Executive manager	1	Quality manager	1
Registered nurses	1	Housekeeping supervisor	1
Care staff	6	Laundry staff	1
Recreational activity officer	1	Roster clerk	1
Administration assistant	1	Cleaning staff	2
Catering staff	2	Maintenance staff	1
Physiotherapist	1	Chaplain	1
Recreational activity team leader	1	Pastoral care officer	1

Sampled documents

	Number		Number
Residents' files	15	Medication charts	12
Summary/quick reference care plans	15	Personnel files	5
Improvement logs	6	Medication incident reports	10
Resident agreements	5		

Other documents reviewed

The team also reviewed:

- Advance care planning directives form
- Agency staff handbook
- Audits including: food service, food safety program, cleaning, laundry, clinical indicator quality data, workplace environment review
- Clinical assessments, self medication assessments, risk assessments, weight charts and weight monitoring forms, clinical observation charts, wound charts
- Complaints register for 2012
- Computerised roster system
- Contractors handbook
- Critical incident register 2012
- Diary
- Draft documents of a revised bed safety policy, two risk assessments for use of bedrails and bed poles

- Education documentation including: orientation program, attendance sheets, competency assessments, registered nurse competencies, compulsory training day documentation
- Entitlement verification (visa)
- Fire safety certificate dated 2012
- Handover sheets
- Housekeeping documentation including: cleaning schedules, menus, NSW Food Authority report
- Lock up procedure
- Maintenance log book, preventative and reactive maintenance reports
- Meeting minutes including: resident and family, staff, night staff, case management, housekeeping, occupational health and safety, workplace health and safety, quality and continuous improvement, medication advisory committee
- Pager protocol
- Police clearance documentation
- Policies and procedures including: infection control guidelines, complaints management, outbreak management, emergency procedures manual, human resource manual, work health and safety,
- Resident assessment schedule
- Resident documentation including: entry pack, privacy agreement, smoking information, care plan summaries, dietary summaries, completed restraint authorisation forms
- Resident information pack
- S8 registers
- Schedules for medication room cleaning and medications expiry dates checking
- Staff accident and incident register 2011 and 2012
- Staff documentation including: job descriptions, duty lists, handbook, staff appraisals, staff memos
- Staff handbook and resident handbook
- Staff satisfaction survey 2010
- Staff shifts to be covered
- Supplier contracts

Observations

The team observed the following:

- A public phone on first floor
- Activities in progress
- Bedrails and pulling bars
- Brochures of external aged care services on display
- Charter of Resident Rights and Responsibilities on display
- Computer for resident use
- Continuous improvement forms , complaints & comments forms, resident food comments forms on display

- Equipment and supply storage areas
- Fire fighting and safety equipment including; evacuation pack, fire evacuation lists,
- Infection control strategies including handwashing facilities, wall mounted hand sanitizing foam, spill kits, cleaning equipment
- Information noticeboards ; relative, improvement and quality
- Interactions between residents, families and staff
- Internal and external comments and complaints forms and advocacy brochures on display
- Living environment and resident bedrooms
- Medication rounds
- Recreation activity officers' office and storage area
- Residents being served and assisted during meal times
- Resuscitation kit and suction machine
- Secure nurse stations
- Secure storage of medications and clinical information, resident clinical and administrative files
- Security bracelets being worn by residents who wander
- Sign in book for visitors
- Staff work areas (administration, clinical, recreational, catering, cleaning ,laundry and maintenance)
- Suggestion box
- The dining room environment during midday meal service including the meal presentation, staff assistance and supervision.
- Vision, mission, values and organisational quality objectives displayed in the home

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 demonstrates that continuous improvement is pursued across the four Accreditation Standards. Opportunities for improvement are identified through a range of mechanisms. These include: improvement logs, feedback forms, input from residents and representatives, reviews, audits, surveys and a range of meetings. Clinical data such as infections and incident reports and relevant information from peak bodies and government agencies is also considered. Continuous improvement is discussed and actioned through management and staff meetings. Information about continuous improvement is made available to stakeholders through discussion at meetings, meeting minutes, memos, notices, newsletters, and changes to policies and procedures.

Some of the recent improvements relating to Accreditation Standard One include:

- The organisation has had a development proposal recently approved for the home. The site, which has extensive grounds, will be developed to provide independent and residential aged care services. Management were observed to have provided updates about this proposal/development to residents/representatives and staff. It is anticipated that the building program will commence within three years. The management team stated that the new aged care facility will be built on a different part of the site prior to the redevelopment of the existing home.
- Many of the home's manuals have been reviewed. A human resource manual has been developed to support staff management. The staff handbook, including the code of conduct has been reviewed. Job descriptions have also been reviewed.
- The home's education program has been improved to support staff access to training and ensure attendance. Compulsory training days are now regularly held, with staff rostered to attend. The training days have specific components to support areas of employment. For example hospitality staff undertake food handling training on their compulsory training day.
- The home has reorganised their meeting structure. The quality, continuous improvement and work health and safety meeting is now combined and held quarterly. Broad staff representation forms the committee. We observed recent meeting minutes detailing content of the meeting and identifying plans of action.
- Management improved staffing conditions. The staff room has been enlarged to provide a comfortable environment. Staff now have access to a small television, lounge area, kitchen and an outdoor area for smokers, and so are able to relax during their breaks. A staff reward and recognition program has been developed. An employee assistance program has been instigated in March 2012 to improve staff support at the home.
- A staff office has been developed on level four to support staff and resident documentation and care systems.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home sources relevant information through its organisation, peak bodies and information, newsletters and alerts. This includes information from NSW Health Department, Department of Health and Ageing and the Aged Care Standards & Accreditation Agency Ltd. Relevant information is communicated within the home through newsletters, notices, memos, meetings and training (including orientation of new staff). Policies and procedures are amended and updated as required. In general staff were able to describe the regulatory requirements relevant to their work and workplace.

Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard One include:

- All staff and where required, contractors, have a current criminal record check and where relevant, a statutory declaration. Information about staff visa status and ability to work is maintained to ensure regulatory compliance.
- Notices were in place to advise residents, representatives and staff that the Re-accreditation site audit was taking place. These notices also informed residents, their representatives and staff that they could, if they wished, speak with the assessors in confidence.
- The home provides information to residents, their representatives and staff about internal and external complaints mechanisms.
- The home provides current information relating to service fees.
- Resident and staff handbooks and the home’s policies and procedures have recently been reviewed to ensure currency with regulatory compliance and recent changes within the home.
- A staff enterprise agreement is in place. There is evidence of consultation relating to the agreement.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home demonstrates there are systems in place to ensure all staff have access to education and training that will support the needs of residents. Information from staff appraisals and surveys and the needs of residents plus organisational compulsory training provides the framework for the home’s training program and its professional development for individual staff. Education sessions are promoted and staff attendance is encouraged. Attendance records are kept and evaluations are monitored. The home can access both internal and external training including educators from local health services and contracted services such as pharmacy or continence aids providers. Staff said they are satisfied with the

range and quality of education available to them and said it is practical and does support their work practices.

Education sessions that management and staff have attended recently and relating to Accreditation Standard One includes:

- The home's manager and the care manager will attend the annual three day management conference in October. The manager values this opportunity to share information and collaborate with colleagues.
- Computer training has been provided to a range of staff including the activity officer and reception staff.
- The home's registered nurse self directed learning package includes complaints management.
- The organisation has 'return to work' training is available in August 2012. It is anticipated that a staff member will attend this.

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 a system in place which ensures residents, their representatives and other interested parties have access to internal and external complaints processes. Information on raising concerns is contained in the resident handbook and resident agreement and raised through meetings and discussion with staff. A review of meeting minutes showed concerns are able to be raised and discussed in these forums. Informal (verbal) complaints when significant are documented and actioned by the home. Documented concerns were observed to be minimal. The home's management have an 'open door' policy and encourage informal feedback. Staff described processes to record and address resident concerns. Residents/representatives said they are familiar with the complaints processes available to them.

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

Paddington Presbyterian Aged Care has systems in place to promote the home's philosophy of care, mission and vision. The organisation has a vision, mission and philosophy statement which is included in documents such as handbooks, orientation material and resident agreements. The vision, mission and philosophy statement is also displayed in the home. The organisation has a volunteer Board made up of members with church, business and/or aged care experience. Staff and residents and representatives interviewed were aware of the home's mission and values, and highly value the service provided by the home.

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 appropriately skilled and qualified staff to ensure quality services delivery for residents. Rosters are reviewed and the home demonstrates staff allocation taking into account available resources, resident care needs, resident category mix, staff availability and their skills and experience. The home has access to a pool of casual staff and agency staff to fill vacant shifts. A buddy system for new staff is used to promote knowledge and familiarity with residents' needs and the home's philosophy of care. Management demonstrate that they review staffing allocation and duties regularly to ensure optimum resident care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are systems in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. Stock levels are managed and maintained by key staff in the home with the manager monitoring ordering. There is an established reactive and preventative management system in place and a review of documentation showed this is effective. Electrical tagging and testing occurs. Observation of storage areas showed there are adequate supplies and there is stock control and stock rotation procedures in place. Interviews with staff, residents and representatives confirmed there are sufficient goods and equipment available to support delivery of 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

The home maintains effective information systems. A review of documentation shows staff currency is maintained through a variety of systems including meetings, education sessions, written information including memos, newsletters, formal and informal discussion. Staff sign a confidentiality agreement on commencement of employment and adhere to a code of conduct. The home has an archive and document destruction system. All computer information, including emails, is password protected and backed up off site. The organisation provides information technology expertise and support. Residents/representatives interviewed say they are kept informed through resident meetings, newsletters and regular communication with staff. The team observed noticeboards strategically placed throughout the home to support communication and ensure everyone at the home has access to the latest information.

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

Externally sourced services are provided in a way that meets the home's and residents needs and service's quality goals. Service contracts are managed with the home's residents and staff providing ongoing feedback regarding the quality of goods and services. A register is kept which ensures currency of contractors' certification, insurance, qualifications and where required, police criminal history clearances. The maintenance officer works to supervise contractors' access to the home and monitor the quality of work. Contractors include hairdresser, pharmacy, podiatrist, pest control and electrician. Staff, residents and representatives said they are satisfied with the services being provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Two include:

- A system of summary care plans has been developed. These plans are maintained in resident wardrobes for staff access. The home has a system to review these plans. Staff say that the summary care plans are useful.
- The home's mobility program has been improved. A physiotherapist (staff member) is now available two days a week. The mobility program is now operating seven days a week. Residents/representatives interviewed expressed satisfaction with this improvement.
- Management have improved their management of residents with potential and actual wandering behaviours. Residents identified as having wandering behaviours are fitted with a bracelet which sounds an alarm if the resident leaves the home's exits of the lift. Staff say this system is working well. We observed the system in use.
- A case management trial was commenced at the home early in 2012. Training was provided to staff to support their roles in the trial. The trial was ceased recently due to resourcing issues. Management hope to recommence the trial at a later date.
- The home continues its bed replacement program. Recently four beds have been purchased with mattresses.
- The home's manager informed us that the local hospital intends holding a regular clinic, focusing on psychogeriatric issues at the home. Management believe this improvement will support resident care and staff education.

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:

- The home maintains a register of registrations and authority to practice for registered nurses and other health and related service personnel working within the home.

- The home has a system in place to ensure it meets the regulatory requirements for the reporting of unexplained absences of residents.
- Medication management complies with regulatory requirements. A medication advisory committee meets regularly to monitor medication management. The home has a system for safe storage and destruction of restricted medications.

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 all staff have the appropriate skills and knowledge to effectively perform their roles.

Examples of education and training related to Accreditation Standard Two include:

- The home has a range of annual competency assessments. Registered nurses have commenced annual competencies including restraint, complaints and medication management. The registered nurses undertake self directed learning packages which they undertake to complete within three months. We observed three of the nine registered nurses have completed this education. Care staff also undertake a range of competency assessments including showering, transferring and feeding residents, oral care, hand-washing and wound management.
- A registered nurse development day has recently been held to support clinical management. Included in the day was wound, behaviour and pain management. Quality management and accreditation training was also provided. Feedback was most positive about this education. It is expected to become an annual event.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the clinical care and services received by residents. The home has processes in place for assessment, planning, implementation and evaluation of care interventions. Initial clinical assessments are conducted, with an interim care plan being developed upon resident’s entry to the home. Suitably qualified staff complete detailed care assessments and formulate care plans adhering to an assessment schedule. Input from residents, representatives, nursing, medical and allied health staff is incorporated into the care planning process. Verbal and written handover information, care plans and progress notes are used in the communication of residents’ changing care needs and preferences. The care team and staff interviewed are aware of residents’ individual care needs. Registered nurses review care plans every three months and as required. Nursing practices and quality of resident care are monitored through observation, audits and an incident reporting and monitoring system.

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

Residents and representatives are satisfied with the management of residents’ specialised care needs. Registered nurses are responsible for assessing, care planning and the ongoing management of residents’ specialised nursing care needs. Specialised nursing currently provided by the home includes, care of indwelling urinary catheters, enteral feeding, stomal care, complex wound management, diabetic management, oxygen therapy and anti-clotting treatment. Care staff work within their roles and responsibilities, reporting to registered nurses any changes in residents’ health condition or care needs. Care plans reflect residents’ specific care needs and are evaluated by registered nurses once every three months. Staff members attend clinical training activities. They stated they feel confident in managing specialist nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents’ health specialist preferences are identified and documented upon entry to the home and on an ongoing basis. In addition to an availability of a range of external specialised health services, such as hearing, visual, podiatrist, speech pathologist, dietitian and dental services; the home also has access to an in-house physiotherapist and physiotherapy aides. Registered nurses initiate specialist referrals in consultation with residents, their medical officers and representatives. Resident attendance at external medical appointments is facilitated by nursing staff and residents’ representatives. Residents’ files contain information on referrals to external specialists and consultation notes from a range of medical and other health services professionals. Care recommendations by these specialists are incorporated into residents’ care plans. Residents and representatives are satisfied with the home’s referral process and the allied health services provided to the residents.

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

Residents and representatives are satisfied with staff practices relating to medication administration. The home has processes in place to facilitate safe and effective medication management to meet legislative requirements. Medications are prepacked and supplied by a pharmacy on a weekly basis and as required. Management ensures all medication supplies are appropriately and securely stored, including medications for self-medicating residents. Registered nurses check stock levels of Schedule 8 medications on a daily basis. Resident assessments are completed by registered nurses to identify individual residents’ medication administration needs. Specific instructions for oral medications and local applications administration are documented on medication charts to guide staff practices. Registered nurses and suitably qualified care staff administer medications. Residents deemed safe to manage their own medications are supported to do so upon their request. Their capacity to

continue self-medicating is reassessed on a regular basis. Management monitor and address medication administration errors, including signature omissions. Regular audits, staff training and skill credentialing activities are conducted to maintain staff competency and to ensure safe staff practices.

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 who experience pain indicated their pain is managed effectively and that they are kept as pain free as possible with the use of analgesic medications and alternative therapies. The home has processes to assess, identify, action, evaluate and monitor residents’ pain care needs, including for those with cognitive and communication difficulties. Oral analgesics, pain relief treatment cream and Schedule 8 pain relief patches are administered regularly or as required, to promote resident comfort. The home promotes the use of non-medication pain management therapies, including massage, re-positioning and exercise programs. The effectiveness of as required pain relief medications is evaluated in consultation with residents, representatives and general practitioners. Processes are in place to monitor staff practices and communicate to staff the residents’ changing needs and preferences.

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 home has processes in identifying resident terminal care wishes and in facilitating resident advanced directives planning to promote resident rights and dignity. Registered nurses and medical officers provide information and discuss with residents and their authorised representatives regarding resuscitation decisions, funeral directives and end of life wishes. This is carried out on resident’s entry to the home or at a time when residents and their representatives feel ready to do so. This information is documented on an admission data sheet for communication amongst the care team. Palliative care interventions aim to promote resident comfort and to provide emotional and spiritual support to residents and their representatives. Care staff members ensure resident comfort through the provision of adequate pain management and a calm and comfortable environment. A pastoral care team is accessible at all times to attend to emotional needs and religious support for residents and their representatives. External palliative care advisory support is accessible by residents and staff at the home as needed.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the quality, quantity and choices of food and fluids provided. Nursing staff undertake assessments on residents’ nutritional and hydration

needs, preferences and food allergies on their entry to the home and on an ongoing basis. A swallowing assessment is conducted by nursing staff and/or speech pathologist in residents who present signs of swallowing difficulties. Specific dietary and fluid requirements indicated by residents' medical needs are documented in care plans and are communicated to all relevant staff through verbal and written handover. Registered nurses use a monthly weighing schedule, intake and input monitoring to monitor residents' nutritional and hydration status and identify changes in resident care needs. Weights are checked more frequently and supplements are provided in response to identified malnutrition in residents. Registered nurses make referrals to the speech pathologist and the dietician as required, in consultation with the residents, representatives and medical officers.

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 and their representatives are satisfied with the skin care provided to residents at the home. Resident skin integrity is assessed upon their entry to the home and on an on-going basis in formulating care interventions. The home's protocols guide staff practices in providing wound care and promoting skin integrity. Pressure relieving air mattresses, regular repositioning and limbs protective devices are provided to residents at risk of developing skin tears and pressure ulcers. Complex wound care, including care of infected wounds, is attended to by registered nurses. External specialist support is available if needed. Wound healing progress is documented in wound charts and closely monitored through maintaining wound photos. The home provides additional dietary supplements to residents with chronic wounds or fragile skin to help promote skin integrity. Management regularly conduct wound care audits, monitor and trend clinical incidences, such as skin tears, wound infections, pressure ulcers and blisters.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Residents and their representatives are satisfied with the continence care provided to residents at the home. Shared toilets in the communal areas are accessible by residents on the high care level and ensuite bathrooms are located within single rooms in the hostel area. Residents' continence care needs are assessed and identified on resident entry to the home and on a continuous basis for care planning. Nursing staff promote residents' regular bowel activities through the use of scheduled toileting regimes, exercise programs, encouragement of fluid and dietary fibre intake. These strategies help maintain resident general well being and minimise the use of aperients or suppositories. Residents' bowel activities are monitored and documented for regular care review. A urinary analysis test is carried out when symptoms of urinary tract infection are present. Residents prone to urinary tract infections are proactively treated with prophylactic antibiotics and cranberry supplements. Care of indwelling urinary catheters is supervised by registered nurses. Care plans are reviewed every three months, urinary tract infections statistics monitoring and continence management audits are conducted periodically.

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

Residents and representatives are satisfied with the home’s management of resident behaviours. The home has processes in place to identify, plan, action and monitor behaviours of concern. Behaviour assessments are continuously assessed for formulating care interventions. Registered nurses review the effectiveness of these care interventions on a regular and as required basis. Lifestyle activities facilitated by recreation activity officers help engage residents in meaningful and purposeful activities and minimise behaviours of concern in residents with impaired cognition. External mental health specialist advice and support are resourced, as needed. Processes in ensuring the safety of residents requiring restraint management are generally implemented and reviewed by appropriate personnel. Staff interviewed said they attend relevant training activities and they are familiar with the care strategies in managing individual residents’ behaviours of concern.

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 and representatives are satisfied with the home’s approach to optimising mobility, dexterity and rehabilitation. The home has processes in place to assess, identify, plan and evaluate residents’ mobility and dexterity needs. Residents’ mobility and dexterity status and fall risks are assessed by a physiotherapist on resident entry to the home. Care interventions formulated by the physiotherapist, such as manual handling instructions, mobility and transfer needs and regular exercise programs appropriate to individual residents’ physical capacity, are implemented by care staff and physiotherapist aides. The home assists residents to maintain their mobility independence through providing personal assistance, appropriate assistive devices including, pulling bars in bed, walkers and wheelchairs. Low beds and floor mattresses are used to protect safety of residents at risk of falls. Clinical incidences of falls and skin tears are monitored and trended to seek opportunities of improvements in work practices.

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

Residents and representatives are satisfied with residents’ oral and dental care. The home has processes to assess, monitor and care for residents’ oral and dental health. This is carried out by suitably trained staff. Oral and dental care is provided in accordance with residents’ care needs, such as frequent mouth rinse for residents unable to tolerate oral feeds. Residents are supported to attend external dental appointments. Dental care supplies are provided, as required and staff practices are monitored through periodic audits. Staff members attend training specifically promoting resident oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home assesses, identifies, plans and evaluates care to support residents’ sensory losses. Care interventions are implemented based on the assessment information. Communication care plans include specific strategies to address identified sensory losses, specific preferences and needs. Reading materials for residents are printed in large fonts, hearing aids and visual aids are being cleaned and maintained by care staff. Residents are supported to attend external sensory specialists’ services, as required. Daily shift handover and handover sheets are used to monitor and communicate information about residents’ changing needs and preferences. The home monitors staff practices through an analysis of residents/representatives feedback.

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

The home has systems and processes to promote natural sleep patterns for residents. Individual resident care needs and preferences are identified during the assessment processes and this information is included in care plans. Strategies to promote natural sleep patterns in residents include, providing a conducive sleeping environment, drawing curtains between beds in shared rooms to provide privacy and in accommodating an individuals’ personal preferences to assist residents to sleep or rest during the day. Other measures implemented to promote resident comfort include offering warm drinks in the evening, attending to resident repositioning and massage as needed. Residents and representatives are satisfied with the home’s approach to promoting natural sleep patterns in residents.

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 home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Three include:

- The home’s leisure and lifestyle program has been reviewed and improved. A resident/representative focus group was held to identify improvement opportunities. There has been an increase in small group and one-to-one activities. A coffee shop has commenced at the activity room, where residents are welcomed to attend for coffee, a chat or to participate in activity. Staff said this has been a positive improvement, offering a change of location for residents. A men’s group has commenced and activity staff are now rostered at the home for Friday evening football.
- A series of dementia training days has been provided to all staff. Staff interviewed stated that this training has been useful in the workplace and has improved their understanding of dementia and its management.

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 compliance 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:

- A mandatory reporting policy is in place to manage allegations of elder abuse and the policy complies with legislation. A critical incident register is in use and is available for record of potential allegations of abuse. To ensure staff awareness of the legislation, staff attend compulsory education on elder abuse procedures during their orientation and are then required to attend annual training on this topic.
- To ensure confidentiality of residents’ personal information, all records are securely stored. Staff sign a confidentiality agreement on commencing employment at the home. Residents or representatives also sign privacy agreements on entry to the home.

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 all staff have the appropriate skills and knowledge to perform their roles effectively.

Examples of education and training related to Accreditation Standard Three includes:

- All staff have attended annual compulsory education on elder abuse.
- Dementia workshops have been provided to all staff.
- The home participates in an organisational annual activity staff development day, scheduled for August.

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

Residents/representatives are satisfied with the level of emotional support provided to the residents on an ongoing basis. Residents and families are provided with an information pack upon entry to the home. Management have an open door policy and are available to answer any questions residents/representatives may have regarding care and services provided at the home. The recreation activity team leader welcomes new residents and introduces them to key personnel and other residents in the home. A social history and emotional need assessment is conducted within the first two weeks upon residents' entry, taking into consideration residents' medical and social history, personal, cultural and religious preference. This information is used for formulating the lifestyle care plans. Specific emotional care needs of residents are regularly attended to by nursing staff, lifestyle staff and a pastoral care team.

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

Care and lifestyle assessments provide information about residents' individual independence needs and preferences. Residents' mobility is maximised through physiotherapy and exercise programs according to individual residents' physical capacity. Residents are supported to maintain their connections with the local community through participation in frequent outings and a community visitors program at the home. A computer with internet access enables residents to watch news on internet and to maintain communication with families and friends according to their preferences. The home supports residents to manage purchases of daily necessities through maintaining their trust accounts. Residents wishing to manage their own medications and to continue smoking after entering the home are

assessed by staff on risk levels. They are supported to maintain their preferred lifestyle if deemed safe to do so. Leisure and lifestyle activities are provided to facilitate communication and promote positive interactions among residents. Families and friends feel they are made welcome by staff and management during their visits to the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents and their representatives are satisfied that resident privacy, dignity and confidentiality are recognised and respected. Residents or their representatives sign a privacy agreement on entry to indicate their consent to disclose personal information for administration use. Residents live in shared rooms or single accommodation. Curtains are used between beds in shared rooms to provide personal space and privacy to individual residents. Residents residing in single rooms have their own en-suite bathrooms. Management provide education sessions regarding elder abuse, resident privacy and dignity to all staff members and staff work practices are monitored through observation, audits and the home's feedback mechanism. Staff interviewed said they are aware of the importance of resident privacy and dignity and we observed positive and warm interactions between residents and staff. Clinical notes and relevant resident information are securely stored in nurse stations of each floor and they are only accessible by authorised personnel.

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

Residents and their representatives are satisfied with the leisure and lifestyle activities provided to them. Recreation activity officers take into account individual residents' social, cultural and religious background, their personal interests and medical and cognitive condition in the lifestyle activities planning. Residents attend group activities such as, arts and crafts classes, card games and poetry group either through active participation or just by watching. One-on-one activities including hand massage, conversation and reminiscing are provided to residents who require/prefer individual attention. Residents' attendance and enjoyment of these activities is recorded for an ongoing assessment of effects and benefits. Lifestyle programs and monthly planners are evaluated in monthly recreation activity officers' meetings based on evaluation records, staff and resident feedback. Activity planners are provided to each resident and they are also displayed in the home for residents/representatives' information.

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

Residents and representatives are satisfied with the range of cultural and spiritual activities and the support provided by the home. Pastoral team members visit new residents on their entry to the home and provide spiritual support to residents as required and preferred by residents. Socially isolated residents admitted into hospitals for extended stay are visited by pastoral care staff. Worship services of different denominations, prayer sessions and bible study classes are held on a regular basis on-site. The home celebrates theme days throughout the year featuring particular nationalities, cultures, sports and festivals. The home has a good mix of staff from a multicultural background able to communicate with residents with special linguistic needs. Families and representatives said management and staff make them feel welcome during their visits.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents agree that they are supported in their choice and decision making over meal service, lifestyle and interests. Residents and their representatives are consulted on residents' preference of care delivery, cultural, religious, interests and lifestyle activities. Resident lifestyle and daily routines prior to their entry to the home are respected, observed and supported by the management and staff whenever possible. Residents are enabled to furnish and arrange their rooms to suit their personal preferences. Safety support and staff supervision are provided to residents who prefer to continue smoking and to consume alcohol in moderation. Resident meetings, surveys, comment and complaint mechanisms provide forums for residents and families to voice their suggestions and concerns on care and services.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents have secure tenure within the home and that they understand their rights and responsibilities. An information pack is given to all residents and their authorised representatives prior to or upon entry to the home. Information about resident rights and responsibilities, complaint mechanisms, terms of tenure and the schedule of specified services in accordance with current legislation, is included in the information pack. Entry and exit criteria are explained to residents and representatives by management during the initial tour of the facility or on resident's entry to the home. Residents or their authorised representatives are required to sign a resident agreement to indicate their acceptance of terms in the agreement. Documentation review and interviews showed residents and their representatives are consulted when a need of relocation between rooms

or facilities is identified and prior to the transfer. Residents report that they understand their rights and responsibilities.

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 home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- The emergency procedures manual and procedures including resident evacuation procedures have been reviewed to ensure resident and staff safety. The home’s evacuation kit has also been reviewed and is kept updated, including emergency contact details. A resident transporter and evacuation mats have been purchased to support emergency procedures. A staff member for day, afternoon and night shifts has been trained as emergency co-ordinators.
- Chemical handling has been reviewed to improve systems. The number of housekeeping chemicals used has been reduced to minimise potential confusion. The maintenance officer has become responsible for the refilling of chemical containers.
- Environmental reviews identified potential safety improvements. The storage area of oxygen cylinders has been relocated. Waste skips have been relocated away from gas cylinders. Bollards have been placed in front of the large gas cylinders to improve safety. External spotlights have been redirected to support night security.
- Following some resident/representative feedback about dissatisfaction with food service, management commenced a food monitoring program. Staff were provided with training in monitoring of the food service. Particular attention was focused on food presentation and serving temperatures. Feedback has been provided to the external food service provider, who has also provided staff training. Some menu items have also been reviewed. Staff interviewed report that this improvement has been beneficial to staff and that resident satisfaction has improved.
- Management inform potential residents/representatives of the home’s development plans and that the existing home will not be renovated. Some environmental improvements occur to maintain resident amenities and safety. Bathroom doors on level three have been modified to improve accessibility. Double doors have been fitted to support use of mobility equipment. Resident room lighting has been improved on levels three and four. Rooms have some refurbishment as they become vacant. New armchairs, table and chairs have been purchased for resident communal areas. Some carpeted rooms are being replaced with a vinyl floor covering.
- Following an Assessment contact visit, on 12 March 2012, where feedback about call bell response times was provided, management have reviewed the home’s call system. It was identified that staff attending to residents were not able to easily see and/or hear the home’s enunciator system. A pager system was installed, where if a call for assistance is not answered a pager goes. The pager is held by designated senior staff each shift. The new system continues paging until it is disabled at the residents’ bedroom. It is planned that this improvement will be evaluated in September 2012

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 in place 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:

- The home has a current New South Wales Food Authority Licence to prepare and serve food to vulnerable populations.
- The home displays its’ current annual fire safety statement.
- Committee staff have attended training on the Workplace Health and Safety regulations and has implemented the relevant changes in line with requirements.
- Infection control reporting and practices are consistent with government health regulations and guidelines.

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 all staff have the appropriate skills and knowledge to effectively perform their roles.

Examples of education and training related to Accreditation Four include:

- All staff have attended compulsory education including manual handling, fire safety and infection control. The rostering of staff to compulsory training days ensures annual attendance.
- All quality committee members have completed work health and safety training. Three fire officers/emergency co-ordinators have recently undertaken the five day course as representatives of the safety committee.
- Chemical safety training was recently provided to all hospitality staff. A safe food handling refresher course was recently provided to hospitality staff. The external food provider has also provided training to improve food service presentation.
- The maintenance officer completed an electrical tagging course to support this aspect of safety management.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is comfortable and home like. It has several large balconies and a terrace area overlooking spacious grounds with heritage listed trees. Residents and relatives interviewed say the home is safe and comfortable and meets residents' needs. Document review and discussion with management demonstrates they are actively working to provide a safe and comfortable environment. Regular environmental audits, surveys plus accident/incidents and maintenance reporting is carried out and the results are discussed at staff and management meetings for inclusion in future planning. Management demonstrate that maintenance is completed in a timely manner.

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

Management and staff work to provide a safe environment that meets regulatory requirements. A review of the home's safety plans, the risk management policies and discussions with staff show the home undertakes continuous improvement to provide a safe working environment. Mandatory workplace health and safety training is conducted for all staff at orientation and as needed. Staff meetings regularly occur to monitor progress. A review of audits and surveys show the maintenance officer and external providers provide regular preventative and routine maintenance on equipment and staff are trained in the appropriate use of equipment. Staff said they are supported and encouraged by management to report potential and actual risks within the home and these are addressed appropriately in a timely manner.

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

Staff attend compulsory fire safety education at orientation and then on at least an annual basis. Building exit signs are clearly lit, with exits clear of obstruction and evacuation plans are in place in strategic parts of the home and observed to be present in all areas of the home. A review of documentation shows fire equipment and systems are regularly checked and maintained. The home has evening lock up procedures. The home has an emergency plan which covers a range of potential emergency scenarios. Emergency contact details are available to staff. The majority of staff are able to describe their role in dealing with an emergency and overall residents and representatives said that they were confident that staff were trained in evacuation procedures and would know what to do in an emergency. Residents recently were provided with fire safety education.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program that includes policies and procedures, monitoring of resident infections, management of contaminated waste, safe food handling practices, cleaning and laundry procedures and staff training. Infection control education is provided to all new staff at orientation and then for all annually for all staff. Infection control measures are in place including standard precautions, the use of protective clothing and equipment and immunisation programs. Staff interviewed demonstrate an understanding and knowledge of infection control procedures, many have availed themselves of the home's immunisation program and all were observed to be following infection control guidelines during the site audit. The home regularly collects and analyses resident infection information to plan improvements and ensure quality care for residents.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home obtains information regarding resident's needs and preferences on moving to the home and actions are taken to monitor hospitality services to ensure they enhance residents' quality of life and staff's working environment. Hospitality staff receive training in food handling, manual handling, chemical handling and infection control.

Catering

Meals are prepared offsite and regenerated in the home's kitchen. The team observed residents enjoying their meals. Residents requiring assistance were not hurried and special equipment was provided as needed. The home adheres to a food safety program and the menus are rotated four weekly. Resident and representatives interviewed said they are generally satisfied with the meals provided at the home and snacks and drinks are available during the night as requested. Fruit is routinely made available and residents have choice in the menus. The catering service has an A rating from the NSW food authority and regularly has internal audits.

Cleaning

The home's cleaning staff have systems in place to ensure the home is maintained in a clean and tidy manner. The home adheres to a regular cleaning schedule and staff receive training and supervision. Cleaning staff were observed to wear protective clothing and use appropriate colour coded equipment according to task. Most residents/representatives interviewed said they were very happy with the way cleaning was carried out at the home and staff were always courteous and efficient.

Laundry services

Residents/representatives interviewed say they are satisfied with the laundry services at the home and that clothing is cared for and generally returned in a timely manner. Laundry is transported to another of the organisation's homes which provides laundry services. Residents in the low care section of the home have access to a resident laundry if they wish to remain independent in this area. A designated staff member delivers personal laundry to residents and coordinates any laundry processes. The home has a clothes labelling system.