



Aged Care
Standards and Accreditation Agency Ltd

Annandale Nursing Home

RACS ID 2516

76 Johnston Street

ANNANDALE NSW 2038

Approved provider: Principal Healthcare Finance No 3 Pty Limited

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 2 February 2015.

We made our decision on 5 December 2011.

The audit was conducted on 8 November 2011 to 9 November 2011. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Annandale Nursing Home 2516

Approved provider: Principal Healthcare Finance No 3 Pty Limited

Introduction

This is the report of a site audit from 8 November 2011 to 9 November 2011 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 8 November 2011 to 9 November 2011

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

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

Assessment team

Team leader:	Katrina Bailey
Team member/s:	Dianne Gibson

Approved provider details

Approved provider:	Principal Healthcare Finance No 3 Pty Limited
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Details of home

Name of home:	Annandale Nursing Home
RACS ID:	2516

Total number of allocated places:	68
Number of residents during site audit:	65
Number of high care residents during site audit:	65
Special needs catered for:	Nil

Street/PO Box:	76 Johnston Street	State:	NSW
City/Town:	ANNANDALE	Postcode:	2038
Phone number:	02 9569 6591	Facsimile:	02 9569 5431
E-mail address:	Nil		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Management	3	Residents/representatives	12
Physiotherapist	1	Fire safety officer	1
Clinical, Care, recreational care staff	15	Continence pad provider - external contractor	1
Administration, maintenance and hospitality staff	6	Allied health – dental and optometry external provider	2
Medical Practitioner	1	Pharmacist	1

Sampled documents

	Number		Number
Residents' files	12	Resident agreements	6
Medication Charts	12	Personnel files	7
Wound charts	6	Restraint information	1

Other documents reviewed

The team also reviewed:

- Air conditioning – Communication in relation to the proposal and installation of air conditioning in the ground floor – November 2011
- Australian Electoral Commission information
- Authority to practice register
- Care documents and folders such as care conference, behaviour monitoring logs, care folder, pain management, resident list, blood glucose levels, continence pad list, care plan review schedule
- Communication aid for aged care services – multicultural access project
- Complaint management, comments and complaints, compulsory reporting, mandatory reporting
- Continuous improvement, monthly improvement register, quality plan, surveys including residents, relatives, food, audits, audit schedule, activities, staff, improvements, general
- Contractor information
- Disaster planning information
- Education Plan; attendance records; competency tests; schedule; orientation documents, education needs analysis
- Emergency procedure flipchart and resident evacuation information
- Fire contractors monthly reports; fire education book, monthly fire audits, fire compliance certificate displayed
- Handbook for residents/relatives; staff
- Human resources documentation including job descriptions, duty lists, manual, contracts, Department of Immigration and citizenship, rosters
- Incident and accident; medication incidents, hazard reports (2011)
- Infection control information; staff immunisation program; resident immunisation program; infection control resource material including outbreak management
- Kitchen information – menu, dietary analysis, monitoring and food safety manual
- Maintenance information preventative and reactive maintenance

- Medication management information – resources, incident reports, schedule eight register, and medication management manual
- Meeting minutes, agenda and associated information
- Memoranda and communication documentation
- Newsletters
- Occupational Health and Safety information
- Outbreak information
- Physiotherapy, pain management and mobility information
- Policy and procedure manuals and associated information
- Recreational activities monthly program, Individual activity participation, bus trip lists, Volunteer and visitors scheme, Diversional therapy and lifestyle manual
- Residents' information package
- Visitor sign in book

Observations

The team observed the following:

- Activities and outings in progress
- Aged care complaints investigation scheme brochure and poster
- Clinical and care areas
- Complaints forms available
- Dining rooms during lunchtimes, morning and afternoon tea, including resident seated, staff serving/supervising/assisting residents with meals
- Equipment and supply storage areas
- Evacuation backpack kit
- Living environment (internal and external, including residents' rooms, communal living, dining and lounge areas, gardens, smoking areas and walking paths)
- Medications being provided to residents
- Notice boards containing staff, resident and relative information
- Notices of impending Accreditation Site Audit posted throughout the home and provided to residents/resident representatives
- Notices, posters, brochures/pamphlets, forms and other information on display for staff, residents and representatives
- Residents rights and responsibilities poster
- Security measures
- Staff practices and courteous interactions with residents, visitors and other allied health professionals
- Staff work areas and staff room
- Storage of medications
- Suggestions box
- Water jugs in resident rooms and in communal areas

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 actively pursues continuous improvement across the four Accreditation Standards through improvement plans, monthly audits, monthly business indicators, surveys, meetings, comments and complaints, improvement logs, hazard and risk assessments, staff education and accident/incident reporting. Staff could identify some of the above systems for continuous improvement and sometimes make suggestions for improvement. Residents/representatives confirm that they have input into the improvements and are aware of improvements being made. Recent improvements relating to Accreditation Standard One include:

- The approved provider established an interstate working party to review the quality system which was driven by a risk management approach and ran trials and pilots. The facility manager participated in the review which included consultation, the creation of a new quality improvement plan and a database to document quality activity. The review streamlined the system and implemented benchmarking with other homes in the group. Now the standards are reviewed on a monthly basis using the approved provider audit tools and ad hoc reviews are also undertaken.
- Management identified a lack of required information in human resource documentation so a gap analysis was undertaken of all personnel files which identified the level of current information. Many were missing statutory declarations, orientation checklists and contact information. Files were audited and new checklists were drawn up to ensure employees responded to requests for information. Now all files are up to date.
- External providers of services were reviewed and evaluated for satisfaction of goods and services supplied. This included professional services like the podiatry services, provider of continence pads and the physiotherapy services as well as suppliers of meat and vegetables. New standard contracts were offered to external providers evaluated as providing satisfactory service and goods.
- Management reviewed complaints management as it found that these had not previously been investigated appropriately. The policy was in place but the procedures were not being followed and photos have been added to the process where appropriate. A standard complaints form and monthly register is now in place and complaints are reported weekly to head office to improve the accountability of the system. The first quarterly analysis has been done and demonstrates an improvement in satisfaction with the system and through more compliments being received.

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

Annandale Nursing Home has systems and processes in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of an industry peak body that provides ongoing information about industry issues and regulatory changes. Additionally the home receives circulars from the Department of Health and Ageing, the Aged Care Standards and Accreditation Agency and other related government and non-government agencies. Head office receives this information and communicates it to the general manager and facility manager. They ensure that staff are informed through memos, staff meetings and training sessions where necessary. Policy review and development occurs routinely and as required at the corporate level of the approved provider. Examples of compliance with regulatory requirements specific to Standard one include:

- The home’s system for collecting and monitoring police checks and statutory declarations for staff.
- A mandatory reporting register for elder abuse and a missing persons’ register is in place, and education is provided to staff on both these legislative requirements.

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 has systems in place to ensure management and staff have appropriate knowledge and skills to perform their roles. An annual training needs analysis was undertaken recently and information from staff requests, audits, staff appraisals, and residents’ care needs flow into the preparation of the annual education calendar. Staff are supported in attending internal and external education programmes which cover all areas of the four Accreditation Standards. Suppliers of resources like the continence aids and nutritional supplements provide specific education to staff. An orientation program is provided to all staff on employment, and includes fire, infection control, manual handling and mandatory reporting which are compulsory. Training attendance and competency records are kept and residents stated that staff provide appropriate care for their needs. Recent examples of Standard one Management systems, staffing and organisational development education include:

- The facility manager and the clinical care manager recently attended training on the electronic rostering system which has since been implemented.
- The management and registered nurses attended training for management of the aged care assessment funding instrument (ACFI).
- The facility manager has undertaken the Medicare on-line business training.

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

Residents/representatives and other stakeholders have access to internal and external avenues of comment and complaint. Internal and external complaint forms are accessible to residents/representatives, stakeholders and staff. The home's process is to log comments and complaints in the register. These are then actioned and tracked through this system. Residents/representatives have access to the manager at all times and some make complaints verbally. The home has information about comments and complaints mechanisms included in the resident handbook provided to residents/representatives at the time of entry to the home. Resident/representative meetings are held regularly and with resident surveys provide alternative avenues for complaints. Many residents/representatives stated that management is approachable and act on issues brought forward.

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

Annandale Nursing Home has documented its vision, values, philosophy, objectives and commitment to quality and it is displayed in the facility. The home's commitment to quality is evident through its policies, procedures and other documents that guide the practices of management and staff. Management review the home's vision, values, philosophy, objectives and commitment to quality. Management meet at an organisational level for planning and leadership support. Residents/representatives expressed confidence in the leadership of the home and expressed noticeable improvement since the current management structure was implemented.

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 ensures that there is 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. The home has human resources systems which include recruitment, qualifications, staff rosters, orientation, duty statements, training, performance appraisals and occupational health and safety. Catering staff have food handling training. Replacement staff come from a casual pool and agency nurses are used as required. Residents/representatives are satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents taking into consideration regulatory requirements, occupancy levels, resident needs, and the changing environment in which the home operates.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home ensures that there are stocks of appropriate goods and equipment to provide a quality service through a system of monitoring stock and supply. Asset management and a purchasing program is in place which is coordinated through the Domain Principal Group's head office. Cleaning products, linen and other stores were observed to be well stocked and appropriately stored. Stock supplies are monitored monthly and an imprest list is in place for medical supplies and linen. Residents/resident representatives and staff interviewed are satisfied with the provision of stock and maintenance of equipment. External providers are used on an as needed and on a scheduled basis to service and repair equipment. A reactive and preventative maintenance program is coordinated by the maintenance staff member. The home has recently purchased a range of equipment and furniture to replace and/or enhance the living and working environment.

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 has effective information management systems in place including creation, storage, archive and disposal of documentation. There is information to help staff perform their roles in relation to management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. Residents/representatives have access to information appropriate to their needs to assist them make decisions about residents' care and lifestyle. The home has many noticeboards for daily activities and other information, and pamphlets on display. Residents/representatives stated that the home keeps them informed on a regular basis through phone calls and when visiting, when an incident occurs, or if there is a change in care needs of residents. Information is stored appropriately for its purpose. Staff sign a privacy statement to ensure the confidentiality of resident information and confidential material is stored securely. The approved provider has electronic systems which include internet communication, policies and procedures, and human resource 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

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. All external suppliers have service agreements which are standard throughout the group. Management and residents expressed their satisfaction with the products and services currently supplied to the home from external sources. Suppliers of external professional services have their registration and police check on file with their agreements. A regular review of suppliers is undertaken to ensure the products/services and procedures are appropriate, efficient and continue to meet the residential care service's needs and service quality goals.

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

The home's ongoing commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care. Management demonstrated results that show improvements in health and personal care and their responsiveness to the needs of residents, representatives and stakeholders. Some results achieved relating to Accreditation Standard Two includes:

- As a result of a complaint, the home consulted unions and staff about processes for staff escorts for residents attending specialist appointments outside the home. Staff have signed off on this process and it has now been implemented. It includes staff being informed of the requirements and the supply of nourishment and hydration for both the staff member and the resident.
- As a result of a high resident need, the home organised for a dentist to assess all residents' needs on site. Since then several residents have had dental restoration and repair work done and some have appointments for this to be done. The dentist also provided staff education on oral and dental care for residents, particularly those who are unable to do this themselves.
- As a result of a review of the residents nutritional management a weight monitoring database has been re-introduced. Staff and management demonstrated how the system has identified residents' weight loss and has resulted in timely and appropriate referrals.

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's ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care. The home receives and disseminates regulatory information in relation to expected outcomes under Standard two. Policies and procedures related to health and personal care reflect regulatory requirements. Staff practices relating to health and personal care are monitored to ensure they comply with the policies and procedures. Examples of regulatory compliance related to this Standard include:

- The home monitors the annual registration of registered nurses employed by the home and supports their requirements for education and training to maintain their registration. It also monitors registrations for all allied health professionals like doctors, physiotherapists, podiatrists and others.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programs have been attended in relation to health and personal care. Some examples include:

- Medication module
- Pain management
- Continence management
- Falls prevention
- Diabetes management
- Skin care management
- Challenging behaviour management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The management and staff provide residents with clinical care which is appropriate to their needs and preferences. This is achieved by collecting information from personal history, initial assessment data, focus assessments, progress notes, referrals and clinical reports. Care is planned, delivered and evaluated with the input of staff, other health professionals, residents and/or their representatives. A family conference is held on an annual basis and more frequently as required. Care is generally carried out consistently according to the resident’s care needs. This includes the development of a mini care plan and a comprehensive care plan which is reviewed in line with the home’s care planning procedures. General observations are conducted and reviewed regularly. Staff interviewed demonstrated knowledge of individual resident care requirements. Information in relation to residents current care needs is verbally reported to staff through the handover reporting system. Residents and/or representatives confirm that they are generally satisfied with the care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

There are systems in place to identify and meet residents’ specialised care needs; this includes educating staff to the appropriate level to deliver specialised care and ensuring that appropriately trained staff are providing the care. Twenty four hour registered nursing care is provided. The registered nurses co-ordinate assessments and review of the residents’ specialised care needs. The home has access to specialised nurse consultants for referral as required. Specialised care is generally provided according to medical and clinical orders. Staff interviewed generally demonstrated knowledge and understanding of specific residents’ specialised nursing care needs, for example, wound care, diabetic management, oxygen management, complex behaviour management and catheter care. Residents/resident

representatives expressed satisfaction with the management of specialised nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Processes are in place that enable residents to receive timely and appropriate care from health specialists according to individual needs and preferences. There are systems in place for the provision of regular, as needed and emergency medical practitioners’ reviews. Resident incidents and accidents, which resulted in resident injury, are investigated. Appropriate clinical care and/or referral is provided following a resident injury such as contacting the doctor, first aid and/or transfer to hospital. Staff interviewed demonstrated an understanding of the referral system and staff have access to information on resident referral requirements. Information in relation to the referral to the appropriate health specialist and follow-up of referrals were viewed in the resident notes; for example; the dietician, speech pathologist, dentist, physiotherapist, psycho-geriatrician, and podiatry. All residents/resident representatives interviewed expressed satisfaction with the care provided by the home and their access to medical and clinical care.

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

There are effective systems in place to ensure that medication orders are current and resident medication care needs are identified (for example allergies, special alerts and medication administration needs) with consideration being given to resident’s cognitive level and physical requirements. The home has a system in place to ensure medications are ordered, received, reviewed, stored, administered, documented and discarded safely. The medication management system is monitored through the continuous improvement system, pharmacy reviews and medication incident reporting. Staff interviewed and observed, demonstrated an understanding of routine monitoring of residents response to medication’s regime. Observation and interviews confirmed that there are effective systems for residents who self medicate, for the management of schedule eight medications and for managing changing medication dosages (for example Warfarin). Residents and/or representatives reported satisfaction with the home’s monitoring and management of residents’ medication.

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

Pain management is provided through the identification, assessment, exploratory investigations and evaluation of pain levels which are completed on admission and as required. Focus assessments include the identification of pain through non-verbal and verbal cues. Interventions to manage and minimise pain levels are generally documented in the residents’ care plan. Regular and routine evaluation of the effectiveness of pain management strategies is conducted. The home provides a range of treatment options for residents’ pain management including re-positioning, physical therapy, heat/cold packs, some exercise programs and medication management. Staff interviewed demonstrated an understanding of

individual resident's pain management requirements. Residents/resident representatives interviewed reported satisfaction with the care and assistance provided to assist in pain management.

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 staff and management at the home can demonstrate that the dignity and comfort of residents who are terminally ill is maintained. Systems are in place to identify and put into practice end of life wishes, advanced care directives, palliative and cultural specific care. Staff interviewed demonstrated knowledge and skills in the management of residents who have a terminal illness including skin care, pain management and emotional support. The home has access to advice on palliative care from a community palliative health care team. Residents and families are encouraged to document their end of life wishes and requirements on an advanced care directive form. Other strategies include consultation with the resident and/or representative and their preferred medical practitioner.

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' dietary needs and preferences are obtained on entry to the home and this information is provided to the kitchen. Food of varying consistency and texture is generally provided based on residents' individual needs. Staff provide assistance to residents with their meal as needed and monitoring of food and fluid intake is generally conducted according to residents' care needs. Residents are weighed regularly; frequency is altered according to their clinical need. Observation of staff practices generally demonstrated individual attention to residents' nutritional and hydration needs. Residents are encouraged to maintain hydration with drinks provided at meal times and with morning and afternoon tea. Supplementary drinks and nutritional supplementation of meals is provided based on residents' identified needs. There is a system in place for the management of residents hydration needs during hot weather and access for residents who wish to independently access fluids. The home has systems in place for the identification of 'at risk' residents and has access to specialists for the assessment and management of swallowing difficulties. The menu is based on dietary guidelines and a dietician is available to provide ongoing support and review for individual residents with identified needs. Residents and their representatives report satisfaction with the management of residents' nutrition and hydration.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

The home ensures that residents' skin integrity is consistent with their general health through skin and general health assessments. These are conducted on entry to the home and specific focus assessments are conducted to identify potential risks to residents and individual skin care needs and preferences as required. Care plans detail residents at risk

and identify interventions and preventative measures. Monitoring and treating of skin irregularities, wounds, infections, pressure areas and skin integrity incidents by the appropriate staff occurs. External providers such as podiatry and hairdressing are available and accessible. The team observed specialised equipment used to assist with maintaining skin integrity such as pressure relieving devices, specific manual handling equipment, limb protectors and the use of skin moisturisers. Skin breakdowns have wound/dressing charts recorded; treatments are provided by appropriately trained/qualified staff. Residents and resident representatives interviewed are satisfied with the way that staff assist residents with skin and hair care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively through initial and focus continence assessments (voiding patterns, bowel management and toileting), care planning and the provision of general toileting programs; bowel management programs and continence products. Management are currently introducing an improved scheduled toileting program. The home demonstrated an effective system for the management of continence aids, bowel habit recording, catheter care, observations for urinary tract infections and for the management of resident changing urinary requirements. There are systems in place for the assessment, usage and distribution of continence pads. Staff interviewed demonstrated an understanding of specific resident’s continence requirements and knowledge of the systems and policies used at the home. Residents/resident representatives expressed satisfaction with the management of continence.

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

Behaviour Management assessment and intervention strategies occur in consultation with residents and/or representatives, medical practitioners and/or other health professionals or teams as required. Referrals for the management of residents with behaviours of concern and challenging behaviours for medical/psychological reviews are conducted and followed up. Staff interviewed described general and specific management of residents’ behaviour. The activity program and staff provide for specific one to one programs for residents with identified challenging behaviours. The home has a system in place to manage residents who abscond from the home; residents who display significant physical behaviours and for the management of residents who require chemical or physical restraint. The home has introduced a smoking policy and procedure to further manage residents’ with unsafe behaviours whilst smoking. The home monitors residents with night wandering tendencies. Practices of the staff observed are consistent with appropriate behaviour management strategies. Residents and/or representatives are generally satisfied that resident behaviours of concern are addressed.

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

The home has systems in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including assessments, falls risk assessments, the development of mobility and dexterity plans and general mobility programs. A mobility program is developed for all residents by the physiotherapist. Activities at the home include group exercises which encourage dexterity and maintain mobility. Manual handling assessments are conducted and the information is updated and accessible. Individual walking, mobility and dexterity programs are conducted by the staff and the physiotherapist. Pain management strategies assist in the management of resident’s mobility and dexterity. The effectiveness of the program is assessed through physiotherapy assessments, in addition through the monitoring and review of incidents and accidents. The staff interviewed discussed and demonstrated how the program has resulted in improvements and maintenance to some resident’s mobility and dexterity. Residents/resident representatives interviewed expressed satisfaction with the management of residents’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to support residents with oral and dental health care. Care staff assist residents in day to day oral care and hygiene. Residents who are able to leave the home access dental care in the community and the home refers to a dental care service that visits the home regularly. Residents expressed satisfaction with the support provided to maintain their oral and dental care. Strategies used by the home to maintain dental hygiene include regular dental review, the provision of soft tooth brushes and swabs to alleviate dry mouth. Care staff identifies problems such as mouth ulcers, chipped, broken or ill fitting dentures, whilst providing care and any problems are reported to the RN.

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 ensures that residents’ sensory losses are identified through the assessment process that can include examination by vision and audiology specialists as required. Optometry and hearing aid services are accessible and the home can access specialist medical services if necessary. The level of assistance required and management of relevant aids such as reading glasses and/or hearing aids are included on the resident’s care plan that is regularly reviewed. Communication assessments and care planning procedures are in place. The activity program and the environment supports residents with sensory loss such as providing outdoor areas, clocks, massage/hot/cold packs, multisensory activities and notices to assist residents with their orientation to time and place; playing of music; activities involving touch/feel and environmental/room surveys. Residents/resident representatives interviewed stated that they are satisfied with the care residents received from staff in relation to their sensory losses.

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 in place to ensure that sleep patterns are assessed on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents’ needs and preferences. These include maintaining usual settling and rising times, pain relief, music, regular toileting or provision of night continence aid and night sedation. Staff are able to adjust the environment by keeping noise levels to a minimum, management of residents with night wandering behaviours, regulating heating, cooling and lighting to assist residents to have a good night’s sleep. Residents’ sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in the residents’ progress notes. Irregular sleep patterns are followed up through assessments and clinical/medical review. The use of sedatives is monitored regularly. Residents interviewed reported general satisfaction with the assistance and care given including assisting with their settling and sleep requirements.

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

Annandale Nursing Home demonstrated commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, which operates across the four Accreditation Standards, including Accreditation Standard Three: Resident lifestyle. Management demonstrated results that show improvements in Accreditation Standard Three resident lifestyle and their responsiveness to the needs of residents/representatives and stakeholders. Recent results achieved include:

- As a result of resident requests for more outings, the home implemented extra bus trips in the morning and afternoon of the same day to cater for a larger number of residents. Residents interviewed stated that they love going out on bus trips and appreciate the extra trips.
- As a result of an absconding incident the home has implemented a risk management strategy for all outings. Two staff other than the bus driver must now accompany residents on all outings. The folder of resident details must now include all the usual evacuation information including medication and a photo. There will be no more than ten residents on any outing and all residents must wear a name tag.
- The home has purchased pot plants and waist high garden containers to make the out door area attractive to encourage residents to use it. Residents’ feedback is that they enjoy going outside now and many participate in growing vegetables in these containers. The team observed that these areas are well used by a variety of residents and their visitors.

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’s ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Three Resident Lifestyle. Examples of regulatory compliance related to Standard Three include:

- All residents/representatives are provided with a resident agreement in line with government requirements, which they can choose to sign.
- All residents/representatives are provided with a consent to have their photo displayed.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programmes have been attended in relation to resident lifestyle. Some of these include:

- One staff has almost completed certificate IV in Leisure and health and another is due to start this qualification next month.
- The cook is enrolled on a course of culturally appropriate meals for Chinese residents.
- Two lifestyle staff attended a two day seminar on culturally appropriate leisure and lifestyle activities.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Systems include providing potential and/or new residents/representatives with the relevant information such as explaining the fees and charges. Staff interviewed advised that they support new residents through talking with them, reassurance, the assessment of residents' needs and providing other assistance. The manager is readily available to talk with residents and their representatives. Residents/representatives interviewed state they are satisfied with the way in which residents are given emotional support to cope with grief and life in their new home and with the level of care provided.

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

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. The home provides an environment in which residents' representatives, visitors, clergy and entertainers are welcome to visit. Residents can choose to attend family outings and external activities. Residents' independence is also fostered by having personal items, television and phones in their rooms; newspaper deliveries; and the provision of equipment to support independence. Care staff advised that assistance is given to residents to complete voting if required. Care staff reported that they encourage residents to do as much as they can to maintain their independence. Resident/representative interviews demonstrated satisfaction with the support provided for residents 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 findings

The home meets this expected outcome

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. For example, each resident's preferred name is identified on entry to the home. Staff interviewed described strategies for maintaining respect for residents' privacy and dignity including use of dignity gowns, pulling curtains in shared rooms and closing doors when providing treatment in residents' rooms. Staff interviewed also demonstrated an awareness of the need to maintain the confidentiality of resident information. The team observed residents' care documentation to be stored securely. Residents/representatives interviewed expressed satisfaction with the way staff respect and maintain residents' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports residents to participate in leisure interests and activities. New residents have social lifestyle and cultural assessments completed and activities care plans are developed. Recreational activity officers are employed to provide activity programs seven days a week. A monthly program is developed and placed on display throughout the home. Examples of activities recorded in the program include: happy hour, concerts, bingo, indoor games, music and singing, pet therapy, gardening and weekly bus trips. Attendance records are completed to record which group activities residents have attended. Red Cross volunteers are linked to individual residents who do not have family support and these residents are appreciative of these visitors. Processes are in place for staff to evaluate resident satisfaction with the activities held. Residents/representatives interviewed expressed satisfaction with the activity programs provided. Several residents interviewed advised that while the home provides sufficient activities it is their preference to complete their individual activities in their rooms.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home demonstrated that residents' interests, customs, beliefs and cultural and ethnic backgrounds are valued and supported. This includes the identification of residents' religious and cultural needs through initial assessments. The home holds a variety of special celebrations for example, ANZAC Day, Mothers Day, Easter, and Christmas. Church services, clergy and pastoral care workers are available to residents as required. Staff interviews also demonstrated that spiritual support would be arranged for terminally ill residents when required. Staff advised that they seek the support of families or other staff members when necessary. The home has resources for some residents with English as a second language and staff are sensitive to these residents' special needs. Monthly celebrations are held for residents' birthdays. Residents/representatives interviewed are satisfied that adequate support is provided for residents' 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 findings

The home meets this expected outcome

Residents and/or their representatives are enabled and supported to participate in decisions about the care and services provided. The home informs residents/representatives of choices available and their rights through the information provided in the resident agreement and the resident handbook. Mechanisms are available to enable residents/representatives to have input into the care and services including: resident/relatives meetings, family case conferences, surveys, comments and complaints mechanisms, and management's availability. Examples of residents' choices for care and services include: choice of participation in activities; choice of medical officer; choice of personal items in rooms; choice of timing of personal care and choice of meals daily. Resident/representative interviews demonstrated that processes are in place to support them to exercise choice and control over the care and services provided within 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 findings

The home meets this expected outcome

The home put policies and procedures in place to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. A resident agreement is offered to all residents at the time of entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities and their security of tenure, a 'cooling off' period, prudential provisions, levels of care provision and processes regarding termination of the agreement. The team's interviews indicate that residents/representatives are aware of their rights and responsibilities and feel secure in their tenure.

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

The home’s commitment to continuous improvement outlined under expected outcome 1.1 Continuous improvement operates across the four Accreditation Standards, including Accreditation Standard Four: Physical environment and safe systems. Management demonstrated results that show improvements in physical environment and safe systems and their responsiveness to the needs of residents /representatives and stakeholders. Some results achieved include:

- The approved provider engaged an occupational, health and safety consultancy agency to provide advice and education for sound systems to meet new legislation. This has included the introduction of a software package to track incidents and accidents, hazards and complaints and provide risk analysis information. Five staff attended the education and the agency is assisting in the completion of a risk management plan.
- The home has purchased two lifters, four beds, two shower chairs, two chair alarms and one bed alarm to maintain a good quality of equipment available to meet the needs of residents.
- The home has reviewed and revised their smoking policy and changed the smoking areas to well outside the entry doors to the home. A resident in a wheelchair stated that they are satisfied that they can go down the ramp to the smoking area and understand that it is a fire hazard to smoke beside the entrance door.
- The home has purchased back packs for evacuation kits and these checked regularly to ensure that they contain the appropriate and up to date information in case of emergency.

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’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2, encompass all four Accreditation Standards, including this Standard. Examples of regulatory compliance related to Standard Four include;

- The annual fire statement is posted at the home
- The annual NSW Food Authority licence is posted at the home
- Material safety data sheets are kept in the nurses’ station, the kitchen, on the cleaner’s trolley, in the laundry and in the maintenance area where staff using chemicals have ready access to them.

- The home is currently conducting a review through an external consultancy to implement the new Work Health and Safety requirements which will be introduced in 2012.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programmes have been attended in relation to physical environment and safe systems. Some of these include:

- The home has compulsory education for all staff in manual handling, fire safety and evacuation, infection control, elder abuse, mandatory reporting and food safety.
- Most of the occupational health and safety committee members have received the required training for them to carry out their roles. The home is currently reviewing the requirements in line with the changes to the NSW Occupational Health and Safety Act.
- Catering staff have food safety qualifications.
- There are qualified fire officers.
- Staff are provided with education on manual handling and mobility and dexterity.

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 provides a living environment that is safe, comfortable and consistent with residents' care needs. The home is on two levels with a lift to facilitate movement between floors. There are communal dining and lounge areas, and a front and back courtyard area. A call bell system is installed and accessible. Residents are encouraged to personalise their rooms as much as possible. Resident/resident representatives interviewed told the team that they are satisfied with the environment. The home conducts regular environmental audits and accident and incident data is analysed to monitor the safety of residents. The environment is generally maintained through a preventative and reactive maintenance program.

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

Interviews and observations with staff and management demonstrated the home has systems to help ensure a safe working environment is provided for all members of staff, visitors and residents. The home has systems in place to help promote work place safety and awareness that includes; induction, education, manual and chemical handling training, occupational health and safety (Quality, risk and OH&S) meetings and discussion of OH&S issues at other meetings. Chemical storage areas are accessible and secure. The home has OH&S. management systems and a hazard monitoring and reporting system is in place. An incident and accident reporting and review system is working effectively. Supplies of personal protective equipment and spill kits are available and accessible. A return to work program is established. The team found that issues identified by staff through the OH&S system were followed up and actioned appropriately and 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

The home has systems in place to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and fire fighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. The home has appropriate security and lock-up measures in place. There is emergency procedure information including a resident evacuation procedure, equipment and list. The home has visitor sign-in procedures, coded keypad doors and outdoor lighting to assist in the minimisation of fire, security and emergency risks. Disaster planning processes are established and include internal and external disaster contingency plan. Staff interviewed demonstrated an understanding of emergency and security procedures.

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 system for identifying, managing and minimising infections. This includes staff education, audits, discussion of infection issues at meetings, evaluation of resident infection data, the use of colour coded equipment, the provision of protective clothing and providing adequate hand washing facilities. A registered nurse is responsible for coordinating infection control at the home. There are formal cleaning schedules and processes for the removal of waste. There is a vaccination program in place for residents and staff. A food safety program is in place and regularly monitored. Resident infections and antibiotic use are monitored, documented and analysed for trends on a regular basis. Staff interviewed demonstrated an understanding of, and commitment to, infection control principles and guidelines.

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

Processes are in place at the home to ensure that hospitality services enhance the residents' quality of life and the staff's working environment.

Catering

The home prepares meals onsite. Processes in place include a food monitoring system, staff education, resident feedback systems and a regularly environmental monitoring system. The home has an effective process for providing, communicating and managing resident food preferences, textured modified food and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. Meals are made fresh on site each day.

Cleaning

Cleaning services are conducted seven days a week according to set schedules and as required. Residents' rooms, bathrooms and common areas were observed to be clean with no malodour. Cleaning staff interviewed demonstrate a working knowledge of safe chemical use and infection control procedures. The team observed colour coded cleaning equipment in use and stocks of necessary products.

Laundry

The laundry service is provided onsite. The team observed adequate stocks of linen at the home. There is a system for the labelling and sorting of residents' personal laundry. The home has systems in place for the collection, washing, drying, distribution and storage of resident's personal clothes, linen items and other laundry items.

Resident/resident representatives interviewed by the team were generally satisfied with the hospitality services provided at the home.