



Australian Government

Australian Aged Care Quality Agency

Abernethy Nursing Home

RACS ID 2787
2 Mount View Road
CESSNOCK NSW 2325

Approved provider: Northern Coalfields Community Care Association Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 November 2018.

We made our decision on 21 September 2015.

The audit was conducted on 10 August 2015 to 14 August 2015. 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	Quality 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	Quality 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	Quality 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	Quality 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



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Audit Report

Abernethy Nursing Home 2787

Approved provider: Northern Coalfields Community Care Association Ltd

Introduction

This is the report of a re-accreditation audit from 10 August 2015 to 14 August 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 10 August 2015 to 14 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Annette Fitzpatrick
Team member:	Rosemary Crawford

Approved provider details

Approved provider:	Northern Coalfields Community Care Association Ltd
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Details of home

Name of home:	Abernethy Nursing Home
RACS ID:	2787

Total number of allocated places:	52
Number of care recipients during audit:	47
Number of care recipients receiving high care during audit:	46
Special needs catered for:	NA

Street/PO Box:	2 Mount View Road
City/Town:	CESSNOCK
State:	NSW
Postcode:	2325
Phone number:	02 4993 3100
Facsimile:	02 4990 1916
E-mail address:	mail@ncca.com.au

Audit trail

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

Interviews

Category	Number
General manager	1
Director of nursing	1
Quality coordinators	2
Consultant special projects	1
Clinical nurse educator	1
Registered nurse	3
Corporate service manager	1
Care service manager/infection control coordinator	1
Volunteers	1
Lifestyle staff	2
Care recipients/representatives	11
Human resource consultant	1
Electrician/fire contractor	1
Catering staff	2
Maintenance supervisor/fire officer	1
Laundry staff	1
Supply officer/work health and safety chairperson	1
Care staff	10
Cleaning staff	1

Sampled documents

Category	Number
Care recipients' files	8
Care plans	8
Residential agreements	5
Medication charts	15
Personnel files	6

Other documents reviewed

The team also reviewed:

- Cleaning schedules, chemical lists and safety data sheets
- Clinical documentation, including allied health consultation records, assessments for care needs and other documents, behaviour documentation, care recipients' information booklet, handbook and admission checklist, clinical monitoring records and observations monitoring records, critical incident records
- Comments and complaint register, comments brochures and management responses
- Continence management, including management plans, daily bowel monitoring records and continence aid allocation lists
- Continuous improvement documentation, including the 'Next Step' brochures, audits, surveys, clinical indicators and continuous improvement project plan, monthly management reports and meeting minutes
- Fire and emergency documentation, including current annual fire safety statement, emergency evacuation plan, emergency flip-charts, fire equipment service records, emergency plan and care recipient evacuation documents
- Food documentation, including current NSW Food Authority Licence, food safety program, food delivery records, kitchen cleaning schedules, menus, menu choice forms, temperature record checks, calibration records, meeting minutes, pest control reports, food monitoring charts and skills assessments
- Human resource documentation, including confidentiality agreement, criminal record certificate listing, registration documents, staff appraisals, position descriptions, job descriptions, rosters, staff handbook, consent forms and statutory declarations
- Infection control resource folder, monthly clinical indicators, vaccination listings and monthly management reports and monthly newsletter
- Lifestyle documentation, including social and cultural history; spiritual needs, leisure attendance records, events program, evaluations and meeting minutes
- Maintenance program records, including preventative maintenance schedules, service reports, maintenance breakdown reports, pest control register, contracts, police certificate reports, insurance documents and legionella pathology reports
- Mandatory reporting incident register, incident forms and associated documents
- Medication management, diabetic medication management and monitoring records, medication advisory meetings
- Menu, dietary needs chart, menu choice forms and individual care recipient diet sheets
- Mobility documentation with mobility care plans, falls risk assessments and manual handling guidelines
- Policies, procedures and flowcharts, staff communication books, memoranda, meeting minutes and the home's self-assessment kit

- Staff learning and development documentation, including yearly matrix, attendance lists, evaluation forms, skills assessments, orientation and induction program, staff handbook and training resources
- Work health and safety documentation, including notices, standard operating procedures and safe work practices, and workplace inspection reports, environmental audits, incidents, hazard reports and meeting minutes

Observations

The team observed the following:

- Activities in progress
- Chemical storage, register and safety data sheets
- Cleaning in progress, associated equipment, supplies and storage
- Comments brochures and suggestion boxes available for use
- Displayed notices, including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, Charter of care recipients' rights and responsibilities, and the organisation's mission and vision and service objectives statement
- Equipment and supply storage areas
- Fire safety equipment and exit lighting, fire panel, emergency supplies, evacuation maps on display, assembly points and evacuation packs
- Infection control resources, including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment and waste management bins
- Interactions between staff, care recipients and their representatives, including meal service and short group observation
- Living environment and service areas
- Medication administration, secure storage of medication and drug registers
- Secure storage of care recipient documents and archive storage.

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 care recipients, 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

Abernethy Nursing Home follows an organisational quality framework system called 'The Next Step' which is built around the compliment, concerns, complaints and suggestion brochures. The Next Step system enables the active pursuit of continuous improvement and the monitoring of the home's performance across the Accreditation Standards. Areas for improvement are also identified through monthly audits, meetings, surveys and analysis of incidents and accidents. Strategies are developed and documented in the comment brochures and a continuous quality improvement project plan. Staff, care recipients and representatives are able to provide suggestions through approaching management, meetings, comment brochures and surveys. Staff are aware of continuous improvement processes and confirmed the home's commitment to quality. Care recipients and representatives spoke highly of the management teams 'open door policy' to discuss any concerns they may have.

Examples of recent improvement activities relevant to Standard 1 Management systems, staffing and organisational development include:

- To improve the education programs offered across the organisation the management team have recruited a clinical nurse educator to work three days per week. The purpose of the role is to lead, coordinate and deliver education sessions across the three organisational sites. The role includes maintaining a training database ensuring staff are appropriately qualified and skilled to perform their work. Feedback from staff was positive regarding the education program provided.
- The organisation has recruited a senior human resource advisor to work three days per week. The purpose of the new role is to provide quality, sound and practical support and advice to the senior management team. The employment application form has been reviewed; they have introduced a reference checking process and introduced probationary period review forms to ensure a more structured process. The management team said the new system ensures a consistent approach across the organisation and enables the provision of employee relations and performance management support.
- To improve the mandatory fire education attendance rates the organisation decided to hold a three hour session three times a year and incorporate other mandatory education topics. Previously the fire education was held in one hour sessions throughout the year. Incorporated into the three hour sessions included the topics of mandatory reporting,

infection control, manual handling and work health and safety. The management team and staff members said the sessions are informative, less disruptive to shift coverage and it is easier to attend a three hour session than the previous hour sessions.

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 to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The senior management team distributes information from legislation review services, government departments and are a member of an industry body which provides ongoing information about aged care sector issues and regulatory changes. The management monitors the home’s adherence to regulatory requirements through audit processes and observation of staff practice.

Communication to staff about changes in policies and procedures occurs through meetings, noticeboards, memoranda and staff education programs. Management and staff stated they receive timely information regarding regulatory requirements relevant to their roles.

Examples of regulatory compliance relevant to Standard 1 Management systems, staffing and organisational development are listed below:

- Care recipients and their representatives were advised in writing of the re-accreditation audit within the specified time frame. Notices were also on display to advise care recipients, representatives and staff the re-accreditation audit was taking place.
- There is a system to monitor police certificates for staff, volunteers, allied health and relevant contractors.
- Information is provided to care recipients, their representatives and staff about internal and external complaints mechanisms.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Staff education needs are determined by a yearly training needs analysis, performance development program and skill assessments, audit and clinical indicator results, regulatory requirements, organisational directives and the clinical needs of the care recipients. Education is delivered at the orientation session, through in- service training and a televised aged care education program. Annual mandatory training sessions for staff cover topics, including fire and evacuation, infection control, manual handling, prevention of elder abuse and work health and safety issues. The clinical nurse educator monitors attendance at training and follows-up with staff members to ensure attendance at mandatory

sessions is completed. The knowledge and skills of staff are evaluated on an ongoing basis through assessments and observations by senior staff and through the analysis of incidents and audit results. Staff said they are provided with relevant training opportunities internally and externally.

Examples of recent education and staff development topics relevant to Standard 1 Management systems, staffing and organisational development are listed below:

- Financial planning
- Data analysis
- Managing workplace pressures
- Continuous quality improvement.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

Information about internal and external complaints mechanisms is provided to care recipients and representatives on entry to the home through the care recipient handbook, in the care recipient agreement and as part of the care recipients' orientation to the home. Information is also communicated on a regular basis through care recipient meetings and via information displayed throughout the home. Staff are made aware of these mechanisms through orientation training and in staff meetings. Comment brochures are displayed in the home's reception area and a secure suggestion box is available at the home. Brochures about external complaints and advocacy mechanisms are also displayed. Representatives said management is very responsive to issues raised and that actions are implemented in an effective and timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision and mission and service objectives are displayed within the home and included in the care recipient handbook which is given to all new care recipients. The material is also documented in the staff handbook and discussed during the staff orientation program and meetings.

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

Abernethy Nursing Home has a system in place to ensure there is sufficient staff with appropriate skills and qualifications to meet care recipients' care and lifestyle needs. Staffing requirements are reviewed by management to ensure the sufficiency of human resources.

The home has a flexible rostering system that is responsive to changes in care recipients' needs. There are systems in place for staff recruitment, orientation, ongoing education and performance management. Part-time and casual staff replace any vacant shifts. Human resource management is monitored through analysis of audits, clinical indicators and stakeholder feedback. Staff said they are able to complete their duties on shift. Care recipients and representatives expressed satisfaction with the care provided by staff and said staff are kind and caring.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has sufficient and appropriate stocks of goods and equipment to support quality service delivery. The organisation's supply officer is responsible for maintaining adequate stock levels and ensuring such stock meets required quality standards. Appropriate storage is provided to guarantee the integrity of stock and stock is rotated as required. Assets and equipment are maintained according to preventative program maintenance schedules and external contractors are used for specialised equipment service and repair. There is a system for maintenance requests and hazard notification, as well as regular inspections and environmental audits. Care recipients and staff said there are sufficient supplies of goods and equipment.

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

Abernethy Nursing Home has an effective information management system in place. Communication mechanisms include the meetings, care recipient and staff handbooks, newsletters, policies and procedures, noticeboards, training sessions, memoranda and management's 'open door' policy. There is a system for storage, archiving and destruction of records. The home has policies covering relevant regulatory requirements for management of information and records, including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised personnel and staff sign a

confidentiality agreement as part of their condition of employment. Staff are satisfied with the availability of information relevant to their roles and care recipients said they are kept well informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that externally resourced services meet organisational and site-specific quality requirements. The organisation's senior management team manages service contracts and agreements for external service providers who are required to have current police certificates, insurances and licences. External service contractors provide fire safety, pest control, allied health and trade services at the home. Service provision is monitored on an ongoing basis through inspections, audits and feedback and suppliers/service providers are changed if they do not meet quality requirements. Care recipients, representatives and staff reported satisfaction with the external services currently provided at the home.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 an overview of the home's continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Standard 2 Health and personal care include:

- As a result of the increasing dependence of care recipients entering the home with complex wound management issues the management team have reviewed the wound care system. Staff members have received wound management education via an on-line learning package. A number of staff have joined an external wound interest group which meets regularly. The management team have made arrangements for a wound consultant to visit the home as needed. The home has introduced a registered nurse referral form for care staff to document any clinical care needs that require following up by the registered nurse. The wound charts are at present being reviewed with consultation with all staff. The management team said the education and wound interest group has improved staff knowledge, understanding and skills pertaining to wound management and associated observation skills.
- In response to an external diabetes education session the management team have made improvements to the diabetic management at the home. The home has updated the diabetes policy and flowcharts. All diabetes directives have been reviewed. Staff have received education and the home has purchased individual glucometers for care recipients who require diabetes monitoring. Feedback from the staff was positive regarding the improved diabetes management system.
- The home has gained the services of a mobile X-ray unit to visit the home, due to the increasing difficulty and discomfort transporting care recipients and the lack of suitable access to external clinics. Feedback has been positive from both care recipients and representatives regarding the service.
- To improve the clinical service provided to the care recipients the organisation consulted with a local medical clinic already visiting the home, regarding the medical officers holding a weekly clinic at the home. The management and staff said the clinics have been a great success. A private room is made available, representatives can be present if they wish to do so, improved communication and information between the medical officer and the staff at the home has also benefited.

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

Refer to expected outcome 1.2 Regulatory compliance for an overview of the home’s processes for identifying and ensuring regulatory compliance.

Examples of regulatory compliance relevant to Standard 2 Health and personal care are listed below:

- A record of registrations is maintained for registered staff working within the home.
- A registered nurse supervises care recipients’ specialised nursing care needs.
- The medication system is regularly audited and staff complete medication skills assessments.

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 an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of recent education topics relevant to Standard 2 Health and personal care are listed below:

- Diabetes management
- Wound management
- Aged care emergency program
- Continence.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients of Abernethy Nursing Home receive appropriate clinical care. Their preferences are assessed from entry through to the development of the care plan and through regular evaluation of the care delivered. Contact with representatives regarding care needs is documented and changes communicated verbally and through the hard-copy handover document to care staff. This occurs as the care recipient’s needs change and each three months. The assessment process is guided by the home’s policies and procedures and is monitored by the Care service manager. Assessment of care, implementation of the plan and evaluation of interventions are overseen by registered nurses. There is a registered nurse on duty in the home across the 24 hours. The home has access to clinical experts through the regional health facilities. Care recipients and representatives interviewed said clinical care was appropriate to care recipients’ needs. Care recipients’ clinical care is monitored monthly through scheduled audits across all outcomes.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives are consulted regarding specialised nursing needs and plans are in place to direct this care. The home provides policies and procedures to guide staff in the delivery of specialised nursing care. Specialised nursing care is delivered by registered nurses, in consultation with medical officers and specialised services when required. Protocols and communication systems were observed to ensure follow up of specialised nursing needs, such as blood pathology results, pain management effectiveness, wound and diabetes management. Parameters are set by the medical officers for blood glucose monitoring consistent with the care recipient’s plan for management of diabetes.

Care recipients and representatives said they are happy with the management of these care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Documentation shows the home refers care recipients to external health professionals and any changes to care following these visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis, including a podiatrist, speech pathologist, pathology services and a dietician as required. Representatives report management and staff ensure they have access to current information to assist in decision-

making regarding appropriate referrals to specialist services. Implementation of specialists' recommendations are followed up by the registered nurses and the care service manager.

Care recipients and representatives are satisfied with the way referrals are made and the way changes to care recipients care are implemented.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Management described and observation confirmed the safe and correct administration of medications by registered nurses and enrolled nurses who have achieved medication competency. Registered nurses monitor medication delivery to care recipients. All staff were observed making appropriate checks, administering medication and providing assistance to care recipients, while also keeping the medications within their safe observation. "As required" medications are approved by, and the effectiveness of the medication followed up by the registered nurses. Insulin is administered by the registered nurse. Policies and procedures guide the safe delivery of medications. The medication advisory committee reviews legislation changes, medication and pharmacy issues and medication reviews are completed by a consultant clinical pharmacist. Medication incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the registered nurses and the care service manager. A nurse initiated medication list has been authorised by the Medication Advisory committee and medical officers are informed of the content of the list. Care recipients and representatives are satisfied care recipients' medications are managed in a safe and correct manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

All care recipients are assessed for pain on entry to the home and as needed. Pain is also assessed daily as medication is administered and referred to registered nurses for monitoring of effectiveness. The registered nurses provide feedback to the medical officers to ensure the comfort of care recipients. Allied health and care staff collaborate on the care recipient's pain management strategies. Care staff are trained in sensory testing and the safe application of heat packs and gentle massage. Care recipients and representatives report care recipients are as free as possible from pain and staff respond in a timely manner to requests for pain control.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients at Abernethy Nursing Home is maintained. Feedback from care recipients and representatives, through direct comments as well as letters of appreciation, indicate these care needs are provided with concern and respect appropriate to the comfort needs of the care recipient. End of life care is provided under the direction of registered nurses who ensure the comfort of care recipients through consultation with medical officers. Care recipients and representatives consult with the care staff, their medical officer, and spiritual support is provided through the visiting clergy and volunteers from a variety of religious traditions. A service of remembrance is conducted each year and includes a slide-show of photos of the care recipients who have passed. This is then provided individually to each care recipient’s family as a remembrance of their time in their home. Staff ensure the care recipient’s wishes and comfort are observed while delivering palliative care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives confirm they are satisfied with the home’s management of the nutrition, hydration and associated support needs. Meals are prepared according to a menu which has been reviewed by a dietitian and provides choice and variety. Details of special dietary needs are documented on entry to the home and communicated to the kitchen staff. Preferences, meal consistency, special diets, fluid restriction, nourishing supplements required and allergies are recorded on the dietary sheets available to catering and care staff. Care recipients and representatives said they/their relative, enjoyed the choice available and the meals are well balanced. Care recipients’ weights are monitored monthly and variations investigated and addressed. Dietary nourishing supplements are available and are initiated as required. Consultations occur with the medical officer and/or a dietician and there are processes to vary the nutritional preferences of care recipients.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives confirm they are satisfied with the care provided in relation to care recipients’ skin integrity. Skin integrity assessments and risk of impairment to skin integrity, are conducted on entry to the home and reviewed as necessary, including at the three-monthly care review. Assessed risk guides the pressure area care as care recipients’

mobility, nutrition status and cognition potentially decline. Care recipients with specific skin conditions are closely monitored and treatments applied as directed by the medical officer. Referrals are made to specialist services as required. Wound monitoring and wound charts show review of wound management and improvement strategies. Pressure relieving equipment is available for those care recipients who are identified at risk of skin breakdown.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives confirm continence needs for urine and bowel function are being met. On entry to the home care recipient’s continence needs are assessed by staff obtaining the history from the care recipient, their representatives, medical officer referral and pre-entry assessments by community nurses. Flow charts are initiated and voiding times and bowel evacuation patterns are recorded to enable assessments to be made. Care plans are developed and reviewed at regular intervals, including consultation with care recipients and representatives. Staff continence education includes toileting programs, bowel management and the relationship to privacy, dignity and choice for care recipients. The registered nurses implement bowel management programs and observe protocols to ensure care recipient’s bowel health.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

There are systems to effectively manage care recipients with challenging behaviours. Documentation and discussions with staff show care recipients’ behaviour management is identified by initial assessments and care plans are formulated. Management strategies include one-on-one and group activities which are regularly reviewed in consultation with the care recipient, their representatives and other specialist services if consultation is required. Staff confirm they have received education in managing care recipients with challenging behaviours. The home has access to Specialist Mental Health Services for Older People (SMHSOP) and Dementia Behaviour Management Advisory Service (DBMAS) and refer to these services as needed. Staff were observed to use a variety of management strategies and resources to effectively manage care recipients challenging behaviours. Care recipients and representatives expressed satisfaction with the management of care recipients who have challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Each care recipient has their mobility and dexterity assessed by the registered nurse. Information is gathered from the care recipients, representatives, transfer information and community nursing notes. Mobility information and the care recipient’s need for assistance are detailed in the care plan and programs are instigated by the care team to optimise care recipients’ mobility function. Care recipient’s mobility and movement are promoted through all care delivery. There is a range of aids to effectively and comfortably move care recipients.

The walking program was observed during the re-accreditation visit. There is a system to indicate the level of assistance required with mobility described on the mobility plan. Care recipients and representatives said they are satisfied with the assistance and therapy provided to care recipients.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Each care recipient’s oral and dental health needs are assessed by the registered nurses on entry to the home and thereafter by care staff. The care recipient’s needs, preferences and interventions are recorded on the care recipients’ care plan. The care recipients’ care plans are reviewed regularly and adjusted as necessary to meet their oral health needs. The home has access to external dental services and arrangements are made for care recipients to attend these services, in consultation with the medical officer. Care staff organise the appointment and escort, when the family are unable to attend. Staff interviewed confirm their understanding of the oral care process.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Each care recipient’s sensory losses are assessed by the registered nurses by completing the entry assessments and the specific sensory assessment. This occurs in consultation with the care recipient and their representative. The methods for communication and compensation for sensory losses are also located on the care plan. Strategies to assist care recipients, who have declining cognition, include speaking clearly and slowly, making eye contact, using simple statements and using gestures as required. Care recipients and representatives interviewed said they are satisfied with the assistance provided to the care recipients.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives confirm care recipients are able to achieve natural sleep in the home. Information about care recipient’s sleep pattern is entered in to their assessment and are recorded in the care plan. Observations by care staff are recorded in the care recipient’s progress notes to ascertain their normal sleeping pattern. Sleep assessments are reviewed regularly and as required. Disturbance of care recipients is kept to a minimum at night. Activity is provided for those care recipients who go to bed late or rise early. Hot milk and flavoured drinks are provided for supper to help promote sleep and staff validate the care recipient’s timeframes to help them feel settled.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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 an overview of the home’s continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Standard 3 Care recipient lifestyle include:

- To improve the leisure and lifestyle program offered to the care recipients the home has joined an on-line leisure and lifestyle information site. The management team said the site provides a huge variety of programs including, cultural days, group and individual programs, suggestions of outings, art programs, crafts and games. The site has daily updates and the staff can email for ideas and assistance as needed. The activity officers said the site has been a great assistance when planning activities.
- The management identified the need and opportunity to establish a kiosk for care recipients. The facilities were already on-site for the kiosk so the management team recruited for volunteers to open the kiosk four days per week. The volunteers said the service provides a meeting point for care recipients from across the home and assists in their independence and choice. Feedback from the care recipients was very positive.
- Due to the increasing fragility and dependence of care recipients entering the home the activity officers noted a decline in participation in some activities. As a result the activity officers reviewed the program to include more modified games and modified active and passive movement programs for the care recipients to undertake. The introduction of a monthly activity education session has commenced to improve staff knowledge and skills. The care recipients spoke highly of the activities provided at the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for an overview of the home’s processes for identifying and ensuring regulatory compliance.

Examples of regulatory compliance relevant to Standard 3 Care recipient lifestyle are listed below:

- Care recipients and their representatives are informed about the Charter of care recipients’ rights and responsibilities in information provided at the time of the care recipient’s arrival and as displayed in the home.
- Care recipients’ right to security of tenure is upheld. All care recipients are offered a residential agreement which provides a cooling off period, information on the care and services provided and other related information.
- There is a system to meet regulatory obligations regarding mandatory reporting requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of recent education topics relevant to Standard 3 Care recipient lifestyle are listed below:

- Cultural/spiritual awareness
- Privacy and dignity
- Elder abuse
- Protecting older people.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients' emotional status and needs are identified and supported. Care recipients and representatives confirm the support provided by the staff of the home is appropriate and kind and meets the care recipients' needs and preferences. Discussions with the care recipients and representatives provides the home with information related to the care recipient's need for emotional support. Staff introduce new care recipients and representatives to others who reside in the home and encourage their socialisation and participation in activities and outings, at their own pace and according to their interests.

Significant dates and times of grief and loss are noted and staff indicate an awareness of these times for each care recipient. Care recipients are provided with the support of clergy who visit the home each week and assist staff to emotionally care for care recipients and their representatives.

3.5 Independence

This expected outcome requires that "care recipients 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 recipients are assisted to achieve maximum independence, maintain their community friendships and continue to participate in the community within and outside the home.

Friends and representatives are encouraged to participate in the activities within the home. Information is shared with representatives and visitors through newsletters and the activities programs displayed on noticeboards. Community singing groups and local school groups visit the home. Lifestyle and care staff assess the needs and preferences of care recipients and make adjustments to their plans for participation as the care recipient's needs change. Care recipients and representatives confirm they are satisfied with the assistance provided by the home in relation to the care recipient's independence, maintaining friendships and participating in community life in accordance with their individual needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

There are systems within the home to ensure the care recipients' privacy and dignity is respected in accordance with their individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including their preferred name.

Permission is sought from care recipients and representatives for the display of photographs and inclusion in newsletters. Staff education promotes privacy and dignity and staff sign to acknowledge confidentiality of care recipients' information. Care recipients are accommodated in single rooms and companion rooms. Staff handovers and confidential information is discussed in private and care recipient files are securely stored. Staff practices respect privacy and dignity. We also observed this throughout the re-accreditation visit. Care recipients and representatives said they are satisfied with how the care recipients privacy and dignity is managed at the home.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

Care recipients of the home are encouraged and supported to participate in a range of programs and activities of interest to them. These are planned with the knowledge of assessments and discussions with care recipients and representatives on entry to the home and as their interests and abilities change. Care recipients are provided with the assistance required to participate in their choice of activities. Care recipients and representatives confirm care recipients are supported in these activities and interests appropriate to their needs and preferences. Care recipients and representatives attend meetings to discuss care recipients' interests and provide feedback for variety in care recipients' daily plans. The program includes activities to stimulate the senses of touch, taste and smell for the ladies and the gentlemen in the home.

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 individual interests, customs, beliefs, cultural and ethnic backgrounds of care recipient are valued and fostered within the home and by the staff. Care recipients are assessed and their needs identified as they enter the home. The home environment, activities and services recognise the specific cultural needs of all care recipients. These needs are detailed in the care recipients' plan for care and considered by staff when delivering care. Specific spiritual

activities occur within the lifestyle of the home, and care recipients/representatives provide feedback to staff regarding these activities, informally and through care recipient meetings. Monitoring of care recipients needs occurs through staff observation and conversations with care recipients and their representatives. Care recipients and representatives confirm they are satisfied the home values and fosters care recipients' individual interests, life story, customs and beliefs.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Each care recipient and/or their representative, is included in the decisions about the services the care recipient receives and they are enabled to exercise choice and control over their lifestyle. Care recipients and representatives confirm they participate in decisions about the services the care recipient receives and they are able to exercise choice in relation to their needs and preferences. Assessments are conducted on entry and incorporated into care plans, to ensure staff have knowledge of the care recipient's choices and preferences regarding care and lifestyle choices. Staff provided examples of providing choice and decision-making to care recipients. In the event that their ability to confirm those choices declines, their representative acts on their behalf to ensure their choices are met. Care recipients and representatives are informed of care recipient meetings in newsletters and notices. Minutes are recorded of these meetings and prompt action is taken to rectify any concerns as they arise.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

All care recipients and representatives are provided with information prior to coming to the home which outlines the rights and responsibilities of the care recipient. This includes a handbook for care recipients which gives detailed information about all aspects of life at the home. These matters are discussed with the care recipient/representative prior to moving into the home. The home's vision and mission and the charter of care recipients' rights and responsibilities are included in the handbook and are clearly displayed in the home. All care recipients/representatives are offered an agreement on entry to the home. The residential care agreement includes information for care recipients about their rights and responsibilities, complaints handling, fees and charges, care and services provided, their security of tenure and the process for the termination of the agreement. Care recipients and representatives are aware of care recipients' rights and are satisfied they are being upheld.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 an overview of the home’s continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Standard 4 Physical environment and safe systems include:

- To streamline the organisation’s food safety program an external consultant has reviewed and implemented changes with the system for the staff recording their daily monitoring of food, temperatures and daily deliveries. A book has been developed which includes the applicable daily menu, temperatures and food deliveries all on a one page template for the menu in season. Previously the catering staff said this information was on a number of recording charts throughout the kitchen. Feedback from the staff said the book holds all the monitoring records in easy to read daily format.
- Due to the significant flood damage in the local community during April 2015 the management team have reviewed the emergency plan for the organisation. They said the emergency evacuation sites in the township they had previously identified were either flooded/damaged or inaccessible to reach from the organisation’s homes. In response, the management team have made arrangements within the township for further emergency evacuations sites to be available if needed.
- To improve the infection control practices across the organisation and keep staff informed with any changes or practices the care service manager/infection control coordinator has commenced a monthly bulletin. Staff said the information is informative.

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

Refer to expected outcome 1.2 Regulatory compliance for an overview of the home’s processes for identifying and ensuring regulatory compliance.

Examples of regulatory compliance relevant to Standard 4 Physical environment and safe systems are listed below:

- The home has a current annual fire safety statement.
- The home has a current NSW Food Authority licence and a food safety system.
- The organisation has work health and safety meetings which ensures relevant issues are raised across all three sites

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 an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of recent education topics relevant to Standard 4 Physical environment and safe systems are listed below:

- Manual handling
- Emergency response and fire training
- Infection control and hand hygiene
- Food safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Abernethy Nursing Home provides care recipients with a secure and comfortable living environment. The home is comprised of communal dining, lounge, activity areas and courtyard areas. Care recipients are accommodated in a variety of room configurations some with shared bathroom facilities. Appropriate and sufficient furniture is provided for care recipients and internal lighting, temperature, ventilation and noise levels are maintained at comfortable levels. Care recipients also have access to safe outdoor, garden courtyard areas. There are security measures and maintenance programs to promote care recipients' comfort and safety. The safety and comfort of the environment is monitored through audits, hazard reporting mechanisms and direct feedback from staff, care recipients and representatives. Care recipients expressed satisfaction with the safety and cleanliness of the home's environment and said repairs are carried out in a prompt 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 at the home are actively working to provide a safe working environment that meets regulatory requirements. Staff are provided with information on work health and safety (WHS) processes and risks during orientation, annual mandatory training sessions, at regular meetings and notices. The organisation has a work health and safety meeting with representation from the home which ensures relevant issues are raised and discussed. The home has a range of safety monitoring processes, including environmental audits, hazard reporting and workplace inspections. Staff said they have access to appropriate equipment which assists them to minimise the risk of workplace injury.

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

Abernethy Nursing Home has established practices to provide an environment that minimises fire, security and emergency risks. Fire evacuation plans, exit signs and fire equipment are located throughout the building. Regular monitoring and maintenance of all fire equipment is undertaken and service reports provided. Fire safety and evacuation training for staff is included in the orientation program and there are mandatory update sessions. Care recipients evacuation information, including photographic identification and details of care recipients' medical diagnosis, allergies, emergency contacts and treating doctor is regularly updated by

the administration staff and kept in an accessible location near the fire panel. The home has a supply of emergency equipment and supplies to use in the event of an evacuation or an electricity breakdown. Care recipients and staff said they feel safe and secure in the home.

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 with a system for identifying, managing and minimising infections. This includes staff education, audits, use of colour coded and personal protective equipment and provision of sufficient hand washing facilities. The infection control system includes outbreak management plans, a food safety program, a vaccination program for care recipients and staff, pest control and waste management processes. The organisation's care service manager is the infection control coordinator at the home. Staff complete mandatory training in infection control and hand washing. Staff said they are given ongoing education on infection control and have access to sufficient stocks of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients of Abernethy Nursing Home and their representatives reported satisfaction with the catering, cleaning and laundry services provided at the home. There are processes to identify care recipients' dietary preferences and requirements on their arrival at the home and to review this information on an ongoing basis. Meals are prepared on-site by the home's staff using a four week rotating seasonal menu. This menu has been reviewed by a dietitian, provides choices for care recipients and caters for special diets. Cleaning and laundry services are undertaken by the home's staff in accordance with scheduled routines and are monitored on a regular basis. The home monitors its hospitality services and staff.