Macquarie Shores Hostel

RACS ID 0410
12 The Ridgeway
BOLTON POINT NSW 2283

Approved provider: RSL Care 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 22 July 2018.

We made our decision on 09 June 2015.

The audit was conducted on 05 May 2015 to 07 May 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
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</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
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<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
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<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
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<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
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<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
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<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>3.4 Emotional support</td>
<td>Met</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Met</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Met</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Met</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Met</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Met</td>
</tr>
<tr>
<td>3.10 Resident security of tenure and responsibilities</td>
<td>Met</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Introduction

This is the report of a re-accreditation audit from 05 May 2015 to 07 May 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 05 May 2015 to 07 May 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

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Judith Charlesworth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Ruth Graham</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>RSL Care Limited</th>
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</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Macquarie Shores Hostel</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0410</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>157</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>89</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>82</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>30 bed special care unit</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>12 The Ridgeway</td>
</tr>
<tr>
<td>City/Town:</td>
<td>BOLTON POINT</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2283</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 4950 3933</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 4959 3498</td>
</tr>
<tr>
<td>E-mail address:</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Audit trail

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

Interviews

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated communities manager</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurse/care coordinator/educator</td>
<td>1</td>
</tr>
<tr>
<td>Clinical care manager</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>2</td>
</tr>
<tr>
<td>Regional Hotel Services Managers</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>1</td>
</tr>
<tr>
<td>Cleaning team leader</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>16</td>
</tr>
<tr>
<td>Care staff</td>
<td>6</td>
</tr>
<tr>
<td>Volunteers</td>
<td>2</td>
</tr>
<tr>
<td>Administration officer</td>
<td>1</td>
</tr>
<tr>
<td>Activity staff</td>
<td>2</td>
</tr>
<tr>
<td>Chef manager</td>
<td>1</td>
</tr>
<tr>
<td>Catering/cleaning/laundry staff</td>
<td>3</td>
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</tbody>
</table>

Sampled documents

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients' files including plans of care, progress notes, medical officers’ notes and referrals, specialists’ reports and hospital discharge notes</td>
<td>13</td>
</tr>
<tr>
<td>Summary/quick reference care plans</td>
<td>13</td>
</tr>
<tr>
<td>External provider agreements</td>
<td>4</td>
</tr>
<tr>
<td>Medication charts</td>
<td>10</td>
</tr>
<tr>
<td>Personnel files</td>
<td>4</td>
</tr>
<tr>
<td>Resident agreements</td>
<td>3</td>
</tr>
</tbody>
</table>

Other documents reviewed

The team also reviewed:

- Cleaning schedules - daily and weekly, cleaning signing sheets,
- Clinical care assessments – specialised nursing care, continence, dietary needs/preferences, nutrition and hydration, pain, skin integrity, mobility, falls risk and transfers, sensory, sleep, and oral and dental care

- Clinical care observations, monitoring and treatment charts including bowels, specialised care check charts, blood pressure, temperature, weight, pressure area care, wound charts, behaviours, pain, food and fluid records, supplement administration and interim care plans

- Clinical policies, procedures, manuals and flowcharts

- Communication systems – notices, memorandums, diaries and handover sheets and computerised emails, doctor’s book and handover folders

- Complaints brochures, complaints register and forms, satisfaction survey results

- Education and staff development calendar, staff competencies, signed and electronic education attendance records, orientation checklists

- Fire equipment log books, fire service records, annual fire safety statement, emergency disaster manual, fire equipment orientation records

- Food safety program including: NSW Food Authority Licence, food temperature monitoring, refrigerator, freezer and dishwasher temperatures, cleaning schedules, staff communication books, equipment cleaning schedules, menus and recipes, dietary analysis forms including individual resident likes, dislikes and special requirements

- Human resource management including: staff handbook, orientation packs, role specific induction checklists, position descriptions, duty statements, master and working rosters, staff annual appraisals, shift change requests

- Infection control system including: manual, infection control audit data, infection control documentation and line listings, pest control monthly site reports

- Information systems: policies, flowcharts, work instructions, newsletters, meeting minutes, memoranda, accident/incident records

- Inventory and equipment register, contractor agreements and certificates of currency, maintenance contractor folder

- Maintenance systems including: programmed preventative and routine maintenance schedules, maintenance requests, equipment orders, legionella and warm water testing reports

- Material safety data sheets, risk assessments, hazard alert forms, incident reports, workplace inspections

- Medication records – medication identification charts, medication charts, pathology reports, medication incident forms and medication refrigerator temperature records, medication reviews, self-medicating information, medication reviews, pharmacy reports, patch application forms, medication advisory meeting minutes and therapeutic monitoring charts

- Next of kin notification forms
• Palliative care resource folder
• Policies and procedures
• Quality system including: audit schedule, audit reports, benchmarking results, quality action plan and continuous improvement plan
• Regulatory compliance including police record check matrix, government update alerts, compulsory reporting log, elder abuse reporting flowcharts, professional registrations and consolidated records
• Resident agreement including privacy consent, resident handbook and information package
• Resident satisfaction surveys
• Residents’ lifestyle documentation – residents’ social profiles and care plans, activity calendars; participation records, and photographs of residents' participation in activities
• Retired Services League purpose, inspiration and ideals charter; organisational chart
• Self-assessment report for re-accreditation and associated documentation

Observations
The team observed the following:
• Activities in progress including board games, newspaper reading; daily activity program displayed
• Australian Aged Care Quality Agency re-accreditation audit notice displayed
• Brochures and posters - external complaint and advocacy services, various others
• Charter of residents’ rights and responsibilities on display
• Colour coded cleaning equipment in use
• Dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices, daily menu displayed
• Feedback forms
• Hairdressing salon
• Indoor and outdoor living environment with courtyards, seating areas
• Infection control resources - hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, outbreak kit, waste management including clinical waste, sharps containers, spill kits
• Interactions between staff and residents/representatives
• Nurse call bell system
- Lifting equipment, manual handling and mobility aids in use and storage, pressure relieving equipment
- Medication rounds and storage of medications including in the fridge
- Noticeboards, residents/relatives, staff
- Short group observation in Longtan dementia specific unit at afternoon tea time.
- Staff clinical and work areas including nurses’ stations and secure storage of residents’ files, treatment/utility rooms, staff room
- Supply storage rooms including clinical stock, continence aids, medication and linen stock in sufficient quantities
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

Macquarie Shores Hostel has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The continuous quality improvement plan is updated monthly and reviewed at monthly quality meetings. The plan includes activities which monitor, assess, action, review and evaluate the home’s processes, practices and service delivery. Suggestions and ideas for improvements are initiated by all stakeholders through meetings, audits, staff and resident feedback and surveys. Continued quality improvement is further supported by regular meetings of staff, residents/representatives and committees, benchmarking, trend analysis and clinical indicators. All stakeholders are provided with feedback on improvement actions undertaken through meetings and monthly newsletters. Staff, residents and their representatives report they are encouraged to participate in the home’s continuous improvement activities.

The home has made planned improvements in relation to Accreditation Standard One - Management systems, staffing and organisational development, including:

- Following a staff suggestion an employee of the month program has been developed. A staff member is nominated as employee of the month by their peers, a celebratory morning tea is held and the employee of the month receives a gift certificate. Management said staff feedback has been positive.

- As the home is situated in a park land setting with public access, management have upgraded security measures to improve staff and resident safety. Surveillance cameras have been installed outside all main thoroughfares and entry points surrounding the facility. Signage warning of the presence of surveillance cameras is currently being installed as a visual deterrent. Management said security staff will also drive around the facility at shift handover times. The cameras and changed security arrangements are more economical and provide increased security for staff and residents.

- The organisation has set up an e-recruitment employment system. Applicants for staff and volunteer positions are now able to apply online using a link from the home’s website. The applications are processed by the organisation’s support centre and the home’s management receive a short list of appropriately skilled applicants to interview. Management said the new system is a time saving and efficient method of recruitment.
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

Macquarie Shores Hostel has systems to identify and ensure compliance with relevant legislation, regulatory requirements, and professional standards and guidelines. Information on these matters is sourced from an industry peak body, a legislation alert service and through material received from government departments and agencies. Relevant information is communicated to staff through meetings and notices and associated policies and procedures are amended and updated as required. Compliance is monitored through audits, monitoring of staff practice and through the incident reporting system. Management and staff demonstrated awareness of legislation and guidelines relevant to their roles.

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

- Notices were on display to advising residents, representatives and staff of the re-accreditation audit. Letters were also sent to residents and their representatives.
- All staff, volunteers and relevant contractors have a current criminal record check.
- Information is provided to residents, their representatives and staff about internal and
- Complaints mechanisms are available.
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

Management and staff at Macquarie Shores Hostel have appropriate knowledge and skills to perform their roles. The education program covers topics across the four Accreditation Standards and is provided through educational DVDs, online training forums, in-service sessions as well as external training professionals. New staff attend an orientation program and undertake buddy shifts in which they are supervised by a senior staff member. Annual mandatory training sessions for all staff cover manual handling, fire safety, infection control and compulsory reporting requirements. Other non-mandatory training needs are identified through staff feedback, incident reports, performance appraisals, competency assessments and audit results. Staff stated they are encouraged to attend education relevant to their roles. Residents and their representatives expressed satisfaction with the knowledge and skills of staff.

Examples of recent education and staff development opportunities relevant to this Standard are listed below:

- The integrated communities manager is currently attending an organisational leadership program.
- Registered nurses and senior staff attended performance management education.
- Aged Care Funding education.

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

Macquarie Shores Hostel has a system which ensures residents and their representatives have access to internal and external complaints processes. Information on feedback mechanisms is provided at pre-entry meetings and described in the resident handbook.

Feedback forms and a suggestion box are available in the foyer of the home. A bi-monthly residents’ meeting also provides residents with a forum to raise concerns. Management is responsible for ensuring complaints are investigated, appropriate action taken and feedback provided to stakeholders. Residents and their representatives said they are aware of the feedback processes available to them. They also said that they are satisfied that any concerns they raise will be addressed appropriately and in a 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

Macquarie Shores Hostel has a Charter of purpose, inspiration and ideals. The Charter is displayed in the home and included in the resident and staff handbooks.

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

Macquarie Shores Hostel has processes to provide adequate numbers and appropriately skilled staff on each shift. A registered nurse is rostered 24 hours seven days per week for the management of residents' specialised and high care requirements. Management considers changes in resident care needs, feedback from residents and staff, incident and accident data, and audit results to review overall staffing numbers and skills mix. Planned and unplanned vacancies are replaced through a pool of part time and casual staff.

Selection criteria, reference checks, orientation sessions, duty lists and supernumerary ‘buddy’ shifts with more experienced staff are used to ensure new staff have the knowledge and skills to meet the requirements of their roles. Ongoing staff monitoring processes include mandatory training and other education sessions, competency testing, formal annual performance appraisals and regular informal observation by senior staff members. Residents and their representatives provided positive feedback regarding the manner and skills of staff and are satisfied with the responsiveness of staff.

1.7 Inventory and equipment

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

**Team’s findings**

The home meets this expected outcome

The home has processes to facilitate the purchase, use, storage and maintenance of goods and equipment to ensure they are appropriate for service delivery. Stocks and services are sourced from preferred suppliers and there are processes to monitor and maintain stock levels. Preventative and corrective maintenance programs operate to ensure that equipment is regularly checked and serviced, including the tagging of electrical appliances. Regular environmental audits and inspections are also undertaken to ensure that goods and equipment are maintained in good working order and at sufficient levels. Staff reported they have ample levels of stock and that management is responsive to requests for new or different equipment.
Residents and representatives are satisfied with the availability and quality of equipment and goods at the home.

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

A wide range of methods is used to provide all stakeholders with access to timely information about the processes and activities of the home. Staff receive information through meetings and associated minutes, handover sessions, communication books, care documentation and noticeboards. Residents and their representatives receive information through meetings and associated minutes, notices, correspondence and in direct communication with staff and management. Residents' personal and medical files are stored securely and staff sign a confidentiality statement as part of their employment agreement. The home has processes for the archival and destruction of sensitive information as appropriate. Staff, residents and their representatives expressed satisfaction with the communication systems at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

Macquarie Shores Hostel has a system to ensure that externally sourced services meet the care needs of residents. External service contractors currently provide fire safety, pest control, hairdressing, allied health and trade services at the home and are required to have current police checks, insurances and licences as necessary. Management monitors the quality of external services through staff and resident feedback and suppliers/service providers are changed if they do not meet quality requirements. Staff, residents and their representatives said they are satisfied with the services being provided by external contractors.
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:

- A new, improved syringe driver has been purchased. The syringe driver calculates doses electronically, and is easier for staff to manage. Registered nurses have received education in how to use the new machine. This machine ensures pain medication is administered accurately over a long period of time, resulting in improved pain management.

- It was identified that the batteries used to operate locks on medication trolleys had a short life and often went flat during medication rounds, causing time delays for staff administering medications. As a result an external contractor has been employed to conduct regular services and battery checks on the medication trolleys. Staff said this has improved efficiency and time management in medication administration.

- It was identified that ongoing pain management assessments were inconsistent. As a result pain management processes have been formalised. All residents on pain management plans are now assessed regularly according to the new schedule. Staff said this has led to improved resident care.
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:

- There are procedures for the notification of any unexplained resident absences.
- Medication management audits are conducted to ensure compliance with regulations and best practice guidelines for medication management.
- A record of registrations is maintained for registered nurses and allied health professionals working within the home.

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 and staff development opportunities relevant to this Standard are listed below:

- Incontinence
- Medication pump operation
- Swallowing difficulties
- Aseptic techniques in wound management
2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. An interim care plan is developed when a resident moves into the home to guide staff during the assessment period. A comprehensive assessment process follows to determine residents’ physical and social needs. Information collected from the assessment process together with information gained from the residents and/or representatives and other health providers is used to generate individualised care plans. Care plans are reviewed by the registered nurse on a regular basis or as required. The provision of care at the home is monitored via audits, surveys, collection of key performance indicators, the comments and complaints mechanisms and observation of staff practices. Staff receive training relating to residents’ care and where appropriate consultants are accessed to support staff and provide advice regarding specific care issues. The home has access to after hour’s medical services and procedures are in place to manage emergencies. Care staff demonstrated a good understanding of the residents’ individual needs. Residents/representatives expressed satisfaction with the clinical care residents receive.

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

Residents’ specialised nursing care needs are supervised by registered nurses in liaison with medical officers and other relevant health specialist. Assessments, care plans and treatment regimes are in place to address residents’ specialised nursing care needs. Specialised nursing needs at the home include management of complex wounds, supra-pubic catheters, oxygen therapy, pain management and palliative care. Registered nurses are trained to deliver relevant care and is provided with education and training as required. The home has sufficient clinical equipment to support specialised nursing on site. Residents/representatives are satisfied with the specialised nursing care provided.

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

Residents are referred to appropriate health specialists according to their needs and preferences. Residents requiring referral to other health services are identified through assessments which are completed during entry processes and also during ongoing observation, monitoring and reviewing of residents’ needs. Wherever possible, the services of other health professionals such as a dietician, speech pathologist, mental health specialists, dentists or dental technicians are arranged for consultation on site or accessed from the
community. Recommendations from health specialists and services are incorporated into the residents’ care plans. Residents’ requirements and changes are reported to staff through the handover systems. Residents/representatives are satisfied with the referrals made to other health and related services and the care provided to support residents’ needs.

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

The home has systems to ensure residents’ medications are managed safely and correctly. The home uses a manual administration system for medications. A contracted pharmacy ensures medications, including new or changed medications, are supplied in a timely manner. Medications are appropriately stored in locked rooms in locked medication cupboards, trolleys or refrigerators as required. Medication is checked prior to administration and is over seen and some undertaken by the registered nurse. Some care staff who have completed medication administration training and competency assessments also administer medications. Medication reviews are undertaken by the pharmacist and communicates with the resident’s doctor and the home. The home uses internal audits and incident reporting to monitor the medication system. Observation showed staff administering medications according to the correct procedures. Residents/representatives interviewed said residents receive medication correctly and in a timely 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

The home has systems to ensure residents are as free as possible from pain. Residents are assessed for pain during the entry process using a verbal and non-verbal tools. This information is used to develop a pain management care plan that is regularly reviewed.

Strategies used in the management of residents’ pain include a range of prescribed medications and physical therapies such as heat packs, massage, support bandages, repositioning and gentle exercise. Specialised mattresses and chairs are also available to assist in the relief of pain and discomfort. The effectiveness of pain management is monitored each day through feedback from residents and the use of a pain monitoring chart. Care staff described their role in pain management, including ongoing identification and reporting of residents’ pain or discomfort. Residents/representatives said they are satisfied with the residents pain management treatment.
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 home has processes to ensure the comfort and dignity of terminally ill residents is maintained and there is support for their families. Consultation is undertaken with the residents and/or representatives regarding residents’ end of life needs and preferences. Staff ensure residents’ pain is managed and their comfort and dignity are maintained. Ongoing review of the effectiveness of care strategies occurs throughout the palliative care stage and changes are communicated to staff as needed. The home has a visiting general practitioner who specialises in palliative care and also access to the local palliative care team if required. Members of the clergy are contacted for spiritual care and additional emotional support to the resident’s family as needed. Lifestyle staff are also involved in providing emotional support for the resident and their representatives. Resident/representatives interviewed expressed satisfaction with the care and support.

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

There are processes to ensure residents receive adequate nourishment and hydration including assessment of residents’ needs and ongoing observation of intake. Care plans are developed and regularly reviewed, weight loss is monitored monthly and as required by the registered nurse and the medical officer is notified of weight loss. Texture modified foods and fluids are served in accordance with the assessed needs of the resident. Residents identified as having changes in swallowing are referred to relevant health professionals as needed.

Staff assist residents with meals as needed and there are sufficient supplies of modified cutlery and equipment for residents to use as required. Residents/representatives are satisfied with the home’s management of residents’ nutritional requirements and are satisfied with the provided meals.

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

The home has processes to ensure residents’ skin integrity is consistent with their general health. The condition of a resident's skin is assessed on entry to the home including potential for impairment. Individual care plans are developed and contain strategies to meet identified needs. A range of pressure relieving devices and products to assist in maintaining and promoting skin integrity are available. Wound care is provided under the direction of the...
registered nurse and wound charts reviewed show evidence of regular treatments and reassessment. A podiatrist visits the home regularly for assessments and care. Care staff described the process of identifying changes in skin integrity and procedures for maintaining good skin integrity. Residents/representatives are satisfied with the residents’ skin treatment provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ continence needs are managed effectively. Continence assessment of bowels and urinary patterns are completed on entry to the home. The continence nurse monitors and develops strategies to manage incontinence of specific residents. Individual strategies are developed and include scheduled toileting or assistance with toileting, continence aids, appropriate fluids and sufficient dietary fibre and juices are provided. Residents’ bowel patterns are monitored daily and prompt action is taken to address irregularities. A continence advisor provides ongoing education and is available for consultation as needed. Staff confirmed there are always sufficient supplies of continence aids to meet residents’ needs. Residents/representatives stated they are satisfied with the continence care provided to residents.

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

The home has systems to effectively manage the needs of residents with challenging behaviours. All residents’ behaviour management needs are assessed on entry to the home and on an ongoing basis. The assessments include information obtained from residents’ representatives and observations using behaviour charts which aim to identify the triggers for the behaviours. The home has access to advisory services to assist with the behaviours of concern. The home has a restraint policy and residents requiring restraints are referred to the general practitioner and residents/representatives are consulted. Currently no residents are requiring a restraint at the home. Observation of staff showed compassionate approach and effective communication with residents living with dementia. Residents/representatives interviewed expressed satisfaction with the home’s management of residents who have behaviours of concern.
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

The home has systems to optimise residents' level of mobility and dexterity. Assessments are completed by a physiotherapist and individualised care plans are developed and reviewed. The physiotherapist liaises with staff, care recipients and relatives to organise appropriate mobility aids and specialised equipment. Falls risk assessments are undertaken and action plans created as required. A falls prevention program is in place and monitored by the physiotherapist. The incident reporting system includes analysis of falls to identify trends and implementation of strategies to reduce reoccurrence. Care staff showed an understanding of their responsibilities in relation to optimising residents' mobility and dexterity. Residents/representatives expressed satisfaction with the mobility program.

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

The home has systems to ensure residents’ oral and dental health needs are maintained. This includes an assessment and the formulation of a care plan with strategies to meet dental care needs. Dental services are accessed from the community as required. Residents are encouraged and assisted as needed to clean their own teeth at preferred times. Care staff have a good understanding of residents’ dental care needs. Residents said they are supported by staff to maintain their dental care independently or are assisted by care staff as required.

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

The home has processes to identify and effectively manage residents’ sensory losses. Assessment is undertaken when the residents move into the home and an individualised care plan is developed and regularly reviewed. The home has access to the visiting audiologist service and residents also access the service from the community. Staff members assist residents to manage aids and equipment such as hearing aids and glasses. The activity program includes activities that promote stimulation of the senses such as music therapy, aromatherapy, and food tasting and gardening. A safe, uncluttered environment is provided for all residents with good lighting and hand rails on walls. Staff were observed to be aware of residents who have impaired senses. Residents/representatives confirmed they are satisfied with the home’s approach to assisting residents with sensory losses.
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

The home has systems to assist residents to achieve natural sleep patterns. Initial and ongoing assessments include identification of night care requirements and preferences, and sleep patterns. A care plan is developed and evaluated regularly. Sleep disturbances are documented and reported and the cause of the disturbance identified. Strategies to promote sleep include a quiet environment, offering of a warm drink or refreshments, change of position, pain management, appropriate continence management and night sedation if ordered by a medical practitioner. Residents stated they are able to sleep and the home is quiet at night.
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:

- Staff and management identified that the outdoor furniture in Lincoln lodge had become weathered and worn. New outdoor settings have been purchased which are easy to clean and comfortable for residents. Resident/representative feedback has been positive.

- To promote integration between residents in the home, clients in the self-care retirement village and the wider community, a large ANZAC ceremony was held in the grounds of the home. Extra staff were rostered to assist residents to attend and families and the general public were invited. Residents from the home and the community shared experiences as well as representatives from the local Returned services league and the New Zealand armed forces. Over one hundred people attended the ceremony. Morning tea was provided following the event. Many representatives and people from the wider community have sent letters and cards of appreciation to management for conducting this ceremony. Due to the success of this service management are considering holding the combined ceremony annually.

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:

- There is a system for reporting and recording instances of resident abuse. All residents/representatives receive a copy of the residency agreement upon residents’
entry to the home and this document sets out information regarding residents’ entitlements.

- The Charter of residents’ rights and responsibilities is displayed in the home and is included in the resident handbook.

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 this Standard are listed below:

- Elder abuse
- Activity staff attended Montessori workshops
- Person centred care

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

Management and staff ensure all residents receive support in adjusting to life in the new environment and on an ongoing basis. Emotional needs are identified through the assessment when residents enter the home, through consultation with families and one-to-one meetings. On entry to the home the lifestyle staff meets new residents and assist with the settling in process by orientating them to their new home and introducing them to other residents and staff. Management ensures they understand the care and services provided. Interviews, assessments and a social profile identify any specific needs relating to emotional support for individual residents. Staff provided examples of individualised strategies to meet residents’ emotional needs on entry and on an ongoing basis. We observed caring and supportive interactions between residents and staff throughout the audit.

Residents/representatives stated the staff are caring and supportive.
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

Residents are assisted to achieve independence, maintain friendships and participate in community life within and outside the home according to their preference. Lifestyle staff described bus outings and visitors from outside groups who interact with residents. Some residents attend social and family outings outside the home. A range of activities are available at the home to support resident’s independence. The environment includes handrails and disability amenities to encourage independence. Residents/representatives advised residents are encouraged to be as independent as possible in all aspects of life according to their 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

The home demonstrates each resident’s right to privacy, dignity and confidentiality is recognised and respected. Residents are accommodated in single rooms and staff ensure doors are closed when care is being provided and privacy and dignity is maintained at all times. Resident information is securely stored in locked cupboards and the computer system is password protected. Consent is sought from residents/representatives for resident information to be shared with other service providers. Residents/representatives interviewed stated they are satisfied with the manner in which the home maintains residents' privacy and dignity.

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

The residents are encouraged and supported to participate in a wide range of interests and activities both within the home and the wider community. Residents’ specific needs, preferences, leisure interests and activities are assessed on entry to the home using a social profile. A social profile care plan is formulated and is regularly reviewed. Leisure and lifestyle staff develop a monthly activities program using knowledge of residents’ preferences from the social histories, residents’ feedback, general discussions, and analysis of attendance records. The activities program which respects residents’ cultural and spiritual needs covers a wide variety of group, one on one and community activities. Activities include concerts, bus outings, games, movies, bingo and special events. The program is evaluated regularly to ensure the program continues to meet residents’ needs and preferences. Residents/representatives expressed satisfaction with the type and range of recreational activities provided to residents.
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 has systems to promote residents' individual interests, customs, beliefs and cultural needs. Residents’ language and specific religious and cultural practices are identified on entry to the home and care plans are created to foster these needs. The home has provisions for residents who do not speak English. All religious and other significant dates are celebrated including standard Easter and Christmas, Anzac day, Mother’s day and Father’s day. Church services for a variety of denominations are held in the home and a range of clergy also available to visit residents. Residents' birthdays are acknowledged and celebrated. Residents/representatives are satisfied with the support provided for residents’ cultural and spiritual needs.

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

The home has processes to acquire and record residents’ preferences in relation to their care, activities, and day to day routine. Residents and their representatives are consulted regarding residents' needs and preferences on entry to the home and on an ongoing basis. Mechanisms to support this include resident meetings, case conferences, feedback forms and discussions with registered nurse and management. Residents are provided with choices concerning their personal care regimes, waking and sleeping times, and choice of medical officer. Choices are also available regarding meals, personalisation of rooms and participation in activities. Residents/representatives are satisfied with their involvement in decision making processes and stated all staff at the home are very approachable.
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

Information is provided to explain care and services for new residents and/or their representative prior to entry to the home. A resident agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement.

Residents and representatives are advised to seek independent legal and/or financial advice prior to signing. A resident welcome pack is provided that contains relevant information including care and services provided. Residents and representatives are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.
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:

- Following a natural disaster in the local area it was identified that contractor contact lists were not included in the disaster manual. As a result the manual has been updated to include a current contractor list. Emergency kits have also been stocked with extra items such as spare batteries and water supplies. Management said the updated manual ensures staff have current and relevant information for disaster management.

- Following an incident where a staff member was injured in a fall, sensor lighting and reflector strips have been installed in the outside laundry area. Management said this has improved staff safety.

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 New South Wales Food Authority Licence to prepare and serve food to vulnerable populations.

- There is a staff work health and safety forum which ensures relevant work safety issues are raised.

- The home has a current annual fire safety statement.
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 this Standard are listed below:

- Fire safety
- Infection control
- Manual handling
- Emergency control – how to lead in the event of a disaster

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

The home is situated in park land by the lake and has extensive water views.

The main residential building is light and bright with furnished communal areas and smaller sitting areas. Residents are accommodated in single rooms with ensuite facilities. The home is comprised of five separate accommodation buildings. There is a preventative and reactive maintenance program in place, including recording of the warm water system temperatures and regular environmental inspection audits are undertaken. Residents are encouraged to personalise their rooms with items from their previous home and residents and representatives stated they are satisfied with their individual and communal living environment.

4.5 Occupational health and safety

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

Team’s findings

The home meets this expected outcome

The home has a range of work health and safety processes to monitor risk including hazard identification, audits and accident and incident monitoring. There is an active work health and safety (WHS) committee with representation from different staff groups. The committee has regular meetings and discusses all incidents, accidents and hazard alerts. Chemicals are
safely stored and safety data sheets are accessible to staff in areas where chemicals are in use. Hand washing basins and personal protective equipment are located throughout the home and easily accessible to staff. Identified risks are recorded in the maintenance request register, prioritised for repair and actioned in a timely manner. Staff have access to appropriate equipment which assists them to minimise the risk of workplace injury. Staff stated that management is responsive to staff feedback regarding WHS issues and reported that they feel safe working in the home.

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

Macquarie Shores Hostel has procedures for detecting and acting upon fire risk, breaches in security and other emergencies. Mechanisms include fire detectors, smoke doors, fire-fighting equipment and emergency protocols. Emergency procedures and evacuation maps with designated assembly points are prominently located around the home and all detection and fire management equipment is regularly maintained and checked. Emergency procedures are included in the staff orientation program and during annual mandatory education sessions. Resident evacuation information – including photographic identification and details of residents’ mobility status, emergency contacts, medical diagnosis and medication requirements – is regularly updated and kept in the treatment room. Security measures include evening lockup procedures, security patrols, surveillance cameras of the site’s external perimeter and keypads on external gates in the secure unit. Staff are aware of their role in dealing with an emergency and residents stated they feel safe living 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

There is an effective infection control program. The program is coordinated by the infection control team and includes processes to manage, prevent, minimise and monitor the risk of infection to staff and residents. Infection data is collected, evaluated and reported at clinical governance meetings, quality committee meetings, work health and safety meetings, and is discussed at staff meetings. Infection control and hand washing competencies are included in staff orientation. The team observed staff practices including the use of personal protective equipment, hand washing and colour coded equipment being used appropriately. There is a regular pest control program. An outbreak cupboard and good stocks of personal protective equipment are available and there is a resident and staff immunisation program. Staff demonstrated a good knowledge of the home’s infection control practices and outbreak management procedures.
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

Residents of Macquarie Shores Hostel and their representatives reported general satisfaction with the catering, cleaning and laundry services provided at the home. There are processes to identify residents’ dietary preferences and requirements on their arrival at the home on an ongoing basis. All meals are prepared fresh on site seven days a week by the home’s staff using a four week rotating menu. Special dietary requirements are catered for and residents can request alternative meal options. Cleaning services are undertaken by the home’s staff in accordance with scheduled routines and are monitored on a regular basis.

Residents’ personal clothing is laundered in the home’s external laundry with clothing being labelled to minimise any losses. The home monitors hospitality services and staff practises through regular audits, surveys, meetings and other feedback mechanisms.