Magnolia Manor Aged Care

RACS ID 0885
2 Pearce Road
KANWAL NSW 2259

Approved provider: Plateau View Aged Care Pty 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 25 November 2018.

We made our decision on 16 October 2015.

The audit was conducted on 08 September 2015 to 10 September 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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</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
</tr>
<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>
</tr>
<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>
</tr>
</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>
Audit Report

Magnolia Manor Aged Care 0885

Approved provider: Plateau View Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 08 September 2015 to 10 September 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 08 September 2015 to 10 September 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:</td>
<td>Annette Fitzpatrick</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>Plateau View Aged Care Pty Ltd</th>
</tr>
</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Magnolia Manor Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0885</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>128</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>115</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>69</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Dementia specific unit – 28</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>2 Pearce Road</td>
</tr>
<tr>
<td>City/Town:</td>
<td>KANWAL</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2259</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 4393 5888</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 4393 5145</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:gm@magnoliacare.com.au">gm@magnoliacare.com.au</a></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>Approved provider</td>
<td>1</td>
</tr>
<tr>
<td>Director of nursing</td>
<td>1</td>
</tr>
<tr>
<td>Deputy directors of nursing</td>
<td>2</td>
</tr>
<tr>
<td>Operations manager</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>5</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy aide</td>
<td>1</td>
</tr>
<tr>
<td>Infection control coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Administration officer</td>
<td>1</td>
</tr>
<tr>
<td>Speech therapist – external</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>21</td>
</tr>
<tr>
<td>Care staff</td>
<td>8</td>
</tr>
<tr>
<td>Medication nurses</td>
<td>8</td>
</tr>
<tr>
<td>Service delivery manager</td>
<td>1</td>
</tr>
<tr>
<td>Clinical assistant</td>
<td>1</td>
</tr>
<tr>
<td>Cleaning staff</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>1</td>
</tr>
<tr>
<td>Cooks</td>
<td>2</td>
</tr>
<tr>
<td>Catering staff</td>
<td>1</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</td>
<td>16</td>
</tr>
<tr>
<td>Wound charts</td>
<td>12</td>
</tr>
<tr>
<td>Blood glucose level charts</td>
<td>11</td>
</tr>
<tr>
<td>External provider agreements</td>
<td>2</td>
</tr>
<tr>
<td>Medication charts</td>
<td>23</td>
</tr>
<tr>
<td>Personnel files</td>
<td>6</td>
</tr>
<tr>
<td>Care recipient agreements</td>
<td>2</td>
</tr>
</tbody>
</table>

Other documents reviewed

The team also reviewed:

- Activity programs, session plans, attendance records, social profile, resource folders, newsletters, consent forms and meeting minutes
- Care recipient admission information including handbook, agreement, information brochures, and care recipient admission checklist
- Clinical and care assessment documentation including advanced care plans, behaviour charts, bowel charts, pain assessments, catheter management plans, clinical observation records, dietary forms, hospital discharge forms, baseline health ranges, oxygen therapy plans, cytotoxic precaution plans, diabetic profiles, medical and allied health referrals, incident forms
- Comments and complaints and feedback forms
- Education records including, education calendar, signed education attendance records, education resource information, competency assessments, education evaluations, compulsory education matrix and toolbox talk education attendance records
- Equipment orders and stock control documentation
- External services providers' agreements, orientation documentation and insurance certificates
- Fire safety system including fire safety equipment check records, fire alarm testing, environmental safety reports, care recipient evacuation lists
- Food safety program including NSW Food Authority audit results and licence, four week rotating menu, food and equipment temperature monitoring logs, kitchen and servery cleaning schedules, staff communication books, equipment cleaning schedules, dietary analysis forms, individual care recipient likes, dislikes, allergies and special requirements
• Human resource management including staff handbook, new employee orientation package and competencies, job descriptions, duty statements, master roster and working rosters, roster request for changes sheets, performance reviews, casual lists

• Incident and accident reports, hazard log, risk assessments

• Infection control system including infection control and outbreak procedures, infection control audit data, pest control monthly records, pathology reports, infection control committee meeting minutes, Department of health information, cleaning schedules

• Information management including, policies, procedures, flowcharts and manuals, minutes of meetings, handover reports, information notice boards, memoranda, communication diaries, care recipient handbook, newsletters, nurse call bell reports, intranet notices and self-assessment report for re-accreditation and associated documentation

• Laundry cleaning duty lists, communication diary, standard operating procedures, cleaning schedules

• Maintenance systems including: programmed preventative and routine maintenance schedules, maintenance requests, mixing valve temperature records, legionella testing reports, environmental inspection reports, equipment cleaning schedules

• Quality system including, audit schedule, results and reports, clinical indicators and monthly analysis reports, feedback brochures, strategic plan, organisational chart, continuous improvement log and audits, archiving and asset register

• Regulatory compliance including, police record check matrix, compulsory reporting log, elder abuse reporting guidelines, professional registrations, police certificate matrix and checklists, consolidated records, regulatory compliance audit data, government legislative alert documentation

• Work health and safety manual, safe workplace audit results, meeting minutes, hazard reports, risk assessments, corrective action sheets

Observations

The team observed the following:

• Activities in progress and associated resources

• Displayed notices including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, Charter of residents’ rights and responsibilities, and organisation’s mission statement as above

• Equipment in use and equipment storage

• Infection control including hand washing stations, hand cleaning disinfectant gel, infection control posters, spills kits, outbreak box, supplies of personal protective equipment, colour coded cleaning equipment in use, clean and dirty laundry areas

• Information notice boards for care recipients and for staff

• Living environments
• Locked toxic waste bin
• Manual handling and mobility equipment
• Meals in progress and displayed menu
• Medication administration and secure storage, emergency supplies
• Safety systems and equipment including: emergency plan, evacuation plans, evacuation kit, tagged fire safety equipment, clearly marked egress points, chemical storage, oxygen storage
• Secure care recipient file storage, password protected computers
• Short group observation
• Staff assisting care recipients with meal service, assistive meal devices in use
• Staff interactions with care recipients/representatives
• Wound trolley and single use equipment
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

Magnolia Manor Aged Care has an effective system for actively pursuing continuous improvement across all four Accreditation standards. The continuous quality improvement plan is updated monthly by management and reviewed at monthly management 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 care recipient feedback and surveys. Continued quality improvement is further supported by regular meetings of staff, care recipients and their representatives, committees, internal benchmarking, trend analysis and clinical indicators. All stakeholders are provided with feedback on improvement actions undertaken through meetings and monthly newsletters. Staff, care recipients and their representatives report they are encouraged to participate in the home’s continuous improvement activities.

Improvement initiatives implemented by the home over the last 12 months in relation to Accreditation Standard One - Management systems, staffing and organisational development include:

- Management identified legal documents signed by staff were not monitored effectively. As a result all legal documents signed by staff are now kept in one consolidated log. An electronic calendar has been developed to alert staff when documents need updating and this is monitored by administration staff. Management said this ensures all staff documentation is current and staff are given adequate notice of any forms which need to be re-submitted.

- Management identified staff and care recipients would benefit from education which provided a stronger focus on individual care. As a result, education is now delivered which focuses on individual care recipient clinical issues and interventions. Staff say they feel empowered to provide improved care for individual care recipients as they are now more aware of each person’s clinical needs and preferences, and the focus education has resulted in improved care.
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

Management has systems to ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management regularly receives regulatory compliance information from government departments and agencies as well as professional conferences and networks. Relevant changes in legislation and guidelines are communicated to staff through meetings, memoranda, noticeboards and education sessions. Management monitors compliance through observation of staff practices, performance appraisals, the audit program and feedback. Staff state they are satisfied with the information provided to them about legislation, regulatory requirements, professional standards and guidelines relevant to their work.

Examples of regulatory compliance relevant to Accreditation Standard One include:

- All staff employed at the home are required to have current criminal record checks in accordance with legislation. This includes students on work experience and external contractors visiting the home.

- Management ensures all care recipients, representatives and staff have access to internal and external comments and complaints mechanisms.

- Care recipients and their representatives were informed of the Re-accreditation site audit in accordance with current legislation.
1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has strategies to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Staff are encouraged to attend internal and external education programs which cover the four Accreditation Standards. An annual education training calendar is developed based on compulsory training requirements, staff development needs, legislative changes, audit results and analysis of clinical indicators. Staff are supported to attend certificate program education, and career development opportunities are supported. Training is offered externally as well as on-site in groups, one on one, the electronic aged care specific program, and tool box sessions. Staff attendance at education is monitored by the quality and education officer, and staff skills and knowledge are evaluated through senior staff observations, questionnaires, performance appraisals, audit and survey results and feedback. Staff report satisfaction with the flexibility of the education program. Care recipients express confidence in the experience and competency of staff.

Education and training attended in relation to Accreditation Standard One includes but is not limited to:

- Electronic documentation
- Three members of the management team attended a management conference on effective management of residential aged care homes.
- Quality education on the standards (QUEST)

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

Care recipients and their representatives advise they are aware of how to make a comment or complaint. Care recipients and their representatives are informed of complaint mechanisms when the care recipient moves into the home. Care recipient feedback on the services provided is encouraged and supported through informal discussions, meetings, surveys, brochures, newsletters and notices. The care recipient handbook includes information regarding the complaints mechanisms. Staff take action to address minor concerns care recipients or representatives report to them. Care recipients advise they know senior management and prefer to talk to them if they have any significant concerns or complaints. Management maintains a complaints register to ensure action is taken and feedback provided in a timely manner. This information is also monitored at the monthly quality meetings.
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, values and philosophy of care statements are displayed throughout the home, and documented in the home’s publications. The organisation’s commitment to quality is evident through its policies, procedures and other documents that guide the practices of management and staff.

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

Care recipients and their representatives confirm they are satisfied with the care and services provided to them and state there is sufficient staff to provide the services to meet their needs. Staff confirm they have time to undertake their duties during their rostered shifts. Management advise staffing levels are monitored and adjusted in response to informal feedback, staff meetings, clinical indicators, audit results and in response to care recipients’ specific care needs. Human resource policies and procedures draw upon the organisation’s philosophy and values to guide a program of staff recruitment, orientation, performance review and competency assessment. Documentation review and interviews confirm rosters take into account staff availability, skills and experience. Staff on leave are routinely replaced. Staff state they enjoy their work and expressed a commitment to the care recipients and the home.

1.7 Inventory and equipment

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

Team’s findings

The home meets this expected outcome

There are systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. There are processes for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and identifying replacement needs. New equipment is trialled for suitability and staff training is conducted. Staff, care recipients and their representatives said there are adequate supplies of goods and equipment available for use.
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

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home’s performance. Staff are informed through handbooks, position descriptions and duty lists and all staff have access to current policies and procedures and forms. Updated information for staff is available through handover, care documentation, communication books, memoranda, noticeboards and regular meetings. Key staff have access to electronic internal management systems and databases. A care recipient agreement and handbook inform care recipients and their representatives and updated information is provided through meetings, newsletters, noticeboards and verbal communication. Care recipients and their representatives interviewed state they feel they are kept informed and up to date. There are processes for confidential storage, electronic back up, archiving and destruction of documentation.

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 and processes to ensure external services are provided to meet care recipients’ care and service needs. Preferred external suppliers are managed at organisational and management level. The home monitors the effectiveness and quality of services provided through care recipient feedback, observation and consultation with relevant staff. Agreements and contracts include qualifications, insurance, criminal history checks and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of the service.

Changes are made when services do not meet expected requirements. Staff say they are satisfied with the services provided by external suppliers and processes to ensure services meet both the home’s and care recipients’ needs.
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 further information regarding the continuous improvement system which exists in the home. The home has made planned improvements in Accreditation Standard Two - Health and personal care which include:

- Management identified that two admission forms, one paper and one electronic, were being used for care recipient admissions. This often resulted in information being updated on one system and not the other. As a result the paper system has now been phased out and any changes and updates to care recipient details are entered on the electronic system by a member of the management team. This information is then passed on to relevant staff as needed. Management said this system has resulted in maintaining currency of care recipient details.

- It was identified that care recipient files were disorganised and staff often found it difficult to locate specific information. All care recipient files have been re-organised into indexed folders with a contents list in front of the folder. Staff said these changes have made it much easier to access care recipient information in a timely manner.
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

Management has systems in place to ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information regarding the home’s regulatory compliance system please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Two include:

- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- The home maintains a register of registered nurses and allied health professionals’ registrations and authorities to practice.
- There is a system to manage unexplained absence of care recipients in accordance with regulatory requirements.

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

The home has systems to ensure management and staff have appropriate knowledge and skills described in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Two. These include the following examples:

- Dysphagia and aspiration
- Complex medication and health care
- Continence
- Diabetes
2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Magnolia Manor Aged Care has a comprehensive system to assess, identify, monitor and evaluate care recipients’ individual care needs on their entry to the home and on an ongoing basis. Information obtained from care recipients and their representatives when care recipients enter the home, together with a range of focused assessments, is used to prepare individual care plans. The visiting medical officers regularly review care recipients and, when needed, care recipients are transferred to hospital for emergency treatment or to meet specific care needs. Staff training addresses issues relating to clinical care and, where appropriate, consultants are accessed to support staff and provide advice regarding specific care issues. The provision of care is monitored through audits, surveys, collection of clinical indicators and feedback mechanisms. The care recipients said they are pleased with the clinical care they 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

There is a system to identify and meet care recipients’ specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with care recipients and their representatives. There is a referral system to a range of allied health professionals and specialists to assist staff to manage care recipients’ complex and specialised needs. The home has registered nurses rostered over the 24 hour period, seven days a week. Staff training is provided to address care recipients’ specific care needs. Care recipients provided examples of their specialised care the registered nurses provide and said they are satisfied with the care they receive.

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

There is a system to ensure referrals to appropriate health specialists occur in accordance with care recipients’ needs and preferences. Referrals occur as the need requires, with transport provided by care recipient representatives or as arranged by the home.

Management also organises health and related service visits to the home including, but not limited to, a speech pathologist, the mental health team and podiatrist. A review of care recipients’ care plans, progress notes, assessments and other documentation identified care
recipients are referred to a range of health care specialists. Care recipients and their representatives said the referral system meets their 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.

Magnolia Manor Aged Care has a system to manage the ordering, storage, administration, recording and review of care recipient medications. Registered and medication nurses administer medications from a medication system supplied from the pharmacy. To ensure the medication nurses are competent in medication practice, they are required to complete medication competencies. The medication nurses are under the supervision of the registered nurse. Medications are stored in locked clinical rooms or the locked medication trolleys. We observed safe and correct medication administration and staff demonstrated an understanding of the home’s medication management system. Management audits the medication system and collects and analyses associated data as part of the home’s monthly clinical indicator reporting process. Care recipients said they are satisfied with the medication service they receive.

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.

There is a system to identify and manage care recipients’ pain and evaluate pain management strategies to ensure care recipients are as free as possible from pain. This includes initial and ongoing pain assessment using observation, discussion, and pain assessment forms. Care staff members are knowledgeable regarding their role in pain management, including the identification and reporting of pain. They said interventions for pain management include position change, exercise, massage, heat packs and pain relief medication. The care recipients said pain management provided by the staff appropriately meets their needs and pain relief can be accessed as required.

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.

There is a system to ensure the comfort and dignity of terminally ill care recipients is maintained. Opportunities to discuss advanced care plans and end of life wishes are provided on a care recipient’s entry to the home and at regular case conferences. The staff said this is to ensure care recipients’ physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. The management has access to the local palliative
care outreach team if needed. Care recipients are supported to remain in the home in the event of requiring palliation. Pastoral care support is available to support and counsel terminally ill care recipients and their representatives if required.

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

Magnolia Manor Aged Care has a system to provide care recipients with adequate nutrition and hydration through initial and ongoing assessment of care recipients’ dietary preferences and requirements. Care recipients have access to a dietician and speech therapist if needed. Care recipients are weighed monthly to monitor changes and significant weight loss is investigated. Additional nourishing fluids and dietary supplements are provided when a need is identified. The home provides care recipients with a choice at meal times and extra food is available for snacks and refreshments as needed. Care recipients gave positive feedback regarding the meals they receive.

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

There is a system for maintaining care recipients’ skin integrity including initial and ongoing assessments, care planning and regular evaluation. The management team monitors accidents and incidents, including wound infections, bruising and skin tears, and acts appropriately on trends identified. Wound care is provided under the direction of the registered nurses. Wound photographs and charts were noted to be completed appropriately. A podiatrist regularly visits and treats the care recipients. Care staff members are able to describe the process of identifying changes in skin integrity. Care recipients said they are satisfied with the skin care provided by the staff.
2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There is a system to monitor and manage care recipients’ bladder and bowel continence and constipation effectively. This includes assessment on entry to the home and on an ongoing basis, involving evaluation of management strategies. These strategies include scheduled toileting, prompting, continence aids and increased fluids and fibre. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff.

Urinary tract infections are recorded monthly as part of the clinical indicators and, where indicated, prophylactic long term antibiotic therapy has been ordered. Care recipients said the continence programs are satisfactory and the home has no malodour.

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

Magnolia Manor Aged Care has a system to assess and manage care recipients with challenging behaviours. The registered nurses complete initial and ongoing assessments of care recipient behaviours and this information is developed into a care plan. All episodes of challenging behaviour are recorded, monitored closely and evaluated. Observations show staff interventions are successful in redirecting and diverting care recipients’ attention with effect and the home was noted to be peaceful. The home has a 28 bed secure dementia unit. Specialist advice is available from a geriatrician and the mental health team when needed.

Care recipients and their representatives said the home is usually quiet and peaceful.

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

Systems at the home ensure optimum levels of mobility and dexterity are achieved for all care recipients. The systems include initial and ongoing assessment of care recipients’ mobility, dexterity and rehabilitation needs by the home’s physiotherapist and registered nurses. The staff complete mobility and dexterity programs including passive and active exercise programs during activities of daily living, group chair exercise, heat and massage therapy. An accident and incident reporting system includes analysis of incidents to identify trends and implementation of strategies to reduce falls. Care recipients said they are satisfied with the mobility program provided by the physiotherapist and staff members.
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

There is a system to ensure care recipients’ oral and dental health is maintained including initial and ongoing assessment of care recipients’ oral and dental care needs. Assessments occur through staff observation and referrals to dentists and/or specialists are arranged in line with care recipients’ needs and preferences. The day-to-day oral care is attended as per care recipients’ individual care plans, with care recipients being encouraged to brush their own teeth or dentures to maintain their independence. Care recipients said the oral and dental care provided by the staff meets their needs.

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

There is a system to ensure care recipients’ sensory losses are identified and managed effectively. The identification of any impairment includes assessments of vision, touch, taste and smell. A care plan is developed incorporating these needs and other specialists are involved as required, including audiology and optometry services. We observed examples of interventions used by the home to manage care recipients’ specific sensory loss. Care recipients said staff members assist them in maintenance of sensory aids including the cleaning of glasses, fitting of hearing aids and replacement of batteries. The activity program incorporates sensory stimulation such as massage, music, large print books, gardening and cooking.

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

There is a system to ensure care recipients are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements and sleep assessments. Strategies used to help care recipients sleep include offering of a warm drink or snacks, massage or position change, relaxing music, pain management and appropriate continence management. Other interventions include night sedation if ordered by a medical officer. Care recipients have a choice of when they retire and their preferred waking times are documented. Care recipients said the home’s environment is quiet at night and they are given individual care to help settle.
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

Please refer to outcome 1.1 Continuous improvement for further information including a description of the overall system of continuous improvement. The home is making planned improvements in Accreditation Standard Three – Care recipient lifestyle including the following examples:

- Staff identified the need for extra theme days for care recipients. Mini functions with cultural themes have now been developed. These functions involve care recipients from all areas of the home. Examples of the newly introduced functions are fashion shows, Italian day, and the biggest morning tea. Care recipients from a nearby home often join in these days. Care recipients and their representatives said the theme days are well attended and provide opportunities for socialisation.

- Staff found it difficult to access care recipient spiritual and religious preferences, as this information was kept by lifestyle staff and not easily accessible. As a result, an electronic religious denomination template has been developed. Information is automatically populated into the template from the social profile. This is printed monthly or when any changes are made, and kept in the lifestyle register for easy access by staff.
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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system please see expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Three include:

- All care recipients and their representatives receive a copy of the residential care agreement on care recipients’ entry to the home and this document provides information about their entitlements. The care recipient handbook also provides information on care recipients’ security of tenure.

- The Charter of residents’ rights and responsibilities is displayed throughout the home.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Please refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff has knowledge and skills relating to care recipient lifestyle.

Examples of education and staff development relating to Accreditation Standard Three include:

- Footspa for care recipients
- Death and dying
- Diploma Leisure and lifestyle
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

There is a system to ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. During their entry period, the new care recipient is provided with an orientation to the home and introduced to staff and other care recipients. During this initial period there is a comprehensive assessment of each care recipient’s social, cultural and spiritual support needs and an individual social profile is developed. Care recipients’ emotional needs are monitored and social profiles updated to ensure that each care recipient’s needs are met as their requirements change. The home has access to pastoral care support as needed to offer care recipients emotional support. Care recipients said they felt supported by the staff, both when they first entered the home and on an ongoing basis.

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 care recipient’s care service".

Team’s findings

The home meets this expected outcome

There is a system to ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of care recipients’ specific needs and preferences is undertaken on their entry to the home and on an ongoing basis to assist staff develop an individualised care plan. The leisure and lifestyle program includes daily exercise programs, walking groups and community outings. Staff members promote independence by encouraging care recipients to participate in their own activities of daily living whenever possible. Care recipients said they are satisfied with the way in which staff members encourage them to maintain their independence.

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

Care recipients’ right to privacy, dignity and confidentiality is recognised and respected. Information on care recipients’ rights and responsibilities is included in information given to the care recipient on entering the home and is also on display. Information about care recipients is securely stored. Staff members sign the home’s confidentiality statement to acknowledge their understanding of care recipients’ privacy and the confidentiality of care recipient information. The management team monitors care recipients’ privacy and dignity through feedback forms, audits and survey mechanisms. We observed staff respecting care recipients’ privacy by
knocking on doors before entering and care recipients said the staff care for them in a respectful and dignified manner.

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 at Magnolia Manor Aged Care are encouraged and supported to participate in a wide range of interests and activities of interest to them. Assessment of care recipients' specific needs, interests and preferences is performed on their entry to the home and on an ongoing basis. A social profile is completed, comprising group and individual activities, and the care recipient participation in activities is recorded daily. There is a range of activities offered including music therapy, craft, massage, cooking, gardening and community outings. Care recipients who choose to remain in their rooms are offered activities on a scheduled basis or as needed. Information obtained from surveys, meetings, informal and formal groups and individual discussions is also used to plan suitable group and individual activities. Care recipients said they are very satisfied with the leisure and lifestyle program staff members provide at 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

There is a system to ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of a care recipient's specific needs, customs, and beliefs is performed on their entry to the home and on an ongoing basis. Care recipients are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held at the home by ministers of different denominations. The home has access to pastoral care support as needed. Care recipients said they are encouraged and supported to continue with their own interests, customs, beliefs, and their ethnic backgrounds are valued and fostered.

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

There is a system to ensure 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. Care recipients are kept informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys, feedback mechanisms and in meetings. Care recipients are provided with choices involving their financial management, personal/clinical care, cultural and spiritual choices and living environment. Care recipients said and reviewed documentation showed the home supports care recipients in maintaining their right to make their own lifestyle choices and decisions.

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 care recipients and/or their representative prior to entry to the home. A care recipient agreement is offered to each care recipient and/or representative to formalise occupancy arrangements. The agreement includes information for care recipients about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients and/or their representatives are advised to seek independent legal and/or financial advice prior to signing. A care recipient handbook is provided that contains relevant information on services provided in the home.

Care recipients and their 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 further information including a description of the overall system of continuous improvement. The home made planned improvements relating to Accreditation Standard Four Physical environment and safe systems.

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

- Following a major weather event, a review of evacuation procedures was held. Management identified there were multiple evacuation kits throughout the home. This has been streamlined and there is now one evacuation kit kept in the main fire panel. The kit contains individual information for all care recipients, including a mini care plan, with each care recipient’s special care needs, mobility status and contact numbers. This information is updated by administration staff following changes or new admissions. Management said the new kit is easier for staff to collect and ensures current information on each care recipient is available in case of an emergency.

- A maintenance inspection identified uneven surfaces which posed potential falls risks for care recipients accessing the internal courtyards of the home. As a result, the grass surfaces have been made level with concrete paths and artificial grass has been laid. The area is now level and safer for care recipients to use.
4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has effective systems in place to monitor and identify compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation standards. For further information please refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Four include:

- To ensure compliance with manual handling legislative requirements all staff undertake annual manual handling education.
- The home maintains a current fire safety certificate
- Safety data sheets (SDS) are provided adjacent to the chemicals used in the home
- The home has a food safety program

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

The home has systems to ensure management and staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified the home identifies and implements a range of educational measures relevant to Accreditation standard Four. These include but are not limited to the following examples:

- Mandatory training includes fire safety and evacuation procedures, work health and safety, infection control and manual handling.
- Chemical safety and awareness
- Food handling
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

Magnolia Manor Aged Care provides a living environment that is safe, comfortable and consistent with care recipients’ care needs. The home has single and shared rooms with ensuites. There are large comfortable internal courtyards and the home is modern, with large, light filled common areas, and is well maintained. Care recipients are encouraged to personalise their rooms as much as possible. Maintenance of the environment occurs by the use of a preventative and routine maintenance program. The home conducts regular environmental inspections and accident and incident data is analysed to monitor the safety of care recipients. Care recipients and their representatives are satisfied with the 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

Management demonstrates they are actively working to provide a safe working environment that meets regulatory requirements. Work health and safety is a standing agenda item for all management and staff meetings. There is a fire safety officer on call at all times.

Accident/incident data, hazards and risk assessments are monitored by the management team. All new equipment is assessed for safety before purchase and staff are trained in the operation of new equipment. Work health and safety forms part of the orientation process and staff said they are aware of the home’s policy and procedures and feel they work in a safe environment.

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

There are systems to ensure the provision of a safe environment that minimises fire, security and emergency risks. Fire safety and emergency response is covered in the staff orientation program, and is included in annual mandatory training. Fire detection and fire fighting equipment is inspected regularly by a fire safety contractor. All visitors and contractors are required to sign in and out so staff are aware of who is in the building in the event of an emergency. There are procedures for automatic locking of the building after hours with access to the home only after identification by designated night staff. The home has evacuation
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 overseen by a designated infection control coordinator, and there are processes to manage, prevent, minimise and monitor the risk of infection to staff and care recipients. Infection data is collected, evaluated and reported at management and 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. Outbreak supplies and good stocks of personal protective equipment are available and there is a care recipient 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

The home has hospitality services to enhance care recipients’ quality of life and the staff’s working environment. Food is cooked fresh on site and the catering services accommodate care recipients’ personal preferences. Care recipients are offered a choice of meal selections and alternatives are offered. Observation confirms comfortable and aesthetically pleasing dining areas and care recipients being assisted with all aspects of their meal. Care recipients and their representatives are satisfied with the meal services provided. Comprehensive cleaning schedules direct the cleaning process for all areas of the home. Cleaning staff ensure correct infection control practices are implemented at all times. Care recipients report the home is always fresh, clean and tidy and they are satisfied with the cleaning services provided. Laundry services are provided onsite. The laundry has separate clean and dirty areas and all washing machines have automated programs and separate contaminated bags are used for infectious materials. Laundry staff maintain a heat labelling system of to minimise lost items of clothing. Staff state and care recipients confirm, washing is usually returned to care recipients on the same day. Care recipients expressed satisfaction with the laundering services provided and the manner in which clothing is returned.