



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Abbey House Aged Care RACS ID: 2610

Approved Provider: Thompson Health Care Pty Ltd

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 13 October 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 31 March 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 11 May 2015 to 11 January 2019.

Reason for decision

Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from

13 October 2017

Accreditation expiry date

11 January 2019



Australian Government

Australian Aged Care Quality Agency

The Abbey Nursing Home

RACS ID 2610

300 Range Road

MITTAGONG NSW 2575

Approved provider: Thompson Health 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 11 May 2018.

We made our decision on 31 March 2015.

The audit was conducted on 24 February 2015 to 25 February 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

The Abbey Nursing Home 2610

Approved provider: Thompson Health Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 24 February 2015 to 25 February 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 February 2015 to 25 February 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Carol Lowe
Team member/s:	Glenda O'Halloran

Approved provider details

Approved provider:	Thompson Health Care Pty Ltd
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Details of home

Name of home:	The Abbey Nursing Home
RACS ID:	2610

Total number of allocated places:	78
Number of care recipients during audit:	69
Number of care recipients receiving high care during audit:	54
Special needs catered for:	

Street/PO Box:	300 Range Road	State:	NSW
City/Town:	MITTAGONG	Postcode:	2575
Phone number:	02 4871 1085	Facsimile:	02 4872 4093
E-mail address:	theabbey@thc.net.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing/Manager	1	Residents/Representatives	11
Deputy Director of Nursing	1	Educator/Quality Manager	1
Registered Nurses	2	Property Manager	1
Clinical Nurse Specialist	1	Information Technology Coordinator	1
Chef	1	Maintenance Supervisor	1
Nursing Assistants including Enrolled Nurses	5	General Service Officers (cleaning, catering and laundry)	6
Administration Officer	1	Educator	1
Aromatherapy Staff	2	Education and Quality Coordinator	1
Human Resource Manager	1	Hospitality and Customer Service Coordinator	1
Physiotherapists	2	Recreational Activities Officers	2
Chemical Company Representative	1		

Sampled documents

	Number		Number
Education folders	2	Commercial benchmarking audit folders	3
Feedback and suggestions folder	2	Personnel files	4
Residents' clinical files	8	Medication charts	6
Summary care plans	8	Wound charts	3
Behaviour charts	2	Self-medication authorisation by medical officer	1

Other documents reviewed

The team also reviewed:

- Activity diary and weekly activity calendar
- Aged care channel education folder
- Calendar for religious services
- Care services procedures manual
- Catering information including: menu, dietary preference information, temperature monitoring for the delivery, storage, preparation and serving of meals and kitchen cleaning records
- Cleaning folder including program for the routine cleaning of the site
- Clinical monitoring data folder-incidents, falls, skin tears, wounds, medications, infections and behaviours
- Comments and complaints folder
- Committee meeting calendar
- Continuous improvement including: plans for continuous improvement, audit schedule and audit results
- Doctors communication folder
- Elder abuse flow chart
- Emergency evacuation management plan folder
- Happy visits folder
- Infection prevention and control manual and infection control flipchart
- Information systems including: meeting minutes, memos, information retained on computer system including organisational policies and procedures
- List of activities and preferences - profile of residents
- Maintenance folders including: planned preventative maintenance system, legionella testing reports, warm water testing temperature records and maintenance system on computer
- Medication folders including schedule 8 register
- Monitoring logs for medication refrigerator
- Organisational chart
- Outbreak folder
- Regulatory information including: police checks, visa information, registration information for registered nurses and enrolled nurses, mandatory reporting register, annual fire safety statement, fire detection system logbook and NSW Food Authority licence
- Resident information pack including resident agreement and handbook
- Residents' appointment folder
- Self-assessment report for re-accreditation
- Service providers contracts folder
- Special project summary: introduction to the on-site dental clinic
- Special project summary: to reduce the use of antipsychotic medications in residential care by using a person-centred approach

- Staff handbook
- Staff roster and allocation sheet
- Wandering resident flowchart
- Weekly handover folder
- Workplace, health and safety (WH&S) information including: environmental audits folder, chemical safety education program, hazard and risk assessment folder and incident reports

Observations

The team observed the following:

- Activities in progress
- Aromatherapy supplies
- Communication boards locate in treatment rooms
- Equipment and supply storage areas including clinical and medication
- Inspection tags in fire extinguishers and fire blankets, exit signs, emergency evacuation plans, colour coded emergency procedure flip charts by telephones, evacuation trolley with emergency supplies, identification tags and emergency information
- Interactions between staff and residents including short observation of group activity
- Living environment including internal and external areas and the building works currently underway
- Notice displayed advising of the reaccreditation site audit
- Outbreak kit
- Photo albums of residents and visitors participating in activities and theme days.
- Secure storage of medications including nurse initiated medication tray and schedule 8 medications
- Secure storage of resident information

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

The Abbey (the home) utilises a series of internal audits and surveys as well as participating in a commercial benchmarking audit program, to assess the quality of service delivery. The benchmarking audit results are monitored at the home as well as at an organisational level. Audit results are discussed at key meetings and any issues arising from the audits are added to a plan for continuous improvement. The home conducts an annual strengths, weaknesses, opportunities and threats (SWOT) analysis with staff to identify projects for future action. Ideas for improvements are also sourced from staff or residents and their representatives through suggestions raised at various meetings, through discussions at care conferences or via comments and complaints. Staff, residents and resident representatives advised the director of nursing/manager and deputy director of nursing are very approachable. Improvements relating to Standard One include the following:

- In August/September 2014 the need for improved communication amongst staff was identified. A new committee structure was established. As part of that process a concise agenda was created to ensure all relevant topics and issues are discussed at the appropriate committee meeting. The director of nursing/manager advised there has been improved communication across the home as a result of these changes. There has also been improved attendance at these meetings as well as positive verbal feedback from staff themselves.
- To improve staff morale and unity the home formed a joint working party with staff from across the home to create a themed Christmas party for residents in December 2014. Staff worked together to organise and present an "Old English" styled party. Pictures were taken for the local newspaper and a computerised slide show created from the various photographs taken during the event. Positive feedback was received from residents and their representatives about the party. The director of nursing/manager advised they had noted improved levels of harmony after the party.
- The home has sponsored the South Highlands Youth Arts Council. As part of this sponsorship representatives from the council periodically attend the home to present concerts to residents. The director of nursing/manager advised they are currently planning an event with the arts council to celebrate the official opening of the home. The concert is to have a Celtic theme. The sponsorship program has also brought benefits for staff members. In January 2015 approximately 16 staff members were offered discount tickets to attend an opera concert in Berrima Gaol on 25 January 2015.
- In September/October 2014 the home undertook changes to the rostering system to give staff greater ownership of the system. The home has introduced self-rostering with staff responsible for finding a replacement if they wish to swap shifts. This is aimed at providing an improved balance between work and family commitments. Staff members are also allocated specific residents to care for which provides for a greater sense of responsibility. The director of nursing/manager advised there had been improved

feedback from staff members about the staffing allocations. The director of nursing/manager advised they have also been working on the projected staffing increases which will be required when the building work is completed on the new section of the home. This will ensure that as new residents enter the home the staffing levels will match.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify changes to legislation and regulations. These are provided through information received from head office as well as information updates from industry groups, peak bodies and various State and Australian government departments. The organisation’s policies and procedures are reviewed with feedback from the various homes within the group. These policies and procedures are then updated and placed on the organisations intranet website. This enables staff across the organisation to access current and updated information. Information is then disseminated to homes within the group as well as staff through discussions at various meetings, memos, emails and education programs if required.

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 a system to ensure staff members have appropriate knowledge and skills to perform their roles effectively. The educator develops a training program which incorporates the compulsory education topics as well as utilising the education programs from various external companies. Suggestions for the education program are gathered through a training needs analysis as well as through staff appraisal, issues arising from audits, as well as observation of staff work practices. Completion of the organisation’s mandatory education program is monitored to ensure staff complete the required sessions. Letters are sent to staff to remind them of attendance requirements. Various courses being run internally or externally are advertised in the staff room. Education sessions relevant to Accreditation Standard One include: Frontline management course, transitioning to an extra service environment, Quest session on continuous improvement, dealing with complaints as well as discussions with new staff through the orientation program on the organisational topics such as the philosophy of care.

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

The home has systems to ensure residents and their representatives have access to internal and external complaint resolution mechanisms. This includes displaying information about the external avenues at the main entrance and in various other locations around the home. Information on raising complaints and advocacy services is contained within the residents' agreement and resident handbook. These documents are provided to residents and their representatives as part of the entry process to the home. The home also conducts care management discussions at which residents and their representatives are able to discuss any concerns. The director of nursing/manager and deputy director of nursing advised they maintain an "open door" approach and are available for any discussions. A review of the complaints system indicates issues raised have been attended to by the director of nursing/manager. Residents, representatives and staff said they felt able to speak directly to the director or deputy director of nursing if they had any concerns.

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 mission, vision and values are presented to residents, their representatives and to staff through key documentation such as the resident information package and staff recruitment package. This information is given to all residents and their representatives on entry to the home and staff at the commencement of employment. The organisation's mission, vision and values are also discussed with new staff members as part of the corporate orientation process.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has a system to ensure there are sufficient appropriately skilled and qualified staff members. The director of nursing/manager advised that currently residents' acuity levels as well as changes in resident care needs are used as key indicators in identifying the staffing level needs in the home. The director of nursing/manager advised that there has been planning for future staffing increases as the home increases in size at the end of 2015. The director of nursing/manager advised they have the flexibility to increase staffing levels to meet any changes in a resident's care needs which might require closer supervision or assistance. The home ensures all relevant checks such as police and visa checks are undertaken before the new staff member commences duty. New staff members are partnered with experienced staff as part of the orientation process. Staff said that absences through sick or holiday leave were replaced. Residents and their representatives expressed

their satisfaction with the care provided by the staff and spoke highly of the caring nature of the 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 systems to ensure there are adequate supplies of goods and equipment. Staff members said there are sufficient supplies of equipment and goods to provide care and services to the residents. The director of nursing/manager, administration officer and chef advised the home has systems to manage the regular ordering of supplies and ensure adequate supplies are available. Discussions are held regarding staff requests for equipment. Equipment is trialled at the home to ensure staff are satisfied that the item is suitable and can be safely operated. The director of nursing/manager, property manager, maintenance supervisor and chef advised the home has access to a range of suppliers for services and equipment.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

Information is disseminated to staff through a variety of avenues including a messaging system through the computerised care system, information displayed on notice boards, memos and discussions at meetings. Information is relayed to residents and their representatives through information on various noticeboards, resident meetings, care conferences, telephone calls or emails. Documentation no longer required is archived initially on-site for a prescribed time period. This enables files to be retrieved as needed. Secure bins are used on-site to hold waste documents which require secure destruction. An external organisation is contacted to remove these bins and provide secure destruction of documents as needed. Information retained on the computer system is routinely backed-up on external servers which are maintained by specialist staff. Access to the home's computers and data within the system is secured via password. Documents and forms used by the organisation are maintained on the intranet with only authorised staff able to make changes.

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 organisation and home have systems to ensure any externally provided services and goods meet specific requirements. Contracts or service agreements are managed at either the home or for major contracts by head office. Copies of licences, relevant registrations and insurance documentation are obtained on a routine basis. The performance of companies, suppliers and tradespersons is monitored and poor service delivery is discussed with the company or tradesperson concerned. This may include action being taken to terminate

agreements if improvements are not forthcoming. Staff members advised that equipment or goods supplied are good quality. Management and staff are satisfied with the arrangements in place with external service providers.

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 regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- The home has introduced a falls prevention program. A weekly class is held which is aimed at providing residents with a program of strength exercises. The director of nursing/manager advised numerous residents participate in the program. Fall rates are being monitored as part of the routine clinical indicators. The director of nursing/manager advised there had been some reductions in individual fall rates for some of the residents. Positive feedback had been received from residents participating in the program.
- The home purchased clinical equipment to provide improved clinical monitoring (pulse oximeter) and care in the event of a medical emergency (resuscitation bag). The pulse oximeter enables staff to take vital signs such as oxygen saturation levels and heart rates and provide doctors with more accurate information on which to make a clinical decision over the telephone. The resuscitation bags have been provided on each level of the home and will provide emergency aid in the event of a resident collapsing.
- The home has purchased digital recorders to assist with the sharing of clinical information across the various shifts. The director of nursing/manager advised the home had identified a problem with handovers between some of the shifts. The digital recorders will enable the registered nurse on each shift to provide verbal notes to other shifts which can be listened to whenever the need arises rather than just at the changeover of each shift. Education is currently being progressively given to key staff members to ensure they are confident in using the equipment.

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 information regarding the system to ensure the home complies with legislation and regulations relevant to residents' health and personal care. This includes ensuring the registrations of the registered nurses and enrolled nurses are current. The home also has access to the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify current registrations if required.

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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions conducted include: dementia dynamics, halting the use of anti-psychotic medications, wound care, palliative care, continence, medication management and the certificate III and IV courses in aged care.

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 and processes to ensure residents receive appropriate clinical care. Residents’ clinical care needs are identified following comprehensive physical and cognitive assessments. Individual care plans are developed in consultation with the residents, their representatives, registered nurses, other staff and doctors. Care plans are reviewed three monthly and following changes in the residents’ health care needs. Care conferences are offered every twelve months or more frequently when necessary. Clinical care is supervised by registered nurses twenty four hours a day. Residents’ clinical incidents are monitored and collated on a monthly basis and includes falls, skin tears, wounds, infections and aggression. Doctors visit the home regularly, when required and there is an after-hours service available. Staff interviewed confirmed they have appropriate skills and knowledge to meet the clinical care needs of residents. Residents and their representatives expressed satisfaction with the clinical care provided by the home with many stating the care is excellent.

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

The home has effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. Interviews with staff and review of documentation confirmed that registered nurses provide and supervise specialised nursing care. This includes residents with complex co-morbidities, wound care, pain management, palliative care, indwelling and supra pubic catheters, diabetes, oxygen therapy and enteral feeding. The home has a clinical nurse specialist who will access further assistance and advice from community health services if required. Residents and their representatives expressed satisfaction with the residents’ specialised nursing care provided by the home.

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

The home has systems to ensure residents have access to appropriate health specialists based on their individual care needs and preferences. Interviews with management, staff and review of residents' clinical documentation confirmed residents have access and are referred to a wide range of health professionals and services when required. Services include referral to medical specialists, physiotherapy, podiatry, pathology, dental, speech therapy, optometry and nutrition. Residents and their representatives expressed satisfaction with the residents' access to health care specialists and how changes are implemented to meet 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

There is an effective medication management system to ensure medication is managed safely and correctly. Registered nurses and enrolled nurses administer medications to residents and described how the system works. All residents' medication charts include a photograph identifying the resident, date of birth, known allergies, room number and information relating to how their medication is administered. Medication incidents are identified and followed up through the home's clinical incident monitoring system. Medications are charted and reviewed by the resident's doctor every three months. There is a process for effective communication between the home, doctors and pharmacy when there are changes to residents' medication regimes. Residents and their representatives confirmed they are satisfied with the management of residents' medications.

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 free as possible from pain. All residents have pain assessments and management plans implemented on entry to the home and are regularly reviewed. Pain management is developed in conjunction with the resident's doctor and the multidisciplinary care team that includes the physiotherapy, aromatherapy and diversional therapy. Interviews with staff and review of documentation confirmed that strategies to reduce residents' pain include regular and when necessary medications, therapeutic massage, repositioning and the use of hot and cold packs. Residents are encouraged to participate in programs that include group and individual gentle exercises, diversional activities, meditation and relaxation activities. The home provides comfortable chairs and pressure relieving mattresses. Residents and their representatives confirmed they are satisfied with the management of residents' pain and that staff respond appropriately to requests for residents' pain control.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure all residents’ palliative care and comfort is managed effectively and sensitively in consultation with residents, their representatives and doctors. Management described how residents and representatives are encouraged to participate in discussions relating to end of life care and completing an advanced care directive including special wishes for final stage of life. The home has access to the community palliative care team when necessary. Registered nurses assisted by care staff and the aromatherapy team ensure all nursing care and comfort needs of residents are addressed. Staff interviewed expressed sensitivity and understanding in providing physical and emotional support during this time. Spiritual support is available through the local clergy. All residents and their representatives advised that staff are sensitive and supportive in meeting the needs of frail residents and their families.

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

The home has systems to identify and assess residents’ dietary needs and preferences on entry to the home and on an ongoing basis. Residents’ weights are monitored monthly and there is an alert system to identify significant weight gain or losses with protocols for staff to follow. Residents’ nutrition and hydration status are assessed and individual needs including swallowing difficulties, food allergies, sensory loss, special diets and individual preferences are identified and included in the resident’s care plan. Referral to allied health services such as speech pathologist and dietician occurs when required. Residents choose from the rotational seasonal menu that has been reviewed by a dietician. Observation confirmed staff are available to ensure residents receive appropriate assistance during meal and refreshment times. The home offers a range of nutrition supplements to meet individual needs of frail residents. Residents and their representatives confirmed they are satisfied with the meals and refreshments offered to residents.

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 skin integrity of residents is assessed on entry to the home and on a regular basis. Staff interviews and review of documentation confirmed assessments and care planning is conducted on entry to the home and on a regular ongoing basis. Care staff reports to the registered nurses any alterations to the resident’s skin integrity and this is followed up and monitored through the clinical reporting system that includes incidents, skin tears, wounds, infections and pressure ulcers. Strategies to maintain and improve skin integrity include appropriate and timely assistance with personal hygiene, toileting and use of continence aids, application of emollient creams, regular repositioning, use of limb protectors and use of

special pressure relieving devices. To ensure consistency and continuity, wound care is overseen by the clinical nurse specialist who supervises the wound care nurse who is either a registered nurse or an enrolled nurse. Consultation with external wound care specialists is arranged for complex wound management when necessary. Residents and their representatives confirmed they are satisfied with the management of residents' skin integrity and wound care.

2.12 Contenance 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 identify and manage residents' continence needs on entry to the home and on an ongoing basis. Interviews with staff and review of residents' documentation confirmed that continence management strategies are developed for each resident and care plans are reviewed regularly and evaluated for effectiveness. Staff are supervised by the registered nurses who ensure residents have timely assessments, individualised toileting programs, assistance with continence aids and personal hygiene, appropriate catheter care and bowel monitoring. Monitoring of bowels and strategies to manage and prevent constipation through special diets, appropriate fluid intake and use of aperients are also undertaken. Staff were observed to be considerate of residents' privacy and dignity in relation to continence needs. Residents and their representatives confirmed they are satisfied with the assistance provided by staff in managing continence.

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. This includes initial and ongoing assessments of residents' behavioural needs including identification of triggers and development of care plans to address residents' specific needs. Behaviour related incidents are recorded, reported and addressed in a timely manner. All staff interviewed demonstrated a good understanding of the special needs of residents with challenging behaviours and the need for flexibility when caring for them. This was observed during the visit. Strategies include staff having varying and flexible routines based on the residents' habits particularly rising and retiring times, appropriate pain management, provision of a varied and flexible activity program, regular toileting, distraction, provision of snacks and maintaining a calm environment. Residents are managed by their doctors and can be referred to the older people mental health service and psycho-geriatricians when required. Management advised the home is 'restraint free' and they are currently enrolled in a large collaborative research project. The aim of the project is to reduce the use of anti-psychotic medications in residential care by using a person-centred approach. Residents and their representatives interviewed are satisfied with how residents with challenging behaviours are managed at the home.

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

All residents’ mobility, dexterity and manual handling needs are assessed by the physiotherapist on entry to the home using comprehensive assessments that direct the development of mobility and dexterity care plans. Nursing staff follow the physiotherapy programs by assisting residents or encouraging residents to participate in the individualised programs. The physiotherapist attends the home twice weekly and also runs a weekly exercise class. There are regular walking programs and exercise activities coordinated by the recreational activities staff and there is a regular massage program available for residents to promote flexibility and dexterity. The physiotherapist evaluates physiotherapy interventions regularly and reviews all residents who have falls, near misses or if there is a decline in the residents’ health. Falls prevention programs include the review of footwear, provision of protective devices and change in mobility aids. Staff are trained in manual handling and the use of assistive devices such as mobility frames, walking support belts and mechanical lifters. Residents and their representatives advised they are satisfied with the efforts made by all staff to assist residents in maintaining mobility and dexterity.

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 is maintained. A review of residents’ clinical documentation and staff interviews confirmed residents’ oral hygiene is assessed and documented in care plans. Provision of oral hygiene and dental care is part of the resident’s individual personal hygiene attended to mornings and evenings. Residents’ preferences for dental care are recorded and dental appointments are arranged in accordance with their needs and preferences. Residents may attend dental practitioners in the community. The home has recently arranged an on-site dental clinic from a local dental practice that includes a dental practitioner, dental nurse and hygienist. A denture technician is also available when required. Residents and their representatives advised they are satisfied with the oral and dental care provided by the home and staff.

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

Interviews with staff and review of documentation confirmed that sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure the residents’ care needs are managed effectively. Referrals are made to allied health that includes optometry, hearing and speech pathology. Residents are assisted and encouraged to wear their glasses and prompted and assisted in using their hearing aids effectively. The living environment is well lit, spacious with rooms and corridors free from clutter. The home has activities to assist and stimulate the residents’ sensory deficits. This includes painting, massage, bingo, aromatherapy, pet therapy, singing and music. All residents interviewed

stated that staff are attentive to their individual needs and are satisfied with the assistance they receive.

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 assess, monitor and evaluate sleeping patterns to assist residents to achieve natural sleep. A review of documentation and interviews with staff confirmed that on entry to the home residents’ sleep patterns are assessed, strategies are planned and implemented. Staff provide a quiet secure environment with flexible rising and settling times for residents. Residents are encouraged to settle quietly in their rooms at night. Strategies to assist residents to resettle may include prompting and providing assistance with toileting and continence aids, reassurance and the offering of snacks and drinks when required.

Residents are encouraged to participate in daily activities and exercise programs. Residents who experience sleep disturbances are assessed for pain and discomfort in consultation with their doctors. Residents and their representatives reported they are satisfied with how sleep is managed for residents in the home.

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 regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include the following:

- The computerised care documentation system has been upgraded. This enables lifestyle information gathered when a resident enters the home to be automatically added to the resident’s care plan. This will ensure that care staff are made aware of the social aspects of the resident’s life as well as their clinical needs.
- The home has been undertaking customer service education with all staff at the home to improve service delivery across all areas. Changes have been made to the meal service to improve the dining experience. A consultant has been providing education as well as undertaking surveys and dining audits. Residents are now being asked on the day which meals they would like at the midday meal. This has proved to be so successful that the home has trialled this system for the evening meal on various dates to ascertain how it can be implemented
- As a result of an external education session in November 2014 the home introduced some small group activities which include reminiscing. The groups give residents the opportunity to talk about different things of interest to them and aids in residents’ socialising. The director of nursing/manager advised that observation of residents participating in the program indicated they were enjoying the program.

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 information regarding the home’s system to ensure compliance with legislation and regulations relevant to residents’ lifestyle. The home maintains relevant registers such as a mandatory reporting register. The organisation manages the residential care agreement to ensure the home and new resident representatives are provided with the most up to date version. Financial information such as the annual prudential statement is provided directly to residents or their representatives from the organisation’s head office. Information on changes to fees is routinely provided to residents and their representatives as changes to the aged pension occur.

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 details of the home's systems for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively. Education conducted included: mandatory reporting, certificate IV in leisure and health, sexuality and resident rights, the use of aromatherapy, customer service as well as training days specifically for the recreational activities staff.

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

The home has effective systems to ensure that all residents receive initial and ongoing emotional support following the move into the home. This was observed and confirmed during a review of documentation and staff interviews. Information is gathered from each resident and their representative by obtaining information about the resident's family background, past and current interests and personal preferences for lifestyle activities. This information is used to assist residents in settling into the home and to support ongoing care planning and addressing emotional needs. New residents are welcomed and orientated into the home and introduced to residents, staff and volunteers. Residents are encouraged to personalise their room and visitors are encouraged to visit the home often. Residents and their representatives advised that staff are very caring and sensitive to residents' needs and expressed their satisfaction with the ongoing support they receive.

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

The home encourages residents to participate in the life of the community by supporting residents to take part in activities and events provided by the home and those located in the community. There is a range of individual and general strategies implemented and encouraged to promote independence within the residents' capability through exercise and the activities programs. The home provides support and assistance for residents to attend activities in the community that includes bus trips, shopping, local theatre and visiting local areas of interest. Residents are assisted to maintain their civic duties by voting in community elections. Residents who wish to and are deemed competent by their doctors may self-medicate their medications. Community groups, school groups, volunteers and entertainers are encouraged to visit the home regularly to provide interaction and enhance the lives of residents. Observation of staff practice and staff interviews, review of documentation and interviews with residents and their representatives confirms that residents are actively encouraged to maintain independence and friendships.

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 has systems to ensure that each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents' information is stored securely and staff handovers are discussed in private. Residents and or their representatives are asked to sign consent forms to distinguish different aspects of living in the home that may impose on their right to privacy and confidentiality. Staff sign confidentiality agreements that outline their responsibilities in maintaining the resident's right to privacy and being treated with dignity. Staff interviewed and observation confirmed that staff practices enhance residents' privacy that includes knocking on doors and addressing residents by their preferred name. All residents and their representatives advised that residents' right to privacy and dignity is respected by staff.

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 home has systems to encourage and support residents to participate in a range of interests and activities. Residents' specific needs, interests and preferences are assessed through lifestyle assessments and recording their life history on moving into the home. This information is used to create individualised social and recreational care plans that are reviewed and up dated regularly. Ongoing evaluation of the activities program ensures group and individual programs are provided to residents that are appropriate and reflect changes in the residents' needs and participation. Input into the activity calendar is generated from residents' interests, individual requests, residents' meetings and staff input. Recreation activity officers are on duty seven days per week. There is a focus on activities suitable for residents' interests and capabilities with programs aimed to encourage independence and choice. Staff also remind and encourage residents about the day's activities and residents can choose whether or not to participate. Residents requiring one-to-one therapy receive individual room visits that may include hand massages, general conversation and music therapy. Activities include bus outings, picnics, visits to a hardware store, exercise groups, concerts, bingo, brain teasers and celebration of specials events and theme days. Residents and their representatives confirmed they are satisfied with the activities and interactions provided by staff, visitors and volunteers.

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 is able to demonstrate that they have systems to identify individual resident's interests, customs, beliefs, cultural and spiritual needs and ensure that these are valued and fostered. Review of documentation and interviews with staff confirmed that the home has

connections with local churches and community service groups. Regular church services are offered to residents from visiting clergy and referrals to specific chaplaincy can be arranged according to individual needs. The home celebrates days of cultural and religious significance that include Australia Day, ANZAC Day, Melbourne Cup, St Patrick's Day, Easter, Christmas and residents' birthdays. Invitations are sent to residents' families to encourage participation in the activities and social functions. Residents and their representatives confirmed they are satisfied with the support provided by the home to enable residents to maintain their cultural and spiritual lives.

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 systems to ensure residents are supported to exercise choice and make decisions that affect them while living in the home. Residents can choose or decline to participate in the activities at the home while staff described their flexibility in meeting the daily needs of residents. Residents advised they are encouraged to participate in decisions about their care and services required to meet their individual needs. Representatives are consulted and involved when necessary. Processes include one-to-one interviews, care conferences, discussions with staff and management, attending meetings, complaints and feedback mechanisms.

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

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. The director of nursing/manager or administration officer is available to discuss relevant information about accommodation, fees, care and services prior to a move into the home either on respite or as a permanent resident. All residents and their representatives are offered a residential agreement and information package which outlines care and services, rights and complaints resolution processes. The director of nursing/manager advised that any room changes within the home are discussed and agreement reached prior to any moves being undertaken.

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 information regarding the continuous improvement system which exists in the home. A sample of recent improvements in relation to Standard Four includes the following:

- In early 2014 the home reviewed and revised the emergency manual and flipcharts to ensure they reflected the move from the old building into the new building.
- An emergency evacuation trolley has been developed. The trolley contains all the key information that may be required in an emergency in a centralised location. The trolley enables this information to be easily transported where it is needed.
- The home has reviewed and revised the environmental audit form to include monitoring of the various balconies around the home. This is aimed at ensuring these continue to be safe structures.
- Since the move to the new building in mid-2014 the home has become a non-smoking site. Residents have been offered nicotine patches and assistance in stopping smoking. All new residents are advised of the no smoking policy prior to admission. Staff members are now required to move well away from the building if they wish to continue to smoke.

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 information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This regulatory system includes compliance with legislation regarding work, health and safety, the NSW Food Authority requirements for a food service and the routine inspection of the fire detection system and fire-fighting equipment.

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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions include fire safety, workplace bullying and harrasment, food safety, manual handling, staff physical fitness and infection control.

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

Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs. Residents and their representatives expressed satisfaction with the living environment and said residents are able to bring in personal effects to decorate and personalise their rooms as much as possible. The home has two storeys with two lifts which enables residents to safely access each level of the building. The home has multiple small lounge areas on each level. A main central courtyard, which has outdoor seating, is accessible to residents. Additional living areas including a chapel are currently under construction (due for completion by the end of 2015). Residents and their representatives said the home is well maintained, kept clean and free of clutter. The home has a routine preventative maintenance program and staff and residents advised they report any issues to ensure the home is well maintained. The safety and comfort of the living environment is monitored through feedback from residents and their representatives, environmental audits, incident/accident reports, hazard reports and ongoing observations by staff.

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's management and staff are active in their work in providing a safe working environment which meets regulatory requirements. Staff members are provided with information on workplace safety including manual handling and fire safety as part of the orientation program and ongoing annual mandatory training program. The home has a combined committee which meets to discuss any issues and conduct routine environmental audits. Any identified issues are referred to maintenance. Workplace safety is also discussed at staff meetings. Staff members interviewed on this topic explained their knowledge on safe work practices. Staff said they have access to adequate supplies of well-maintained equipment. They also said they receive training to support them in ensuring a safe working 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

The home has systems to minimise fire, security and emergency risks. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarm system. A random check on various pieces of fire-fighting equipment around the site, confirmed they are inspected on a regular basis. Staff

advised fire safety is included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire. Key information on a range of other emergency situations such as bomb threats or intruders is located in colour coded flip charts located near telephones. These charts provide staff members with information on the procedures to be followed in the event of a range of other emergency situations.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program that consists of infection prevention strategies, ongoing education, the tracking and analysis of infection rates. Strategies include the offering of vaccinations to staff and residents; the use of colour coded cleaning equipment and a system for the management and disposal of general and contaminated waste. Documentation reviews and interviews with staff confirm the monitoring of infection data and the developing of strategies to minimise infections. There are policies, procedures and supplies for the prevention of and for dealing with an outbreak. Staff described the use of various infection control strategies that included all aspects of cleaning, the use of personal protective equipment, hand washing and use of hand gels, laundering practices and safe food handling. It was observed that staff members comply with infection control practices.

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 systems to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained on entry to the home and referred to the kitchen. A food safety system is in place, which provides ongoing monitoring of food through the delivery, storage, cooking and serving processes. Linen and residents' clothing is laundered in the main laundry. Systems are in place to manage and minimise misplaced clothing. This includes providing a labelling service to label residents' clothing to reduce losses. Staff said they had adequate stocks of linen on hand and additional supplies could be sourced when needed. There is a program for the routine cleaning of all areas of the building including a detailed program to ensure the home is well maintained. Residents and their representatives spoke very favourably about the meals, laundry and cleanliness of the home.