



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Catholic Healthcare George Mockler Hostel RACS ID: 0117**

**Approved Provider: Catholic Healthcare Limited**

**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 1 February 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 20 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 26 September 2015 to 26 July 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 1 February 2018

Accreditation expiry date 26 July 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**George Mockler Hostel**

RACS ID 0117

99 Elimatta Road

MONA VALE NSW 2103

Approved provider: Catholic Healthcare Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 26 September 2018.

We made our decision on 20 July 2015.

The audit was conducted on 17 June 2015 to 18 June 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

<b>Standard 3: Resident lifestyle</b> <b>Principle:</b> 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

<b>Standard 4: Physical environment and safe systems</b> <b>Principle:</b> 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**

**George Mockler Hostel 0117**

**Approved provider: Catholic Healthcare Limited**

### **Introduction**

This is the report of a re-accreditation audit from 17 June 2015 to 18 June 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 17 June 2015 to 18 June 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:	Kathryn Mulligan

## Approved provider details

Approved provider:	Catholic Healthcare Limited
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## Details of home

Name of home:	George Mockler Hostel
RACS ID:	0117

Total number of allocated places:	28
Number of care recipients during audit:	28
Number of care recipients receiving high care during audit:	25
Special needs catered for:	nil

Street/PO Box:	99 Elimatta Road	State:	NSW
City/Town:	MONA VALE	Postcode:	2103
Phone number:	02 9997 5549	Facsimile:	02 9979 7340
E-mail address:	sbrown@chcs.com.au		

## Audit trail

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

### Interviews

	Number		Number
Residential Manager	1	Residents	7
Registered Nurse/Educator	1	Administration Officer	1
Registered Nurse	1	Care Leader	1
Care staff	3	Recreational Activities Officer	1
Cook	1	Cleaning staff	1
Maintenance Officer	1	Physiotherapist	1
Volunteer	1	Pastoral Carer	1

### Sampled documents

	Number		Number
Maintenance manuals (preventative and reactive maintenance system) including contractors compliance folders	5	Audit folders	2
Education folders	2	Personnel files including job descriptions, staff appraisals, confidentiality agreements and statutory declarations	4
Residents' files including assessments, care plans, care conferences, progress notes, medical officers notes, referrals, allied health and associated documentation	5		

### Other documents reviewed

The team also reviewed:

- 2015 incident folder
- Activities program
- Building safety report
- Catering information including: food safety plan folder, four week menu, residents dietary analysis forms, catering records covering delivery, storage temperatures, preparation and cooling temperatures, sanitising record, serving temperature records and kitchen cleaning records, approved suppliers listing, digital thermometer calibration report and dietetic menu review
- Cleaning information including: environmental cleaning audits, education records, cleaning program and signing sheets and company quality management system folder
- Comments and complaints folder

- Continuous improvement including: plans for continuous improvement, improvement suggestions, audit schedule and audit results, quarterly reports, trend analysis and organisational benchmarking results
- Emergency procedure/disaster contingency folder
- Infection control documentation including: clinical indicator data, internal trending data benchmarking performance data and flip chart
- Legislative information including: police check register (on computer), mandatory reporting register, NSW Food Authority licence, annual fire safety statement, certificate of plant registration (lift) and registered nurse registrations
- Medication documentation including: medication charts, medication refrigerator temperature records, medication incident forms, pharmacy reviews of resident medications, medication competency for resident's self-administration of medication and registered nurse initiated medication forms
- Meeting minutes – resident, staff, quality management and medication advisory committees
- Policies and flow charts - clinical, resident lifestyle and infection control
- Resident clinical monitoring documentation including: observation charts, bowel, blood glucose level monitoring, sight charts, treatments, pain directives, pain monitoring, schedule toileting charts, individual weight monitoring and wound charts
- Resident lifestyle documentation including: activity calendars, daily activity participation and evaluations
- Residents' handbook, residential care agreement and information package
- Roster
- Self-assessment report for re-accreditation
- Service agreements (on computer)
- Staff handbook and employee starter package

## **Observations**

The team observed the following:

- Activities in progress
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Brochures and posters regarding the Aged Care Complaints Scheme, advocacy service, feedback and improvement forms
- Equipment and supply storage areas including clinical supplies, continence aids, limb protectors, manual handling equipment and archive room
- Interactions between staff and residents including meal service and short group observation
- Inspection tags on fire fighting equipment, fire blanket and fire hose reels, evacuation plans and exit signs
- Living environment and staff work areas
- Menu and activities program displayed
- Notice boards for staff and residents, information brochures on display for residents, visitors and staff
- Organisation's vision, mission and values statement on display



- Outbreak supplies, outbreak management kit and personal protective equipment (PPE)
- Sign in and out book for visitors and contractors sign in and out register
- Storage of medications

## 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

George Mockler Hostel (the home) participates in a regular program of organisational audits as well as internal audits to review and monitor the quality of service delivery. The organisational audit results are monitored by management teams at the head office as well as at the home. Audit results are discussed at staff meetings and any issues arising from the audits are added to a plan for continuous improvement. The residential manager advised they have the flexibility to conduct additional audits if needed to monitor specific issues. The home utilises suggestion forms to identify any improvements as well as recording compliments and complaints. Ideas for improvements are also sourced from staff or residents through suggestions raised at staff or resident meetings. Staff advised they felt the residential manager was very approachable and they could discuss any improvements rather than writing them down. Examples of improvements relating to Standard One include the following:

- Due to changes in personnel the residential manager advised they took the opportunity to restructure the hours for the activities program as well as increasing staffing hours for the care staff. The residential manager advised since late 2014 the staffing hours have been increased by six hours per week for the activities program and five and a quarter hours per week for the care staff. As part of the changes in staffing hours a two hour activities program has been introduced on Saturday. The remaining hours have been used to extend the activities program over the remaining days. The care staff increase has been used to provide a 15 minute handover period for each shift. This ensures staff have sufficient time to provide verbal information to staff on the next shift.
- The residential manager has been mentoring a new graduate registered nurse since October 2014. This is aimed at ensuring the registered nurse has the opportunity to learn and fully understand all the relevant aspects of aged care. As part of this program the registered nurse is conducting aged care funding instrument (ACFI) assessments and coordinating the education program at the home.
- At an organisational level there has been the introduction of a computerised property services work request system to manage the maintenance system. Requests for capital expenditure projects or items which require the organisation's property manager to action are logged on this system. This enables senior management to track the completion of work as well as monitor the number of work requests. Routine maintenance for minor matters and the preventative maintenance program continues to be managed at a local level.
- Code of conduct training has been provided to staff to support their understanding of the organisation's vision, mission and values. The residential manager advised the education sessions have helped remind staff of the focus of aged 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

The organisation has a system to identify changes to legislation and regulations. These are provided through access to various websites, information updates and newsletters from industry bodies and government departments. The organisation also subscribes to a commercial legislation updating service which routinely sends information on any changes. Information is reviewed at corporate level by the central policy and procedure and clinical governance committee. The organisation's policies and procedures are reviewed and updated as needed. These are accessible via the intranet or in a hard copy format at the home. Information on legislative changes is disseminated to the homes within the group when required via email updates. Staff advised any changes are discussed at staff meetings, education sessions or via memos.

## **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 organisation has a compulsory education program which covers key areas. Attendance at these sessions is monitored to ensure all staff members attend the required education. The education program at a local level is developed via a training needs questionnaire provided to all staff members. Feedback on audit results, complaints or accidents and incidents are also used to develop education topics. The home has access to an external education service which provides education via DVDs which staff can watch when they are able. External education sessions such as certificate courses in aged care are also used to develop staff skills. Education sessions relevant to Standard One include: Aged Care Funding Instrument (ACFI), Accreditation, code of conduct and risk management.

## **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 complaints processes. This includes displaying information about the complaints system at the main entrance to the home and on the resident noticeboards on both levels of the home. Information on raising complaints is contained within the residents' agreement and resident handbook which is provided to residents and their representatives as part of the entry process to the home. The home conducts a monthly residents' meeting which also provides a forum in which residents are able to discuss any concerns. The residential manager maintains an 'open door' approach so that residents are able to "pop in"

to discuss any concerns. Residents and staff said they felt able to speak directly to the residential manager if they ever 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 vision, mission and values statements 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 and staff on entry to the home or commencement of employment respectively. The organisation's vision, mission and values statements 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 residential manager advised residents' changing care needs as well as staff feedback on workloads are used as indicators in identifying the staffing level needs in the home. The home's existing pool of staff provides coverage for sick and annual leave arrangements. The home has access to agency staff if needed to provide replacements. The organisation ensures all relevant checks such as police and visa checks are undertaken for all staff. New staff members are partnered with experienced staff as part of the orientation process. Staff said that absences through sick or holiday leave are replaced. Residents 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. The residential manager advised there are systems in place to manage the regular ordering of supplies and ensure adequate supplies are available. Staff in key areas explained the ordering system. The organisation has a designated range of suppliers for services and equipment. Requests for equipment are reviewed with high cost items considered as part of the capital expenditure program. Staff members said there are always sufficient supplies of equipment and goods to provide care and services to the residents.

## **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 handovers, staff meetings and information on noticeboards. Information is relayed to residents and their representatives through information on various noticeboards, resident meetings, telephone calls or emails. Documentation no longer required is archived on-site for a specific period of time. This system enables files to be retrieved as needed. Secure bins are used on-site to dispose of confidential documents which do not need to be retained. These bins are also used for the periodic destruction of files. 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 has systems to ensure any externally provided services and goods meet specific requirements. Contracts or service agreements are managed at the head office. As part of this process information regarding relevant trade licences, registrations and insurance documentation is obtained. This includes ensuring tradespeople have the appropriate police checks in place. The performance of companies, suppliers and tradespersons is monitored and poor service delivery is discussed with the company or tradesperson concerned. Staff members advised 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 accessed specialist education through the Huntingdon's Disease clinic to provide clinical support and information for staff. Two education sessions have been held with staff on the disease process and clinical care issues. As a further support the physiotherapist with the Huntingdon's clinic is available to provide advice on programs and provide support if needed.
- The residential manager advised the strategies undertaken to manage a specific resident's wound after a fall have now been incorporated into the wound management program. This included ensuring a consistent approach by all staff to wound dressings and ensuring the most appropriate style of dressing was used. Part of the healing process is also to ensure the resident is motivated to assist in the healing process. This may include a program of periodically mobilising or resting dependent upon the location and type of wound or injury.
- The home has accessed funding through the Medicare Local service to provide a psychologist and physiotherapist to visit the home. The psychologist is undertaking 'mindfulness' classes to the residents. These classes help residents to meditate and are reducing anxiety levels as well as assisting residents to sleep better. The physiotherapist conducts strength and balance classes with the aim of improving residents balance to reduce their risk of falls. The residential manager advised they provide a regular report to Medicare Local on the number of sessions, number of residents participating and feedback from the residents. Residents said the program helped them to feel "calm, peaceful, relaxed and positive" and they "enjoyed the visualisation exercises".

### **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 are current. The home 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 include: mental health, medication administration (including competencies), clinical skills (including competencies), continence management, Huntington’s disease and certificate III 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 to ensure residents receive appropriate clinical care. The overall clinical care system is monitored by the registered nurse who works Monday to Friday. The registered nurse assesses, documents and reviews resident care needs when residents enter the home and on an ongoing basis. The resident’s medical officer is notified of resident incidents either via facsimile or telephone. Case conferencing supports consultation with residents/representatives in relation to all aspects of care. Care staff demonstrated an understanding of residents’ individual needs. Residents say they are satisfied 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 are systems to ensure appropriately trained staff are utilised to meet the needs of residents who require specialised nursing care. The registered nurse will undertake clinical assessments of residents requiring specialised nursing care and develop an appropriate care plan. Care staff demonstrated awareness of the home’s processes if a resident requires individualised specialised nursing care needs.

### **2.6 Other health and related services**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents are referred to appropriate health care specialists in accordance with their assessed needs. A review of residents’ clinical documentation indicates assessments and reviews have occurred by various health specialists. These include a mental health practitioner, plastic surgeon, speech pathologist,

optometrist, dentist and dietician. Residents are aware of the availability of other health specialists if needed and care staff are aware of specialist input into residents' care planning.

## **2.7 Medication management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems and processes to ensure each resident's medication is managed safely and correctly. A medication incident reporting system forms part of the home's safe system. Medication administration is via a blister pack system by staff who have a current medication competency and appropriate qualifications. Medications administered by staff are locked in medication trolleys and stored in a locked treatment room when not in use. Residents say they receive their medication in a timely manner

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

The home has a system for assessing, monitoring and treating residents' pain when they enter the home and as needed. Care plans are formulated with individual pain management strategies. A combination of treatments is available to manage residents' pain which includes massage, heat and pain relieving medication. Referral to specialists is in line with residents' needs. Staff demonstrated knowledge of the processes required to effectively manage residents' pain. Residents say they are satisfied with their pain management treatments and with staff responses to their needs.

## **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 residents is maintained. Opportunities to discuss advanced care plans and end of life wishes are provided on a residents' entry to the home and as needed. The management has access to the local palliative care team if needed. The pastoral carer is available to support the resident and their families during the palliation process. Residents, where possible, are supported to remain in the home in the event of requiring palliation. If the home is no longer able to provide the care a resident requires the facility manager can assist a resident's transfer to appropriate accommodation.



## **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 a system to provide residents with adequate nutrition and hydration through initial and ongoing assessment of the residents’ dietary preferences and requirements. Resident’s weights are recorded by care staff monthly and/or in line with their individual assessed need. Nutritional supplements are available for residents who require extra nutritional support. Specialised eating equipment is used on an individual basis to help promote independence. The home encourages residents’ to have additional fluid intake by the use of a laminated fluid chart in each resident’s room. Residents are encouraged to mark off on the chart when they have a glass of fluid, outside of the routine fluids provided by the staff. Documentation indicates and staff said residents receive appropriate special diets, dietary supplements and referrals to allied health. Residents say they are satisfied with the meals and drinks provided at the home.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to assess and monitor residents’ skin integrity. Residents are assessed by the registered nurse on entry to the home. Staff monitor residents’ skin integrity daily during care interactions. The home uses the accident/incident reporting system to report any breaches in skin integrity. The registered nurse monitors and evaluates the effectiveness of wound management strategies. The home has a range of dressing products and pressure relieving aids to assist in promoting and maintaining residents’ skin integrity. Residents say they are satisfied with the way staff maintain their skin integrity

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents’ continence needs are managed effectively. Continence management strategies are developed by the registered nurse in conjunction with the care staff for each resident. Residents’ individual toileting schedules are developed following an initial assessment of urinary and bowel patterns. Care staff assist residents with their continence programs as required and residents’ bowel management programs are monitored daily. Residents say they are satisfied with their continence care.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

There is a system to ensure the needs of residents with challenging behaviours are managed effectively. All residents are assessed on entry to the home. Any behaviours are identified and overall management strategies are incorporated in the resident’s care plan. Episodes of challenging behaviour are recorded in the resident’s progress notes and the resident is monitored. The registered nurses investigate the causes of any escalation in a resident’s behaviour. There is a process for referrals to appropriate mental health specialist services if required. Staff are aware of resident’s individual needs and strategies required to manage their behaviours. Residents are satisfied with the manner in which staff manage resident’s individual behaviours.

### **2.14 Mobility, dexterity and rehabilitation**

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

#### **Team’s findings**

The home meets this expected outcome

The home has processes to optimise residents’ levels of mobility and dexterity. Residents’ mobility and dexterity is assessed by the physiotherapist/registered nurse on their arrival at the home and on a needs basis. The accident and incident reporting system includes analysis of incidents to identify trends. Strategies are implemented to reduce the number of resident falls. Care staff showed an understanding of their responsibilities in relation to optimising residents’ mobility and dexterity. Residents say they are satisfied with the home’s resident mobility program.

### **2.15 Oral and dental care**

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

#### **Team’s findings**

The home meets this expected outcome

There is a system to ensure residents’ oral and dental health is maintained including initial and ongoing assessment of residents’ oral and dental needs. Assessments occur through staff observation and referrals to dentists and/or specialists are arranged as per residents’ needs and preferences. The day-to-day oral care is as per residents individual care plans with residents being encouraged to brush their own teeth or dentures to maintain their independence. Residents say 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

Residents’ sensory losses are identified and managed by staff at the home. The home’s assessment process ensures any sensory loss is identified and referrals to appropriate specialists are made where required. The activity program incorporates activities that promote stimulation of the senses. Staff demonstrated an understanding of individual residents’ sensory needs. Residents say they are satisfied with the assistance provided by staff in relation to residents’ sensory losses.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ sleep needs and preferences are assessed on entry to the home. Strategies to ensure residents are able to achieve natural sleep patterns are documented in the residents’ care plans. Residents have the choice of sleep routine that suits them and personal care is adapted to the resident’s needs and preferences. Each resident has their own room which provides a quiet environment at night and minimal disruption to other residents. Residents say they were able to have a comfortable sleep at night.

## **Standard 3 – Care recipient lifestyle**

**Principle:** Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

### **3.1 Continuous improvement**

*This expected outcome requires that “the organisation actively pursues continuous improvement”.*

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include the following:

- The recreational activities officer has developed a new activity to promote discussion amongst residents. A ‘catch and chat’ inflatable ball has been purchased. When inflated the ball is passed or thrown around by the residents. Written on the ball are a series of topics for discussion. The topic is picked at random by where a resident’s finger is located when the ball is caught by the resident.
- The community visitors’ scheme has been re-established at the home as a result of a general discussion by the staff. The residential manager advised they had been in touch with the local community visitors group to arrange visitors for specific residents. The community organisation arranges all the relevant police checks for any community visitors. The residential manager advised the program had received positive feedback from residents.
- The home has introduced “Grandparents Day” in October 2013 as a result of a suggestion from the recreational activities officer. Invitations are sent out to residents’ family as well as staff and their family. A Devonshire tea is held on a weekend to enable as many people as possible to attend. The residential manager advised this program is aimed at enhancing the “family feeling” at the home.
- The residential manager advised a new volunteer at the home has introduced a craft program for the residents as well as other games. This has expanded the variety of activities available to residents. We were advised one of the home’s volunteers, who also undertakes the pastoral care program, received an award on 16 June 2015 for their volunteer work.

### **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 new residents or their representatives are provided with the most up to date version. Information on changes to fees is 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 that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions provided at the home include mandatory reporting as part of the compulsory education program for all staff and the topic of grief and loss.

### **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 resident receives support in adjusting to life in their new environment and on an ongoing basis. During their entry period, the new resident is provided with an orientation to the home and introduced to staff and other residents. During this initial period, there is an assessment of their social, cultural and spiritual support needs and individual care plans are developed. The pastoral carer provides support during the settling in process, working with both the resident and their representative as needed. Residents say they are supported by the staff, when they first enter 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 residential care service".*

#### **Team's findings**

The home meets this expected outcome

There is a system to ensure residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of residents' specific needs and preferences is undertaken on entry to the home and on an ongoing basis to assist staff develop a care plan. Staff members promote independence by encouraging residents to participate in their own activities of daily living whenever possible. Residents say they are satisfied with the way in which the 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

Residents stated they are satisfied staff respect their privacy and maintain their dignity and confidentiality. Residents are accommodated in single rooms which provide each resident

with their own private space. All personal information is collected and stored securely with access by authorised staff. Written consent is obtained from residents regarding their personal information. Residents say they are satisfied with the way staff respect their privacy and maintain residents' dignity and confidentiality.

### **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 a system to ensure residents are encouraged and supported to participate in their interests and activities. When entering the home, information about a resident's life is collected. Care plans based on this information are prepared in conjunction with residents and/or their representatives. A monthly activity program is displayed and includes a range of activities. These include physical exercise, mental stimulation and general social interaction. Residents said they are satisfied with the overall activity program.

### **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 individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of residents' specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and religious services are held at the home. The home has a pastoral carer to assist in providing residents with an opportunity to have spiritual/pastoral support. Residents say they are satisfied with the support provided for their cultural and spiritual needs.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".*

#### **Team's findings**

The home meets this expected outcome

The home has processes to ensure each resident (or their representative) participates in decisions about the services received by the resident. These processes uphold the resident's right to exercise choice and control over his or her lifestyle. Residents are given opportunities to provide input into the home through systems such as assessment and care planning processes, care conferences and resident meetings. Where residents are unable to make choices for themselves, an authorised decision maker is identified for the resident. Residents are provided with choices concerning their waking and sleeping times. Choices are also available regarding meals, participation in activities, attending religious services and choice of medical officer. Residents say they are satisfied the home's staff actively support them in making 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

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. The residential manager advised staff at the organisation's head office manage the formal discussion about the residential agreement. As part of this process residents and their representatives are offered a residential agreement and information package. This outlines care and services, termination of agreement, resident rights, contact details for key organisations such as advocacy and complaints services. This document can be taken away to seek independent legal advice. The residential manager advised the home has limitations on the level of care that can be provided due to the physical limitations of the building. This information is clearly explained to residents and their representatives. This is to ensure they are aware that a move from the home may be required if the resident becomes too physically frail to be care for at the home. The manager advised room changes within the home are rarely undertaken unless it is a request from the resident or their representative.

## **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. Examples of recent improvements in relation to Standard Four include the following:

- In September 2014 ceiling fans were installed in residents’ rooms. Whilst the home is situated on the side of a hill and receives sea breezes it was identified that some additional cooling system was needed. The residential manager advised pedestal fans had previously been purchased for each resident. However, these were identified as a possible trip hazard for the residents in their rooms.
- There has been a refurbishment of the main dining room on the ground floor. This has included new floor covering, tables and chairs and window blinds. The interior has been repainted with all the colours coordinated to promote a seaside feel. This has also been extended to include the colour scheme on the dining room linen.
- The organisation arranged for a safety audit of the home to be conducted by an independent specialist company in April 2015. As a result of this audit friable asbestos was identified in two locations (not accessible to residents). Immediate action was taken to rectify this matter and make the area safe. Air quality checks were undertaken after the remediation work to ensure there was no remaining risk to residents, staff or visitors.
- A lightweight wheelchair with tubeless tyres has been purchased. The residential manager advised the previous wheelchair was used infrequently. Whilst the tyres were regularly pumped up as part of the routine maintenance program when the wheelchair was needed the tyres were occasionally flat. A decision was made to upgrade to a tubeless tyre version which did not require as much maintenance and was more reliable when needed.

### **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 environmental safety, the NSW Food Authority requirements for a food service and the routine inspection of the fire alarm 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. The organisation conducts a series of compulsory education sessions on topics including fire safety, safe food handling, chemical safety, manual handling and infection control. Staff members advised their attendance at these sessions is monitored.

#### **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 expressed satisfaction with their living environment and said they can personalise their rooms as much as possible. Two resident rooms have an ensuite bathroom whilst residents in the other rooms share one bathroom between two rooms. Residents have access to a lounge/activities area on the ground floor and first floor as well as outdoor patios at the front and rear of the building. There is a small quiet area on the first floor which is also used as a chapel. An internal lift is available for residents, visitors and staff to use to access both levels of the home. Residents said the home is well maintained, kept very clean and free of clutter. The home has a maintenance program to ensure the home is well maintained. The safety and comfort of the living environment is monitored through feedback from residents as well as 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 providing a safe working environment that 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 compulsory education program. The organisation has a work health and safety team which manages workplace safety including the return to work program for injured staff. The home's workplace health and safety committee meets on a regular basis as part of the monthly staff meeting. A program of environment audits, conducted by the committee representatives, is used to monitor workplace safety. Information is disseminated to staff on safe work practices when required. Staff members interviewed on this topic explained their knowledge on safe work practices and 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 in the home. 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 which are located near the telephones. Key contact information for a range of services and emergency personnel are also included in the emergency procedure manual. Processes are in place for the securing of the building after hours to ensure resident and staff safety. Staff have access to a duress alarm which is linked to a security company.

#### **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. The residential manager and registered nurse are the infection control co-ordinators responsible for ensuring the overall infection control surveillance within the home occurs. Infection data is collected, collated and evaluated by the registered nurse. Infection control education forms part of all staff orientation and mandatory training. Staff were observed using personal protective equipment and washing hands. Residents receive ongoing education on the importance of hand washing and were observed using hand sanitiser prior to lunch. Colour coded equipment is used in the catering, cleaning and laundry areas. Staff demonstrated 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 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. There is a program for the routine cleaning of all areas of the building to ensure the home is well maintained. Care staff wash residents' clothing in individual loads in the on-site laundry. This minimises the risk of missing items and cross infection. Linen is sent to an external laundry service. Staff said they have adequate stocks on hand and additional supplies can be sourced in an emergency. Residents and their representatives spoke very favourably about the catering, laundry and cleanliness of the home.