



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Austral House Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Austral House Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Austral House Nursing Home is three years until 21 July 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name: Austral House Nursing Home

RACS ID: 2557

Number of beds: 35 Number of high care residents: 30

Special needs group catered for:

- Dementia

Street/PO Box: 4 Austral Avenue

City: NORTH MANLY State: NSW Postcode: 2100

Phone: 02 9939 1288 Facsimile: 02 9905 9457

Email address: australnh@ozemail.com.au

Approved provider

Approved provider: BCP Health and Aged Care Pty Ltd

Assessment team

Team leader: Joan Rafferty

Team member/s: Katrina Bailey

Date/s of audit: 19 May 2009 to 20 May 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Austral House Nursing Home
RACS ID	2557

Executive summary

This is the report of a site audit of Austral House Nursing Home 2557 4 Austral Avenue NORTH MANLY NSW from 19 May 2009 to 20 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Austral House Nursing Home.

The assessment team recommends the period of accreditation be 3 years

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 19 May 2009 to 20 May 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 2 registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Joan Rafferty
Team member/s:	Katrina Bailey

Approved provider details

Approved provider:	BCP Health and Aged Care Pty Ltd
--------------------	----------------------------------

Details of home

Name of home:	Austral House Nursing Home
RACS ID:	2557

Total number of allocated places:	35
Number of residents during site audit:	30
Number of high care residents during site audit:	30
Special needs catered for:	Dementia

Street/PO Box:	4 Austral Avenue	State:	NSW
City/Town:	NORTH MANLY	Postcode:	2100
Phone number:	02 9939 1288	Facsimile:	02 9905 9457
E-mail address:	australnh@ozemail.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Austral House Nursing Home.

The assessment team recommends the period of accreditation be 3 years

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents	7
Registered nurses	3	Resident representatives	6
Executive director of care	1	Cook	1
Assistants in nursing	6	Catering staff	1
Physiotherapy aide	1	Cleaning staff	1
Physiotherapist	1	Laundry staff	1
Recreational activity staff	2	Maintenance staff	1

Sampled documents

	Number		Number
Personnel files	3	Resident files and associated documentation	10
Medication charts and associated documentation	15	Restraint consent forms and associated documentation	3
Assisted in nursing folders	2	Behaviour management plans and associated documentation in detail	5
Accident incident forms in detail	8	Resident individual activity plans in detail	10

Other documents reviewed

The team also reviewed:

- Accident incident forms (2009)
- Activity program and associated documentation
- Allied health contact information
- Audit schedule and monthly trend data
- Behaviour management folder
- Policy and procedure manual
- Catering manuals
- Communication book
- Continence pad ordering information

- Continuous improvement plans
- Continuous improvement folder
- Criminal history check compliance list
- Duty lists
- Education records folder, including education and training needs analysis, annual education schedule, monthly education calendars, and education session attendance records
- Emergency evacuation folder
- Employee handbook
- Food and equipment temperature records
- Food safety policy manual
- Food safety program
- Immunisation records – residents
- Infection control manual
- Infection control record forms
- Job descriptions and daily task lists
- Kitchen cleaning records
- Laundry and cleaning manual
- Lists of contractors/suppliers
- Maintenance schedules and records of completion
- Material safety data sheets for aromatherapy oils
- Meeting minutes: continuous improvement/occupational health and safety committee; all staff; residents/representatives; registered nurses; medication advisory
- Menu
- Newsletter folder
- Occupational health and safety manual
- Policy and procedure manuals (various)
- Professional registration records
- Reportable assault register
- Resident dietary preference and change forms
- Resident handbook
- Resident special dietary needs lists and cards
- Resident agreement
- Resident handover report
- Restraint folder
- Schedule eight medication register
- Skills assessment program folders
- Staff handbook
- Staff memoranda folders
- Staff rosters
- Wound care folder

Observations

The team observed the following:

- Activities in progress including visiting entertainment
- Charter of resident rights
- Dining rooms during lunch meal, staff assisting residents with meals, delivery and serving of meals
- Equipment and supplies
- Hairdressing
- Hand washing facilities and posters
- High/low beds and the use of bed rails
- Hospitality services, lunch, morning and afternoon tea being served
- Infection Control Information displayed in staff room & throughout the home.
- Information in resident wardrobes relating to clinical care

- Interactions between staff and residents
- Kitchen – food storage & preparation areas
- Living environment internal including common areas, private lounges, dining areas
- Manual handling equipment
- Medication round in progress
- Medication trolley and medication storage
- Mobility aids in use
- Nurse call system
- Oxygen storage and resuscitation equipment
- Personal protective equipment
- Pressure relieving equipment in use
- Resident and staff noticeboards
- Resident rooms and bathrooms
- Residents participating in activities.
- Secure storage of resident files
- Sharps disposal containers
- Staff amenities
- Staff practices and interactions with residents, visitors and other staff
- Staff work areas (including nurses' station, office, treatment room and staff room)
- Storage of care files and other documents
- Utility room

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.

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has an established quality management system and actively pursues continuous improvement. The system includes self assessment, measurement and review of performance against the four Accreditation Standards. There are numerous mechanisms used to identify areas for improvement, such as audits, improvement logs, and meetings. There has been a high volume of improvement activity in recent months with ongoing evaluation to ensure stated objectives are achieved. Further plans for continuous improvement are in place. Staff, residents and their representatives state that the improvements made are providing positive outcomes for the residents.

Recent improvements relevant to Accreditation Standard One are:

- The proprietor reviewed the management structure for the organisation. This has resulted in a new organisational system for Austral House. Management state that this system provides them with appropriate leadership and support.
- A new quality improvement system is being phased in to provide more effective systems for capturing quality activities at the home.
- The home did not have accurate details of their equipment stock. A register has been drawn up and this allows regular review of all equipment.
- The staff personnel files have been reorganised to ensure they contain the appropriate information.
- A review of the orientation system and the staff handbook has resulted in the inclusion of education on elder abuse, mandatory reporting. This provides new staff with appropriate knowledge to meet the regulatory requirements of their role at the home.

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 recommendation

Does comply

The home has systems in place to identify and ensure compliance with all relevant requirements. They receive information about new and amended requirements from their peak body association, government department circulars, attendance at network meetings and education. Training is provided for staff to ensure that they are familiar with changes relevant to their role. Staff state they are informed of regulatory changes and this was confirmed by the team through review of documentation. The effectiveness of the system in place for regulatory compliance is monitored through the home’s audit program and reports from external regulatory bodies.

Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are:

- The home has a policy, and has educated staff about elder abuse and the mandatory reporting requirements for alleged or suspected reportable assaults as required under

amendments to the *Aged Care Act 1997* (Cth). A register is in place to record alleged or suspected assaults on residents as required under the *Record Principles 1997* (Cth). Staff are aware of elder abuse issues and their reporting obligations.

- The home has a policy and has educated staff about missing residents and the mandatory reporting requirements as required under the *Accountability Principles 1998* (Cth). Staff are aware of how to proceed in the event that a resident is noted missing.
- A system is in place for monitoring professional registrations. The team sighted a register which shows all nurses and doctors working at the home are currently registered.
- The home has a policy in place to ensure that police checks and statutory declarations are obtained for all staff, volunteers and contractors as required under amendments to the *Aged Care Act 1997* (Cth). A register is maintained to track police checks and it shows they have all been undertaken.

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 recommendation

Does comply

Management and staff have appropriate knowledge and skills to perform their roles effectively. Educational needs and interests are identified through an annual needs analysis, discussion with staff, observations made by supervisors, improvement logs, clinical indicators and skills assessments. An annual education planner is in place which is constantly being adjusted in response to newly identified needs. The monthly education sessions are promoted through notices and discussion at meetings. Formal training is delivered by individuals and organisations with relevant qualifications and expertise, records of attendance are kept and non-attendance at compulsory training is followed-up. Staff also receive education on the job through induction, mentoring, discussion at staff meetings, and a range of information resources available for reading. There is support for staff to upgrade their qualifications through vocational education. Management and staff state they have access to education relevant to their roles. Residents and their representatives indicate that staff perform their roles in a caring and skilled manner.

Education sessions that management and staff attended recently relating to Accreditation Standard One include: Quality improvement, the Aged Care Funding Instrument and documentation.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

A system is in place to ensure that all residents, their representatives and other interested parties have access to internal and external complaints mechanisms. Residents are made aware of the complaints mechanisms through discussion when they move into the home and information in the resident handbook. There are also posters, brochures and notices on display in the home promoting the internal and external complaints mechanisms. Internal complaints can be made in writing, by approaching management or staff at the home or raised at residents meetings or case conferences. Complaints can be lodged confidentially and are investigated with appropriate and timely follow-up action. Feedback is provided to the complainant. Staff are familiar with the home's procedure for handling complaints and the external complaints system. Residents/representatives say that if they had a complaint they would speak with a member of staff or management and they have found this satisfactory.

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 recommendation

Does comply

The home's mission statement and objectives of care and commitment to quality has been documented and is on display in the home. It is given to residents when they move into the home and to staff when they commence working at the home.

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 recommendation

Does comply

A system is in place to ensure there is enough appropriately skilled and qualified staff to meet the needs of residents and provide services in accordance with these standards. There are processes in place for staff recruitment, induction, skills assessment and performance management. Refer to expected outcome 1.3 Education and staff development for information about staff education. Staffing levels are determined by residents' care needs and there is flexibility to adjust the roster when there is an identified need. Vacant shifts are filled using permanent part-time and casual staff with agency staff rarely used. Staff state they have sufficient time to complete their duties and residents state that staff are responsive to their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The organisation has a system in place for ensuring that stocks of appropriate goods and equipment are available for quality service delivery. In all areas procedures are being implemented to order, control, and maintain goods and equipment. Equipment is purchased or replaced in response to identified needs with input from staff and residents. The team observed there are enough supplies and equipment for provision of quality care, to support residents' lifestyle choices and for all hospitality services. Staff state that they are provided with additional necessary equipment or supplies upon request. They also state that they can access equipment and supplies and arrange urgent repairs at all times, including weekends and at night.

1.8 Information systems

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

Team's recommendation

Does comply

The home has systems to disseminate information to staff and residents and their representatives relating to management, clinical care, residents' lifestyle and the physical environment. The resident and staff handbooks, the resident agreement, staff orientation program, information on noticeboards, and meeting minutes are mechanisms to ensure that all stakeholders receive accurate and timely information. Residents' representatives

state that the information available assists residents to make choices about their daily routines at the home. Management and staff use assessments, care planning tools, progress notes, and verbal and written handover sheets to ensure that resident's care and lifestyle needs and preferences are identified interpreted and supported. Relatives have ready access to management and ongoing communication on resident care is conducted to allow them an opportunity to seek input into the resident's care needs. Information to ensure that care and support is provided consistently to residents is contained in clinical files and communication books. There are systems for the generation, storage, archiving and destruction of documentation to maintain residents' confidentiality. All staff sign confidentiality agreements on commencement of their employment.

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 recommendation

Does comply

A system is in place to ensure that externally sourced services are provided at a standard that meets the organisation's needs and goals. There are agreements in place with contractors and suppliers, which specify expectations around quality service and supplies. Checks are undertaken to ensure that external service providers have the necessary or relevant qualifications, experience, clearances, licenses and insurance. Management and staff monitor the conduct and performance of external service providers and provide feedback to them as necessary to improve service delivery. Staff state that external service providers are accessible, responsive and provide a good service. Residents and their representatives did not state any concerns about the performance of external service providers.

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.

2.1 Continuous improvement

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

Team's recommendation

Does comply

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Two recent improvements and results for residents relevant to Accreditation Standard Two are:

- A complete review of the clinical documentation has resulted in the introduction of a new system which is currently being phased in. Staff are provided with education on the new system and report that it is effective in capturing the care requirements of residents.
- Review of the wound management system has resulted in more effective management of residents wounds.
- All care staff and registered nurses are having their skills assessed. This has been introduced to ensure consistent and appropriate care is provided for residents.

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 recommendation

Does comply

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- Schedule eight drugs of addiction are being separately and securely stored, and a separate schedule eight drug register is being maintained in accordance with requirements in the *Poisons and Therapeutic Goods Regulation 2008* (NSW).
- Registered nurses are employed and provide specified services as required by legislation to residents requiring a high level of care.

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 recommendation

Does comply

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Two include care planning and evaluation; pain management; palliative care, healthy eating for diabetics, nutrition and hydration and enteral nutrition.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home provides residents with clinical care which is appropriate to their needs and preferences. This is achieved by collecting information from pre-entry information, personal history, initial assessment data, focus assessments, progress notes, referrals and clinical reports. Care is planned, delivered and evaluated with the input of staff, other health professionals, residents and/or their representatives and is carried out consistently according to the resident’s care needs. Each resident has a documented care plan and an assistant in nursing plan, which is reviewed in line with the home’s policy and procedures. General observations are conducted and reviewed regularly and specific observations are recorded according to indicated frequency. A resident accident and incident reporting system is in place through which residents’ accidents and incidents are reported, acted upon, evaluated, trended and reviewed. Staff demonstrate knowledge of resident care requirements. Information in relation to residents current care needs and diagnosis is reported to staff through the ‘handover reporting system’; is documented on the resident list and information is also provided through the documentation of progress notes and via the communication book. Residents and/or representatives confirm that they are satisfied with the care provided; comments include ‘the care is excellent’, ‘the staff care are kind and caring’ and ‘the staff provide great care’.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

There are systems in place to identify and meet residents’ specialised care needs; this includes educating staff to the appropriate level to deliver specialised care and ensuring that appropriately trained staff and equipment is available. Twenty four hour registered nursing care is provided and registered nurses co-ordinate assessments on the residents’ specialised care needs. The home has access to specialised nurse consultants for referral and specialised care is provided according to medical and clinical orders. Staff demonstrate knowledge and understanding of specific residents’ specialised nursing care needs, for example, wound care, complex pain management and percutaneous feeding (PEG). Resident representatives expressed satisfaction with the management of specialised nursing care needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Effective processes are in place that enables residents to receive timely and appropriate care from health specialists according to individual needs and preferences. There are systems in place for the provision of admission, regular and emergency medical practitioners’ reviews. Resident incidents and accidents, which resulted in resident injury, are investigated and appropriate clinical care/referral is provided such as contacting the doctor, first aid and/or transfer to hospital. Staff demonstrate an understanding of the referral system and staff have access to information on resident referral requirements. The team viewed information in relation to the referral to the appropriate health specialist and follow-up of referrals; for example; the dietician, speech pathologist, podiatry, doctors,

pathology, physiotherapy and dental. Residents/resident representatives interviewed expressed satisfaction with the access and choice of medical and clinical care.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

There are effective systems in place to ensure that medication orders are current and resident medication requirements are identified including assessment of resident’s cognitive level and physical requirements. Residents’ medications are regularly reviewed and changes in medications are communicated and supplied in a timely way. The medication management system is monitored through the continuous improvement system, pharmacy reviews, medication incident reporting and through the medication advisory committee. Staff demonstrate that medications are provided according to the home’s medication policy and procedures the provision of prescribed treatments and management of scheduled medication. The team found that all medications reviewed are stored and administered in a safe and correct manner. Staff interviewed and observed demonstrate an understanding of administration of medications specifically to residents with dementia related illnesses, routine monitoring of residents response to medication’s and the reporting of medication errors. Residents/representatives are satisfied with the homes approach to and monitoring and managing of their medication.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s recommendation

Does comply

Pain management is provided through the identification, assessment, exploratory investigations and evaluation of pain levels which are completed on admission and as required. Focus assessments include the identification of pain through non-verbal and verbal cues and interventions to manage and minimise pain levels is generally documented in the residents care plan. Evaluation of pain by clinical staff and medical practitioners is documented. Regular consultation with medical practitioners, the allied health team and observations/feedback from residents assist staff with the ongoing management and evaluation of residents’ pain. Referral to medical specialists and/or other health care professionals is undertaken as necessary. The home provides a range of treatment options for residents’ pain management including positioning, physical therapy, massage, music and medication management. Staff demonstrate an understanding of individual resident’s pain management requirements. Resident representatives report satisfaction with the care and assistance provided to minimise pain and residents indicate that pain is being effectively managed.

2.9 Palliative care

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

Team’s recommendation

Does comply

The staff and management at Austral House Nursing Home demonstrate that the dignity and comfort of residents who are terminally ill is maintained. Systems are in place to identify and put into practice end of life wishes and palliative care needs. Staff demonstrate knowledge and skills in the management of residents who have a terminal illness including skin care, pain management, cultural and spiritual needs and emotional support. The home has access to advice on palliative care from palliative care health

professionals and a palliative care team. Funeral wishes and requirements are documented in most resident records reviewed. Consultation with the resident/representative, their preferred medical practitioner assists with the palliation of residents.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ dietary needs and preferences are obtained on entry to Austral House Nursing Home and this information is provided to the kitchen. Staff said they are aware of residents’ levels of assistance, types of diet, food allergies and any specific behaviour associated with eating. Morning and afternoon tea and snacks are provided and fresh fruit is on the menu. Resident files reviewed showed strategies used by the home to monitor and care for residents with identified nutritional and hydration needs including the provision of special diets and extra fluids; supplements; referral to dietician, speech pathologist, provision of specific crockery/utensils, feeding assistance and the review of resident weights and nutritional screening. Residents’ weights are reviewed monthly and more often if required. Special dietary needs are catered for and staff said that residents with swallowing difficulties are referred to appropriate specialists. Residents/resident representatives expressed satisfaction with the food and fluid services.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that skin integrity is assessed on admission to the home. Skin, nail and hair care needs are identified and incorporated into the care plan/AIN plan which is reviewed regularly. Monitoring and treating of skin irregularities and skin integrity incidents is undertaken. Regular review of skin, hair and nails is conducted by the clinical and care staff. Residents’ receive specific and routine skin, hygiene, pressure area care, continence management and hair care needs. External providers such as podiatry, hairdressing and referral to wound/skin specialists are available and accessible. The team observed specialised equipment used to assist with maintaining skin integrity such as pressure relieving devices, specific manual handling equipment and the use of skin moisturisers. Skin breakdowns have wound/dressing charts recorded and treatments provided by registered nurses. Staff interviewed stated they have sufficient supplies of skin care products and equipment. Residents/representatives indicated that they are satisfied with the skin care provided.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence is managed effectively through initial and focus continence assessments (voiding patterns, bowel management and toileting), care planning and the provision of individual toileting programs; bowel management programs and continence products. The home demonstrated an effective system for the management of continence aids, bowel habit recording, observations for urinary tract infections and for the management of resident changing urinary and bowel management requirements. There are systems in place for the assessment, usage and distribution of continence pads and training has been provided. Staff demonstrated an understanding of specific resident’s

continence requirements and knowledge of the systems and policies used at the home. Residents/resident representatives expressed satisfaction with the management of continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home accommodates resident with dementia related illnesses and has systems in place to effectively manage the needs of residents with challenging behaviours. Assessment and intervention strategies occur in consultation with residents and/or representatives, medical practitioners and/or other health professionals or teams as required. Referrals for the management of residents with challenging behaviours include reviews from medical practitioners and psycho-geriatricians according to the residents care needs relating to challenging behaviours. The home has programs such as music, baby therapy, tactile therapy and bus trips to support residents’ behaviour management. The home is maintained as a secure unit and has systems in place to manage residents who abscond from the home. Policy and procedures are available on the management of challenging behaviours such as restraint and resident to resident aggression. Staff described general and specific managements of residents’ behaviour. Practices of the staff observed are consistent with appropriate behaviour management strategies such as behaviour monitoring, resident re-direction, reminiscence activities, resident orientation; and stimulation and validation therapy. Resident’s representatives are satisfied that resident behaviours of concern are addressed

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

The home has systems in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including assessments, the development of mobility and dexterity plans, provision of mobility equipment and mobility programs. A physical therapy program is developed for all residents by the physiotherapist. The activity officer provides group exercises and other activities which encourages dexterity. Resident manual handling assessments are conducted and the information is updated and accessible for all staff. There is a system in place for referral to medical, allied and other health professionals as required. Residents are encouraged to walk to the dining areas and their rooms and to assist with their activities of daily living as much as possible. Individual walking, mobility and dexterity programs are regularly conducted by the staff and physio-aide. The effectiveness of the program is assessed through physiotherapy assessments, in addition through the monitoring and review of incidents and accidents. Falls risk assessments are undertaken and residents are reviewed and monitored to prevent and/or reduce further falls. The physio aide and staff interviewed discussed and demonstrated knowledge of resident’s mobility and dexterity requirements. Staff are provided with education on manual handling and mobility and dexterity. Residents/representatives expressed satisfaction with the management of their mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home's system for ensuring that residents' oral and dental health needs are maintained; identified on admission, and includes consultation with resident and their representatives. Staff demonstrate knowledge of policy and practice in relation to the oral and dental care provided at the home including the cleaning of teeth, oral health care, and labelling of dentures. Resources are available such as oral cleaning products, oral swabs and toothpaste. Residents with their own teeth are encouraged, prompted and supported to undertake oral hygiene and teeth brushing. Residents' and representatives indicated satisfaction with the care and services provided in relation to dental care. The home has access to dental services that visit the home and residents are supported should they need to visit a dentist in the community.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Austral House Nursing Home ensures that residents' communication requirements and sensory losses are identified through the assessment process. Optometry and hearing aid services are accessible and the home can access other specialist medical services if necessary. The home has access to an optometry service that can visit the home. Staff said that 'they are familiar with procedures to assist residents with communication, sensory loss and with the care of resident's spectacles and hearing aid devices'. All staff and the environment supports residents with sensory loss such as providing tactile therapy, cooking activities, flash cards, notices to assist residents with their orientation to time and place; playing of music; hand massages, flash cards and environmental/room surveys. Resident representatives stated that they are satisfied with the care they received from staff in relation to their sensory losses and residents also indicated satisfaction with the care and services provided.

2.17 Sleep

This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's recommendation

Does comply

The home has systems in place to ensure that sleep and nap patterns are assessed on entry to the home and at times when sleep difficulties are identified. Staff are able to adjust the environment by keeping noise levels to a minimum, regulating heating, cooling and lighting to assist residents to have a good night's sleep. Residents' sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in the residents' progress notes. Poor sleep patterns are followed up by the day staff who may request a review by the resident's medical practitioner. Measures to assist residents who experience sleep difficulties include the assessment and management of challenging behaviours, provision of snacks, comforting, pain relief, and checking continence requirements. Residents reported general satisfaction with the assistance and care given including assisting with their settling and sleep requirements.

Standard 3 – Resident lifestyle

Principle: Residents 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 recommendation

Does comply

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Two recent improvements and results for residents relevant to Accreditation Standard Three are:

- A review of the recreation activity program has resulted in the introduction of a new program and new systems for review and documentation of the program. Staff state that whilst the system is new it will provide more appropriate lifestyle choices for residents.
- A new large screen television has been purchased for the lounge. Residents were observed enjoying watching it and representatives state it has enhanced residents’ viewing of their favourite films.
- New musical video discs have been purchased and these are effective in providing calm respite to residents’ behavioural management issues.

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 resident lifestyle”.

Team’s recommendation

Does comply

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. An example of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three is that the home has clearly set out in a document its policies on the management of personal information as required under National Privacy Principle 5.1 in the *Privacy Act 1988* (Cth) requires. The document is provided to residents prior to entry to the home.

3.3 Education and staff development

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

Team’s recommendation

Does comply

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Three include residents’ rights, end of life care issues, dementia, emotional support, stress management, elder abuse.

3.4 Emotional support

This expected outcome requires that “each resident receives support in adjusting to life in the new environment and on an ongoing basis”.

Team's recommendation

Does comply

Residents and representatives expressed satisfaction with the assistance provided by staff to meet their initial and ongoing emotional needs. The home has systems in place to assess emotional needs of the residents through consultation with the resident and their representatives. Family and friends are included in activities and are encouraged to visit. Information is collected on entry and specific information is documented on care plans/AIN plans, which reflect resident wishes, interests and emotional needs. Information in relation to feedback from residents and representatives is gained through individual discussions, family conferences (as required), clinical assessments and resident and relative meetings. Birthdays and special occasions are celebrated. Interviews with management and staff confirmed that all staff are encouraged to spend time talking and comforting and supporting residents. Care staff and the activity staff provide one to one support. Observations of staff with their interactions with residents and with the representatives demonstrated sensitivity and a caring attitude.

3.5 Independence

This expected outcome requires that "residents 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 recommendation

Does comply

Residents and representatives state that they are assisted in maintaining their independence as much as possible and to participate in the life of the community outside of the home if they are able. The home has systems in place to encourage physical, financial and social independence through consultation with resident and their representatives. Residents' independence is supported in all aspects of their lives including, participation in the physical therapy and recreational program, residents' right to refuse treatment. Staff facilitate regular outings in the community, arrange regular entertainers to the home, and encourage residents to maintain their independence for as long as possible. The team reviewed strategies used to assist individual residents maintain independence, friendships and participate in the life of the community within and outside the residential care services.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

All representatives state that staff recognise and respect residents' right to privacy, dignity and confidentiality. This was also confirmed by observations of staff delivering care and their interactions with residents. Information regarding residents' rights to privacy and confidentiality is included in material provided during the entry process. The home has a number of single rooms available and there are quiet areas available in the home. Resident's rooms have curtains to ensure privacy during the delivery of personal or clinical care. The team also observed that residents' files are kept secure. Information of a confidential nature is stored in a restricted access areas and verbal handover between care staff is being conducted away from resident accommodation areas in the nurses' station

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

The home has recently reviewed the activity program and are currently updated the resident individual leisure and activity plans. Activity programs are provided seven days per week during the day. Most resident profiles have been recently reviewed. The home has a range of activities offered including craft, physical activities, visiting entertainers, music therapy and bus trips. The team observed the activity program on display, and being conducted. Individual therapy such as doll therapy, colouring books, quiz books are provided to residents. Residents and representatives confirmed they are satisfied with the activities provided for them. The team observed residents engaged in a variety of activities including a concert and small group activities.

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 recommendation

Does comply

All residents and their representatives stated they are satisfied that residents' cultural and spiritual backgrounds are valued. The home's system identifies residents' social, cultural and spiritual needs on entry to the home in consultation with residents and their representatives. Specific cultural days are commemorated such as Australia Day and Easter and Communion and Church Services are held onsite. The home has access to ministers from different denominations who visit; pastoral care is available regularly and as required. Staff explained that access to an external interpreter service is available. The team observed access to information in appropriate languages if required.

3.9 Choice and decision-making

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

Does comply

Interviews with residents and resident representatives identified that residents are satisfied with the choices available to them at the home. The systems in the home offer residents choice and control over their lifestyles through family conferencing meetings (as required); one-to-one feedback and through residents/representative meetings. Residents can choose to participate in activities of their choice, choose their preferred medical practitioner/allied health practitioner, choose their preferred showering times; choose their meal preferences, what they wish to wear and can furnish their rooms with their own belongings. The home also encourages residents and resident representatives to participate in decisions about the services they receive. Information is provided to the residents/representatives on entry to the home and as required and the information is discussed with individuals that allow them to make informed choices about the services provided by the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

A resident agreement is offered to all residents/representatives at the time of entry. The agreement includes information for residents about their rights and responsibilities (including security of tenure and the 'Charter of Residents' Rights and Responsibilities'). Residents/representatives are provided with the opportunity to have the contents of the agreement and fees and charges discussed fully at this time. Resident/representatives are informed when fees and charges are adjusted. The home has a system in place for the management of residents' guardianship and enduring power of attorney. Residents/representatives are consulted regarding changes in room or alternative accommodation should the need arise and residents representatives indicated that they are aware of their security of tenure and rights and responsibilities.

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.

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvements and results for residents relevant to Accreditation Standard Four relate to the living environment include:

- To improve infection control new hand sanitisers have been installed in each room and throughout the home. Staff state this provides them with easy access to hand cleansing facilities.
- The food safety system has been reviewed and a new manual and auditing system introduced. Catering staff state this has enhanced food safety systems and given them clear guidelines in maintaining them.
- The foyer and quiet room have had new furniture installed. This has increased residents enjoyment of these areas.
- The waste system was deemed inappropriate because of inconsistency in collection times and the management of the waste disposal by the contractor. A new contractor was engaged and they provide appropriate bin sizes and collection in line with the requirements of the home.

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 recommendation

Does comply

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four are:

- The home has a mechanism in place to consult with staff in relation to occupational health and safety as required under the *Occupational Health and Safety Regulation 2001* (NSW). That mechanism is a committee and all members have been trained or are booked to attend training.
- The home has a current Fire Safety Certificate (Form 15A) issued under the *Environmental Planning and Assessment Act 1979* (NSW).
- In accordance with requirements in the *Food Safety Regulation 2004* (NSW), the home has a licence from the NSW Food Safety Authority.

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 recommendation

Does comply

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Four include manual handling, fire safety and evacuation, infection control, safe food handling and hospitality operations.

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 residents' care needs".

Team's recommendation

Does comply

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated on one level in single or multi-bed rooms with shared bathrooms. There is a nurse call system for residents to summons staff for assistance. The home is clean, well lit and is free of clutter and malodour. There is an outdoor courtyard with a shade-sail and outdoor furniture. Risk assessments are conducted on a regular basis to identify hazards and eliminate or control them to make the environment safer for residents. Responsive maintenance is undertaken as needed and a preventative maintenance program is being implemented. Staff say that maintenance issues are addressed in a timely manner. Refer also to expected outcome 4.1 Continuous improvement.

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 recommendation

Does comply

Management is actively working to provide a safe working environment that meets regulatory requirements. The occupational health and safety (OH&S) committee is incorporated into the continuous quality improvement committee. OH&S guidelines, policies, procedures, reminder notices and education are in place. Safety equipment and supplies are available and were observed being used by staff. There is a system for reporting hazards and accidents and incidents, and review of documentation indicates they are addressed in an appropriate and timely manner. Workplace injuries are reported, investigated and the director of nursing with external contract consultation, assists injured staff to return to work. Staff have a good working knowledge of safe work practices, and say that management is responsive to their safety related suggestions and requests. The effectiveness of the system for OH&S is monitored through incident data, skills assessments and the audit program.

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 recommendation

Does comply

A system is in place to ensure management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Refer to expected outcome 4.2 Regulatory compliance for fire statement information. Staff know the procedures for responding to an emergency or security breach and fire safety and evacuation training is compulsory for all staff. Emergency procedures, an early warning information system, fire fighting equipment, orientation/evacuation maps,

assembly point signage and a resident evacuation kit are in place. Emergency exits are clearly marked and kept free of obstruction to facilitate evacuation if needed. There is a security lock-up procedure that is implemented by evening staff and there is sufficient external security lighting. The effectiveness of the system for managing fire, security and emergency risks is monitored through maintenance checks and the audit program.

4.7 Infection control

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

Team's recommendation

Does comply

An effective infection control program is in place. Infection control guidelines, policies, procedures and education are in place. Equipment and supplies are available for preventing cross-infection and were observed being used by staff appropriately. A food safety program based on the hazard analysis critical control point system is in place in the kitchen. Cleaning schedules are implemented in all areas of the home. There is safe transport and storage of contaminated waste and laundry. Resident and staff immunisation programs are in place. There is monitoring for signs of resident infections, investigation is undertaken, and treatment facilitated. There are procedures for the management of infectious outbreaks and of individual residents with communicable diseases. Staff are knowledgeable about infection control principals and practices, and residents and their representatives reported that the home is kept clean. The effectiveness of the infection control system is monitored through monthly reporting systems on resident infections, skills assessments and the audit program.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Systems are in place to ensure hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Residents choose from a variety of meals fresh cooked on site. There is a well-established food safety program within the home and staff have received training in safe food handling. The seasonal rotating menu provides residents with choice and variety and is reviewed by a dietician for nutritional value. Residents' likes and dislikes are recorded and monitored on entry to the home and on an ongoing basis. The catering staff gave examples of how they provide each resident with a good quality food service including the systems for the storage of fresh and frozen foods, preparation of food using colour-coded equipment, taking temperatures of food, reviewing the menu and the ongoing feedback from residents. Resident representatives confirmed that residents likes and dislikes and special dietary needs are met and they are very satisfied with catering at the home.

The living environment is clean and very well presented. The cleaning staff outlined the system for cleaning the home. Colour coded cleaning equipment is in use in all areas and the cleaner's trolley and room are kept locked when unattended. Residents and representatives are satisfied with the high level of cleanliness throughout the home.

All flat laundry is outsourced to a contracted service provider. The laundry staff member says the contractor provides a good service and care staff say they have access to sufficient linen and towels for the residents. A laundry staff member is responsible for residents' personal laundry. Residents' clothes are appropriately marked and there is an effective system for their distribution. Residents and their representatives are satisfied with the laundry service and say that residents' clothing is returned to them in a timely manner.