



Aged Care
Standards and Accreditation Agency Ltd

Holy Spirit Aged Care

RACS ID 0143

13 Neptune Street

REVESBY NSW 2212

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 30 October 2015.

We made our decision on 5 October 2012.

The audit was conducted on 28 August 2012 to 29 August 2012. 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 | Accreditation 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 | Accreditation Agency decision |
|---|-------------------------------|
| 2.1 Continuous improvement | Met |
| 2.2 Regulatory compliance | Met |
| 2.3 Education and staff development | Met |
| 2.4 Clinical care | Met |
| 2.5 Specialised nursing care needs | Met |
| 2.6 Other health and related services | Met |
| 2.7 Medication management | Met |
| 2.8 Pain management | Met |
| 2.9 Palliative care | Met |
| 2.10 Nutrition and hydration | Met |
| 2.11 Skin care | Met |
| 2.12 Continence management | Met |
| 2.13 Behavioural management | Met |
| 2.14 Mobility, dexterity and rehabilitation | Met |
| 2.15 Oral and dental care | Met |
| 2.16 Sensory loss | Met |
| 2.17 Sleep | Met |

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

| Expected outcome | | Accreditation 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 |



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Holy Spirit Aged Care 0143

Approved provider: Catholic Healthcare Limited

Introduction

This is the report of a re-accreditation audit from 28 August 2012 to 29 August 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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 Accreditation Agency conducted the re-accreditation audit from 28 August 2012 to 29 August 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

| | |
|----------------|--------------|
| Team leader: | Colleen Fox |
| Team member/s: | Kate Gatwood |

Approved provider details

| | |
|--------------------|-----------------------------|
| Approved provider: | Catholic Healthcare Limited |
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Details of home

| | |
|---------------|-----------------------|
| Name of home: | Holy Spirit Aged Care |
| RACS ID: | 0143 |

| | |
|---|------------------------|
| Total number of allocated places: | 50 |
| Number of residents during audit: | 45 |
| Number of high care residents during audit: | 23 |
| Special needs catered for: | Dementia (20 bed unit) |

| | | | |
|-----------------|---------------------|------------|--------------|
| Street/PO Box: | 13 Neptune Street | State: | NSW |
| City/Town: | REVESBY | Postcode: | 2212 |
| Phone number: | 02 9771 2196 | Facsimile: | 02 9772 1423 |
| E-mail address: | tshelton@chc.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/representatives | 7 |
| Care coordinator | 1 | Allied health | 1 |
| Operations manager | 1 | Pastoral care coordinator | 1 |
| Care staff | 5 | Laundry staff | 1 |
| Diversional therapist | 2 | Chef and catering staff | 3 |
| External physiotherapist manager | 1 | Contract cleaning manager and staff | 3 |

Sampled documents

| | Number | | Number |
|----------------------------------|--------|--|--------|
| Residents' files | 6 | Personnel files (including performance appraisals) | 5 |
| Medication charts | 12 | Service agreements | 3 |
| Diet analysis forms | 12 | Resident agreements | 2 |
| Core skills assessment workbooks | 5 | | |

Other documents reviewed

The team also reviewed:

- Accident/incident folders, resident incident forms, including medication
- Activity profiles, activity attendance records, activity programs, focus areas for diversional therapy activities
- Audit schedule, results, clinical indicators, summary reports including internal benchmarking
- Care plan review schedule
- Case conference schedule
- Cleaning schedules, manual, audits and inspection reports, laundry procedures
- Communication books, diaries, Doctors' communication folder, handover sheets
- Continuous improvement plan, improvement register and forms
- Education calendar, education records, competency and skill assessments
- Emergency procedures manual, disaster contingency plan
- Falls risk assessments
- Fire safety inspection records, fire training records
- Infection control - infection data and statistics, report summaries, manual, information packs
- Leisure and lifestyle assessments

- Manual handling instruction cards
- Medication refrigerator temperature records
- Meeting minutes, meeting schedules, staff memos
- Newsletters
- NSW Food Authority audit report, kitchen temperature records, food safety plan, resident meal/drink preference lists, menu, meal choice sheets, food comments book
- Observation charts, bowel charts
- Organisation charts
- Orientation program and checklist, position descriptions, duty statements
- Physiotherapy assessments and care plans, physiotherapy communication folder
- Police certificates register, staff registrations
- Policies, clinical procedures and flowcharts
- Preferred supplier list
- Preventative maintenance schedule, maintenance request forms, hazard report forms, risk assessment
- Privacy and confidentiality of personal information documents
- Reportable incidents' folder, register and records
- Resident 'Total care day' documents
- Resident admission pack, resident handbook
- Residents' weights folder
- Self-medication assessments
- Service reports - pest control, legionella, electrical testing and tagging records
- Staff and resident vaccination records
- Staff handbook, code of conduct, staff confidentiality agreements
- Staff rosters, replacement and timesheets, employment agreement
- Surveys - staff, resident departure
- Thermostatic mixing valve checks and water temperature records
- Volunteer handbook
- Work health and Safety (WHS) notices, line managers handbook, service impact reports, return to work handbook, safe work methods
- Wound treatment sheets and evaluations

Observations

The team observed the following:

- Activities in progress, activity resources
- Brochures - external complaints and advocacy services
- Charter of residents' rights and responsibilities displayed
- Cleaning in progress
- Emergency procedure flipcharts

- Feedback forms and suggestion boxes
- Fire safety instructions, equipment, evacuation plans, emergency evacuation backpack, annual fire safety statement
- First aid kits
- Infection control resources - outbreak kit, hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, spill kits
- Information on noticeboards - staff, residents
- Interactions between staff and residents
- Living environment - internal and external
- Meal service - lunch with staff assisting
- Medication administration rounds and storage of medications
- Menu on display
- Mobility equipment in use and in storage
- Public phone
- Resident, visitor sign in/out books, security systems
- Secure storage of resident and staff information
- Supply storage areas, chemical storage, material safety data sheets
- Treatment rooms
- Vision, mission and values' statements displayed

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 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 findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Plans are developed to action improvements identified at the home and by the organisation. Activities which support quality improvement include regular resident and staff meetings, internal and external audit programs and trend analyses of clinical indicators. All stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One include:

- Across the organisation management identified not all staff had completed orientation and core skill assessments. To improve staff skills and knowledge the education program has been reviewed and all staff are required to complete the core skills development workbook. The home has provided sufficient resources and relevant staff are completing the program.
- In response to staff feedback a reward and recognition program to recognise staff commitment has been introduced and launched at the home. Staff are actively involved in nominating peers and residents have been introduced to the program so they can also take part in recognising efforts made by staff.
- A lack of demonstrated results led to the sourcing and appointment of a new physiotherapist for the home. The physiotherapist has developed individual programs and for some residents there have been marked improvements in their mobility and quality of life as a result.

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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Organisational departments, membership to peak bodies and associations, subscription to legal services and Department of Health and Ageing information assist in ensuring the home receives updates of all legislation and regulations. Staff are informed of regulations, professional standards and

guidelines in the staff handbook, code of conduct, at orientation and through annual mandatory education sessions. Updated information is communicated at handover, education sessions, meetings, and through the staff messaging system and memos. The quality department ensures currency of policies, procedures and forms and staff demonstrated awareness of current legislation. Monitoring of compliance includes scheduled internal audits, staff skills assessments, performance appraisals and observation of staff practices. Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have national criminal history checks (police certificates) and these are monitored for renewal.
- Current policies in response to legislative changes, such as for reportable incidents, are in place.

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

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Core skills assessments are conducted at orientation and are ongoing as required to monitor staff practices. Training calendars are developed based on mandatory training requirements, staff development needs and audio-visual programs. Other sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Staff development is supported through certificate program education. Training and education is offered on-site in groups, one-on-one and through self directed audio-visual programs. Staff participation is recorded and programs are evaluated informally. Residents/representatives said they believe staff are providing appropriate care for residents' needs.

Education and training attended over the last year in relation to Accreditation Standard One includes: Certificate IV in Aged Care, Diploma of Management, Certificate IV in Frontline Management, orientation, Accreditation, aged care funding instrument (ACFI), bullying and harassment, code of conduct, organisational values, incident investigation and reporting.

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 findings

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints available to all residents/representatives. On entry all new residents are made aware of feedback mechanisms outlined in the resident handbook and agreement. Feedback forms and brochures for accessing external complaints services are displayed and readily available. A suggestion box is centrally located for submitting written feedback and the manager is available to assist with resident/representative enquiries. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints are minimal and those reviewed indicated they are acknowledged, investigated and feedback is given to complainants. All complaints are

handled confidentially and are registered and analysed monthly and if appropriate issues are transferred to the quality improvement program. Staff demonstrated awareness of complaints' procedures. Residents/representatives said if they had any concerns they would be happy to raise them with staff.

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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The vision, mission and values statements are on display and are included in staff and resident handbooks. The Charter of residents' rights and responsibilities is displayed and is included in the resident agreement and new staff receive a code of conduct. A values program for staff has been delivered throughout the organisation and organisational departments and staff provide leadership and management support to the home. This support, combined with audit and quality management programs, ensures ongoing commitment to quality care for residents.

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 skilled and qualified staff sufficient to deliver appropriate levels of care to residents. The human resource department provides support in recruiting staff in consideration of resident needs and criminal history checks are completed prior to employment. A certificate III qualification is encouraged for new care staff and an orientation program includes skill assessments, mentor and 'buddy' systems. Staff sign a confidentiality agreement and position descriptions, duty lists, code of conduct, handbook, policies and flowcharts inform staff of care and service delivery requirements. Staff practices are monitored through observation, performance appraisals, feedback, surveys and audit results. Staff rosters are adjusted according to workloads if required and the manager, who is a registered nurse, is on-site five days a week and on call at other times. Casual staff cover for leave with some employment agency staff used if necessary. Staff said they enjoy working at the home, they work as a team and usually have sufficient time to complete shift duties. Residents/representatives expressed satisfaction with care provided by staff and said residents are assisted promptly when necessary.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

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

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, code of conduct, position descriptions and duty lists and have access to current policies, procedures and forms. Updated information for staff is available through handover, care documentation, communication books, electronic messaging system, memos, noticeboards and meetings. Key staff have access to electronic internal management systems and databases. A resident agreement and handbook inform residents and representatives and updated information is provided through meetings, newsletters, noticeboards and verbal communication. Residents/representatives interviewed believe they are kept informed and up to date. There are processes for confidential storage, electronic back up, archiving and destruction of documentation at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. Preferred external suppliers are managed by the organisation and service agreements or contracts are arranged which include specifications of service delivery. Contracts/agreements include qualifications, insurance, criminal history checks and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Changes are made when services do not meet expected requirements and consideration is given to service provision prior to the renewal of agreements. Staff are satisfied with the quality of services provided by external suppliers and the processes in place to ensure services meet both the home and residents' needs.

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 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. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- Staff were experiencing difficulty in following electronic care plans. To address this paper based care plans are being used that are more individualised and easier to follow for staff to provide appropriate care for the needs of residents.
- An internal audit showed staff were not following required protocols in relation to falls management. Additional education was given and relevant information posted in staff work areas. Staff are now aware of correct procedures to follow in caring for residents.
- In discussion with some staff it was revealed residents and some staff lacked informed knowledge about some residents' conditions. Topical awareness weeks have been arranged with information displayed and discussed which both staff and residents have found useful for increasing their knowledge.
- Management identified strategies and interventions used for managing behaviours in the special care unit was dependent on the knowledge of staff on duty. Information sessions have been conducted to share and understand specific strategies for individual residents. This has assisted in ensuring all staff are aware of appropriate care for each resident. These sessions have been well received and staff have given positive feedback.

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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard Two include:

- Medication administration staff practices are monitored for compliance.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to health and personal care. Some of the topics include: care planning and documentation, physiological changes in ageing, skin and continence assessments, bowel management, diabetes, dementia and individualised care, depression, falls prevention, osteoporosis, arthritis, skin and wound care, medication management, oral health, pain management, palliative care, behaviour management, urinary tract infections, nutrition and hydration.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings

The home meets this expected outcome

Holy Spirit Aged Care has systems to ensure residents receive clinical care appropriate to their needs and preferences. Residents' care needs are identified on entry to the home through a series of clinical and lifestyle assessments. Individualised care plans are developed and documentation reviewed confirmed ongoing three monthly reviews by appropriate staff are in place. Any changes in care requirements are communicated to staff during handovers at the beginning of each shift, in appointment diaries and electronic messages. Documentation also confirmed residents are regularly reviewed by medical officers of their choice. Staff interviews confirm they are aware of the care needs of the residents and observations of staff interactions with the residents confirm residents are treated in a caring manner. Residents/representatives expressed satisfaction with the staff and the care provided by the home.

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 findings

The home meets this expected outcome

The home has systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified staff. Examples of specialised care the home currently provides are wound care, diabetes with blood glucose monitoring and oxygen therapy. Appropriately trained staff, in consultation with the care coordinator, are responsible for the ongoing management of all wound care. A review of clinical documentation confirms wounds are regularly reviewed and a digital camera is available to visually document wounds when necessary. Staff reported they have access to ongoing education to maintain their skills in the provision of specialised care and there is adequate equipment and stock available to them. External health professionals are available to staff to provide advice on specialised nursing care as required. Residents/representatives confirmed they are satisfied with the way staff provide specialised nursing care to residents.

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 findings

The home meets this expected outcome

The home has systems to ensure residents are referred to appropriate health specialists as required. Ongoing assessments and regular reviews of residents’ care needs help to identify those requiring referral to other health and related services. Some of the services being accessed by the home include optometry, podiatry, dentistry, speech pathology, physiotherapy and a dietician. Referrals and outcomes of the consultation is evident in a review of residents’ care documentation with appropriate changes made in the care plans as required. The home is able to assist residents with travel arrangements to external appointments. Residents/representatives confirmed they are consulted when referrals to health specialists are required and are happy with the support provided by the home in accessing these services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There are effective systems for the safe and correct management of residents’ medications in the home. Care staff who are deemed competent are responsible for the administration of all medications from multi-dosed blister packs. Photo identification with clear information relating to known allergies and special requirements is evident on the residents’ medication charts. All medications are securely stored. A review of the home’s documentation confirms there are comprehensive policies and procedures and a medication incident reporting system in place. Residents are able to self-administer medications if assessed as safe to do so by their medical officer. A visiting pharmacist is available to review residents’ medications and the supplying pharmacy provides the home with a regular delivery service. Residents/representatives said they are happy with the care provided in relation to the residents’ medication requirements.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents are as free as possible from pain. Pain is assessed on a resident’s entry to the home and on an ongoing regular basis with staff using pain assessment tools that capture verbal and non-verbal signs of pain. Pain management care plans with individualised strategies are formulated for those residents who experience pain. Treatment of pain is attended in consultation with the resident and their representatives, staff and the medical officers. The home’s attending physiotherapist identifies options for non-pharmacological pain management such as heat packs and gentle exercises and care staff are responsible for implementing these interventions. Staff confirmed knowledge on identifying, reporting and monitoring residents with pain and appropriate manual handling equipment is available. Observation and resident interviews confirm that residents’ pain is managed appropriately.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Holy Spirit Aged Care has a system to ensure terminally ill residents have their comfort and dignity maintained. Family case conferences can be held to ensure the resident and their representatives’ choices regarding end of life wishes are discussed and documented. Families have opportunities to stay and spiritual support is available for those residents who request it. The home uses the consultative services of the local area palliative care service who offer advice and support in the management of residents’ palliative care needs. The home has a range of appropriate equipment to assist with resident comfort.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ nutritional and hydration needs and preferences are identified on entry to the home through the initial assessment and consultation and are regularly reviewed. Dietary analysis forms containing information identifying allergies, special requirements and individual preferences are completed with a copy supplied to the kitchen. A centrally developed menu is reviewed by a dietician. Residents’ nutritional status is monitored through staff observation of eating patterns and all residents are weighed monthly unless otherwise indicated. Special diets, modified cutlery and nutritional supplements are provided when required. Review of residents’ care documentation confirms referrals to allied health specialists such as speech pathologists are made for nutritional and swallowing assessment and advice with any recommendations evident on care plans. Observations of the staff during meal times identify supervision and assistance is provided as necessary. Residents/representatives confirm there are choices at each meal and expressed satisfaction with the management of residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems and practices to ensure residents’ skin integrity is consistent with their general health. These include initial and ongoing assessments, care planning and evaluations. An assessment to identify the risk of pressure area development is completed and specific strategies implemented dependent on the results, including the use of emollients, limb protectors, regular pressure area care and pressure relieving equipment. The majority of beds in the home are electric for the comfort of the residents and to aid staff with the safe transfers and repositioning of residents. Skin tears, wounds and infections are all monitored and staff confirm residents’ skin integrity is checked daily with any changes reported to the care coordinator. A hairdresser visits weekly and podiatry services are

regularly available to those residents requiring this service. Residents/representatives' interviews demonstrated satisfaction with the skin care provided by the home.

2.12 Contenance management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Residents' continence is managed effectively through the home's initial and ongoing assessment processes and the development of care plans that identify the individual needs of each resident. Clinical documentation shows continence management strategies are developed for those residents who require assistance. The provision of adequate nourishment and fluids, regular toileting regimes and the use of continence aids are examples of how the home promotes continence. There is a range of continence aids available and staff interviewed confirm adequate supplies are maintained. Bowel charts for all residents are completed by care staff on each shift. Staffs have access to education through the home's internal education program and the supplier of the home's continence products. Observations of staff practices confirm assistance is provided to residents and the home was odour free during the team's visit. Residents/representatives confirmed they are satisfied with the continence management provided to residents by the home.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home ensures the needs of residents with challenging behaviours are managed effectively. Through the home's assessment and care planning processes residents with challenging behaviours are identified, assessed and individualised strategies documented in the care plans. The home has a secure dementia wing within the facility. Staff interviewed described strategies used in managing residents' challenging behaviours and reported education relating to dementia and challenging behaviours is available to them. Documentation reviews confirm referrals to specialist psychogeriatric services are made in consultation with the medical officers and recommendations made evident in the residents care plans and progress notes. Staff were observed interacting with residents in a calm, quiet and appropriate manner. Residents/representatives confirmed they are satisfied with the home's management of behaviour.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home ensures optimum levels of mobility and dexterity are achieved for all residents through its assessment and care planning processes. A visiting physiotherapy service is available once a week and is responsible for the completion of physiotherapy assessments, care planning and ongoing reviews for all residents. The home's care staff implement the physiotherapist's recommendations. Recreational activity staff hold regular exercise classes

in both wings of the home. Manual handling requirements for all residents is also assessed and documented to assist staff in understanding residents' individual requirements. Staff receive training in the correct use of the manual handling equipment available in the home and all staff undergo manual handling competencies. Residents/representatives confirmed residents are satisfied with the ways they are assisted to maintain their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home has a system to ensure residents' oral and dental hygiene is maintained. A review of documentation shows oral health is assessed when a resident enters the home and their individual needs are documented on care plans that are reviewed and updated regularly. The home assists residents to be reviewed by a visiting dental health service as required and can assist residents in arranging appointments and transport to external dentists of their choice. Staff interviews demonstrate knowledge in how they assist residents with oral and dental care and staff confirm they have adequate supplies available to them. Interviews with residents/representatives confirm staff assist with oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has processes to identify and effectively manage residents' sensory losses. Assessments of sensory losses are completed on entry to the home and when there has been a change in condition with strategies and interventions documented on care plans. Staff are available to assist residents with the care of aids and equipment such as hearing aids and glasses. Interviews with and observations of staff demonstrate assistance is provided to residents in relation to their sensory losses. Residents are able to access specialist health professionals of their choice or appointments are made to the services that regularly visit the home. The home has adequate lighting and corridors were observed to be free of clutter. The home's recreational activity staff include activities and equipment specifically targeting sensory losses. Residents/representatives confirm they are satisfied with the home's management of residents' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns through the initial assessment and care planning process. A sleep assessment is undertaken when required with strategies documented on care plans. Residents are able to choose their own sleeping and waking times and these are respected and accommodated by the staff. All residents' rooms are fitted with call bells if assistance is required. Discussions with staff confirm they are aware of ways to assist residents achieve natural sleep patterns such as offering a warm

drink, toileting and repositioning. Residents report the home is quiet at night and they are able to sleep through the night.

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 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. Resident meetings, feedback and discussion about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Resident lifestyle. Some examples of improvements over the last year include:

- The pastoral care coordinator reported the need for increased time to attend one-on-one visits with residents. The coordinator now attends two days a week with one day focused on Catholic activities and the other non-denominational. This is working well and more residents are benefiting with one-on-one time from the pastoral care coordinator.
- Staff identified residents were walking off with other residents’ walking frames and then staff were unable to identify the appropriate owners. Large print labels have been attached to frames and better compliance has been noted with resident use of correct frames, especially in the special care unit.
- Minimal feedback with residents is received by management. To encourage more feedback responsibility has been given to the activity officers for running the resident/relative meeting. Residents have stated they are very happy with the care and the environment and there is little need to raise any issues.
- Residents reported they were having difficulty reading the handwritten signs for notices about special upcoming events, such as entertainer visits. To address this, activities staff have produced laminated signs with only minimal information required to be written such as date changes. Residents find these easier to read and are more aware of planned activities.

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 findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Three include:

- All new residents receive a resident agreement and handbook which include information about security of tenure and residency rights and responsibilities.
- There is a system for compulsory reporting in accordance with regulatory requirements.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to resident lifestyle. Some of the topics include: Certificate IV in Leisure and Health, customer service and residents' rights, dealing with difficult people, elder abuse, advocacy, the new resident, personalised lifestyle programming, and the role of pastoral care.

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 findings

The home meets this expected outcome

Holy Spirit Aged Care has a system to ensure each resident receives support in adjusting to life in the new environment and on an ongoing basis. New residents receive an orientation to the home, a resident handbook and are introduced to the other residents. The recreational activity officers visit and encourage participation in the home's activity program. The pastoral care coordinator also visits new residents and spends more time with them to provide support. Friends and family are encouraged to visit the home and observations of staff practices and interactions with residents during the visit showed respect, understanding and warmth. Residents/representatives expressed satisfaction with the initial and ongoing support residents receive from the staff in the home.

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 findings

The home meets this expected outcome

The home has a system to assist residents achieve and maintain maximum independence and participate in the life of the community. Residents' individual needs are assessed on entry to the home and strategies put in place through consultation with the resident and their representatives. Residents are encouraged to be as independent as possible with their activities of daily living and the home's recreational activity officers run regular gentle exercise classes to assist in maintaining residents' strength and mobility. A seasonal newsletter includes information of upcoming events and what's happening in the home. The activity program includes entertainers who regularly visit the home. The local library offers a bus service for residents to go to the library as well as providing a visiting library service to the home. Assistance is provided for those residents wishing to vote in local elections. Observations confirm residents use a variety of mobility aids and residents' rooms have personal items displayed. Interviews with residents/representatives confirm satisfaction with the assistance provided by staff to maintain residents' independence.

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 findings

The home meets this expected outcome

The home demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. Policies and procedures are in place and staff receive training in relation to privacy and dignity, as well as signing confidentiality agreements on commencement of employment. Documentation reviews confirm residents are asked to sign a privacy and confidentiality consent form seeking permission for the home to take any photography. All residents reside in single rooms with ensuites and staff were observed knocking on doors and addressing residents by their preferred name. Documentation relating to residents is securely stored in the nursing work areas. Residents/representatives confirmed staff are kind and respectful of residents' privacy, confidentiality and dignity.

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 findings

The home meets this expected outcome

The home encourages and supports residents to participate in a wide range of interests and activities that are of interest to them. On entry to the home residents' interests and activity preferences are identified through the completion of a social profile and lifestyle assessment. Individual care plans are developed and there is a regular review process to ensure interventions are relevant. Group activities are provided in both wings of the home or on a one-to-one basis depending on the assessed need of the resident. There are recreational activity officers available five days a week and care staff can assist with the implementation of the activity program when required. A monthly calendar is on display showing the range of activities offered including external entertainers, craft and games. An evaluation of each activity is conducted through observation, participation numbers and feedback from residents. Interviews with residents/representatives revealed residents are satisfied with the activities available to them.

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

A system is in place to ensure residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. On entry to the home residents' individual customs and beliefs are documented with relevant information transferred to care plans. Representatives of various religious denominations and the pastoral care coordinator visit the home and provide regular services as well as individual visits to residents. A range of culturally significant days are celebrated in the home including ANZAC Day, Bastille Day, Remembrance Day and Christmas. Residents' birthdays are acknowledged on the day and celebrated monthly. Staff are aware of the residents' beliefs and cultural backgrounds and

interviews with residents/representatives indicated they are satisfied residents' needs are being met.

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 findings

The home meets this expected outcome

The home has systems whereby each resident and/or their representative is enabled to participate in decisions about the services they receive and exercise choice and control over their lifestyle. Preferences for showering and bed times, participation in activities, choice of personal items in their rooms and freedom to move around the home are all examples of residents exercising control and choice. Residents' representatives confirmed they are kept informed of changes to residents' health. Review of documentation demonstrates case conferences, resident meetings and the comments and complaints mechanism provide residents/representatives avenues to provide feedback and to participate in decision making relating to the care and services residents receive.

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 findings

The home meets this expected outcome

There are processes to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. The home's manager discusses relevant information about security of tenure, care, services and residents' rights with residents and/or their representative prior to and on entering the home. Information about fees and charges is provided by staff at head office. Prospective residents are given enquiry packs and on entry residents receive the residential agreement and handbook which outline care and services, residents' rights and complaints resolution processes. Ongoing communication with residents and/or their representatives is encouraged through scheduled meetings, individual meetings and notices. Residents/representatives indicated awareness of residents' rights and responsibilities and security of tenure at the home.

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 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. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident feedback. Some examples of improvements over the last year include:

- The appearance of the special care unit has been enhanced with repainting and the purchase of art works. A warmer and more homelike environment has been created and feedback from families, residents and staff has been complimentary.
- Management identified the dining experience for residents in the special care unit was rushed and not homelike. Staff education and the use of improved table settings has resulted in a more relaxed and pleasant environment. Observation has shown residents are more settled at meal times and there is less food wastage following the improvements.
- Observation showed oxygen cylinders were too heavy for staff to take to rooms. A trolley has been purchased which makes transporting the cylinder easier and eliminates the possibility of staff injury.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Four include:

- Annual compulsory education is provided for fire safety and a current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Documentation verified that a range of education and training sessions have been attended over the last year in relation to the physical environment and safe systems. Some of the topics include: fire safety, manual handling, infection control and hand washing, safe food handling, hazard and incident reporting.

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 findings

The home meets this expected outcome

The home has systems to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with ensuites. Residents personalise their rooms and all rooms are fitted with nurse call alarms which are checked on a regular basis. Some residents are also issued with care alarm pendants. A pleasant communal environment includes dining rooms, activity areas with sitting areas and outside courtyard areas available for use with family and friends. A secure environment is provided for those residents inclined to wander and bed sensor alarm mats are in use. Maintenance requests actioned and preventative maintenance schedules ensure the safety of the internal environment, outside areas and equipment. Regular audits and informal environmental inspections monitor the internal and external environments and risk assessments are conducted. Residents' rooms are monitored for clutter, corridors are fitted with handrails and outside paved areas are well maintained. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided by the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work Health and Safety (WHS) training is given to all staff during orientation and annually and the system involves audits, inspections, accident and hazard reporting procedures. Policies, procedures, and notices inform staff and WHS is an agenda item on regular staff meetings. A WHS department supports the home and implementation of requirements for WHS laws is in progress. All staff hold first aid certificates and return to work and employee assistance programs are available. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe and an external chemical supplier provides education in chemical handling. Safe work procedures and practices were

observed and staff said they have attended relevant education and demonstrated awareness of WHS practices.

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

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire fighting equipment, alarms and systems by an external company. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. An emergency procedure manual and disaster contingency plan are available. A resident emergency evacuation backpack, evacuation plans, signage and emergency exits free from obstruction were observed. Fire fighting equipment inspection and testing is current, an annual fire safety statement is held and staff interviewed are aware of procedures and have attended compulsory fire training. Residents are reminded of emergency fire procedures at resident meetings. Preventative processes include environmental audits, appropriate electrical appliance testing and designated smoking areas. Security measures for the home include lock up procedures, alarm and security systems and external lighting.

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 prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually and staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for residents and staff.

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 findings

The home meets this expected outcome

Procedures, policies, and duty checklists are in place for all aspects of hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by residents at meetings, meal comments book and surveys and residents/representatives stated they are very satisfied with hospitality services provided for residents. Freshly cooked meals are served daily using a rotating four week menu which has been reviewed by a dietician. Identified food preferences, allergies

and special dietary needs are communicated to catering staff and residents are consulted about menus and their preferred choices. There is a food safety program and the home was awarded an 'A' rating at a recent NSW Food Authority audit. Contract cleaning staff are in attendance five days a week and follow schedules for residents' rooms and communal areas. All areas were observed to be clean. All individual residents' personal items are laundered weekly and as required and delivered back to residents. Linen is laundered offsite and delivered twice weekly. Appropriate storage and sufficient supplies of linen were observed.