



Aged Care  
Standards and Accreditation Agency Ltd

## **Lourdes Nursing Home**

RACS ID 2750

95 Stanhope Road

KILLARA NSW 2071

Approved provider: Aevum 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 25 October 2015.

We made our decision on 20 September 2012.

The audit was conducted on 14 August 2012 to 15 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

**Lourdes Nursing Home 2750**

**Approved provider: Aevum Limited**

## Introduction

This is the report of a re-accreditation audit from 14 August 2012 to 15 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 14 August 2012 to 15 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:	Alexander Davidoff
Team member/s:	Kathryn Mulligan

## Approved provider details

Approved provider:	Aevum Limited
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## Details of home

Name of home:	Lourdes Nursing Home
RACS ID:	2750

Total number of allocated places:	64
Number of residents during audit:	62
Number of high care residents during audit:	62
Special needs catered for:	Extra services (27 beds)

Street/PO Box:	95 Stanhope Road	State:	NSW
City/Town:	KILLARA	Postcode:	2071
Phone number:	02 8467 4550	Facsimile:	02 8467 4560
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Executive care manager	1	Residents/representatives	14
Care manager	1	Physiotherapist	1
Operations manager group	1	Recreational activity officer	3
Care staff	8	Catering contractor representative	1
Registered nurses	2	Chef	1
Administration officer	1	Cleaning contractor representative	1
Maintenance officer	1	Cleaner	1
Laundry staff	1		

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	30
Human resource files	8		

### Other documents reviewed

The team also reviewed:

- Accident/incident reports and follow up including medication incidents
- Agency staff folder and orientation checklist
- Annual fire safety statement
- Audits and meetings schedules, audits
- Chemicals register and material safety data sheets
- Cleaners' schedules and duty statements
- Cleaners' training records
- Clinical care assessment, care planning documentation, progress notes, medical notes. medical specialists reports, allied health reports, pathology results
- Clinical monitoring charts including weights, temperature, pulse, blood pressure, blood glucose levels, pain management care plan and assessment tool, wound assessment, restraint monitoring and bowel charts
- Comments and complaints folder
- Communication books, memorandum and shift handover reports
- Consolidated register of reportable incidents
- Contact numbers folder
- Diversional therapy program: monthly planner, activity plan, risk assessments

- Education program 2012
- Equipment register
- Fire and emergency procedures manual
- Food safety plan
- Infection control manual
- Internal and external maintenance schedules
- Kitchen cleaning schedules
- Kitchen temperature records for food and appliances
- Maintenance requests book
- Medical officer communication tools
- Medication refrigerator temperature records, schedule eight drug register
- Menu
- Minutes of meetings
- Monthly clinical indicators' analysis reports
- New staff orientation program
- Newsletters
- NSW Food Authority licence
- Physiotherapy assessments, treatment and exercise programs
- Policies and procedures
- Position descriptions and duty statements
- Resident diet preferences
- Resident food surveys
- Residents' information package, handbook and residential agreements, letters to residents/representatives and service entitlements including extra services
- Restraint authorisations
- Schedule of staff appraisals and staff appraisals
- Self assessment for re-accreditation report
- Service agreements with external contractors, contractors' guidelines and orientation checklist
- Sign in/out books
- Staff competency assessments
- Staff education records and mandatory education attendance records
- Staff handbook
- Vaccinations register
- Volunteer orientation package
- Warm water temperature records and Legionella testing records
- Work health and safety manual

- Workplace inspection audits

## **Observations**

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display
- Activities in progress, activities calendar on display and activity resources
- Aged care complaints scheme and advocacy service brochures, information pamphlets on display
- Archives document storage
- Charter of residents' rights and responsibilities displayed
- Cleaners room and laundry area
- Cleaning in progress, trolleys and 'wet floor' signage
- Equipment and supply storage
- Infection outbreak kits
- Information notice boards
- Interactions between staff/residents/representatives
- Kitchen and food storage areas
- Living environment internal and external
- Manual handling equipment
- Meal service, staff assisting residents where required
- Medication system: packs, storage, expiry dates, opening dates, administration rounds
- Menu on display
- Mission statement, philosophy and objective statement and vision and values statement on display
- Notices, posters, brochures/pamphlets, forms and other information on display for staff, residents and representatives
- Personal protective equipment and hand-washing/sanitisation facilities, sharps containers, spills kits and outbreak management kit
- Resident and relative information folder
- Resident nurse call system
- Secure storage of resident and staff information
- Spills kits and sharps disposal
- Staffing allocation board
- Suggestion box
- Waste disposal facilities



## 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 systems and processes to ensure improvement activities are identified, actioned and evaluated for effectiveness. Improvement activities are identified through a range of systems involving residents, representatives, staff and management. These systems include suggestion forms, audits, surveys, meetings and the accidents/incidents documentation system. Improvements may also be identified through management observations and as a result of regulatory changes, changing resident needs and group initiatives. Identified improvement activities in the home may be actioned directly by management or may be planned and monitored to completion and evaluation through the meetings, audits documentation, risk assessment forms and improvement action plans. The Continuous improvement committee meets monthly. Examples of improvement activities relating to Accreditation Standard One include the following:

- As part of a group initiative, the home implemented a management network drive housing policies and procedures, forms, work instructions and other documents. This provides the home with up to date standardised systems information.
- Feedback was received from care staff about the increasing frailty of residents, the need for complex care and wandering behaviour of residents. To allow staff to complete their required tasks during the shift and to avoid placing residents at risk, an additional short shift was rostered in the morning to alleviate the situation.
- Following introduction of reviewed policies and procedures in the home, risk assessments are being completed for all the comments and complaints received. A new comments and complaints form was produced and made readily available to residents, staff and visitors. This allows prompt assessment of any potential risk to residents.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has procedures to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home subscribes to a legislative update service and has a membership with a peak aged care industry association. It also receives information from government departments and agencies, industry publications, consultants and professional networks. Regulatory information is communicated within the home through memos, notices, handovers, meetings and education sessions as appropriate.

Policies and procedures are updated at group level as required. Regulatory compliance within the home is monitored by management observations, audits, competency testing and the accident/incident system. Specific examples of regulatory compliance relating to Accreditation Standard One include the following:

- The home has policies and procedures for mandatory reporting of allegations of elder abuse and a consolidated register of reportable incidents is in place.
- The home notified residents/representatives in the home of the forthcoming re-accreditation audit and informed them of an opportunity to have an interview with the assessment team.
- Procedures are in place to monitor the availability of current police certificates for staff, volunteers and allied health practitioners visiting the home.

### **1.3 Education and staff development**

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

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

The home meets this expected outcome

The home has systems to provide management and staff with appropriate knowledge and skills to perform their roles effectively. Staff education needs are identified by the nurse educator from staff and management feedback, observation of staff practices and regulatory changes. The education program includes in-services and seminars given by internal and external presenters, including suppliers. Records are maintained of staff education activities. Staff interviewed said they are generally provided with sufficient and appropriate education and training to perform their roles effectively. Residents interviewed consider staff to be generally adequately trained. Examples of education activities relating specifically to Accreditation Standard One include staff education on documenting quality, ACFI, team work, stress management and appropriate workplace behaviour.

### **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 provides access to the complaints mechanisms for residents and their representatives through comments forms, resident/representative meetings, surveys and verbal communications to management and staff. Information on complaints mechanisms is displayed in the home and is included in the resident handbook and the residential care agreement. Review of the comments/complaints register indicated complaints are resolved in a timely manner. A consolidated register of reportable incidents for the home is maintained. Residents/representatives interviewed stated they are satisfied with the complaints mechanisms available to them and would be prepared to make a complaint if needed.

### **1.5 Planning and leadership**

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

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

The home meets this expected outcome

The home has clearly documented statements of vision, mission, values, philosophy and objectives, which outline the home's commitment to quality resident care and which are displayed in the home. The values expressed in these statements are promoted in management and staff practices and are contained in the staff and resident publications.

### **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 policies relating to human resource management and position descriptions and duty statements are in place. The care staff in the home have Certificate III qualification in aged care or higher qualifications. New employees undergo an orientation to ensure they are aware of the home's essential policies, procedures and practices. Appropriate training is given to staff when indicated by new resident care needs. An annual staff performance appraisal system is in place and staff competencies are tested. Staff absenteeism and leave in the home are covered by the use of casual staff and additional shifts given to permanent part time staff; there is some agency staff use. The home monitors professional staffs' registrations and there is a system to monitor staff police certificates. Staff interviewed said they have adequate skills and staff numbers are generally adequate to provide quality service to residents. Residents/representatives interviewed are satisfied with the attitude and responsiveness of staff and the adequacy of care.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has adequate stocks of equipment and goods to provide quality service delivery to residents. Equipment needs are identified through staff suggestions and feedback, changes in resident care needs, maintenance feedback/replacement needs and management observations. New equipment may be evaluated prior to purchase for work health and safety and workplace trialling aspects. Preventative maintenance of equipment is implemented by the site maintenance staff and by external contractors as appropriate. Responsibilities for ordering medical, catering and other supplies are clearly allocated and appropriate procedures are in place. Purchasing is generally done through approved suppliers. Staff interviewed said the home has adequate levels of equipment and supplies to provide quality resident care and maintenance and repairs are completed as needed

## **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

The home maintains records relating to resident care which include assessments, care plans, progress notes, medical records and other clinical records. These provide information to staff to help them perform their roles effectively. The group management network drive is used to maintain up to date document formats, policies and procedures and other information. Residents are provided with the residential care agreement and a residents' handbook and other entry information, which explain aspects of entry to and life within the home. Other information systems include documentation of incidents/accidents, medication incidents and infection incidents, communication books, meetings and memos. Confidential information is securely stored, computer access is password protected and back up of computer information is in place. The home has procedures for archiving and destruction of documents. Residents and staff interviewed by the team are satisfied with the information systems in 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 sources external services in a way that meets the home's needs and service goals. The services are provided by the contractors approved by the home and their licence, insurance and personnel police certificate details are monitored. Performance of external service providers in the home is evaluated on the ongoing basis and the agreements are renewed annually. Some external contractors contribute to the home's quality systems by providing staff training in the areas of their expertise. Procedures are in place to contact external providers after hours. Residents/representatives and staff interviewed by the team are satisfied with services offered by external contractors.

## **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

The home is actively pursuing continuous improvement as described under expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Two include the following:

- Management noted the increased number of residents in the home becoming insulin dependent and the consequent increase in the use of needles by staff. To prevent the risk of needle stick injuries and associated infections, the home is now ordering needles with a safety mechanism as per best practice guidelines. Education has been provided to the registered nurses and the feedback from staff is the needles are also user friendly.
- A pain management audit identified gaps in pain management systems and a range of initiatives were undertaken, including staff education, increasing the frequency of assessments and evaluations and adoption of a new pain assessment tool. A subsequent audit showed a major improvement in compliance and the situation is being monitored.
- Following a change in the group policies, the home reviewed the body mass index (BMI) data for all the residents to ensure their optimum nutrition care plans. The emphasis is placed on achieving the appropriate BMI index for each resident by using a suitable diet, such as by increased calory content meals. Suitable food supplements are also being administered.

### **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 a system to manage regulatory compliance relating to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Two include the following:

- The home provides continence aids and toiletries to residents receiving high level care in accordance with legislative requirements.
- The home monitors professional registrations of registered nurses and medical practitioners working in the home.
- The home has in place medication storage, administration and record keeping procedures in line with the Poisons and Therapeutic Goods Act 1966.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Two include oral and dental care, continence management, nutrition and hydration, pain management and a three day seminar on dementia management presented by an external specialist.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents receive appropriate clinical care. Residents are assessed for their clinical care needs on entering the home. The registered nurse formulates the residents’ individual care plan and reviews each care plan three monthly and as needed. Care staff are responsible for the provision of residents’ clinical care under the direct supervision of the registered nurse. Care is monitored via audits, surveys and the collection of key performance indicators by the care manager. Care staff demonstrated a comprehensive understanding of each resident’s specific care needs. Residents and representatives expressed satisfaction with the clinical care that residents receive.

### **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

There are systems to ensure appropriately trained staff are used to meet the needs of residents requiring specialised nursing care. Registered nurses undertake clinical assessments of any resident requiring specialised nursing care. Care plans are in place and evaluated every three months and as needed. There is documentation relating to consultation with other health care specialists regarding resident care needs. Examples include the use of a speech pathologist for residents with swallowing deficits and the use of dieticians for residents with weight discrepancies. Residents and representatives expressed satisfaction with the level of specialised nursing care provided to residents. Care staff demonstrated awareness of residents’ individualised 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 findings**

The home meets this expected outcome

The home has a system to ensure residents are referred to appropriate health care specialists in accordance with their assessed needs. A review of residents’ clinical documentation shows assessments and reviews have occurred by various health specialists. These include speech pathologists, podiatrists, behaviour management specialists and dieticians. Residents and representatives are aware of the availability of other health specialists if needed. Care staff are aware of specialist input into residents’ care planning and are made aware of any changes by a registered nurse and at staff handovers.

## **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

The home has systems and processes to ensure residents’ medication is managed safely and correctly. There is a medication incident reporting process forming part of the home’s safe system. Residents’ medications are administered from a blister pack system by the registered nurse. Observation of a medication round showed staff administering medications according to correct procedure. All medications were observed to be locked in medication trolleys and stored in a locked treatment room when not in use. Residents and representatives stated residents receive medication correctly and in a timely manner.

## **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 a system for assessing, monitoring and treating residents’ pain on entering the home and as needed. Care plans are formulated with individual pain management strategies. The home conducts pain clinics, which are facilitated by a physiotherapist. The clinic utilises a combination of treatment options to manage residents’ pain, which include, but are not limited to, heat, massage and the use of electronic nerve stimulation. Referral to specialists is in line with residents’ needs. Residents expressed satisfaction with their pain management treatments and with staff responses to their needs. Staff demonstrated knowledge of the process required to effectively manage residents’ pain.

## **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

There are processes for ensuring terminally ill residents’ comfort and dignity is maintained. Consultation and communication are used to ensure relatives, staff and all health

professionals are aware of the resident's individual needs. A chaplain is available to provide support to residents and families in addition to that provided by staff. The chaplain is also available to support the resident regarding their spiritual needs if required including through one-on-one visits.

## **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

The home has a system to ensure each resident receives adequate nourishment and hydration. When a resident enters the home a diet request is completed and the information is provided to the catering staff. Residents' weights are recorded monthly and as needed, or in line with the medical officers' orders. The registered nurses alert the residents' medical officer of any fluctuations in a resident's weight. Nutritional supplements are given to residents who have been assessed as needing extra nutritional support and texture modified foods and fluids are served in accordance with the residents' assessed needs. Specialised eating equipment is used on an individual basis to help promote resident independence. The home has access to a speech pathologist and dietician as needed. Residents are satisfied with meals and assistance they receive from staff. Care staff are aware of residents' individual special diets, fluid requirements and of any residents requiring a food and fluid monitoring chart.

## **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 for maintaining residents' skin integrity consistent with their general health. Initial and ongoing assessments, care planning and regular evaluations of residents' skin are conducted. Care staff monitor residents' skin condition daily and provide strategies to prevent breakdown, including changes in position and pressure area care. The registered nurse attends to all wound care. The home has a range of dressing products and pressure relieving aids to assist in maintaining and promoting residents' skin integrity. The home has a podiatrist who regularly visits residents for assessment and care. Residents and representatives are satisfied with the way staff maintain residents' skin integrity.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure residents' continence needs are managed effectively. Continence management strategies are developed for each resident following an initial assessment of urinary and bowel patterns. Care staff assist residents with their continence programs as required and residents' bowel management programs are monitored daily. Care staff stated there is a sufficient supply of continence aids to meet residents' needs. Residents



and representatives stated they are generally satisfied with the continence care and toileting program provided to residents.

### **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 has a system to ensure the needs of residents with challenging behaviours are managed effectively. All residents are assessed on their entry to the home, behaviours are identified and strategies developed by registered nurses to manage each resident individually. All episodes of challenging behaviour are recorded and the resident is monitored closely. Registered nurses investigate the presence of infection or constipation when a resident’s challenging behaviour escalates. The home conducts a weekly circle of care meeting with the aim of case managing individual residents who are displaying challenging behaviours. Referral to behaviour management specialists is used to assist staff to manage behaviours of concern. Care staff are aware of residents’ individual needs and management strategies. Residents and representatives are satisfied with the manner in which staff approach and manage residents’ individual behaviours.

### **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 has processes to optimise residents’ levels of mobility and dexterity. Residents’ mobility and dexterity is assessed on their arrival at the home and on a needs basis. The physiotherapist assesses and evaluates the resident’s individual program. The physiotherapy assistants are responsible for implementing the residents’ mobility and exercise program. The accident and incident reporting system includes analysis of incidents to identify trends and the implementation of strategies to reduce falls as needed. The home has a range of mobility equipment. Staff showed an understanding of their responsibilities in relation to optimising the residents’ mobility and dexterity. Residents and representatives expressed satisfaction with the home’s mobility program for residents.

### **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 health is maintained. This includes initial and ongoing assessment of residents’ oral and dental needs. Residents’ day-to-day oral care is attended in line with individual care plans and referral to specialists is arranged according to residents’ needs and preferences. Care staff demonstrated an understanding of oral and dental care practices used in resident care. Residents and representatives expressed satisfaction with the way in which the residents’ oral health is maintained.

## **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

Residents’ sensory losses are identified and managed effectively by staff at the home. The home’s assessment process ensures that any sensory loss is identified and referrals to appropriate specialists are made. Individual sensory aids are available and any special instructions are documented on the residents’ care plans. Care staff demonstrated an understanding of individual residents’ sensory needs. Residents and representatives are satisfied with the assistance provided by staff in relation to resident 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 has systems to assist residents achieve their natural sleep patterns. On their entry to the home, the resident’s sleep pattern is assessed and appropriate strategies are developed and implemented. Residents are encouraged to settle quietly in their rooms at night and staff offer snacks and drinks during the night when required. The use of medication is at the discretion of medical officers in consultation with residents and/or their representatives. The home ensures residents who are accommodated in shared rooms are able to achieve natural sleep patterns. This is done by use of bed screens, appropriate continence and behaviour management, warm drinks, snacks and repositioning. Night sedation prescribed by a medical practitioner may be used if this assists residents achieve a good nights sleep. Residents informed the team they are generally able to have a good night’s sleep and the night staff are attentive to their needs.

## **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

The home is actively pursuing continuous improvement as described under expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Three include the following:

- A resident satisfaction survey identified some gaps in the lifestyle activities program in the home. The home accessed a diversional therapist consultant who reviewed the activities program and provided mentoring to the recreational activities officers. A new activities calendar has been developed for September and the activities officers are engaging in a more individualised manner with the residents. We were told the residents already appear more stimulated in smaller group activities.
- The home identified the resident social profile assessment used at the time of entry was not sufficiently comprehensive to identify personal preferences and resident background. Two new assessment forms were introduced, “Key to me” and the activities assessment. These provide a more complete resident information for formulating an appropriate lifestyle plan.
- A living environment audit highlighted the home does not have an audit tool to assess the timeframe in which staff answer nurse calls. Buzzer response times will now be monitored more closely through targeted audits to ensure residents’ needs are being met.

### **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 manage regulatory compliance relating to resident lifestyle. For the description of the system refer to expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Three include the following:

- Staff in the home undertake to maintain confidentiality of residents’ information and residents are provided with information on their rights and responsibilities.
- Residents provide consent for collection and use of their personal information and photographs.
- Residential agreements are in place. The agreements provide a 14 day cooling off period, information on the care and services, security of tenure and disputes resolution procedures.

### **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

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Three include cross cultural awareness, grief and loss and elder abuse and mandatory reporting.

### **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

The home supports residents and their representatives in adjusting to life in their new environment. The results of the team's observations, interviews and document review reveal residents receive emotional support from staff. On entry to the home, an activity assessment is completed for each resident. This data contributes to the assessment of residents' emotional needs. We observed residents have personalised their rooms with photos and other items. Care staff demonstrated insight into residents' emotional needs and stated they felt supporting a resident emotionally was a major part of their role. Residents and representatives stated they were supported and assisted in all aspects from the initial contact with 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 strategies to provide assistance to residents to maintain maximum independence. Residents are encouraged to maintain their friendships and to participate in the life of the community within and outside the home. We noted, through talking to residents and reviewing care documentation, residents are as independent as they are able to be with activities of daily living, health choices and lifestyle. We observed staff encouraging residents with mobility and activities of daily living. The activity program contains both internal and external activities such as outings and entertainment by community groups. Residents are satisfied with how the home encourages them to maximise their independence and assists them to be involved in the wider community.

### **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

Residents' right to privacy, dignity and confidentiality is recognised and respected by staff at the home. Information on residents' rights and responsibilities is included in documentation provided to all residents and representatives when residents first enter the home. Staff demonstrated an awareness of practices promoting residents' privacy and dignity. These include closing resident doors, window curtains and bed screens when providing personal care. Residents' personal information is stored securely, with access by authorised staff only. Residents have access to a confidential process for reporting comments and complaints. Residents and representatives stated they were satisfied with the way staff respect and maintain residents' privacy dignity and confidentiality.

### **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 actively works to ensure the residents are encouraged and supported to take part in a wide range of activities which are stimulating and are of interest to them. On entry to the home the residents' activity and social profile are documented, including attendance and evaluation to assess the suitability of activities offered. Programs include group activities such as concerts, word games, one-to-one activity, or small group special interest activities, for example cooking. Activities are modified as necessary to optimise residents' enjoyment, participation and sensory stimulation. Residents and representatives expressed satisfaction with the overall activity program for residents.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

The home is able to demonstrate residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of residents' specific needs, customs and beliefs is conducted on their entry to the home and reviewed on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community. Church services are held regularly in the chapel which is located in the grounds of Lourdes Village, which staff assist residents to attend. Days of cultural significance are celebrated with various activities. Residents and representatives are satisfied with the support provided for residents' cultural and spiritual needs.

### **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 processes to ensure each resident or their representative participates in decisions about the services received by the resident. These processes uphold the resident's right to exercise choice and control over his or her lifestyle. Residents are kept informed and given opportunities to provide input to the home through systems such as assessment and care planning processes, surveys and resident meetings. Where residents are unable to make choices for themselves, an authorised decision maker is identified for the resident. Residents are provided with choices concerning their personal care regimes, cultural and spiritual choices and waking and sleeping times. Choices are also available regarding participation in activities, meals and choice of medical officer. Residents and representatives stated the home's staff actively supports residents in making their own lifestyle choices and decisions.

### **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

The home has processes to ensure residents have secure tenure and are assisted to understand their rights and responsibilities. The home's executive care manager discusses security of tenure and rights and responsibilities with residents and/or their representatives prior to entry where possible. Documentation provided to all new residents and/or their representatives includes an information package, handbook and the resident care service agreement. This explains the services provided by the home, resident rights and responsibilities, 'cooling off' periods, conditions of occupancy and payable fees. The Charter of residents' rights and responsibilities is displayed in the home and also included in the staff and resident handbooks. Residents and representatives reported a general awareness of resident rights and responsibilities and felt secure about resident tenure.

## **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

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Four include the following:

- The home has developed a scabies management protocol flowchart. This ensures clear and comprehensive guidelines are in place for eradication of the infestation and prevention of re-infection.
- Following the new regulations relating to the Workplace Health and Safety (WHS), the home has implemented a reviewed policy and relevant procedures and provided training to three additional WHS committee members.
- The home has reviewed its fire safety systems, including the updating of the emergency manual and the evacuation maps. External signs were erected, giving directions from the emergency exits to the assembly areas; contents of the evacuation packs and location of the evacuation lists were reviewed and new identification tags for residents were made.

### **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 an effective system in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Four include the following:

- The home has a current annual fire safety statement.
- The home has a licence from the NSW Food Authority under the regulations on Food Preparation and Service for Vulnerable Persons and a food safety plan is in place in the kitchen operated by an external contractor.
- The home is implementing the new regulations relating to work health and safety.

### **4.3 Education and staff development**

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

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

The home meets this expected outcome

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to expected outcome 1.3 Education and staff development. Specific examples of education activities relating to Accreditation Standard Four include mandatory education on fire safety, manual handling and infection control, chemicals training and food safety and safe food handling.

### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

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

The home meets this expected outcome

Residents in the home are accommodated in single and multiple bed rooms, some with en suites. The accommodation includes a secure special needs wing with 27 beds. There are pleasantly landscaped external porch areas with outdoor furniture and the building is air conditioned. The home has wide corridors with good lighting, level floor surfaces and handrails; all common areas are easily and safely accessible to residents. The home was noted to be well maintained, clean, free from odour and with low level of noise. A lockdown check is in place in the evening and the site is visited by a security patrol at night. The home is serviced by the site maintenance officers and maintenance request logs are in place. Assessment of safe and comfortable environment in the home includes environment audits. Residents/representatives interviewed are satisfied with the living environment in 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 systems to provide a safe working and living environment for residents and staff. A Work health and safety (WHS) policy is in place and the home has a site WHS committee which meets regularly. New staff orientation includes manual handling and other occupational health and safety aspects and annual manual handling training is mandatory for staff. The home has accident/incident and risk assessment systems, environmental audits are completed and material safety data sheets are in place. Staff said that the home has adequate stocks of equipment and supplies to ensure occupational health and safety when providing resident care. Staff interviewed are satisfied with the safety of the working environment in the home.



#### **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

Fire safety systems in the home include emergency instructions manual, a designated fire offices, annual fire safety training which is mandatory for all staff and a resident evacuation kit. Fire equipment is regularly maintained by external contractors; its location and the location of the emergency exits are clearly marked and were observed to be free from obstructions. The home has emergency procedures flip charts and evacuation plans are displayed. A visitors 'sign in' book is in place. Fire safety aspects are monitored through regular workplace inspections. Residents interviewed feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control system including policies and procedures, outbreak management procedures, audits, staff induction and the use of personal protective equipment. Spills kits, sharps disposal containers, contaminated waste disposal and outbreak management kits are in place. Incidents of infection are documented. Staff interviewed demonstrated they are aware of infection control procedures and stated they have access to adequate stocks of personal protective equipment. Vaccinations are offered to residents. A food safety plan is in place in the kitchen and the temperatures of delivered foodstuffs, cooked meals and kitchen appliances are monitored and prepared food items are dated. The laundry has equipment with programmed cycles and detergent dispensing and there are designated clean/dirty areas. Procedures are in place for handling contaminated linen. Cleaning procedures and schedules are in place for the cleaning staff and dispensing of cleaning chemicals is used. Colour coded equipment is used to reduce the risk of cross contamination. The staff in the home were observed to be using appropriate personal protective equipment in the performance of their duties. The home has services of a pest control contractor.

#### **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

The kitchen in the home is operated by an external contractor and the meals are cooked fresh on site, according to a seasonal rotating four week menu. The menu provides a choice of two dishes for the main meal for the extra services residents and the mainstream residents have one dish, with an alternative provided if requested. Special meals can be prepared for residents with particular requirements such as diabetic, gluten free, texturing of meals and thickening of fluids, as well as for those with other special requirements or preferences. Modified crockery and cutlery is available to promote resident independence if needed. Residents have meals in the pleasantly appointed dining rooms. Resident feedback on catering service is obtained through the regular food satisfaction surveys, resident meetings and through the comments and complaints system. Residents interviewed by the team are

satisfied with the catering service in the home. Residents' personal items are laundered in the on-site laundry and are returned folded the same day. Ironing is provided for special occasions. The home's cleaning is done by external contractor staff, with cleaners working seven days a week; the cleaning schedule includes detailed cleaning of resident rooms. Standards of cleaning are monitored through audits and staff and resident feedback. Residents interviewed by the team are satisfied with the laundry services, and the cleaning of their rooms and communal areas.