



Aged Care  
Standards and Accreditation Agency Ltd

## **Mingaletta**

RACS ID 0975

438 Oxley Highway

Port Macquarie NSW 2444

Approved provider: The Uniting Church in Australia Property Trust  
(NSW)

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 1 November 2015.

We made our decision on 9 October 2012.

The audit was conducted on 4 September 2012 to 6 September 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

**Mingaletta 0975**

**Approved provider: The Uniting Church in Australia Property Trust (NSW)**

## Introduction

This is the report of a re-accreditation audit from 4 September 2012 to 6 September 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 4 September 2012 to 6 September 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:	Jennifer Woodman

## Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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## Details of home

Name of home:	Mingaletta
RACS ID:	0975

Total number of allocated places:	110
Number of residents during audit:	61
Number of high care residents during audit:	46
Special needs catered for:	Dementia

Street/PO Box:	438 Oxley Highway	State:	NSW
City/Town:	Port Macquarie	Postcode:	2444
Phone number:	02 6582 8200	Facsimile:	02 6582 8201
E-mail address:	kkratz@caroona.org.au		

## Audit trail

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

### Interviews

	Number		Number
Acting care manager	1	Residents	8
Area manager	1	Representatives	7
Regional quality systems manager	1	Physiotherapist/physiotherapy assistant	2
Acting deputy care manager	1	Leisure and lifestyle coordinator/staff	2
Acting care coordinators	2	Regional inspired care facilitator	1
Registered nurses	3	External behaviour management consultant	1
Team leaders/care staff	10	Care support officer	1
Human resource consultant	1	Contract catering managers and staff	5
Administration assistant	1	Laundry staff	1
Clinical educator	1	Contract cleaning manager and staff	3
Pastoral care worker	1	Regional maintenance manager and maintenance supervisor	2

### Sampled documents

	Number		Number
Residents' files: assessments, care plans, progress notes, doctor's notes and pathology results	11	Personnel files (including staff confidentiality agreements)	3
Medication charts	30	Service agreements	5
Resident agreements	4		

### Other documents reviewed

The team also reviewed:

- Audit schedule, clinical indicators, summary reports
- Cleaning schedules and manuals, laundry operation manual
- Communication books, diary, handover sheets
- Compliment and complaint registers, feedback forms
- Continuous quality improvement plan, quality framework
- Contractor handbook, site induction checklist
- Electronic care system

- Enterprise agreement, position descriptions, duty statements
- Fire and evacuation manual, contingency plans, fire safety inspection records, fire training records
- Incident reports including medication incidents
- Infection control summary log, surveillance data
- Leisure and lifestyle - activity programs, surveys and summary, consents for participation, daily attendance records, activity program spread sheet
- Maintenance request sheets, preventative maintenance schedules
- Medication action plan
- Medication refrigerator monitoring records
- Meeting minutes, staff memos
- New employee information packs, staff handbook, code of ethical behaviour, 'Inspired care' booklet
- NSW Food Authority audit report, food and equipment temperature records, food safety program, resident dietary preference and needs forms, resident meal/drink preference lists, menu and dietician review
- Organisational charts
- Physiotherapy assessments, manual handling, pain assessments, falls risk assessments and therapy program records
- Police check registers, staff registrations
- Policies and procedures
- Preferred suppliers' list, contractor performance report
- Registered nurse handover sheets and specialised nursing care summary spread sheet
- Reportable incident register, records
- Resident and staff vaccination records
- Resident information packs, residents' handbook
- Residents' observations including weight records, blood glucose levels, bowel charting and vital signs
- Service reports - pest control, legionella
- Specialist and allied health professional letters and reports
- Staff rosters, replacement and allocation lists
- Survey results - resident and meal satisfaction, staff
- Training calendars, needs analysis, education records, competency assessments, orientation program, staff education record booklets
- Water temperature and mixing valve check records
- Work health and safety (WHS) policies, environmental inspections, risk assessments, hazard register and report forms, safety alerts
- Wound management assessments and management plans

## Observations

The team observed the following:

- Activities in progress, photograph albums, notices, memory loss activities including art therapy
- Brochures – external complaints and advocacy services
- Charter of residents' rights and responsibilities displayed
- Cleaning in progress, use of 'wet floor' signage
- Feedback forms and suggestion box
- Fire safety instructions and equipment, evacuation plans, emergency evacuation folder, emergency procedure flipcharts, annual fire safety statement
- First aid kits
- Handovers between shifts
- Infection control resources – hand wash basins, hand sanitisers and gel, personal protective equipment, colour coded equipment, sharps containers, spill kits, outbreak management kits
- Information on noticeboards – residents, staff
- Interactions between staff, residents and visitors
- Living environment and Sherwood Terrace Café, Elysia Chapel, Sancrox Salon (hairdressing), Limeburner's corner shop and men's den
- Medication storage, trolleys, schedule eight medications, eye drop opening dates, random expiry dates, administration rounds, medication refrigerator contents
- Mobility equipment in use and in storage
- NSW Food authority licence
- Physiotherapy equipment and provision of pain management interventions
- Resident, visitor sign in/out books
- Residents' meal service
- Secure storage of resident information
- Supply storage areas, chemical storage and safety data sheets
- Vision, mission and values, 'Soul' poster

## 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 and is supported by regional quality personnel. 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. Activities which support quality improvement include regular resident, representative and staff meetings, external, internal and benchmark auditing programs and trend analyses of performance and clinical indicators. Stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One include:

- An internal audit identified complaints management processes were not being followed in line with policies and procedures. To address this, a complaints' register has been established, processes have been discussed with staff, a secure suggestion box installed and contact details for appropriate personnel for residents and families displayed. Mechanisms are being used with good effect by residents and representatives for compliments, concerns and suggestions.
- The staff handover sheet has been reviewed and improved following an identified need for better communication between staff, especially when temporary staff are working. Increased information and a health summary are included for each resident improving the flow of information directly related to residents' care. The sheet provides a readily accessible record of care need changes over a weekly period to inform staff.
- A review of staff duty statements has been conducted with changes in work requirements. They have been updated in line with required operations ensuring that tasks related to residents needs are completed on all shifts.

#### 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 and regional support units, membership of peak bodies, subscription to legal services and Department of Health and Ageing information assist in ensuring management receive updates of all legislation and

regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, code of ethical behaviour, at orientation and through annual mandatory education sessions. Updated information is communicated at handover, education sessions, meetings and through staff memo and messaging systems. Head office departments ensure policies, procedures and forms are current and staff demonstrated awareness of current legislation. Monitoring of compliance includes scheduled internal audits, staff competency assessments, performance reviews 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 and these are monitored for renewal.
- Current policies in response to legislative changes, such as for reportable incidents, are held.

### **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. Support is provided by regional learning and development staff who develop an annual training calendar for mandatory training requirements. Staff development needs, suggestions and surveys contribute to the training program and other sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Staff are encouraged and supported to attend education programs internally and externally which cover the four Accreditation Standards. Competency assessments are conducted at orientation, annually and as required to monitor staff practices. Traineeships and certificate program education are supported. Training and education is offered on-site in groups, one-on-one and through online learning packages. Staff attendance records are maintained and programs are evaluated. Residents/representatives said they believe staff are providing appropriate care for residents' needs.

Education and training attended in relation to Accreditation Standard One includes: code of ethical behaviour, aged care funding instrument (ACFI), professional relationships, Certificate III and IV in Aged Care, documentation, electronic care management system, bullying and harassment, policies and procedures, time management and orientation. A consent and contractor workshop has been attended.

### **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 and their 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 in all areas. A secure 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 and representative meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints reviewed indicated they are acknowledged, investigated, and feedback is given to complainants. All complaints are handled confidentially and are registered, collated 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 have any concerns they are happy to raise them with staff and expressed satisfaction with actions taken.

### **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 handbooks and new staff receive code of ethical behaviour and care principles' booklets. Managers contribute to business planning in the organisation and key personnel in specialised departments at both regional and corporate level provide support and guidance 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 home is supported by regional staff for recruitment and associated human resource processes such as criminal history checks and staff registrations. Staff are recruited in consideration of resident needs and a comprehensive orientation program includes 'buddy' shifts. Staff sign a confidentiality agreement and position descriptions, duty statements, handbooks, policies and procedures inform staff about their roles and responsibilities. Recognition programs are available and staff practices are monitored through observation, performance management programs, feedback, surveys and audit results. Staff rosters are adjusted according to workloads and a registered nurse is on duty for all shifts. Casual staff and employment agency staff are used for leave purposes. Staff said there is good teamwork, they enjoy working at the home and they generally have sufficient time to complete their duties. Residents/representatives expressed satisfaction with care given by staff and residents said they are assisted when necessary in a timely manner.

## **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 and all storage areas viewed showed there are adequate supplies. There is a stock rotation policy and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. There are processes for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment repairs and identifying replacement needs. Staff training is conducted for all new equipment. Staff and residents 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, audit and survey results provide information to management about the home's performance. Updated information for staff is available through handover, the messaging system, care documentation, communication diary, memos, noticeboards and meetings. Staff are informed by the code of ethical behaviour, handbooks, position descriptions and duty statements and have intranet access to current policies, procedures and forms. Care staff have access to electronic care management systems and key staff have access to internal management 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 by service agreements or contracts which include specifications of service delivery. Contracts/agreements include qualifications, insurance, registration and criminal history check details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Consideration is given to services provided prior to the renewal of agreements and changes are made when services received do not meet expected requirements. Staff are satisfied with the quality of services provided by external suppliers and processes available 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 recent improvements include:

- To ensure medication administration is conducted correctly and safely a complete review of the medication management system has been conducted. Discussions with the pharmacist ensure agreed procedures are followed and changes made include improved medication documentation on charts and improved storage of medications. Staff have completed additional training and medication competencies have been repeated to ensure staff have appropriate skills and knowledge to care for residents.
- A complete review of wound management processes has been conducted following identified inconsistencies. One-on-one education and the use of a wound care consultant has resulted in the establishment of wound care protocols. Regular assessments and electronic wound monitoring have been introduced and progress is communicated to general practitioners. Significant results in wound healing have been demonstrated with improved resident wound care.
- An analysis of the incidence of falls showed a number were experienced during the night. Bed sensor mats have been introduced and staff have been educated on their use. Using this system staff are alerted immediately to assist in preventing residents' falls.
- A dementia behaviour management specialist has been actively working with the home in response to an identified need for referral to external services in relation to behaviour management. Staff are receiving one-on-one mentoring and four staff have attended specialised external training. Case conferences are conducted with relatives and the mix of residents in memory loss households has been reviewed. Staff interviewed are confident in assisting residents with appropriate care to manage challenging behaviours.

### **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.

- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

### **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 during the year in relation to health and personal care. Some of the topics include: clinical leadership, person centred care, case management, dementia and behaviour management, restraint minimisation, skin integrity and wound management, pain management, palliative care, personal hygiene, continence management, nutritional support, diabetes, motor neurone disease and stoma care. Medication management training and competency assessments have been completed.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Mingaletta provides residents with appropriate clinical care. The home has processes to assess, document and provide residents’ initial and ongoing clinical care needs and preferences. Registered nurses oversee the clinical system and consult with residents/representatives, doctors and other health professionals to ensure all residents’ care needs are identified and provided. The home implements an electronic care system which includes comprehensive assessments, care planning, progress note documentation and health monitoring. Registered nurses review and update care plans on a regular basis and in line with any changes in each resident’s care needs. Results show current, individualised and comprehensive care plans which reflect the care provided by staff. Residents/representatives say they are satisfied with the clinical care provided for residents.

### **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

Registered nurses identify, assess, document and provide residents’ specialised nursing care needs and preferences. Consultation with residents/representatives, the resident’s doctor, specialists and other health professionals is undertaken to ensure residents’ specialised nursing care needs are identified and met. Registered nurses update care plans regularly which include information to guide staff in the day to day provision of specialised nursing care. Specialised nursing care provided at Mingaletta includes diabetic management, oxygen therapy, catheter care, palliative care, complex wound care and behaviour management. The home implements referral processes when required to external specialist nurses including for palliative care, behaviour management and continence care.

Residents/representatives say they are satisfied with the specialised nursing care provided for 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 assists residents to arrange referrals and access to appropriate specialists or other health professionals according to their needs and preferences. Physiotherapy is provided onsite Monday to Friday, a podiatrist comes on a regular basis and other specialists such as a speech pathologist and a dietician attend as required. Where possible specialists visit residents at Mingaletta or appointments and transport arrangements are made in consultation with residents/representatives for external appointments. Follow up by a registered nurse occurs after appointments and care plans are updated with any new care information. Registered nurse handover sheets, documentation in progress notes, communication books and verbal handovers between shifts ensure care staff know about changes to resident care. Residents/representatives say they are satisfied with resident’s access to external specialists and health related 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

Registered nurses, doctors and pharmacists oversee the medication system which ensures residents’ medication is managed safely and correctly. The home implements a blister pack system for administration of residents’ medications. Registered nurses or care staff who have completed training and competency assessment complete medication administration rounds. Residents who wish to self-medicate discuss this with their doctor and a registered nurse completes an assessment to ensure safety. Medications are stored safely and securely in locked rooms, cupboards and trolleys. A pharmacist conducts regular medication regime reviews with results provided to the resident’s doctor and registered nurses for review. Staff report medication incidents which are followed up to resolution by management. This may include counselling and completion of additional training and medication competency assessment if required. A regional medication advisory committee meets regularly to oversee the medication system including audit results, incidents, medication issues and the education requirements of staff. Residents/representatives say they are satisfied with the way residents’ medications are managed.

## **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

Mingaletta implements a multidisciplinary approach to pain management which ensures residents are as free from pain as possible. Registered nurses and physiotherapists complete pain assessments which include non-verbal signs of pain. Reassessments are completed if the resident’s condition changes or their pain experience worsens. Consultation

with residents/representatives ensures successful pain management interventions are included in care planning. Therapy provided by the physiotherapy team includes massage, heat packs, electrical stimulation of nerves and gentle exercise. Registered nurses refer residents who experience pain to their doctor and the effectiveness of pain relief medications is monitored. Care staff provide a range of comfort measures such as regular repositioning, distraction with activities and rest during the day. Specialist nurses from the local palliative care team provide advice if required. Residents say their pain is managed well and they enjoy the physiotherapy treatments.

## **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

Mingaletta provides end of life care for residents which respects their privacy and dignity and ensures their comfort. Palliative care plans and advance health directives detail residents’ preferences for ‘end of life’ care. Registered nurses oversee the provision of care for residents who are terminally ill. Staff provide interventions for residents such as pain management, nutrition and hydration, mouth care, pressure care, soft music and aromatherapy which assist in ensuring the resident is comfortable. The pastoral care team and other religious representatives provide emotional and spiritual support for residents and their family members according to their choice. Family members may stay overnight if they wish and the home provides meals and refreshments. The local palliative care team provides specialised support and advice if required. Interviews and observations show caring staff who provide gentle loving support for residents and their family members.

## **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

Nutrition and hydration assessments identify residents’ individual dietary needs and preferences when they first move into the home. Information identified includes special diets, thickened fluids, meals of soft consistency, special cutlery or plates, food likes/dislikes and meal preferences. Information is included in care planning and forwarded to the kitchen for implementation. Staff provide assistance to residents who require support at meal times. The home provides special diets and nutritional supplements if needed and fresh fruit is freely available in the serveries. Health monitoring by staff includes regular weight recording with results reviewed by a registered nurse and followed up as needed. Referral to a dietician or speech pathologist is arranged if required. Residents say they like the meals, there is always plenty to eat and they are satisfied with the catering service provided at the home.

### **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

Clinical assessments identify the condition of each resident’s skin and the care they require to maintain their skin integrity. Consultation with residents/representatives ensures any concerns related to skin care are identified, documented and care is provided according to the residents’ needs and preferences. Registered nurses complete wound assessments and management plans, provide complex wound care and monitor the progress of wound healing. Photographs used to record wound healing enable doctors to review wounds and order particular care or dressings. Residents’ skin integrity is protected through the use of natural oils, regular showering/bathing, limb protectors, careful manual handling and pressure relieving equipment. Care staff provide finger nail care, a podiatrist visits the home and the hairdressing salon provides additional pampering for residents.

Residents/representatives say they are satisfied with the wound and skin care provided for residents of 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

Contenance assessments provide information for individualised toileting and bowel management programs. Consultation is undertaken with residents/representatives to ensure any concerns related to continence are identified, documented in care plans and addressed by staff. Bowel management programs include increased fibre intake, freely available fresh fruit, regular exercise and good hydration. The home has equipment such as raised toilet seats and adequate supplies of continence aids. Mingaletta has two trained continence facilitators who oversee the system including continence aid advice for staff, commencement of continence reassessments and ordering of stock. Referrals to a continence advisor are undertaken when specialist advice is required. Care staff monitor the effectiveness of residents continence programs on a daily basis with any changes reported to a registered nurse for follow up. Residents/representatives say they are satisfied with the assistance provided for residents in relation to continence.

### **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

Mingaletta implements systems to effectively manage residents with challenging behaviours. Clinical assessments, consultation with residents/representatives and monitoring of behaviour identifies triggers and successful interventions which are included in care planning. The leisure and lifestyle program incorporates individual programs such as art therapy which assists in the management of residents with challenging behaviours. The memory loss households have free access to a large secure garden area which enables them to freely wander in safety. Registered nurses review the effectiveness of interventions and refer to the resident’s doctor as needed. External specialists provide assessment,

treatment and care planning for residents with challenging behaviour. Observation of resident and staff interaction shows a patient and gentle approach to behaviour management. Residents/representatives say specialists are consulted and the needs of residents with challenging behaviour are effectively managed at the home.

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

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

##### **Team’s findings**

The home meets this expected outcome

Mingaletta has two onsite physiotherapists and an assistant who provide comprehensive assessment, therapy planning and provision Monday to Friday. Assessments include functional ability, falls risk, manual handling requirements and general physiotherapy. Consultation with residents/representatives provides additional information for care planning. All residents including respite residents are assessed by the physiotherapy team and are provided with therapy as needed such as heat packs, massage, electrical nerve stimulation and individual exercises. Some residents have achieved improvement in their ability to move and walk. Care staff encourage residents to walk where possible and walking aids assist with independence and falls prevention. The lifestyle program includes exercise sessions with a physiotherapist to maintain muscle strength, balance and joint range of movement. Incidents are reviewed, monitored, trended and followed up by management to prevent re-occurrences. Residents say they enjoy the therapy and are satisfied with the assistance provided by the home.

#### **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

Clinical assessments identify the oral and dental needs and preferences of residents which are included in care planning and provided by staff. Care staff assist residents to maintain their dental and oral health through routine cleaning of their teeth or dentures and freshening of their mouth. Assistance is provided for the care and storage of dentures. Care staff monitor resident’s oral health during daily care and report any changes to registered nurses for follow up. Terminally ill residents receive specialised mouth care to ensure they remain comfortable. Appointments with residents’ doctors or other health professionals such as dentists or denture technicians are arranged as required. Residents say they are satisfied with the assistance provided by staff for the cleaning of their teeth or dentures.

#### **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

Clinical assessment, review of the resident’s medical history and discussion with the resident/representative identifies any sensory impairment. Communication care plans include information on visual or hearing loss and any aids such as glasses and hearing aids. Interventions include assistance with cleaning glasses, replacement of hearing aid batteries,

large print books, good lighting and large screen televisions. Residents' sense of touch is stimulated during daily care provision and physiotherapy treatments, and their sense of smell is stimulated at meal times. Staff assist residents to make and attend external appointments such as to optometrists or hearing services. Residents/representatives say they are satisfied with the support provided by staff for residents with sensory loss.

## **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

Clinical assessments identify residents' preferred routines for rest and sleep. Any concerns which may interfere with natural sleep patterns are reviewed by registered nurses, documented in care plans and interventions implemented. Residents' preferences for settling at night such as nightlight on, number of pillows, door open or closed and rising time in the mornings are included in care plans and provided by staff. Medications to promote sleep are administered as ordered by doctors. Night staff assist residents who are unable to sleep by ensuring their comfort through repositioning, continence care and providing snacks and drinks if needed. Residents have individual rooms which minimise night time disturbances and enables them to be surrounded by their own personal belongings. Residents say the home is quiet at night and they achieve a restful sleep.

## **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 and representative meetings, feedback and satisfaction surveys about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Resident lifestyle. Some examples of recent improvements include:

- Following concerns raised about the understanding of resident security of tenure by staff, a regional training package has been developed and delivered to all registered staff, team leaders and management. This has provided staff with increased awareness of obligations and responsibilities regarding residents and their security of tenure.
- A review of incident reporting identified inconsistencies by staff in following policies and procedures. Education was given to all staff with responsibilities emphasised in relation to escalating information to management for decisions of discretionary reporting. Flowcharts have been developed and placed in clinical folders for easy access to ensure necessary procedures are followed by staff.
- To extend the range of leisure and lifestyle activities a volunteer program has been implemented. Following a successful campaign 25 volunteers have completed an orientation workshop and have commenced service. This is providing residents with more one-on-one assistance and additional opportunities and services.
- The onsite chapel has been enhanced with donations and art works from staff and residents and the introduction of reflective music. The chapel is available for private reflection and weekly services and if residents are unwell the services are broadcast and viewed in residents rooms on their own televisions. Visitors have remarked on the peaceful space and atmosphere provided by the chapel and the music.

### **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 during the year in relation to resident lifestyle. Some of the topics include: security of tenure, cultural appreciation, customer service, residents' rights, elder abuse and reportable incidents, understanding behavioural changes and pastoral care. A volunteers' orientation program was held and staff have attended a leisure and lifestyle workshop.

### **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

Management and staff provide emotional support for new residents adjusting to life at the home and for those already living at MINGALETTA. Prospective residents/representatives receive information about the care and services available and tours of the home may be arranged. Staff introduce residents to each other and other staff. Leisure and lifestyle staff invite new residents to participate in activities as they feel ready. The home has a pastoral care worker and trained pastoral care volunteers who are on-site five days a week to provide emotional support for residents/representatives and staff according to their choice. The home has a chapel where weekly church services held by religious representatives from a variety of denominations are well attended. The home encourages family and friends to visit as often as they wish which is facilitated by the Sherwood Terrace Café, outdoor recreation areas and comfortable sitting rooms. Residents say they are happy at the home and their representatives say they are very satisfied with the support provided.

### **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

Clinical assessments identify and care plans document residents' abilities, wishes and choices in relation to independence and lifestyle. Regular group exercise sessions led by a physiotherapist promote independence through maintenance or improvement of movement, strength, balance and mobility. The lifestyle program incorporates craft, knitting and games which maintain or improve dexterity which contributes to independence at meal times and during daily living activities. MINGALETTA provides an environment which encourages and welcomes the community into the home thus enabling residents to feel not only part of the home's community but also the outside community. Multigenerational visiting is encouraged through outdoor and indoor children play areas, the Sherwood Terrace Café, the Sancroix Salon and the Limeburner's corner shop. Newspapers, television and radio broadcasts

inform residents of happenings outside the home. Residents/representatives say they enjoy the café, extensive gardens and being at the home.

### **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 management and staff of Mingaletta respect the privacy and dignity of residents and confidentiality of their personal information. Residents sign consent forms for release of information to appropriate people and consent for photographs such as for lifestyle program participation, identification during medication administration and wound healing. Management and staff sign confidentiality agreements. The home provides single room accommodation with ensembles which residents enjoy and facilitates privacy. Staff knock on doors prior to entry and close doors when providing care. Secure entry to staff areas and careful storage of administration and care documentation maintains confidentiality. Electronic information is password protected. Residents say staff are kind, gentle and treat them with respect.

### **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

Mingaletta provides a leisure and lifestyle program which is designed with input by residents. The home has a large well equipped recreation room with balcony, a library, a men's den and multiple sitting rooms where residents enjoy varied activities. Programs are distributed weekly to all residents, placed in dining rooms, displayed on noticeboards and lifestyle staff remind residents at breakfast and during the day of happenings around the home. Residents say there is plenty to do and their days are filled if they choose. Lifestyle activities include carpet bowls, snooker, concerts, games, bingo, craft, art therapy, music, sing-a-longs and theme days. Residents of the memory loss households join in with the lifestyle activities as they are able and specialised activities are provided in their household. Staff encourage residents to join in with the program according to their choice. Activity participation is monitored to ensure all residents receive the amount of support they prefer. One-on-one time is provided for residents who are frail or choose not to regularly participate in group activities.

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

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

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

The home meets this expected outcome

Mingaletta respects and supports resident's individual cultural and spiritual preferences. Lifestyle and care assessments identify residents' cultural and spiritual background when they first move into the home which is incorporated into care planning. Staff access information on countries around the world and have access to an interpreter service if required. The home's pastoral care worker and trained pastoral care volunteers provide

spiritual support to residents/representatives by their choice and especially if requested for a resident's end of life care. Residents choose whether to attend church services in the chapel and whether they have religious representatives visit them. The home, through an internal television circuit, relays music and church services from the chapel to resident's rooms if they choose. The home celebrates significant cultural days which are planned in consultation with residents. Other special celebrations are enjoyed including residents' birthdays if they wish. Residents say they are happy and enjoy living at Mingaletta.

### **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

Mingaletta encourages residents to exercise choice and to make decisions about their lifestyle including the personalisation of their room with memorabilia from their lives and other items of their choosing. Management and staff encourage residents to make daily choices in relation to care and services. This includes daily routines such as rising and retiring times, meal choices and lifestyle activity attendance. Assessments assist in identifying residents' preferred clinical care, choice of doctor and other health services. Survey completion, regular resident meetings and comments/suggestions provide ways for residents and/or representatives to raise issues in relation to the running of the home. Management says voting is currently available through the mail and will be available on-site in the future. Residents say they are satisfied with the choices they are able to make about their care and lifestyle.

### **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 within the residential care service and understand their rights and responsibilities. Admission officers and managers discuss relevant information about security of tenure, fees, care, services and residents' rights with residents and/or their representative prior to and on entering the home. Residents/representatives receive a resident agreement which outlines care and services, residents' rights and complaints resolution processes. Ongoing communication with residents/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 infection surveillance, internal and external audits, staff and resident feedback. Some examples of recent improvements include:

- Following observation of staff practices changes have been made to infection prevention and control practices. Some improvements made include: laundry work flows have been reviewed and updated; supply of hand sanitisers have been increased; individual resident nail care kits introduced; and one-on-one staff hand washing competencies conducted. These measures ensure appropriate processes and practices are available to minimise resident infections.
- An outdoor gate between two secure garden areas was shown to be unnecessary and causing adverse resident behaviours. The gate has been removed and residents are freely moving between both areas without any reoccurrence of adverse behaviours.
- Residents/representatives reported there were insufficient staff to attend residents at times because they were required to attend duties in the household serveries. To address these concerns care staff duties have been changed and external catering staff are now responsible for managing the serveries. Care staff have more time to assist residents as required and the change is being monitored through feedback from residents.
- Staff complained about exposure to inclement weather on their outside patio area. A sun reduction roof has been installed and roll down blinds are being erected. These provide staff protection from the weather when using the outside area.

### **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 meet regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held by the home.

#### **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 a range of education and training sessions have been attended during the year in relation to the physical environment and safe systems. Some of the topics include: fire safety and evacuation, infection control, food safety and allergens, cytotoxic waste management, occupational health and safety and risk management, return to work coordinator training, manual handling and chemical training. Hand washing competencies have been completed.

#### **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 various households and have single rooms with ensuites fitted with nurse call alarms. A homelike environment is encouraged and dining rooms, activity areas and several internal and outside sitting areas are provided. Secure environments and garden areas are provided for residents in need. Maintenance requests actioned and preventative maintenance schedules ensure the safety of the internal environment, outside areas and equipment. Regular audits and workplace inspections monitor the internal and external environments and risk assessments are conducted. Residents' rooms are monitored, corridors are fitted with handrails and are without obstruction and outside paved areas are maintained. Residents' rooms and communal areas are of an agreeable temperature. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided for residents.

#### **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 regular staff meetings include WHS agenda items. The home is supported by the regional WHS unit and a staff representative attends regional committee meetings. Implementation of requirements for Work Health and Safety laws is in progress. Return to work and employee assistance programs for staff are available. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe and an external supplier provides education in chemical handling. Safe

work practices and instructions were observed during the site audit and staff said they have attended compulsory 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 and internal safety audits. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. An emergency evacuation folder, evacuation plans, signage and emergency exits free from obstruction were observed and a fire and evacuation manual is available. 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 meetings and notices are displayed behind their doors. Preventative processes include environmental and safety audits, appropriate electrical appliance testing and designated smoking areas. Security measures for the home include night lock up procedures, alarm and video security systems and external sensor 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 annually and staff have access to guidelines and procedures. Infection control audits are conducted and staff practices are monitored. 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 contaminated waste collection and pest control 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 is encouraged for 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

There are procedures, policies and duty statements for hospitality services and staff demonstrate practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by residents at meetings and through surveys and residents/representatives stated they are satisfied with hospitality services provided. An external contractor provides freshly cooked meals following a four week seasonal menu that

has been reviewed by a dietician. Residents are consulted about menus and residents' identified food preferences, allergies and special dietary needs are communicated to catering staff. There is a food safety program and the home was awarded an 'A' rating at a recent NSW Food Authority audit. Contract cleaning services are provided daily according to schedules for residents' rooms and communal areas and all areas were observed to be clean. All residents' personal items and linen are laundered on-site six days a week. Residents may do their own laundry if they prefer. There is appropriate storage and sufficient supplies of linen are available.