



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Murwillumbah Nursing Home

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

The Agency has decided that the period of accreditation of Murwillumbah Nursing Home is two years until 8 October 2012.

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

The accreditation period awarded will provide the home with the opportunity to demonstrate that its continuous improvement systems are sustainable over a longer period of time.

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Murwillumbah Nursing Home		
RACS ID:	2716		
Number of beds:	100	Number of high care residents:	59
Special needs group catered for:	Nil		
Street/PO Box:	Ingram Place		
City:	MURWILLUMBAH	State:	NSW
		Postcode:	2484
Phone:	02 6672 4233		Facsimile:
			02 6672 4082
Email address:	Tracey.Holmes@domainprincipal.com.au		

Approved provider

Approved provider:	Principal Healthcare Finance No 3 Pty Limited
--------------------	---

Assessment team

Team leader:	Kathy Prain
Team member/s:	Stella Comino
Date/s of audit:	13 July 2010 to 15 July 2010

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

Accreditation decision

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

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

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

Accreditation decision

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

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Murwillumbah Nursing Home
RACS ID	2716

Executive summary

This is the report of a site audit of Murwillumbah Nursing Home 2716 Ingram Place MURWILLUMBAH NSW from 13 July 2010 to 15 July 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 13 July 2010 to 15 July 2010

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

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

Assessment team

Team leader:	Kathy Prain
Team member:	Stella Comino

Approved provider details

Approved provider:	Principal Healthcare Finance No 3 Pty Limited
--------------------	---

Details of home

Name of home:	Murwillumbah Nursing Home
RACS ID:	2716

Total number of allocated places:	100
Number of residents during site audit:	62
Number of high care residents during site audit:	59
Special needs catered for:	Not applicable

Street/PO Box:	Ingram Place	State:	NSW
City/Town:	MURWILLUMBAH	Postcode:	2484
Phone number:	02 6672 4233	Facsimile:	02 6672 4082
E-mail address:	Tracey.Holmes@domainprincipal.com.au		

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	7
Deputy director of nursing	1	Administration assistant	1
Registered nurses	3	Catering staff	1
Endorsed enrolled nurses	2	Cleaning staff	2
Care staff	5	Laundry staff	1
Physiotherapist	1	Fire technician (Contractor)	1
Maintenance staff	1	Fire safety officer	1

Sampled documents

	Number		Number
Residents' files	10	Medication charts	6
Care plans	10	Personnel files	6
Residential care agreements	6	Weight monitoring graphs	10

Other documents reviewed

The team also reviewed:

- Absconder identification form
- Activity attendance records
- Activity program
- Admission check list
- Audits
- Calibration records for food probe
- Care plan review dates schedule
- Chemist's advice of medication
- Cleaning documentation folder
- Cleaning instruction sheet
- Cleaning manual
- Cleaning schedules – kitchen, laundry, cleaning
- Clinical indicator data and analysis
- Comments/complaints forms and register
- Communication books and diaries
- Competencies
- Continuous improvement plan
- Corrective action log for spoiled food and equipment
- Dietary cards
- Duties lists
- Education in-service folder
- Education matrix
- Educational needs survey - December 2009
- Elimination observation charts
- Emergency chart – colour-coded
- Enduring power of attorney documents
- Fire safety certificate
- Fire systems maintenance attendance record logs
- Hazard alert forms
- Incident analysis
- Incident/accident reports
- Infection control annual plan
- Infection control data book
- Infection data collection form
- Interim care plans
- Job descriptions
- Kitchen register of suppliers - food recall
- Lifestyle assessments
- List of medications not to be crushed
- Maintenance folder
- Manual handling instruction cards
- Material safety data sheets
- Medication assessments
- Medication chart cover sheets
- Medication incidents
- Medication management report
- Meeting minutes (residents, staff, safety team)
- Memoranda
- Menus and recipes
- Mini care plans
- Monthly task sheets

- Nurse initiated medication list
- Occupational Health and Safety Manual
- Ongoing treatment records
- Physiotherapy evaluation
- Policies and procedures
- Preventive maintenance records
- Quarterly audit reports
- Records of criminal history checks for staff, contractors and volunteers
- Registration records for nursing staff
- Religion sheet
- Resident diet requirements
- Resident fire evacuation folder
- Resident initial database
- Resident/relatives handbook
- Residents' and Relatives' handbook
- Risk assessment – safety
- Rotational cleaning logs
- Service agreement – chemical supplier
- Social and human needs care plans
- Special diet information
- Staff development records
- Staff handbook
- Staff orientation package
- Staff qualifications folder
- Suppository book
- Surveys
- Temperature monitoring records
- Terminal care plans
- Ward register of drugs of addiction
- Weekly report to infection control officer

Observations

The team observed the following:

- Activities in progress
- Chemical storage areas
- Cleaners' trolley
- Emergency assembly areas
- Equipment and supply storage areas
- Fire and emergency evacuation plans displayed
- Fire exits
- Fire panel
- Hand washing facilities and hand sanitizer
- Interactions between staff and residents
- Kitchen
- Laundry
- Living environment – internal and external
- Maintenance storage areas
- Meal provision
- Medication practice
- Medication storage
- Menu notice boards
- Notice boards
- Residents being assisted to eat and drink
- Security coded entrances
- Special diets and supplements
- Spills kit
- Staff accessing and wearing personal protective equipment
- Staff room
- Utility rooms
- Visitor sign in/out sheet
- Waste management – clinical, sharps

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Murwillumbah Nursing Home is supported by the continuous improvement system used by the Domain Principal Group, which provides the framework for the home to drive improvements in the care and services provided to residents. The home’s quality system consists of flow charts, manuals, forms, a plan for continuous improvement and a quality package, incorporating audits, surveys, scheduled monitoring activities, meetings and flow chart reviews. Stakeholders have input into improvement opportunities by using the home’s multipurpose comments/complaints forms, speaking directly with members of the management team, responding to surveys and through regular scheduled meetings. Management demonstrated that improvements continue to be implemented across all four Standards. Residents, their representatives and staff were satisfied that improvements are being implemented and that management is responsive to their input.

Examples of improvement activities relating to Standard One include:

- With the introduction of the new occupational health and safety manual, two key safety representatives have been trained to provide induction to all contractors to the home. This process has been implemented for two contractors to date and ensures that contractors have the required clearances and understand the health and safety requirements of the home.
- Document and record storage processes are being streamlined. The register of archived files includes more detailed information to facilitate access to relevant information and clarify the exact location of each file. A format has been established to facilitate retrieval of information in staff files. All new files are organised in accordance with the new system and a review process is in progress to update existing files to the new system. The process has identified some gaps of information, which are able to be remedied.
- In response to concerns raised by catering staff about residents not being in the dining room in time for lunch and the meal being delayed, a review of staff practices and hours of work was undertaken. This resulted in a change to shift times and duty lists for recreational staff and care staff, which has improved outcomes for residents. Some residents now enjoy their lunch in the recreational lounge with assistance from the recreational staff, and are able to enjoy their evening meals earlier, as the recreational staff work a later shift to assist with evening meals before they finish their shift.
- The resident handbook has been reviewed and revised. It now includes detailed information about the complaints investigation scheme and how it works, in addition to information about internal and other external complaints mechanisms.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

Management of the home has systems to identify and ensure compliance with legislation, regulations, professional standards and guidelines. Changes to legislation and regulations are monitored by the corporate office team through membership of an industry peak body and professional associations, notifications from the Department of Health and Ageing, internet links and through subscriptions to journals and legislation update service. Information about changes is communicated via email to the Director of Nursing and disseminated to staff via memos and at staff meetings. Associated changes to policies and procedures are implemented by the organisation’s corporate office and relevant training is arranged for staff as required. Orientation and mandatory training processes are reviewed and include information about relevant legislation and changes. Position descriptions outline staff responsibilities to comply with relevant organisational policies and regulatory requirements. Compliance with relevant requirements is monitored through a planned schedule of audits, a central register for monitoring licensing, registration and criminal history clearance and competency assessment of staff. The home has processes in place to ensure that relevant persons have a current police certificate and to notify residents and their representatives of accreditation audits.

1.3 Education and staff development

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

Team’s recommendation

Does comply

Staff are employed based on their skills, abilities, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation, their roles and mandatory training and practice in manual handling, mandatory reporting guidelines, infection control and fire safety. Orientation at the home includes ‘buddy’ shifts, to ensure staff are familiar with all requirements. Position descriptions, duties lists and policy/procedure manuals are available to guide staff practices. Feedback from residents and staff via meetings, annual needs analysis and performance appraisals, results of audits and incident reporting mechanisms assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training. Staff are encouraged to undertake additional training or education; attendance at in-service and mandatory training is recorded and monitored. Staff demonstrated appropriate skills and knowledge relevant to their positions.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The complaints mechanism is discussed with residents and their representatives on entry to the home. Information relating to internal and external complaints mechanisms is included in the residential care agreement, resident/relative handbook and is displayed throughout the facility. Comments/complaints forms are available for residents and their representatives, or other interested parties to document any concerns or complaints. Resident meetings are used as a forum for residents to raise their concerns and meeting minutes indicate issues are resolved to the satisfaction of the residents. An open door policy is promoted by management and residents and their representatives indicated they are comfortable utilising this. The Director of Nursing visits each resident on a daily basis and is available to discuss their concerns. Staff receive information relating to resident rights on commencing employment and this is reinforced on an ongoing basis. Residents and their representatives stated they are satisfied with the complaints mechanism and felt comfortable raising their concerns.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The organisation has documented the service's vision, values, philosophy, objectives and commitment to quality in promotional materials, the resident/relative handbook, policies and procedure manuals and documents on display throughout the home.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

The Director of Nursing uses a base roster to determine staffing requirements. Nursing staff rosters reflect a mix of skills relevant to residents' needs and staff are replaced internally to ensure appropriate coverage. Sufficiency of staff is monitored through resident and staff feedback, through the comments/complaints process and regular meetings. Recruitment and selection processes are established and staff are employed based on their skills, experiences and qualifications held relevant to the position. New staff are orientated into the home's policies/procedures and position descriptions/duties lists guide staff practice. Ongoing education is provided across a range of topics. The home monitors staff skills and knowledge through competency assessments and performance reviews. Residents and their representatives indicated that staff are prompt when attending to their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has processes for the identification and assessment of equipment and goods required for the delivery of care and services including a capital budget, and staff and resident requests via the comments/complaints forms. Key personnel are responsible for the ordering/purchasing of stocks and all stock is checked on receipt. Quality of stock is maintained through the use of preferred suppliers, temperature monitoring, correct storage, stock rotation and replacement. Equipment is maintained through a reactive and preventative maintenance program that is overseen by an onsite maintenance officer. Residents, their representatives and staff indicated satisfaction with the sufficiency of supplies and the responsiveness of maintenance services.

1.8 Information systems

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

Team's recommendation

Does comply

Processes are established by the home to ensure that information is managed in a secure and confidential manner that includes storage and access to files. A document control process is in place and staff are informed of the home's policies/ procedures on information storage and privacy requirements during orientation. The Director of Nursing oversees the archiving of financial, staff and resident files and is continuing to improve archiving processes in line with organisational requirements. The home collects and uses key information in relation to resident infections, incident data, audits and other resident/staff data to assist in the improvement of care and services. Key documents such as policies/flow charts and care plans are regularly reviewed. Processes are in place for the dissemination of information and include newsletters, meetings, memorandums and verbal feedback. Residents and their representatives indicated satisfaction with being consulted about issues concerning them and staff reported they had access to relevant and timely information to perform their roles.

1.9 External services

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

Team's recommendation

Does comply

Local service agreements are established by the home in addition to corporate agreements for the provision of external services. Agreements outline the quality and expectations of services to be provided. Key personnel assist in overseeing the quality of services provided and preferred local suppliers are used for the provision of food, medical, maintenance, equipment and general supplies. Performance of external service providers is monitored at a local level through process audits, maintenance schedules, temperature checks and feedback from stakeholders. External service providers are changed if quality requirements and expectations cannot be met. Residents, their representatives and staff considered that external services were provided in a satisfactory manner.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's recommendation

Does comply

Murwillumbah Nursing Home has a framework to assist in actively pursuing continuous improvement. The home's quality system consists of flow charts, manuals, forms, a plan for continuous improvement and a quality package, incorporating audits, surveys, scheduled monitoring activities, meetings and flow chart reviews. Stakeholders have input into improvement opportunities by using the home's multipurpose comments/complaints forms, speaking directly with members of the management team, responding to surveys and through regular scheduled meetings. Management demonstrated that improvements continue to be implemented across all four Standards. Residents, their representatives and staff were satisfied that improvements are being implemented and that management is responsive to their input.

Examples of improvement activities in relation to Standard Two include the following:

- Management has secured the services of a mobile optometrist, who visits the home. This has improved access for residents, who did not have family support and those who are unable to travel to an appointment.
- The services of a clinical psychologist have been obtained through the Dementia Behaviour Management Advisory Service to provide assessment, advice and support for individual residents. This has resulted in improved quality of life for at least one resident, who is experiencing enhanced participation in the activities of the home and interaction with others, as a result of revised care strategies and medication review.
- A new tracking process has been introduced to monitor residents' weights. These are now recorded electronically in graph form, which facilitates identification of issues and effectiveness of interventions. The Deputy Director of Nursing is provided with timely information to facilitate prompt response to any health issues resulting in unintended weight loss.
- Evaluation of the physiotherapy program, conducted by the contracted physiotherapist, showed improvement in residents' mobility and range of movement, following implementation of planned exercise programs for the residents.

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

Management of the home has systems to identify and ensure compliance with legislation, regulations, professional standards and guidelines. Changes to legislation and regulations are monitored by the corporate office team through membership of an industry peak body and professional associations, notifications from the Department of Health and Ageing, internet links and through subscriptions to journals and legislation update service. Information about changes is communicated via email to the Director of Nursing and disseminated to staff via memos and at staff meetings. Associated changes to policies and procedures are implemented by the organisation’s corporate office and relevant training is arranged for staff as required. Orientation and mandatory training processes are reviewed and include information about legislation relevant to residents’ health care and medication management processes. Position descriptions outline staff responsibilities to comply with relevant organisational policies and regulatory requirements. Compliance with relevant requirements is monitored through a planned schedule of audits, a central register for monitoring licensing, registration and criminal history clearance and competency assessment of staff.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Staff are employed based on their skills, abilities, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation, their roles and mandatory training and practice in manual handling, mandatory reporting guidelines, infection control and fire safety. Orientation at the home includes ‘buddy’ shifts, to ensure staff are familiar with all requirements. Position descriptions, duties lists and policy/procedure manuals are available to guide staff practices. Feedback from residents and staff via meetings, annual needs analysis and performance appraisals, results of audits and incident reporting mechanisms assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training. Staff are encouraged to undertake additional training or education, attendance at in-service and mandatory training is recorded and monitored. Staff demonstrated appropriate skills and knowledge relevant to their positions.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents/representatives said they are satisfied with the care provided and the assistance by staff. Processes on entry identify residents’ clinical care needs and preferences and include case conferences, observation of the resident, discussion with care staff and focused assessment tools. Care planning occurs with the resident and/or representative, the medical officer, staff and other allied health team members. Care plans are developed by a registered nurse and mini care plans guide staff practice in the delivery of day to day care needs. The Deputy Director of Nursing and registered staff provide clinical oversight and direction to care staff. Referrals are initiated where indicated in consultation with the medical officer. Care strategies are evaluated two to three monthly and as changes occur to ensure plans reflect the current care needs of residents; assessments are generally conducted where a change to residents’ care needs occurs. Care staff demonstrate knowledge of individual resident care needs consistent with the care plans.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Specialised nursing care needs are identified on entry through case conferencing, hospital discharge information and discussion with the medical officer. Access to resources and specialists supports the provision of specialised nursing care. Registered staff implement and evaluate specialised nursing care interventions developed and recorded on resident care plans and information in communication books and diaries. Education is provided and registered staff demonstrated knowledge of residents’ specialised care needs through access to clinical information resources, policy and procedures. Staff reported there are appropriate equipment/supplies to deliver care. Residents/representatives indicate they are satisfied with the specialised nursing care provided including diabetes management and oxygen therapy.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents/representatives reported they were satisfied with the advice and care provided by allied health and related services in accordance with their needs and preferences. Residents are referred to other health services where there is an identified need. Visiting allied health professionals include but are not limited to podiatry, optometry, physiotherapy, speech pathology, dietetics and clinical psychology. Residents are supported to access other related services within the community, if required. Recommendations by allied health professionals are implemented, monitored and evaluated in accordance with the goals for each resident and their preferences.

2.7 Medication management

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

Team’s recommendation

Does comply

There are established processes to provide residents’ medication safely and correctly. On entry the individual needs and established medication regimes are identified. The medical officer and pharmacist review residents’ medication regularly in accordance with residents’ ongoing health status. Registered staff who have undergone competencies administer medications in accordance with legislative requirements and the home’s procedures. Pre-packed medication is delivered weekly and when changes occur. Medication charts contain information such as: the drug, dose, route, commencement date, cease date, administration time, resident photograph, medication alerts, special administration instructions, allergies and medical officer’s signature. Controlled drugs are stored securely and records are kept. Processes are in place for the identification of expiry dates of packed and non-packed medication. Medication incidents are reported and acted upon. Residents/representatives reported satisfaction with the management of their regular and as required medication.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents reported that staff respond promptly to their symptoms of pain and discomfort. The individual pain history of residents is identified on entry through the use of assessment tools, observation and resident feedback. A range of pain management strategies are implemented including physiotherapy, hot packs, aromatherapy, massage, repositioning and analgesia, if required. Interventions are communicated to staff through care plans and at hand over. Care staff demonstrate knowledge of resident’s individual pain symptoms with consideration for non verbal indicators. Care plan interventions are evaluated to ensure residents remain as free from pain as possible. Consultation with the medical officer and allied health specialists support improved outcomes for residents who are in pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

Consultation with the resident/representative about their terminal care wishes begins on entry and includes any cultural and spiritual care needs. This information is recorded on care plans including any health care directives. Consultation with the resident, their representative and family members occurs during palliation. Changes in the residents’ health status and their ongoing care needs are planned in consultation with the medical officer and registered staff. Emotional support and pastoral care is provided to residents and their families and visits by nominated clergy are arranged according to each resident’s wishes. Residents/representatives said they were confident staff understand their terminal wishes.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The specific nutritional and hydration needs of residents are assessed on entry to identify allergies, food preferences, specialised dietary requirements and aids required to assist with eating. Catering staff are informed of individual needs through the use of dietary cards and profiles which are updated as changes occur. Consideration is given to the likes and dislikes of residents to enhance their intake. Residents’ weights are monitored and graphed to identify trends associated with weight loss or gain. This information is reviewed monthly and more frequently where required. Referrals to a dietitian or a speech pathologist occur where there is an identified need and recommendations such as modified food and fluid texture, special diets and additional portions are implemented and monitored for effectiveness. Food monitoring is initiated when residents refuse meals or become unwell. Alternative meals, fluids and supplements are provided, if required. Staff demonstrate knowledge of individual care needs in relation to nutrition and hydration. Residents/representatives said they are satisfied with their meals, snacks and drinks offered and the assistance by staff.

2.11 Skin care

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

Team’s recommendation

Does comply

Education is provided to staff to minimise the risk of skin tears and preventative strategies include manual handling techniques prescribed by the Physiotherapist. Residents at risk of impaired skin integrity are identified through focused assessments on entry. Care plans outline preventative measures required to maintain residents’ skin integrity based on the identified risks. Aids and equipment are available to minimise the risk of skin breakdown including pressure relieving mattresses and limb protectors. Skin tears are investigated and recorded through the incident reporting processes. A range of skin care products including moisturisers are provided. Wound management is undertaken by registered staff in consultation with the medical officer and a range of wound products are utilised. Residents/representatives said they are satisfied with the management of their skin.

2.12 Continence management

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

Team’s recommendation

Does comply

The individual continence care needs of residents are identified and assessed using assessment tools and bowel monitoring charts. Individual programs are implemented to optimise residents’ continence. As care needs change, re-assessment occurs in consultation with the resident and the health care team; alternative interventions or aids are trialled for increased effectiveness. Individual continence programs are communicated to care staff through handover and care plans. Care staff demonstrated knowledge of interventions for individual residents such as toileting programs and the use of prescribed aids and allocated products to improve the management of incontinence. Bowel management strategies are

generally effective. Residents/representatives reported that they are satisfied with the care provided to maintain or improve their continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Challenging behaviours are identified on entry and recorded to assist in the identification of triggers. Care staff monitor and implement interventions to reduce the incidence of challenging behaviours. Meaningful daily activity is incorporated into the behaviour management strategies and the effectiveness of interventions is monitored and evaluated. Referral to clinical psychologists and/or mental health specialists occurs and improvements to the management of residents’ specialised needs are demonstrated. Education is provided to staff to enhance their understanding of dementia. Staff demonstrated that they are responsive to residents’ needs with the delivery of care to residents to minimise the incidence of challenging 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 recommendation

Does comply

Residents’ mobility and dexterity care needs are identified on entry through assessment of residents’ desired level of independence, functional ability and manual handling needs; strategies are implemented in consultation with care staff. The use of manual handling and transfer aids to support residents’ mobility and safety are utilised. Staff are provided with education on manual handling techniques and are assessed for competency. The Physiotherapist provides assessment and planning of mobility and exercise programs designed to improve mobility through improved strength and balance. The Physiotherapy Aid implements individual and group exercise programs. Mobility aids are provided or sourced to promote independence. Falls are reported and analysed according to time, place and frequency. Following a fall reassessment occurs, if indicated and strategies are trialled and implemented, where appropriate. Residents/representatives reported satisfaction with the assistance provided to maintain or improve their mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The oral and dental history and current care needs of residents are identified on entry; this information is recorded on assessments and care plans which also considers resident preferences for their mouth care and hygiene. Care staff monitor the condition of residents’ oral mucosa during palliation or when changes to the resident’s dietary intake occur. Staff demonstrate knowledge of the individual oral and dental care needs of residents including the frequency of mouth care and the consideration for altered meal texture and consistency where appropriate. Evaluation of the effectiveness of strategies for managing residents’ oral

and dental health occurs as part of the overall care planning approach. Referrals to dentists are facilitated if required. Residents/representatives reported that they are satisfied with the assistance provided by staff to manage their oral health.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

Residents’ sensory needs and preferences are assessed on entry including consideration for hearing, sight, smell, touch and taste. Care interventions to effectively manage residents’ sensory loss are developed, communicated to staff, implemented and evaluated. Referral to specialists is initiated where there is an identified need. Staff support residents to clean and fit aids. The activity staff support residents’ participation in activities despite sensory impairment through the use of visual/audio resources and one to one assistance. Care staff demonstrate knowledge of the individual sensory needs of residents. Residents/representatives reported that they are satisfied with the assistance provided by staff to manage their sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

Assessment processes conducted on entry identify the individual sleep and rest patterns of residents. Care plans detail the resident’s preferences such as rising and settling times and comfort measures used to assist residents with sleep disturbances. Sleep disturbances are monitored by night staff and residents are offered measures such as repositioning, nourishment, continence care and pain relief to resettle. Care staff demonstrate flexibility with care routines and meal times to optimise residents’ sleep and rest. Sedation is offered where prescribed. Residents reported that they are satisfied with the support provided to them to sleep during the night and rest during the day.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Murwillumbah Nursing Home has a framework to assist in actively pursuing continuous improvement. The home’s quality system consists of flow charts, manuals, forms, a plan for continuous improvement and a quality package, incorporating audits, surveys, scheduled monitoring activities, meetings and flow chart reviews. Stakeholders have input into improvement opportunities by using the home’s multipurpose comments/complaints forms, speaking directly with members of the management team, responding to surveys and through regular scheduled meetings. Management demonstrated that improvements continue to be implemented across all four Standards. Residents, their representatives and staff were satisfied that improvements are being implemented and that management is responsive to their input.

Examples of improvement activities in relation to Standard Three include the following:

- A resident commented that they would like to attend outings, but were unable to do so as the equipment required to meet their health care needs was not portable. The management team arranged for the purchase of a portable device and the resident enjoys outings with their friends from the home.
- The recreational team introduced “footie tipping competition” in response to a resident request. Approximately 18 residents actively participate in this activity and staff indicated that residents are more interactive and socialise with each other more through their participation.
- The recreational team introduced a free mending service for residents who do not have family support. Residents are very satisfied with the service.
- The residents suggested a “Bobs” tournament with other local homes. This has been arranged and Murwillumbah residents won their first game as the “Killer Koalas”.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Management of the home has systems to identify and ensure compliance with legislation, regulations, professional standards and guidelines. Changes to legislation and regulations are monitored by the corporate office team through membership of an industry peak body and professional associations, notifications from the Department of Health and Ageing, internet links and through subscriptions to journals and legislation update service. Information about changes is communicated via email to the Director of Nursing and disseminated to staff via memos and at staff meetings. Associated changes to policies and procedures are implemented by the organisation’s corporate office and relevant training is arranged for staff as required. Orientation and mandatory training processes are reviewed

and include information about relevant legislation and changes, such as mandatory reporting requirements. Position descriptions outline staff responsibilities to comply with relevant organisational policies and regulatory requirements. Compliance with relevant requirements is monitored through a planned schedule of audits, a central register for monitoring licensing, registration and criminal history clearance and competency assessment of staff. The home has processes in place to ensure that relevant persons have a current police certificate and to notify residents and their representatives of accreditation audits.

3.3 Education and staff development

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

Team's recommendation

Does comply

Staff are employed based on their skills, abilities, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation, their roles and mandatory training and practice in manual handling, mandatory reporting guidelines, infection control and fire safety. Orientation at the home includes 'buddy' shifts, to ensure staff are familiar with all requirements. Position descriptions, duties lists and policy/procedure manuals are available to guide staff practices. Feedback from residents and staff via meetings, annual needs analysis and performance appraisals, results of audits and incident reporting mechanisms assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training. Staff are encouraged to undertake additional training or education, attendance at in-service and mandatory training is recorded and monitored. Staff demonstrated appropriate skills and knowledge relevant to their positions.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents and their representatives are given information about the home and a tour prior to entry. A social profile is completed by the Recreational Activity Officer to identify the residents' background and current and ongoing emotional support needs. Residents are orientated to their new environment to assist them to adjust to residential life. One to one support is provided to residents and access to psychology services can be facilitated. Care staff demonstrate awareness of the individual support needs of residents. Residents/representatives reported that staff and management support them and understand their emotional needs.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

The needs of residents in relation to their independence are assessed on entry and when changes to care needs occur, via focus assessment tools. A Physiotherapist assesses each resident's needs and potential to be independent and with the care staff, develop care plans which reflect the desired and achievable levels of independence. Physiotherapy programs are implemented designed to maintain or improve residents' abilities and the effectiveness of interventions is measured. Residents are encouraged and supported to be independent with lifestyle programs, activities of daily living and access to the local community. Residents/representatives reported that staff assist them to remain as independent as possible in their day to day life.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents/representatives interviewed said that their privacy is respected and staff treat them with dignity. On entry, the needs of residents are assessed in consultation with the resident and their representative. Care plans reflect the individual needs of residents. Residents are accommodated in individual or shared rooms; care staff knock prior to entering. Care staff refer to residents by their preferred name. Personal and health information relating to residents is stored securely to ensure confidentiality. Staff demonstrated knowledge of privacy and dignity considerations when planning and conducting activities as well as providing personal care to residents.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

A range of group and individual activities are provided to residents. The Activity Officer in consultation with the care staff, develops profiles and programs for residents based on their needs, backgrounds and current interests. A monthly activity schedule is displayed and residents are encouraged to participate with staff reminding them of the day to day activities and assisting them to attend. Residents have input into the program and the review of activities. Residents' refusal to participate is respected. Resident meetings and consultation is used to gain information to improve the activity program. Residents/representatives said they are satisfied with individual and/or group activities offered at the home and staffs assistance to attend.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The identification of residents' cultural and spiritual needs occurs following entry to the home via the social profile. A social and human needs care plan reflects individual needs and preferences. Residents/representatives said their cultural and spiritual needs or preferences are respected by staff. The home has access to resources to assist residents from different cultural backgrounds, if required. Individual cultural needs including consideration for special dietary requirements are reflected in the resident care plan, if applicable. Specific cultural activities are celebrated with input from residents. The home conducts a variety of activities including church services and individual pastoral visitation.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The ability of each resident to participate in making choices and decisions is assessed on entry and as changes occur. Information in relation to the resident's appointed decision-maker is also identified including enduring power of attorney or advanced health directives. Residents with cognitive impairment are involved in their care planning and decision making with the assistance of their representative, family members and through case conferences. Referral to the adult guardian occurs where there is an identified need. Staff assist residents to make decisions by providing information about their care and lifestyle. Residents have the right to refuse care and staff document the resident's choice. Access to advocacy services can be facilitated. Information is also provided to residents in the residential care agreement including contact details of advocacy services. Residents/representatives said staff respect their rights to make informed choices and decisions 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 recommendation

Does comply

Residents/representatives are provided with a detailed tour of the facility and written information such as the resident/relatives handbook and a residential care agreement prior to entry. Residents/representatives are also provided with details of relevant fees and charges. Should a change to accommodation be required residents and their representatives are consulted. Information on residents' rights and responsibilities and external complaints processes is provided at the resident meetings and documented in the resident/relative handbook and care agreement. Residents/representatives reported they were informed of their rights and responsibilities and feel secure living 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 recommendation

Does comply

Murwillumbah Nursing Home has a framework to assist in actively pursuing continuous improvement. The home’s quality system consists of flow charts, manuals, forms, a plan for continuous improvement and a quality package, incorporating audits, surveys, scheduled monitoring activities, meetings and flow chart reviews. Stakeholders have input into improvement opportunities by using the home’s multipurpose comments/complaints forms, speaking directly with members of the management team, responding to surveys and through regular scheduled meetings. Management demonstrated that improvements continue to be implemented across all four Standards. Residents, their representatives and staff were satisfied that improvements are being implemented and that management is responsive to their input.

Examples of improvement activities in relation to Standard Four include the following:

- Renovations and refurbishments have been attended in the last twelve months, including new vinyl flooring in the common areas, which is non-slip; renovation of four shared rooms to incorporate ensuite bathrooms; replacement of tiles in bathrooms with non-slip vinyl; changing bathroom doors to sliding doors to facilitate access.
- In response to resident comments about getting tired, garden benches have been placed along the walking path in the home’s grounds to provide resting areas along the path. Residents mentioned their satisfaction with this convenience and staff have noticed more residents are using the path and the benches.
- A gravel edge has been installed around the perimeter of the building to improve termite control and reduce the work involved in maintaining the garden.
- To improve manual handling safety, chemicals are being supplied in sachets, rather than in bulk containers.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Management of the home has systems to identify and ensure compliance with legislation, regulations, professional standards and guidelines. Changes to legislation and regulations are monitored by the corporate office team through membership of an industry peak body and professional associations, notifications from the Department of Health and Ageing, internet links and through subscriptions to journals and legislation update service. Information about changes is communicated via email to the Director of Nursing and disseminated to staff via memos and at staff meetings. Associated changes to policies and procedures are implemented by the organisation’s corporate office and relevant training is arranged for staff as required. Orientation and mandatory training processes are reviewed and include information about relevant legislation and changes. Position descriptions outline

staff responsibilities to comply with relevant organisational policies and regulatory requirements. Compliance with relevant requirements is monitored through the rostering system, a planned schedule of audits, third party audits and environmental health inspections, a central register for monitoring licensing, registration and criminal history clearance and competency assessment of staff. The home has systems in place to ensure compliance with relevant requirements such as building certification, fire system and equipment inspections and the provision of a safe working environment.

4.3 Education and staff development

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

Team's recommendation

Does comply

Staff are employed based on their skills, abilities, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation, their roles and mandatory training and practice in manual handling, mandatory reporting guidelines, infection control and fire safety. Orientation at the home includes 'buddy' shifts, to ensure staff are familiar with all requirements. Position descriptions, duties lists and policy/procedure manuals are available to guide staff practices. Feedback from residents and staff via meetings, annual needs analysis and performance appraisals, results of audits and incident reporting mechanisms assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training. Staff are encouraged to undertake additional training or education, attendance at in-service and mandatory training is recorded and monitored. Staff demonstrated appropriate skills and knowledge relevant to their positions.

4.4 Living environment

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

Team's recommendation

Does comply

The home has established processes to assist in the provision of a safe and comfortable living environment for residents. Processes include an environmental inspection, hazard/risk identification and management, falls prevention strategies and ongoing assessment through individual resident care planning processes. Residents are provided with private areas that are personalised with personal belongings; common areas are accessed for meals/entertaining and heating/cooling facilities provided. Building and equipment is maintained through regular servicing and a maintenance request process. Individual resident's incidents are reported and referred to the care planning process for the implementation of preventative strategies. Monthly analysis of incidents is conducted and tabled at the bi-monthly occupational health and safety committee meetings. Residents/representatives expressed satisfaction with the maintenance and comfort of the living environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Processes include appointment of occupational health and safety representatives and a fire safety officer for the home, a planned preventive maintenance schedule, prompt response to maintenance requests, regular environmental inspections, hazard and incident reporting and analysis. The occupational health and safety officer provides safety training for staff at orientation and at mandatory training sessions conducted every two weeks for the organisation. Policies and procedures are updated in response to legislative changes and staff are provided with information and training about the changes. Maintenance is conducted on buildings and equipment to ensure safety and useability. Chemicals are stored securely and material data safety sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and indicated satisfaction with management response to issues.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's recommendation

Does comply

The home's fire system and associated installations meet the current building certification requirements. Records of inspection indicate that the fire detection and alarm system, fire doors, fire fighting equipment, hydrants and emergency lighting have been inspected and maintained in accordance with the relevant standards. Fire exits and pathways to exit are free from obstacles and exit doors operated in accordance with requirements. A resident evacuation list is kept at reception and updated as required by the administration officer. Evacuation plans and emergency procedures are located at each nurses' station and at reception. All staff have received fire safety training within the last twelve months. Staff demonstrated an accurate knowledge of fire and emergency procedures and their role in the event of an alarm and evacuation. Security procedures are in place and consistently implemented to protect residents and staff.

4.7 Infection control

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

Team's recommendation

Does comply

Systems are in place to collect and analyse infection data and to provide staff with information relating to infection trends. Continuous improvement projects are undertaken to address any identified trends. The home has an outbreak management protocol in place and staff are aware of their responsibilities in the event of an outbreak. Training in hand washing and infection control measures is mandatory at commencement of employment and annually; hand washing competencies are conducted annually. Documented policies and procedures relating to infection control are available and regular environmental/cleaning audits monitor the effectiveness of cleaning processes. Staff demonstrated understanding of the principles of infection control as they apply to their role. Strategies for preventing infection spread include colour coded equipment, use of personal protective equipment, and hand washing.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has established processes to provide hospitality services that enhance residents' quality of life and staff's working environment. Residents' dietary needs and preferences are assessed and information is communicated to the kitchen. A menu is rotated and residents have input into the menu process through the menu planning committee, surveys and resident meetings. Quality of food services is monitored through the implementation of food safety principles, meetings and comments/complaints. Cleaning processes are established by the home and specific guidelines are documented to guide staff practice. Residents' personal clothing and flat linen is laundered in the on-site laundry. Work areas are separated into clean and dirty areas and sanitising processes are in place. Staff are conscientious in ensuring that items are labelled to prevent loss of residents' personal items. The home monitors the effectiveness of hospitality services through resident feedback and regular environmental audits. Residents/representatives are generally satisfied with the catering, cleaning and laundry services provided by the home.