



Aged Care
Standards and Accreditation Agency Ltd

The Abbey Nursing Home

RACS ID 2610

300 Range Road

MITTAGONG NSW 2575

Approved provider: Thompson Health Care Pty Ltd

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 11 May 2015.

We made our decision on 30 March 2012.

The audit was conducted on 28 February 2012 to 29 February 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

The Abbey Nursing Home 2610

Approved provider: Thompson Health Care Pty Ltd

Introduction

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

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 28 February 2012 to 29 February 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:	Rodney Offner
Team member/s:	Glenda O'Halloran

Approved provider details

Approved provider:	Thompson Health Care Pty Ltd
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Details of home

Name of home:	The Abbey Nursing Home
RACS ID:	2610

Total number of allocated places:	76
Number of residents during audit:	69
Number of high care residents during audit:	69
Special needs catered for:	Nil

Street/PO Box:	300 Range Road	State:	NSW
City/Town:	MITTAGONG	Postcode:	2575
Phone number:	02 4871 1085	Facsimile:	02 4872 4093
E-mail address:	theabbey@thc.net.au		

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Lifestyle coordinator	1
Deputy director of nursing	1	Residents	10
Registered nurses	4	Representatives	3
Care staff	7	Property manager	1
Educator	1	Chempower sales consultant (Chemical provider)	1
Catering staff	2	Laundry staff	1
Aromatherapist	1	Cleaning staff	1
Information technology support officer	1	Maintenance staff	1
Recreational activity officer	1	Physiotherapist	1
Aromatherapy coordinator	1		

Sampled documents

	Number		Number
Residents' files: assessments, care plans, progress notes and monitoring charts	8	Medication charts	8
Comments and complaints	7	Personnel files	6
Physical restraint permission and release monitoring logs	1	Pain assessments	2
Wound assessments	2	Resident agreement	1

Other documents reviewed

The team also reviewed:

- Accident, incident and near miss flowchart
- Activity attendance records
- Activity program
- Annual education calendar
- Annual fire safety statement
- Annual staff appraisal schedule
- Approved food supplier master list
- Aromatherapy blends for pain management
- Care services procedure manual
- Catering audit results
- Catering working folder
- Case conference folder
- Certificate of analysis for testing legionella
- Clinical incidents summary
- Committee meeting schedule 2012

- Complaints register
- Consent forms for aromatherapy, release of information, photos and celebrations
- Contractor agreements and information folder
- Corporate organisation chart
- Dietary preference sheets
- Emergency procedure manual
- Environmental and workplace inspection checklist audits
- Evacuation contingency plan
- Executive services manual
- External service provider contracts
- Fridge monitoring logs - medications
- General cleaning procedures and staff sign off sheets
- Guardianship information
- Hotel services manual
- Human resource manual
- Fire protection testing and maintenance of fire alarm system
- Incident summary trend reports
- Infection control audits, education and monthly reports
- Infection control manual
- Infection control monthly summary reports
- Maintenance log books
- Maintenance manual
- Management and quality improvement committee minutes
- Material safety data sheets
- Medical practitioner agreements and annual registrations
- Medication folders
- Medication management procedures manual
- Meeting minutes – staff, residents and medical advisory committee
- Menu on display
- Newsletters
- NSW Food Safety Authority Licence
- Orientation program manual
- Pain massage program for registered nurses
- Pastoral care and church service information
- Pest control service register
- Policies and procedures
- Preventative maintenance programs
- Quality improvement action plan
- Quality management system
- Record of compulsory reporting folder
- Register of nurse registration board practicing certificates
- Resident entry information and admission pack
- Resident handbook
- Resident survey results
- Routine test log results of sprinkler and hydrant system
- Self assessment - The Abbey Nursing Home
- Service contractor list
- Social and cultural resource folder
- Special wishes for final stage of life
- Staff accident and incident reports
- Staff allocation sheets
- Staff application pack
- Staff competency assessments

- Staff police check report Moving on audit results
- Staff rosters
- Staff survey results
- Staff training attendance records
- Staff welcome pack
- Therapeutic pain massage logs
- Thermostatic mixing valve temperature logs
- Workplace health and safety and injury management manual

Observations

The team observed the following:

- Activities in progress
- Archive room
- Charter of residents' rights and responsibilities
- Comments, compliments and complaint feedback forms
- Computer network system
- Disaster management kit
- Equipment and supply storage areas including chemicals, linen supplies, clinical supplies, continence aids
- Fire panel and fire equipment
- Hand sanitisers and personal protective equipment located throughout home
- Hand washing facilities
- Interactions between staff, residents/representatives
- Laundry and laundry trolleys
- Living environment internal and external
- Lunch time meal service
- Menu displayed
- Mission, philosophy, vision and values displayed
- Noticeboards for residents, visitors and staff
- Outbreak equipment and supplies
- Resident call bell system
- Secure storage of medications and medication round
- Standard fire orders
- Suggestion box
- Treatment rooms
- Utility rooms and waste disposal

Assessment information

This section covers information about 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 utilises a continuous improvement system which incorporates a number of activities including a quality management system and the home’s overall performance review mechanism. Improvements are identified through a number of avenues including: residents and relatives meetings, staff meetings, audits, surveys, comments, complaints and suggestions, accidents and incidents and staff performance appraisals. Part of this system also includes ensuring compliance with the Accreditation Standards through undertaking the audit program which covers a significant number of expected outcomes. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents, representatives and staff report that they have opportunities and are encouraged to participate in the home’s continuous improvement activities through providing feedback and making suggestions for improvement through the home’s continuous improvement feedback mechanisms.

Examples of recent improvements in relation to Accreditation Standard One include:

- Management have introduced a computerised care documentation system and staff have received training in this system with the result being that a more effective and efficient resident information system is in operation within the home.
- Management identified that there was the requirement for a more flexible audit schedule based on the home’s needs at any one particular point in time and as such has introduced an audit schedule that can be readily altered if staff and/or management are of the opinion that this is required.
- Management identified that there was the requirement for additional staff hours allocated for education to assist with ensuring that staff had the required skills and knowledge to perform their duties in accordance with the organisation’s philosophy, vision and values. As a result the home has allocated additional staff hours for education in areas where management deem staff require further training and support.
- The home has purchased new clearing trolleys, cleaning buckets, waste bins and shower chairs in order that an appropriate supply and quality equipment is available for staff and residents.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through subscription to legislative update services, from government departments, attendance at professional meetings and seminars and accessing the internet and other sources. Management communicate changes to staff by memoranda, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of all policy and procedure manuals on a regular basis to ensure that all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for police checks for staff and contractors are in place. Interviews and documentation confirm that these have been completed.
- The home has a system to ensure nurses’ registrations are current.
- The home has a system whereby external contractors’ registrations and insurances are checked to ensure they are current.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has systems that ensure staff have appropriate knowledge and skills to perform their roles. A calendar of education sessions is developed which includes mandatory training sessions and education considered of interest or importance to various staff members. Learning packages are provided some of which are competency based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management supports staff to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education program schedules. Staff interviews indicate that they are provided with training as part of the home’s orientation process and have access to on-going education.

Examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes orientation sessions for new staff.
- There is a calendar of education sessions which has been developed through a consultative needs analysis between managers and staff.
- Management and staff receive training on topic areas such as bullying and harassment in the workplace, accreditation, duty of care, protecting people from abuse.

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

Information about internal and external complaints' mechanisms is provided to residents and representatives on entry to the home through the resident handbook, in the resident agreement and as part of residents' orientation to the home. Information is also communicated on a regular basis through resident and relative meetings and information displayed throughout the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Feedback forms and a suggestion box are available in the home. Brochures about the external complaints mechanism are also displayed. Staff interviews demonstrate they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if necessary. Residents and representatives interviewed are aware of the home's comment and complaint process. Review of comments and complaints as well as other relevant documents indicates that issues raised are responded to in an effective and timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's philosophy, mission, vision and values are well documented and on display in the home. This information is also available in a number of documents including the resident handbooks and other publications by the home. The home's mission, vision and values form a part of the staff orientation program, regular staff sessions and are discussed at staff meetings.

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 a system that aims to ensure there are enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Management reviews the home's staffing requirements to ensure sufficiency of human resources. Management report that factors considered to ensure the adequacy of the home's staffing levels and skill mix include, but are not limited to, residents' care and lifestyle needs, quality performance indicators, feedback from staff, residents and representatives, the layout of the home and workplace health and safety requirements. The home has a flexible rostering system that is responsive to the changes in residents' needs. There are systems in place for staff orientation, education and performance management. Recruitment policies and procedures ensure that the best possible match between candidates and roles are achieved. Job descriptions, selection criteria and reference checks are used by management to increase

the effectiveness of the process. Staff are provided with position descriptions and duty lists as necessary. Performance appraisals are conducted and results are fed into the home's human resource management system. Observations, documentation reviews and resident and representative interviews suggest that there are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Residents and their representatives are of the opinion that there are adequate levels of staff and that staff respond to their needs in an acceptable and 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

The home has stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems in place to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacement and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request logs are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff confirm their satisfaction with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an information management system that provides stakeholders with information relevant to them. The home's communication system includes meetings, resident and staff handbooks, intranet, newsletters, policies and procedures, noticeboards, orientation and training sessions, staff handover meetings, a clinical documentation system and managements' open door policy. The home utilises these communication channels to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. The home has a computer based electronic care documentation system and access to this system is password protected. Backup of the home's computer based information occurs daily by the organisation's corporate services information technology system. Access to confidential information and records is controlled and limited to authorised personnel. Observations demonstrate that resident and staff files are stored securely. Staff confirm they receive and have access to relevant information that allows them to perform their roles effectively and residents and representatives stated that they are kept well informed regarding care and all other matters that are appropriate to them.

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's externally sourced services are arranged primarily through the organisation's property services group by way of specified contract agreements. There is a designated process whereby quality criteria in relation to services to be supplied must be satisfied and reference, insurance and police checks are made. All major contracts are reviewed regularly through feedback by the home to the organisation's property services group. Contractor non-performance is recorded and actioned immediately when urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor a list is maintained at the home and updated as required; staff are informed of appropriate matters relating to provision of services by external contract suppliers.

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 about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- Management identified the need to review the home's medication management policy to ensure that residents' medication is managed safely and correctly and as result a review of the policy was undertaken and the new policy implemented.
- Staff and management identified that there was a need to improve nutrition supplements especially for those residents experiencing weight loss and as a result specific residents were given foods and supplements which had additional protein to ensure residents were adequately nourished.
- Management identified the need to provide appropriate health care specialists in accordance with residents' needs and as such it has employed the services of a new podiatrist, physiotherapist and optometrist.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors the currency of nurse registrations.
- The home has a policy, procedure and education in place regarding elder abuse and maintains a mandatory reporting register.

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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relating to Accreditation Standard two include but are not limited to:

- oral health,
- palliative care,
- dysphagia,
- nutrition,
- wound care,
- managing challenging behaviours,
- reflexology,
- Schedule 8 medication administration.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to meet their individual needs and preferences. The home has systems to assess the clinical needs of residents on entry to the home and on a regular ongoing basis. Registered nurses coordinate and oversee a range of comprehensive assessments that are evaluated to assist in the development of the residents’ care plans. Care plans are reviewed every three months and updated when necessary. All staff document in the residents’ progress notes. Clinical incidents are monitored and collated on a monthly basis and includes falls, skin tears, wounds, infections and aggression. Medical officers attend the home on a regular basis and there is after hour’s medical coverage. Documents reviewed included admission data, assessments, care plans, progress notes, and monitoring charts confirmed that the residents’ information is current reflecting each individual resident’s care and health status. Staff described consistent and current knowledge relating to meeting the individual needs of residents. All residents advised they are satisfied with the care the home provides.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Review of clinical documentation and

interviews with all nursing staff confirmed that registered nurses provide and supervise specialised nursing care to residents that includes pain management, diabetes care, urethral catheterisation, oxygen therapy and complex wound management. External nurse specialists are accessed when required and include wound care specialists, the older peoples' mental health team and palliative care. All residents advised they are satisfied with the specialised nursing care the home provides.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has systems to identify and assist staff to ensure residents are referred to the appropriate health specialists when necessary. Staff described how residents are referred to a range of health professionals and this was confirmed during a review of the residents' clinical information. Specialised services for residents include physiotherapy, podiatry, aromatherapy, radiology, speech therapy, dietetics, dental, optometry and hearing services. Medical specialists include surgeons and psychogeriatricians. All residents advised they are satisfied with access to health specialists and how changes are implemented.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has an effective medication management system to ensure that residents' medication is managed safely and correctly. Registered nurses and endorsed enrolled nurses manage and administer the residents' medications with assistance by senior care staff (advanced role) who have undergone medication training and competency. Staff described how the medication system is managed including the documentation and reporting of medication incidents and the supply of medications in weekly blister packs by the pharmacy. Medications are charted and reviewed every three months by the residents' medical officers and a specialised pharmacy service is available for annual medication reviews. There is a medical advisory committee that meets twice a year. There is a process for effective communication between the home, medical officer and pharmacy when changes are made to a resident's medication regime. All residents have a medication information front sheet that includes a photograph identifying the resident, known allergies, date of birth, medical history and information relating to how their medication is administered. All residents confirmed their satisfaction that their medications are managed in a safe and correct manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems in to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management programs are developed. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the

effectiveness of pain management strategies. Documentation shows strategies to prevent and manage residents' pain include attendance to clinical and emotional needs, pain relief, distraction through activities and alternative approaches including massage, the application of heat and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the resident's medical officer and other services is organised as needed. Staff regularly liaises with the residents' medical officers and allied health personnel that includes the physiotherapist, registered nurse masseur and the aromatherapist to ensure effective holistic care planning and management. Residents advised they are as free as possible from pain and that staff respond in a timely manner to their requests for pain management.

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

The home has systems to ensure that all residents' palliative care and comfort is managed effectively and sensitively in consultation with the residents, their representatives and medical officers. Residents and representatives are given information about end of life care and encouraged to participate in discussion and documenting an advanced care plan. Nursing staff manage the resident's pain and comfort care needs under the direction of the resident's medical officer and access to the area palliative health team when necessary. Other strategies to assist in maintaining residents' comfort and care include massage, aromatherapy and pastoral care. All staff interviewed showed sensitivity and understanding of meeting the physical, cultural, spiritual and psychological needs of frail residents and this was confirmed during interviews with residents and representatives.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure that residents receive adequate nourishment and hydration. Interviews with staff and review of documentation reveals residents' nutrition and hydration status is assessed when moving into the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Residents are weighed monthly and weight loss/gain monitored with referral to medical officers or allied health for investigation and treatment as necessary. Allied health practitioners include speech pathology, dietician and dentists. The home has a seasonal menu that has been reviewed by a dietician. The menu provides residents with choices and nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents' preferences and special requirements including thickened fluids, pureed and soft food. Residents interviewed advised they are satisfied with the frequency and variety of food and drinks supplied.

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

Residents’ skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurses for assessment, review and referral to their medical officers as needed. Residents also have access to a podiatrist, aromatherapist and other external health professionals including wound care specialist when necessary. Staff advised they have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Documentation and staff interviews reveals that staff receive ongoing training and supervision in skin care and understand the importance of attention to personal hygiene, continence management, skin care, regular repositioning, the use of limb protection devices and pressure relieving mattresses and chairs. The home’s reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the clinical indicators. Residents advised that staff provide appropriate personal care to meet their individual needs and preferences for skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly and monitor residents’ skin integrity. Registered nurses oversee the continence program and staff are trained in continence management including scheduled toileting, the use of continence aids and the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. The home has a continence link nurse who is responsible for the ordering of continence products and there are appropriate supplies of continence aids to meet the individual needs of residents. Residents advised they are satisfied with the assistance and continence care provided by the staff.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage the needs of residents with challenging behaviours. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and behaviour care plans formulated. The director of nursing meets with the prospective residents and representatives to ensure that the admission criteria not to admit wandering residents are fulfilled. Behaviour management strategies that are regularly reviewed in consultation with the resident and/or representatives and other specialist services include one-on-one and

group activities such as walking programs and aromatherapy. Staff described how they are flexible in their care routines and work as a team in managing challenging behaviours. The home has access to other health professionals including the area health service mental health team and visiting psychogeriatricians. Staff were observed to use a variety of management strategies and resources to effectively manage residents' with challenging behaviours and to ensure the residents' dignity and individual needs were respected. All staff advised that the home's goal is to provide a physical restraint free environment as possible. Residents advised they are satisfied with how challenging behaviours are managed by staff 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

The home has systems for ensuring that optimum levels of mobility and dexterity are achieved for all residents. All residents undergo comprehensive assessments and are seen by the physiotherapist who develops individual resident's mobility and dexterity plans. Staff follows these plans to assist and encourage the residents' participation in daily activities that encompasses personal care, hygiene and recreational activities. Falls prevention strategies include exercise classes, the monitoring of footwear and the lowering of beds. Falls incidents are analysed and are monitored in the clinical indicators. Staff is trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, walking belts, mechanical lifters and wheelchairs are available. The home has internal lift access and is well lit with handrails on all corridors. Residents advised that appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Residents reported that they are satisfied with how staff assist and encourage them to maintain and improve their safety, mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

There are systems to ensure residents' oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home and reviewed regularly. Swallowing difficulties and pain are referred to the medical officer or allied health services for assessment and review. Residents are referred to the visiting dentist and dental technicians when necessary. The home has two staff members identified as oral link nurses who ensure residents have the appropriate oral care kit available. Staff assists residents in their daily dental and oral health care routines. Residents stated they are satisfied with the care provided to ensure their oral and dental health is maintained.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and assist residents manage their sensory losses effectively. Interviews with staff and review of clinical documentation confirmed that sensory losses are identified on entry to the home and ongoing assessment identify issues relating to vision, hearing, speech, smell and taste. Residents are referred to appropriate services that include optometry, audiology and speech pathology when required. Residents are assisted and encouraged in wearing their glasses and hearing aids. The recreational activity officers have implemented programs that assist and stimulate the residents’ sensory deficits. Activities include cooking, massage, gardening, singing and music. Residents report staff are supportive of residents’ with sensory loss and promote independence and choice as part of daily care.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has a system to assess, monitor and evaluate sleeping patterns to assist residents achieve natural sleep. Residents’ sleep patterns are assessed on moving into the home including history of night sedation and sleep care plans formulated. Lighting and noise is subdued at night. Residents’ ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Staff report residents who experience sleep disturbances while assisting residents who require toileting and fluids as required to assist in resettling. Residents reported they are satisfied with how sleep is managed.

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 the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- The home has introduced a new aromatherapy program for residents with dementia with staff reporting that some residents have benefited by a reduction of their agitation and restlessness.
- In order that residents’ spiritual needs can be met the home has designated an area where regular church services are held.
- The home has introduced into its activity program theme days and brain gym techniques whereby residents can be supported to participate in a wider range of activities that are of interest to them.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The Charter of residents’ rights and responsibilities is displayed in the home.
- The resident agreement outlines security of tenure and is based on applicable legislation.
- Department of Health and Aged Care Complaint Investigation Scheme information brochures are available in the home’s entrance foyer.

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 details of the home's systems for ensuring that management and staff has appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff have knowledge and skills relating to resident lifestyle.

Examples of education related to Accreditation Standard Three include:

- confidentiality agreements,
- customer service,
- residents' rights and responsibilities.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has effective systems to ensure that each resident receives initial and ongoing emotional support. This includes orientation to the home, staff and services for new residents and their families, resident meetings, involvement of volunteers in the activity program and a quarterly newsletter. Information is gathered from residents and their representatives to identify residents' previous history, backgrounds and current lifestyle preferences to assist in settling into the home and ongoing care planning. Residents are encouraged to personalise their rooms and visitors including pets are encouraged. Residents expressed their satisfaction with how staff assists them in adjusting to life at the home and the ongoing support they receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. A range of individual and general strategies is implemented to promote independence that includes mobility and activities programs and mobility equipment for resident use. Community visitors, volunteers and entertainers are encouraged to visit the home to interact and participate in activities. Residents are assisted to maintain their civic duties by the home assisting residents to participate in voting and elections. Documentation, observation of staff practice and resident interviews confirms residents are actively encouraged to maintain independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that individual resident's right to privacy, dignity and confidentiality is respected. All residents advised they are satisfied with the approach taken by the home to manage their privacy and dignity. Residents and or their representatives are asked to sign consent forms to distinguish different aspect of living in the home that may impose on their right to privacy and confidentiality. For example, disclosure of clinical and personal information, display of photographs and recording of social events, disclosure of age and birthday celebrations. Residents' information is stored securely and staff handovers are discussed in private. Staff interviewed and observation confirmed that staff practices enhance residents' privacy through the use of privacy screens, dignity gowns, knocking on closed doors and addressing residents by their preferred name. Privacy and dignity of residents is further enhanced through staff education and staff signing a confidentiality agreement.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems and encourages and supports residents to participate in a wide range of interests and activities. Residents' specific needs, interests and preferences are assessed on moving into the home and on an ongoing basis. The home offers a comprehensive activities program seven days a week provided by a team of recreational activity officers with the assistance of volunteers. Two recreational activity officers work Monday to Friday to deliver activities to residents. Ongoing evaluation of the activities program ensures that the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Residents and visitors are informed of daily programs through display of the activities program on noticeboards and activities are discussed at the residents' meetings. Residents are invited to make suggestions and have input into the activities program. Residents are given the choice of whether or not to take part in activities. Current activities includes weekly bus trips, talent quests, music and singing, visiting pets, brain teasers, bingo and gardening. A volunteer attends the home to assist residents with accessing and using computers. Staff reported this has benefited some residents who usually decline to participate in most activities. Another popular event is the bowling team who compete against another home in the area. Residents confirmed they are satisfied with the activities and interactions provided to them by staff and volunteers.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate that residents' interests, customs, beliefs, cultural and ethnic backgrounds are recognised, valued and fostered. Cultural and spiritual needs are assessed when a resident moves into the home. Care plans are initiated to reflect the resident's needs and are reviewed regularly. Clergy from different denominations visit the home regularly and there is a church service held every Sunday. Residents are assisted and encouraged to attend church services with family and friends within the community. Staff confirmed they have a variety of resources and language prompts available to improve their knowledge of residents' different cultural backgrounds. Recreational activity officers plan celebrations days acknowledging the residents' different cultural backgrounds and have included celebration days for Italy, Poland, Ireland, Scotland and Holland. Other days of cultural and religious significance celebrated include Australia Day, ANZAC Day, Melbourne Cup, a variety of sporting events, Easter and Christmas. Residents advised they are satisfied with the support provided to enable them to maintain their cultural and spiritual lives.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home can demonstrate that each resident and/or representative participates in decisions about the services of the home and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. Residents can choose or decline to participate in the activities at the home while staff described their flexibility in meeting the daily care needs of residents. Residents advised they are encouraged to participate in decisions about their care and services required to meet their individual needs. Processes include one-on-one interviews, discussions with staff and management, attending meetings, completing surveys and other feedback mechanisms. The home is currently implementing annual case conferencing for residents and representatives. Management have an open door policy that results in continuous and timely interaction between the management team, residents and representatives. Residents are satisfied with the support of the home relative to their choice and decision making processes.

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 inform prospective and new residents and representatives of the services provided by the home and the residents' rights and responsibilities. New residents and/or their representatives are provided with comprehensive information about their rights and responsibilities prior to the resident moving into the home. This information is explained and a resident agreement is offered to each resident and/or their representative to formalise

occupancy arrangements. The agreement includes information for residents about care and services provided, rights and responsibilities, complaints handling, fees and charges, security of tenure and the process for the termination of the agreement. Residents advised they are satisfied with the information provided relating to their security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected Outcome 1.1 Continuous improvement for further information relating to the home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- Management identified the need to improve its infection control program and as a result has recruited a person for the position of infection control co-ordinator.
- To assist to provide a safe work environment for staff the home has established an annual staff vaccination clinic on site whereby staff can receive flu vaccinations.
- To minimise fire, security and emergency risks the home has reviewed its emergency procedures flip chart and made changes so that it is a more effective and user friendly.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
- The home has a current fire safety statement displayed.
- The home provides material safety data sheets with stored and used chemicals.

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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of education relevant to Accreditation Standard four include but are not limited to:

- manual handling,
- infection control,
- fire safety training,
- safe food handling,
- emergency procedures,
- safe handling of chemicals.

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 can demonstrate that it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The multi-level home is situated in a bushland setting. The home is light and bright with furnished communal areas and smaller sitting areas. Residents are accommodated in single and shared rooms. There is a preventative and reactive maintenance program in place, including recording of the warm water system temperatures system and legionella testing. Regular environmental inspections are undertaken, and daily and periodic cleaning schedules are in place. Residents may personalise their rooms with items from their previous home and advised the team they are very satisfied with their individual and communal 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 findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home has a Workplace Health and Safety committee and undertakes regular workplace inspection audits and hazards are identified and addressed. There is compulsory education for all staff in workplace safety including manual handling and infection control practices. Chemicals are appropriately stored and material safety data sheets and personal protective equipment is available at point of use. Staff demonstrate knowledge and understanding of workplace safety issues and responsibilities, and the team observed safe practices in operation.

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

The home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks and there are evening lock-up procedures. There is regular testing of external security lighting and fire evacuation plans and exit signs are located throughout the home. Monitoring and maintenance of all fire equipment is undertaken and reports provided. Fire equipment is located throughout the home and there is evidence that this is regularly serviced and tested. Fire safety and evacuation training is included in the orientation program and there are mandatory annual updates. An evacuation contingency plan is in place. Emergency management items and information are readily available to staff including detailed procedures, resident lists, identification tags. Staff interviewed state that they are aware of and understand their responsibilities in the case of fire and other emergencies.

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 established policies and practices that support an effective infection control program. Staff receive training at orientation and on an ongoing basis. Hand sanitisers are located throughout the home and visitors are encouraged to use the hand sanitising gel. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures and disposal of waste. A vaccination program is in place. The home follows state and federal guidelines for the management of influenza and gastroenteritis outbreaks. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. Data on infections are collected, analysed, discussed with staff and reported at staff and quality improvement meetings. The team noted minimal incidence of infections. Staff show knowledge of the systems and the team observed that staff comply with infection control practices including the use of personal protective equipment.

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

Residents and representatives interviewed expressed a high level of satisfaction with the hospitality services provided at the home. Comments included "the food is lovely", the place is kept beautifully clean", "my clothes are looked after by the laundry".

Catering

Residents' dietary needs and choices are assessed and documented on entry to the home and relayed to the catering staff who maintain a list of food preferences and special diets

including supplements or modified meals, and other relevant information. All food is cooked fresh on site. There is a food safety program in place and the home has a current NSW Food Authority licence. We observed food preparation and service and noted all staff are aware of and practice according to appropriate guidelines including infection control requirements. Catering staff have undertaken training in relation to appropriate food handling and infection control.

Cleaning

The home presents as clean, fresh and well cared for. Cleaning staff perform their duties guided by documented schedules, work practices and results of inspections. All equipment is colour coded and chemicals securely stored. Staff are trained in the use of equipment, infection control and outbreak management procedures, and manual handling. Staff interviewed demonstrate a good knowledge of infection control and manual handling requirements.

Laundry

Laundry services provided on site include the laundering of all linen and of residents' personal clothing. There are commercial grade washing and drying machines and marked separation between clean and dirty areas. There are policies, procedures and work practices for the collection and handling of linen. Laundry staff confirmed that they receive training in infection control, manual handling and safe work practices.