



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Opal Austral House RACS ID: 2557

Approved Provider: Aquarius Aged Care Pty Ltd

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 8 December 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 29 May 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 July 2015 to 21 April 2019.

Reason for decision

Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from

8 December 2017

Accreditation expiry date

21 April 2019



Australian Government

Australian Aged Care Quality Agency

Austral House Nursing Home

RACS ID 2557

4 Austral Avenue

NORTH MANLY NSW 2100

Approved provider: Aquarius Aged 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 21 July 2018.

We made our decision on 29 May 2015.

The audit was conducted on 29 April 2015 to 30 April 2015. 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	Quality 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	Quality 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		Quality 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		Quality 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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Austral House Nursing Home 2557

Approved provider: Aquarius Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 29 April 2015 to 30 April 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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 Quality Agency conducted the re-accreditation audit from 29 April 2015 to 30 April 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Colleen Fox
Team member/s:	Megan McNab

Approved provider details

Approved provider:	Aquarius Aged Care Pty Ltd
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Details of home

Name of home:	Austral House Nursing Home
RACS ID:	2557

Total number of allocated places:	35
Number of care recipients during audit:	33
Number of care recipients receiving high care during audit:	33
Special needs catered for:	Dementia, females only

Street/PO Box:	4 Austral Avenue	State:	NSW
City/Town:	NORTH MANLY	Postcode:	2100
Phone number:	02 9939 1288	Facsimile:	02 9905 9457
E-mail address:	anne-marie.king@aquariusagedcare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	7
Regional manager	1	Activities staff	3
Care manager	1	Contract maintenance manager and project manager	2
Registered nurse	1	Cook and kitchen staff	2
Care staff	4	Laundry staff	1
Physiotherapist	1	Cleaning staff	1

Sampled documents

	Number		Number
Residents' files (including assessments, care plans, medical notes and other relevant documentation)	6	Resident agreements	4
Summary/quick reference care plans	2	Personnel files	5
Medication charts	10	Performance appraisals	8
Service agreements	4		

Other documents reviewed

The team also reviewed:

- Activity calendar
- Approved supplier lists
- Audit schedule, audit results, clinical risk indicators and action plans
- Cleaning and laundry duty statements, schedules, checklists
- Comments, complaints, suggestion register, feedback forms
- Communication books and diary, doctor's folder, handover reports
- Communication cue cards
- Continence aid folder
- Continuous quality improvement plans
- Contractor's induction handbook
- Critical incident management guidelines
- Daily clinical monitoring book
- Education calendars, education records including mandatory training, skills assessments
- Emergency procedures/business continuity plan

- Employee orientation handbook, staff handbook, workers handbook
- Infection control policies and procedures, outbreak management information
- Lifestyle participation records
- Mandatory reporting register, records
- Manual handling quick reference guides
- Medication incident reports
- Meeting calendar, meeting minutes
- NSW Food Authority report, food safety program, food and equipment temperature records, kitchen cleaning schedules, dietary profile forms, resident dietary requirements/drink preference lists, menu
- Orientation checklist, agency staff orientation checklist, position descriptions, duty lists
- Police check certification records, professional staff registrations
- Policies, procedures (including clinical), flowcharts
- Preventative maintenance manual, records, maintenance task sheets, asset register, safety and environmental risk assessments
- Resident and relative handbook, resident consent forms
- Resident and staff vaccination lists
- Resident's newsletter
- Satisfaction surveys - residents, carers, staff
- Schedule eight (S8) drug register
- Self-assessment report
- Service reports - pest control, legionella, fire safety inspection, electrical test and tag
- Signature registry
- Special care day audits
- Staff performance appraisal schedule
- Staff rosters
- Water temperature records
- Weight folder, weight tracker (electronic)
- Work, Health and Safety (WHS) notices, meeting minutes, environment inspection and audit reports, risk assessments, safety alerts, hazard reports
- Wound care folder

Observations

The team observed the following:

- Activities in progress
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of residents' rights and responsibilities on display
- Chemical storage, material safety data sheets
- Feedback forms

- Fire safety instructions, equipment, evacuation plans, emergency evacuation kit, fire safety statement, emergency procedures flipcharts
- Infection control resources - hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, outbreak kit, waste management including clinical waste, sharps containers, spill kits
- Interactions between staff, residents and representatives
- Living environment
- Lunch-time meal service in progress with staff assisting residents, daily menu displayed
- Medication and treatment room
- Medication round; S8 drug management; storage of medications
- Mission, vision and values displayed
- Mobility and transfer equipment such as lifters, hand rails, ramps, walk belts, limb protecting and mobility equipment
- Noticeboards, whiteboards - residents/relatives, staff
- NSW Food Authority licence
- Posters - external complaint and advocacy services, various others
- Resident and visitor sign in/out books
- Security systems
- Short group observation in the lounge
- Staff managing residents' challenging behaviours
- Staff undertaking manual handling of residents
- Supply storage rooms including clinical stock, continence aids, medication and linen

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvements in relation to Accreditation Standard One, Management systems, staffing and organisational development include:

- Staffing requirements for the home have been reviewed and changes made. To assist in providing preferred later showers for residents a staff member now commences at 9:30am. This also allows the staff member to assist later in the day with activities in the dining room when the lifestyle officer is attending residents in their rooms. Additional hours have been allocated to lifestyle staff to work seven days a week. The care manager role has been improved with an additional registered nurse employed to work three days per week freeing the care manager to focus only in this role for those days. A new position of administration officer has been developed and a staff member has commenced working three days a week to assist the facility manager. These changes have been welcomed by representatives as staff are better able to attend to the needs of residents and their preferences.
- The manager identified staff were not reading memos and the signing system in place was not working. A new memo folder has been introduced with all new memos placed in a plastic sleeve and a signing sheet attached. This has been successful in improving staff reading memos as required.
- Communication between management and staff in relation to annual leave was poor and staff were unsure if leave was approved. A leave application system has been introduced with leave notice required at least one month in advance. Once approved a copy of the signed approval is provided to staff and both management and staff have correct information related to staff leave. This ensures staff plans can be put in place and leave replacements are rostered.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Head office staff, peak body and association email alerts and Department of Social Services information ensures the manager receives updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual compulsory education sessions. Updated information is available through communication at handover, education sessions, memos and meetings. Head office staff ensure currency of policies, procedures and forms. Monitoring of compliance includes scheduled audits, staff skill assessments, incident monitoring and observation of staff practices. Staff demonstrated awareness of current legislation.

Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have current national police check certification.
- A review and update of policies in response to legislative changes, such as for privacy and for reportable incidents, have been completed and 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

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Skill assessments are conducted at orientation and a selection are mandatory for annual completion. Staff development and training needs are established and education calendars developed to include compulsory topics, staff skill requirements and staff feedback. In-service sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Training and education is offered on site in small groups, one-on-one and through audio visual self-directed learning packages. Staff participation is monitored and recorded and programs are informally evaluated. Residents/representatives interviewed are satisfied staff are providing appropriate care for residents’ needs.

Examples of education and training attended over the last year in relation to Accreditation Standard One include: aged care funding instrument (ACFI), documentation, bullying and harassment, Accreditation, organisational values and respect in the workplace.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

Internal and external mechanisms for feedback and complaints are available to all residents/representatives. On entry all new residents/representatives are made aware of feedback mechanisms and advocacy services outlined in the resident handbook, the agreement and posters. Feedback forms and posters for accessing external complaints and advocacy services are readily available. The manager has an open door policy and is available to assist with resident/representative enquiries. Satisfaction surveys are conducted and individual and scheduled relative/carer meetings provide opportunity for feedback and updates on actions taken in relation to issues raised. Complaints are minimal. Those reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Complaints are handled confidentially, are registered and analysed, and if appropriate issues are transferred to the continuous improvement program. Staff demonstrated awareness of complaint procedures. Residents/representatives said if they have any concerns they do not hesitate to raise them with staff and are generally satisfied with the resolution.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisational vision, mission and values statements are on display and are included in staff and resident handbooks. The Charter of residents' rights and responsibilities is displayed and is included in resident documentation received on entry. The home was taken over by Opal Aged Care in January 2015 and ongoing support for the home's operations by head office staff and regional manager, combined with audits and the continuous improvement program, ensures an ongoing commitment to quality care for residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs and the home is supported by organisational human resources staff. Staff are employed with a minimum certificate three qualification. Police check certification is obtained prior to employment and is monitored for renewal. All new staff complete an orientation program and work buddy shifts. Staff sign to acknowledge confidentiality of information and work, health and safety responsibilities. Position descriptions, duty lists, handbook, policies, procedures and flowcharts inform staff of

care and service delivery requirements. Staff practices are monitored through observation, feedback, audit results and annual performance appraisals. Staff rosters are adjusted according to workloads and registered nurses are rostered on all shifts. Casual staff are available to cover most staff leave requirements with minimal use of employment agency staff. Staff said they enjoy working at the home, they work as a team and have sufficient time to complete shift duties. Residents/representatives were complimentary about the staff and expressed satisfaction with care provided to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

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

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, position descriptions and duty lists and have access to current policies, procedures and forms. Updated information for staff is available through verbal handover, care documentation, communication books, memos, noticeboards and meetings. All staff have access to policies and procedures and registered nurses and key staff have access to care and management electronic systems. A resident agreement, information pack and handbook inform residents and representatives and updated information is provided through meetings, noticeboards and verbal communication. Residents/representatives interviewed believe they are kept informed and up to date. There are policies and procedures for confidential storage, electronic back up and appropriate management of all records in the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. Preferred external suppliers are managed by the organisation and the home through service agreements or contracts. Service agreements/contracts include specifications of service delivery, qualifications, insurance, police check certification and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Staff are satisfied with the quality of services provided by external suppliers and the processes in place to ensure services meet both the home and residents' needs.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- Staff identified residents required increased activity to maintain optimum levels of dexterity. Large blue exercise balls were introduced which have been successful in encouraging interaction by residents. In addition the physiotherapist has commenced exercise programs four days week. All activity participation is recorded to monitor resident involvement. These measures are assisting to improve and maintain the mobility and dexterity of residents.
- Residents' continence management was not being managed appropriately to address residents' requirements. Incorrect and excessive use of continence aids was noted and to improve this, education sessions were provided on the correct use of aids. A pad allocation system was introduced and this, combined with increased staff knowledge, ensures the management of residents' continence meets the residents' requirements.
- Progress notes reviewed showed several residents were not sleeping and were wandering during the night. It was identified some residents were refusing their supper and it was determined residents may be hungry. The supper time has been reviewed and changed to a later time with sandwiches and other food and warm drinks provided. This has resulted in residents being more settled with improved sleep patterns. Food is now available at any time if required by 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 findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Two include:

- Medication storage and medication administration staff practices are monitored for compliance.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care. Some of the topics include: continence management, nutrition and hydration, skin integrity management, wound care, cytotoxic medication management, restraint management and safety, behaviour management, dementia care, personal care and assistance with feeding, malnutrition and supplements.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. The home has effective systems for assessing and monitoring the clinical needs of residents. Clinical care plans are evaluated regularly. Appropriate observations are attended as ordered and monitored by the registered nurse on duty. There are well established communication and referral links to external health professionals. Residents/representatives are satisfied with the clinical care residents receive and their access to external health professionals.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by registered nursing staff. Specialised nursing care assessments and evaluations are undertaken by the care manager or registered nurses. Specialised nursing care that requires additional expertise is provided by local health teams. This includes palliative care team, mental health team, speech pathologist, Dementia Behaviour Management Advisory Service (DBMAS) and Specialist Mental Health Service for Older Persons (SMHOP). Residents/representatives are satisfied with the specialised nursing care provided to residents.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with their needs and preferences. Initial and ongoing health assessments and care plan reviews are used to

identify needs for referral to other health and related services. The home has well established links to relevant health services including podiatrist, dentist, dietician and pathology services. The home has a physiotherapist on site four days per week. Residents/representatives are generally satisfied with access to and care provided to residents by other health services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has effective systems and processes for safely managing residents’ medications. All medications are checked on arrival from the pharmacist by a registered nurse. Any discrepancies are investigated and appropriate action taken. Medication audits are conducted monthly. Registered nurses administer and manage residents’ medications. Medications are stored securely and disposed of appropriately. Emergency supplies of medication are available to respond quickly to sudden changes in medication needs, including for palliative care. Staff were observed assisting residents with their medications in a safe way. Residents/representatives interviewed are satisfied that residents’ medications are managed safely.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home’s pain management approach ensures that residents are as free from pain as possible. Residents’ pain is assessed on entry and at regular intervals and interventions are evaluated. Individual pain relief interventions, for example as required (PRN) medications, are assessed for effectiveness. Non pharmacological pain relief interventions are used appropriately such as massage, transcutaneous electrical nerve stimulation (TENS) machines and gentle exercise. Residents/representatives are generally satisfied that residents’ pain is managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained. The home has well established links with the local palliative care team. The home was providing end stage palliative care for one resident during the re-accreditation audit. We were able to observe clinical interventions changing in response to the changing needs of the resident, staff providing appropriate care and support for grieving relatives, and comfort care supports such as aromatherapy. End of life care directives are in place for most residents.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home demonstrates that residents receive adequate nutrition and hydration. Residents’ food allergies, nutritional requirements and dietary preferences are assessed on entry and at regular intervals. The home has effective systems for communicating changes in dietary needs. Residents are weighed monthly and results monitored for unintentional weight loss and appropriate interventions commenced as needed. Residents who require assistance to reduce weight are referred to a dietician and individual weight loss programs established and monitored. Staff were observed providing appropriate assistance with meals and additional refreshments such as an ice-cream round. The home has recently introduced a later supper time with more substantial refreshments in response to a number of residents waking up hungry during the night. As a result residents are sleeping more soundly. Residents’ representatives confirmed they are satisfied with the home’s approach to meeting nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Skin assessments are conducted on entry and at regular intervals and strategies evaluated for effectiveness. Wounds are treated appropriately and attended to by registered nurses. Different strategies for maintaining skin integrity are utilised for example exercise and mobility, emollients, skin care instructions for at risk residents and supporting devices for at risk areas of the body. Residents’ representatives confirmed that they are satisfied with the care provided in relation to skin integrity.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively. Continence is assessed on entry and monitored daily and care plans evaluated regularly. The home collects and reviews urinary infection data. Continence aids are supplied as required and staff confirm that there are adequate supplies to meet the residents’ needs. Residents/representatives confirm they are satisfied with the care provided in relation to continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively. Behaviour management assessments are undertaken on entry and reassessed at regular intervals. Care plans include identification of individual behaviours, identified triggers and a variety of management strategies. Referral to specialised services such as DBMAS are made as required. Non pharmacological strategies are widely used. We observed staff responding appropriately to behaviours of concern. Staff interviewed identified a wide range of strategies to assist residents with behaviours of concern. The home utilises a minimal restraint approach and manages this appropriately. Representatives interviewed are generally satisfied with how behaviours of concern are managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved. All residents are assessed on entry and at regular intervals by a physiotherapist, including mobility, falls risk and pain assessments. Care plans demonstrate a variety of approaches to maintaining mobility and dexterity including exercise programs, massage and heat therapy. A physiotherapist is available four days per week and activities staff run gentle exercise programs daily. Activities staff have also recently introduced a walking program. Appropriate mobility aids are available for residents as well as fall injury minimisation resources such as hip protectors and floor safety mats. Residents’ representatives are generally satisfied with the home’s approach to optimising residents’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental health is maintained. Oral and dental care assessments occur on entry and at regular intervals. Care plans reflect individual preferences for daily oral hygiene and any support or assistance required. Residents are supported to access dental services including specialised dental prosthetic services. Residents’ representatives are generally satisfied with the home’s approach to managing oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Resident’s sensory losses are identified and managed effectively. All five senses are assessed on entry and at regular intervals. Residents are referred to specialists such as optometrists and audiologists as required. Tools to support residents with sensory loss were observed including communication cards. Resident programs include activities that focus on all five senses. Residents’ representatives are generally satisfied with all care given.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Individual sleep patterns and preferences are assessed on entry and at regular intervals. Residents are supported to maintain their preferred sleeping patterns. A later supper round with more substantial refreshments has resulted in residents achieving longer periods of undisturbed sleep. Residents/representatives are generally satisfied with the support residents receive in relation to achieving natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. Resident/representative meetings, surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Care recipient lifestyle. Some examples of recent improvements include:

- The home is female only and the manager identified the need for support to increasingly frail husbands when placing their wives into care. Support has been provided through external counselling services and the home organised a support function to enable several of the men an opportunity to talk or arrange outings. This was welcomed by the men and has resulted in three monthly men’s group meetings scheduled for informal social get togethers. The resident newsletter will be used to encourage other partners to attend.
- Information and communication from the home to residents/representatives has been improved with initiatives introduced. Resident/representative meetings were scheduled during the day and the manager found these were not well attended. Evening meetings were trialled and have been successful in attracting a good number of representatives and so these will continue. It was recognised the resident newsletter had not been generated for some time. Following discussion a template has been designed and this is being introduced to further enhance communication from the manager and provide residents and representatives with relevant information.
- Staff recognised residents really enjoyed ice-creams given out one day a week. A suggestion was made to increase the ice-cream round and has resulted in residents receiving ice-creams three times a week. These are very popular with the residents.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Three include:

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

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to resident lifestyle. Some of the topics include: elder abuse and reportable incidents, choice and dignity, residents' rights, lifestyle activities, customer service and resident centred care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents receive support in adjusting to the new environment and on an ongoing basis. Emotional support needs are assessed on entry and at regular intervals. We observed staff providing appropriate emotional support to residents and relatives. We observed family members participating in the life of the home and they confirmed that they are encouraged to provide emotional support to residents. Residents/representatives confirmed that the staff are supportive and caring.

3.5 Independence

This expected outcome requires that "care recipients 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

Residents are assisted to maintain independence and friendships and participate in the life of the community as they are able. Social profiles have been completed recently with plans for regular reviews. Residents are supported to go out with family and friends. Regular bus outings are being introduced as part of the activities programs. Residents' representatives are generally satisfied with the home's approach to maintaining residents' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality is recognised and respected. Relevant privacy consent forms have been signed for all residents and staff sign confidentiality agreements. Resident files are stored securely. Staff interviewed stated they have received training on privacy and dignity. We observed clinical care and personal care being provided

in ways that support residents' privacy and dignity. Representatives confirmed that staff consistently respect residents' privacy.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

Residents are encouraged and supported to participate in a range of interests and activities. Information on residents' preferred interests have been gathered recently and the home plans to review this information regularly. We observed various group and individual activities in progress. Residents' representatives participate in the homes activities and volunteer to run activity groups. Representatives confirmed that they are generally satisfied with activities provided but are looking forward to the planned improvements.

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

Residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The facility provides regular chapel services. The home currently has three residents from a non-English speaking background. Language cue cards are available. The home is currently establishing links with the community visitor's scheme and local council services to provide volunteer visitors who can speak these languages. Residents' representatives are generally satisfied with the home's approach to fostering resident's cultural and spiritual life.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Residents/representatives participate in decisions about the services received and are supported to exercise choice and control over the residents' lifestyle as they are able. Residents/representatives are provided with initial and ongoing information about the home and its services and are encouraged to participate in decisions about their home via residents' meetings. Residents' representatives confirmed they are kept well informed and encouraged to participate in decisions about the home's services and resident's care.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

There are processes to ensure residents have secure tenure within the residential care service and residents/representatives understand rights and responsibilities. The manager discusses relevant information about security of tenure, fees, care, services and residents' rights with residents and their representatives prior to and on entering the home. If able, prospective residents/representatives are given a tour of the home and receive information about care provided. On entry residents/representatives receive a residential agreement and handbook which outline care and services, residents' rights and complaints resolution processes. New residents are orientated by staff to the services provided by the home and ongoing communication with residents/representatives is encouraged through scheduled and individual meetings. Residents/representatives said residents feel secure in the home and residents' rights are supported through staff practices.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident/representative feedback. Some examples of recent improvements include:

- The internal courtyard has been improved to provide a more inviting area for residents and families to use. Outdoor furniture, plants and a water fountain have been purchased to decorate the courtyard. As the area is cold in winter heaters have been installed. Some residents and families complained the chairs were not comfortable so with the assistance of family members cushions have been obtained. The outcome has been well received and has resulted in a more comfortable and welcoming area for residents and their families.
- The home’s parking area is reached by a steep driveway and the manager identified the need for a barrier to ensure the safety of families and visitors. A metal barrier has been installed along the driveway and in the garage which has pleased family members. This prevents potential incidents of cars driving over the edge.
- The camera surveillance monitor did not provide staff, especially night staff, with appropriate access to required displays. To improve this, an additional monitor has been installed to provide increased display of the building’s external perimeter. An additional security measure introduced has been the streamlining and programming of the keypad code system. These measures improve security in the home for both residents and staff.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

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

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems. Some of the topics include: fire safety and evacuation, chemical training, infection control, food safety, new resident menu, workplace camera surveillance and new stand-up lifter. Staff complete manual handling competencies.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Austral House Nursing Home is an all-female dementia specific home and there are systems to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in a secure environment in single and multi-bedded rooms, some with ensuites. Residents may personalise their area. All residents have access to nurse call alarms and bed sensor alarms may be used for residents at risk of falling. A lounge/dining area is used for activities and an internal courtyard and external balcony are available for use with family and friends. Preventative maintenance schedules ensure the safety of the internal and external environment and equipment. Maintenance requests are actioned and maintenance staff are available 24 hours, seven days a week. Audits and environmental inspections monitor the internal and external environments and staff monitor residents' rooms for clutter. Corridors are fitted with handrails and outside paved areas were observed to be well maintained. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided at the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work, Health and Safety (WHS) training is given to all staff during orientation and annually and a WHS representative attends regular corporate committee meetings. The system involves audits, inspections, accident and hazard reporting procedures and risk assessments. Policies, procedures and notices inform staff. An employee assistance program and a return to work program are available if required. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. An external supplier provides chemicals and chemical safety education is attended. Safe work procedures and

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

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company and internal audits. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. Emergency procedures and business continuity plan are documented. An emergency evacuation kit with resident identification data, evacuation plans, notices, signage and emergency exits free from obstruction were observed. Fire-fighting equipment inspection and testing is current, a fire sprinkler system is in place and a fire safety statement is held. Staff interviewed are aware of procedures and have attended compulsory fire training. Preventative processes include fire safety audits, appropriate electrical appliance testing and designated smoking areas. Security measures for the home include lock up procedures, automated external lighting and keypad and video security systems.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

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

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Multi-skilled general services staff provide catering, cleaning and laundry services to residents. Feedback about services is given by residents/representatives through feedback forms, surveys, meetings and verbally. Residents/representatives stated they are satisfied with the services available for residents. Procedures, policies, and duty lists are in place for services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Freshly cooked meals are provided using a four week rotational menu

reviewed by a dietician. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Residents are consulted about their preferred choices. There is a food safety program and the home received an 'A' rating at a recent NSW Food Authority audit. Cleaning staff are in attendance six days a week and follow schedules for residents' rooms and communal areas. All areas were observed to be clean. All personal items are laundered on site five days a week and an external contractor provides linen laundering services with deliveries three days a week. Staff deliver personal items to residents and provide a labelling service. Appropriate storage and sufficient supplies of linen were observed.