



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Autumn Lodge Glass Street**

RACS ID 0277  
11 Glass Street  
ARMIDALE NSW 2350

### **Approved provider: Autumn Lodge**

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 09 March 2018.

We made our decision on 31 December 2014.

The audit was conducted on 24 November 2014 to 28 November 2014. 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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**

**Autumn Lodge Glass Street 0277**

**Approved provider: Autumn Lodge**

### **Introduction**

This is the report of a re-accreditation audit from 24 November 2014 to 28 November 2014 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

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 November 2014 to 28 November 2014.

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

<b>Team leader:</b>	Veronica Hunter
<b>Team member/s:</b>	Jan Herbert

## Approved provider details

<b>Approved provider:</b>	Autumn Lodge
---------------------------	--------------

## Details of home

<b>Name of home:</b>	Autumn Lodge Glass Street
<b>RACS ID:</b>	0277

<b>Total number of allocated places:</b>	50
<b>Number of care recipients during audit:</b>	50
<b>Number of care recipients receiving high care during audit:</b>	50
<b>Special needs catered for:</b>	Dementia specific unit

<b>Street/PO Box:</b>	11 Glass Street
<b>City/Town:</b>	ARMIDALE
<b>State:</b>	NSW
<b>Postcode:</b>	2350
<b>Phone number:</b>	02 6772 7533
<b>Facsimile:</b>	02 6772 6982
<b>E-mail address:</b>	<a href="mailto:admin@autumnlodge.com.au">admin@autumnlodge.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Chief Executive Officer	1
Executive Care Manager	1
Business Manager	1
Registered nurses	2
Team Leader - Ningana	1
Care staff	6
Human Resource/administration staff	1
Administration assistant	2
Physiotherapist	1
Care recipients/representatives	10
Leisure and lifestyle staff	1
Catering staff	1
Laundry staff	1
Cleaning staff	2
Maintenance staff	2
Hairdresser/leisure and lifestyle	1
Physiotherapy aide	1

### Sampled documents

Category	Number
Care recipients' files (electronic) including assessments, care plans, progress notes (medical and nursing) charts and forms, consultations, referrals, medical discharges, allied health documentation, other associated documentation	6
Summary care plans	9
Personnel files	5
Medication charts	18
Wound charts (electronic)	4

## Other documents reviewed

The team also reviewed:

- Audits, audit schedule and summaries
- Catering, cleaning and laundry documentation including NSW Food Authority Licence, Food Authority audit reports, food safety plan, dietician's menu review, interactive catering care program, menu, food temperature records from delivery to consumption, food storage and dishwasher temperature records, residents' dietary assessments and lists, cleaning schedules
- Clinical documentation including handover sheets, communication diary, treatment folder for all sections of home, care plan summaries and daily routine – Ningara, ongoing behavioural assessments, restraint authority and release documentation
- Comments and improvements register, complaints register
- Compulsory reporting register, missing persons register
- Continence aid listing for residents
- Continuous improvement plan, quality improvement forms,
- Education documentation including planner and calendars, attendance and evaluation records, staff competency assessment records, certificates of attendance and attainment
- Equipment risk assessments
- External contractor documentation including suppliers' handbook, contracts, and registration and insurance certification
- Fire and safety documentation including annual fire safety statement, fire inspection, servicing and maintenance documentation, fire education attendance records, emergency procedure manual, evacuation/mobility lists
- Human resource management documentation including position descriptions and duty routines, staff handbook, rosters, signed confidentiality policies and code of conduct, induction checklists, probationary review reports, performance appraisals
- Incident reports
- Infection control information including infection control manual, clinical indicator audits, vaccinations lists, pest control documentation.
- Leisure and lifestyle documentation including monthly activities program, daily activities program, activity planning sheets, residents expression of food preference, memorial services folder, consent forms – photographs and bus outings, major events – process and evaluation, activity planning.
- Living environment documentation including preventative and corrective maintenance, testing and servicing schedules and records, maintenance request worksheets, risk/hazard assessments, environmental and fire equipment audit results, work health and safety manual



- Medication documentation information including medication chart folders (hard copy), electronic medication system including ordering, daily pharmacy order sheet, medication fridge temperature charts, cleaning schedules for medication trolleys, checking trolley, audits of new blister packs
- Meeting minutes and resident surveys
- Physiotherapy documentation including application of heat pack/massage for residents, heat pack register
- Police check schedule of due dates, certification documentation
- Policy and procedures (electronic)
- Registered nurses and allied health registration records
- Residents' information package, residents' information handbook, resident agreement, residents' privacy collection statement
- Small group observation in Ningana activities area
- S8 drugs of addiction register.

## **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Charter of Care Recipients' Rights and Responsibilities on display
- Chemical storage
- Clinical handover
- Colour coded cleaning and catering equipment and personal protective equipment in use
- Comments and complaints process on display, quality improvement forms and locked boxes
- Continence aid storage
- Emergency evacuation kit
- Emergency flip charts
- Equipment and supply storage areas
- External complaints and advocacy information on display
- Hand washing and hand sanitising stations throughout facility
- Hand washing and hand sanitising stations throughout facility

- Hand washing and hand sanitising stations throughout facility
- Interactions between staff and care recipients
- Living environment
- Meal services
- Medication fridges
- Mission, organisational objectives, management philosophy and core values on display
- Notices informing residents, staff and visitors of Re-accreditation audit
- Outbreak box, sharps containers, spills kits
- Safety data sheets
- Secure storage of medications and medication trolleys
- Wound trolleys.

## 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 systems to identify, document, plan, implement and evaluate opportunities for continuous improvement across all four accreditation standards. Opportunities for improvement are identified through audit and survey results, meetings, hazard identification, incident reporting and analysis, comments and complaints, and individual feedback.

Opportunities for improvement are documented on quality improvement forms and in the home's continuous improvement plan. A review of documentation showed improvements and audit results are disseminated to staff, and to residents when appropriate. Management, staff, residents and representatives are encouraged to make suggestions for improvements and to provide feedback.

Following are examples of recent improvements related to Standard 1:

- When management identified that paper-based documentation located throughout the home was not always up-to-date, a review was undertaken of all information and documentation including policies, procedures and forms. Documentation was updated where necessary, and loaded onto the computer system in a secure portable document format (PDF) file format. Staff can now access rosters and up-to-date information, and download current forms as they are needed. As a result, documents can be revised regularly and updated promptly, and the home maintains current documentation which is compliant with legislative requirements.
- In order to improve communication with and between staff, management introduced an electronic messaging system throughout the home. All staff have access to computers and we were advised they check their messages at the commencement of their shifts and throughout the day. This has resulted in improved communication and ensures that messages are read.

## 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 receives information from Commonwealth and State government departments, through the internet and membership of a peak industry organisation. Information is disseminated to staff by way of orientation, training, electronic memoranda, meetings and updated policies and procedures. Compliance is monitored through audits and surveys, policies and procedures and questionnaires.

Following are specific examples of regulatory compliance relating to Standard 1:

- All staff, volunteers and relevant external service providers undergo police checks prior to commencement of employment, service or contract.
- New staff are required to sign policies confirming their agreement to comply with privacy legislation and a code of conduct.

## 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

Staff development needs are identified through performance appraisals and assessed needs, requests, observation, accident and incident reporting, and from verbal feedback. Staff are required to attend annual mandatory training, and are provided with training and education relevant to their roles and responsibilities. They have access to on-line training and a commercial aged care education channel; staff can view digital video discs in their own time if they wish. Learning lunches provide an additional opportunity for staff training in an informal setting. Attendance at internal and external training and education is monitored to ensure staff attend mandatory and relevant education. Staff are required to complete a range of skills competency assessments. Staff are advised of education through calendars, electronic memoranda and at staff meetings. Staff advised they have opportunities to attend internal and external education and training.

Following are specific examples of education relating to Standard 1:

- human resource management;
- team building;
- effective written documentation.

## 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

Residents/representatives are provided with information about internal and external complaints mechanisms prior to residents entering the home. They are encouraged to raise any concerns in audits and surveys, at meetings, in writing or personally with management. Quality improvement forms are used to record comments and complaints; a review of forms shows complaints are investigated and prompt action is taken to resolve complaints and implement suggestions. Quality improvement forms, locked boxes and information explaining external complaints and advocacy services are available throughout the home.

Residents/representatives stated they have no complaints and are satisfied any concerns would be dealt with promptly and to their satisfaction by management.

## 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 mission, organisational objectives, management philosophy and core values are documented in information provided to residents and in the staff handbook. They are displayed prominently throughout the home and are reflected in the home's policies, procedures and practices.

## 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 systems and processes to ensure sufficient appropriately skilled and qualified staff deliver care and services in accordance with the home's philosophy and objectives.

Applicants for positions are interviewed and references are obtained from referees prior to appointment. Newly appointed staff participate in an induction program and work 'buddy shifts' with experienced staff members. Management review staffing levels and skills mix to meet residents' changing care needs and staff experience. Staff on leave are replaced from a casual staff pool. All employees, volunteers and relevant contractors must undergo police checks prior to commencement of employment or service. Records of professional registrations and dates for renewal are maintained and monitored. Performance reviews are undertaken annually or when necessary. Staff have position descriptions and duty routines to

assist them to carry out their duties. Staff stated they can complete allocated duties during their shifts, and have received training to assist them to meet residents' care needs.

Residents/representatives are satisfied with the responsiveness of, and care provided by staff.

### **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 monitors the performance, suitability and maintenance of equipment and stock. Equipment needs are identified through staff requests, identification of residents' needs and asset management processes. Where possible new equipment is trialed prior to purchase, and staff are trained in the use and maintenance of new stock and equipment. A preventive and corrective maintenance schedule and program ensures equipment is serviced on a regular basis by maintenance staff or external contractors. Unsafe equipment is identified and removed for modification or repair, and is returned only if safe and functional.

Maintenance records, observations and feedback from residents and staff indicated there are sufficient stocks of supplies and equipment, and that equipment is well maintained.

### **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

Information is disseminated to residents/representatives, staff and other service providers through the internet, computer based clinical care management and catering programs, policies and procedures, and staff education and training. Information is also communicated through noticeboards, newsletters, memoranda, meetings, staff handovers, diaries, resident and staff handbooks and correspondence. Computers are backed up and are password protected with access restricted according to designation. The home securely stores clinical records, residents' information and staff personnel files. Records are securely archived when appropriate and documents are shredded when no longer required. Staff, residents/representatives stated they are kept informed and are consulted about matters relevant 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 has systems and processes to ensure externally sourced services are provided in a way that meets the home's needs and quality goals. Agreements which specify the home's expectations and requirements are in place with relevant external contractors and service

providers. Contractors' performance and quality of work is monitored through supervision, observation, regular review and feedback from staff and residents. This information is taken into account when purchasing supplies or renewing contracts. Action is taken if the quality of supplies does not meet the home's required standards. Residents, staff and management say they are satisfied with the quality of goods and services provided by external service providers. Staff are confident that management will take action if goods and services do not meet acceptable standards.

## **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

The home’s continuous improvement system is described under expected outcome 1.1 Continuous improvement.

Examples of improvements related to Standard 2 include:

- Management recognised that the implementation of an electronic medication management system would improve the home’s administration of medications to increasingly frail residents, many with complex co-morbidities. Medication audits ensured that medication charts were correct and current, and staff received training prior to the introduction of the system. The system, which links to electronic clinical documentation, has assisted staff to manage medications safely and correctly. Management advised that staff have adapted well and medication signature omissions are minimised.
- Management identified that menu planning and review could be improved, especially as the home experienced difficulties accessing a dietician. The home purchased an electronic interactive catering care program. Residents’ preferences and needs can be customised using dietary and menu management software. The program includes menus, interchangeable choices, appropriate portion sizes and standardised recipes. A dietician reviews the nutritionally balanced summer and winter menus. As the program can be accessed from any computer in the home, residents’ menu changes and preferences are easily reviewed, entered and updated. As a result, residents have increased meal choices, and menus meet residents’ and nutritional requirements.

## 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’s system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 2:

- The home monitors and maintains records of registered nurses’ and relevant allied health staff professional registrations.
- The home has processes to meet the requirements for the provision of care and specified services for residents. Residents/representatives are informed of scheduled services prior to entering the home.

## 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

For a description of the education and staff development system refer to expected outcome 1.3 Education and staff development.

Following are specific examples of education relating to Standard 2:

- diabetes management;
- dementia care;
- falls: managing risk;
- medication management.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and policies to ensure residents receive clinical care appropriate to their needs. A comprehensive program of focused assessments identify residents care needs and the information gathered assists in formulation a nursing care plan which is reviewed and evaluated three monthly by the registered nurses and clinical care coordinator. Staff practice is monitored by management to ensure it is consistent with current care plans and procedures. Education is provided for staff. Care conferences with residents/representatives are held yearly or as required. An electronic system for long distance referral to specialists and consultants is used by the home. There is a clinical audit schedule in place to identify areas for improvement. Residents and their representatives are very satisfied with clinical care provided at the home.

## **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

The specialised nursing care needs of residents are identified through review of their medical history, clinical assessments and discussion with residents/representatives. The executive care manager and clinical care coordinator oversee the clinical care system and supervise the provision of specialised nursing care. Specialised nursing care is provided by appropriately qualified nursing staff who have access to internal and external education.

Care plans are regularly reviewed to ensure they reflect the specialised nursing care needs of residents. Specialised nursing care provided includes diabetic management, oxygen therapy,

catheter care and complex wound management. The home has access to external specialist services and equipment as needed. Residents/representatives said they are very happy with the specialised nursing care provided and management's response to any concerns or suggestions for improvement.

## **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

Referrals to appropriate health specialists are organised in a timely manner in accordance with resident's assessed needs and preferences. Correspondence received from specialists or health professionals is followed up by the resident's medical officer and staff. Care plans are updated to reflect any changes to care and staff are informed of any changes. Staff practice is monitored in the use of assessment tools and methods of facilitating referrals to appropriate health specialists. Management monitors referral mechanisms to ensure they are current, appropriate and effective. Resident/representatives said they are satisfied with the referral systems, timeliness of referrals to specialists and feedback received.

## **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

Residents/representatives said they are satisfied with the way medications are managed. A computerised medication management system is used at the home. There are processes in place to ensure medication orders are current and resident medication needs, including allergies and administration needs are identified and met. Residents' medications are regularly reviewed by the resident's medical officer and changes in medications are communicated and supplied in a timely manner. Medications are ordered, received, stored, administered, documented and discarded safely in line with policies and procedures and regulatory requirements. The medication management system is monitored, reviewed and improved through regular audits, pharmacy reviews and input from the medication advisory committee. Staff administering medications receive regular education and are competency tested to ensure medications are managed safely, correctly and according to organisational policy.

## **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

A review of documentation and interviews with staff show residents' pain is assessed on entry to the home and pain management strategies are developed in consultation with the resident, their representatives and others involved in their care. Staff demonstrate an ability to recognise and evaluate pain, including nonverbal and behavioural signs of pain among

residents with communication and cognitive deficits. Registered nurses administer analgesia and monitor residents. The physiotherapist provides a non medical pain assessment for residents and the physiotherapy aide provides hot packs and massage according to instructions. Medications are regularly reviewed by the resident's doctor for effectiveness and appropriate referrals to specialist services made as needed. Residents/representatives interviewed said staff use a variety of pharmaceutical and other interventions to ensure residents are as pain free as possible.

## **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 home can demonstrate that the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives. The home has a dedicated palliative care room with ensuite and representatives are able stay with the resident if they wish. Pastoral care is available from several different ministers, priests and pastoral visitors should the residents wish to have their support. Staff will willingly contact any support network required by the resident. Staff receive education in the palliative care needs of residents. Analgesia and equipment such as heat packs are available to minimise resident distress and to ensure residents' comfort. Specialised equipment is available for the 24 hour registered nurses to administer pain relief medication and they consult with residents' medical officers and palliative care specialists as required. Resident/representative interviews indicate general satisfaction with the care and support provided.

## **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

Residents' dietary needs and preferences are contained in the electronic dietary system of the home. The changing needs and preferences of residents are closely monitored through observation, weight recording, resident meetings, regular surveys and discussions with residents and their representatives. A dietician oversees the nutritionally based menu via the electronic system. All meals are prepared at the home and menus offer meal choice, portion size and presentation. Dietary supplements, special diets and specially prepared food for residents with swallowing difficulties are catered for. A rotating menu is provided. Interviews with residents and their representatives and a review of documentation shows the home attempts at all times to meet the changing needs and preferences of residents' dietary requirements.

## **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

The home has practices and processes to ensure the skin integrity of residents’ is maintained in a state consistent with their general health status. Skin care needs are assessed, monitored and evaluated on an ongoing basis in consultation with resident and/or representative, medical practitioner and other health professionals where appropriate.

Wounds or skin tears are closely monitored and recorded on the electronic care system. The staff receive regular training in manual handling which assists the maintenance of residents’ skin integrity. A review of documentation show staff document and manage wounds appropriately and the home has sufficient supplies of wound management equipment. Podiatry and hairdressing services are available at the home.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure that residents’ continence needs are managed effectively. Residents’ continence needs are assessed and continence programs are implemented if required. Residents are referred to specialists and continence advisors as needed. Staff said each resident’s ability to mobilise, their cognitive ability, privacy and dignity are considered at all times in all aspects of continence care. Staff say there are adequate supplies of continence aids available for residents and staff assist the residents choose the most appropriate product for their needs. Residents/representatives say they are satisfied with the continence management provided by the home.

## 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 home has effective systems to manage residents’ behaviours. Behaviour management assessments are conducted in consultation with resident/representatives and appropriate health professionals. The home has a secure unit for residents living with severe dementia. Care needs that impact on behaviour such as pain management, infection, bodily functions and medication changes are also considered when assessing behaviours. The home has access to a geriatrician, psychogeriatrician and behaviour management consultants to advise on behavioural strategies. Staff interviews and observation of staff/resident interaction confirm staff are familiar with appropriate behaviour management strategies. Leisure and lifestyle staff assist with diversion and redirection to manage behaviours.

Residents/representatives interviewed say they are satisfied with the homes management of behaviour and the care provided.

## 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

The home can demonstrate that each resident’s level of mobility and dexterity is optimised. Regular and ongoing assessments occur in consultation with residents and/or representatives. The physiotherapy aide works five days each week and follows the instructions of the physiotherapist regarding individualised exercise and non medical pain management programs for all residents. The physiotherapist visits the home weekly and is available for advice or urgent referral between these times. Mobility aids, independent living aids and appropriate activities are available to all residents and are consistent with individual care plans and identified resident need. Residents are encouraged to walk around the facility and participate in outings in the local community. Residents are assisted to complete individual exercise programs provided by the physiotherapist and group exercise programs which target strength, balance and range of movement. The home has various external areas for use by residents. Residents/representatives are satisfied with the home’s approach to maintaining the mobility and dexterity of residents.

## 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

Results of interviews with residents and their representatives confirmed that residents’ oral and dental health is maintained. Residents’ clinical and care documentation confirm that each resident’s oral and dental needs are assessed on entry to the home. Dental appointments with

a local dentist and dental technician are made in consultation with the resident/representatives and transport arranged as needed. Staff receive education on dental hygiene and care of equipment and staff assist residents who are unable to care for their own oral and dental health. Residents/representatives confirm they are satisfied with the oral and dental care provided by the home.

## **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

The home has a system to identify and effectively manage residents’ sensory losses. Assessments of residents’ sensory needs are completed on entry to the home and when a change in the resident’s condition is identified. Staff said they receive training in sensory loss and improvements are continually made to ensure the home is conducive to residents with sensory loss. Corridors are free of clutter, equipment is maintained in good working order, signs are strategically placed to assist residents and lighting is arranged to suit individual need. Fresh cooked meals are served in the dining room and hand massages with scented oils stimulate residents’ sense of smell. Leisure and lifestyle staff provide a variety of games and craft activities to stimulate touch. Management reported an optometrist visits the home regularly and referrals to hearing services, speech therapists and ophthalmologists are arranged as needed. Residents/representatives confirm that staff assist them with the care and maintenance of their glasses and hearing devices.

## **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

Consultation with residents/representatives is undertaken to identify residents’ preferred routines for rests during the day, their patterns for settling at night and any concerns that may interfere with natural sleep patterns. Any changes and sleep disturbances are investigated in consultation with the residents/representatives and their health care team. Pain management is considered if sleep patterns are disturbed to ensure residents are comfortable and free as possible from pain. Residents are checked regularly throughout the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and repositioning and supported and reassured by night staff. There is a specific program run by recreational staff for residents with cognitive impairment to settle and prepare for sleep in the early evening.

## 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

The home’s overall continuous improvement system is described under expected outcome 1.1 Continuous improvement.

Following are examples of improvements related to Standard 3:

- Management identified the need to extend leisure and lifestyle hours in Ningana, a secure unit for residents living with dementia. An additional lifestyle and leisure staff member was employed and hours in the unit are extended from 4 pm to 6.30 pm six days a week. During the additional two and a half hours staff engage residents in responsive and flexible activities; staff observation and feedback shows that residents are now less restless and calmer during this period.
- After staff suggested that they would like to dress up, the home introduced a ‘plain clothes and donate day’ once a month. Residents and staff celebrate staff birthdays with morning tea, staff ‘dress down’ and a gold coin donation raises money for charity. Resident feedback has been positive and residents enjoy having fun with the staff.

### 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’s system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 3:

- Management notified all residents and representatives of the details of the audit prior to the home’s Re-accreditation audit.
- The home maintains a consolidated register to record the compulsory reporting of alleged and suspected assaults, and reporting of missing residents.



- The residential care agreement provides information regarding security of tenure and financial arrangements. The Charter of Care Recipients' Rights and Responsibilities is included in information provided to residents/representatives when residents enter the home.

### **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

For a description of the overall education and staff development system refer to expected outcome 1.3 Education and staff development.

Following are specific examples of education relating to Standard 3:

- elder abuse and compulsory reporting;
- privacy and dignity.

### **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 are carefully monitored and emotionally supported as they settle into life at Autumn Lodge Glass Street. Individual programs are developed for each resident and family are encouraged to visit and participate in care planning. Residents/representatives and families are supported by all staff as they adjust to the changes and any concerns are addressed by management in a timely manner. Residents are encouraged and assisted to participate in lifestyle programs, introduced to other residents with whom they may have a common interest and encouraged to maintain contact with family and friends. Management monitor staff practice to ensure staff are helpful and caring and are responsive to residents' needs for emotional support whenever it is needed. There is generally a high level of staff/resident interaction and residents/representatives say they are welcomed and supported on an ongoing basis to adjust to life at the home.

### **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/representatives said residents, including those living with severe dementia as far as possible, are assisted to achieve independence, maintain friendships and participate in the life

of the community within and outside the home. Equipment to promote independence is available including portable oxygen, resident electric wheelchairs, communication aids and a bus which is used for social outings. The pain monitoring program, regular individual exercise programs facilitated by the physiotherapist and the group exercises as part of the lifestyle program are all designed to promote independence and community involvement.

Staff assist residents to achieve maximum independence. Staff practice is monitored by management and education is provided. Residents/representatives meetings offer opportunities for residents to express their views and have them acted on in a timely manner. Postal votes can be arranged and a mobile polling booth is available on voting days.

### **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

The home has systems and processes to ensure residents' privacy, dignity and confidentiality is recognised and respected. Resident records and personal information are securely stored. All staff sign a confidentiality agreement and receive regular training and supervision in regard to privacy, dignity and confidentiality. Any comments/complaints from residents their representatives and staff and are followed up in a timely manner. Staff interviewed said they always knock on resident's doors before entering and respect the dignity of each resident as they provide daily care. Observations of staff practices show these are consistent with the home's privacy and dignity related policies and procedures and are undertaken in a manner that promotes residents' confidentiality.

Residents/representatives confirm that residents' privacy, dignity and confidentiality is recognised and respected in accordance with individual needs and preferences.

### **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

The home can demonstrate that residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. The interests and activity preferences of residents are assessed on entry to the home and on an ongoing basis.

Wollemi has a wide range of activities offered which encourage physical and cognitive activity. Ningana has leisure and lifestyle staff that adapt and adjust the activities program to residents' requirements each day to facilitate participation and satisfaction. Residents' care plans record group and individual activities of interest to each resident and the monthly activity program takes into account preferred activities. Significant days or events are celebrated. The activities program is regularly evaluated to ensure that it continues to meet the recreational and leisure needs of the residents. The staff work closely with residents who choose not to attend group activities and ensure they have projects or activities that interest them. Residents/representatives confirm the home supports resident involvement in activities and interests appropriate to their needs and preferences.

### **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 has systems that support and value residents' individual interests, customs, beliefs and cultural backgrounds. Residents' individual cultural/spiritual and leisure needs are documented and provision is made for the celebration of culturally or spiritually significant events, and friends and family are encouraged to participate. The home has ministers and priests from all the main religions and church services are rotated each week and all residents are welcome. Religious visitors come to visit and conduct prayer services. Staff will invite and facilitate any spiritual visitors that are significant to a resident. Religious and other significant cultural days are celebrated at the home and residents choose whether or not they wish to participate. Residents are supported to attend their regular church on Sunday with family and friends. The home conducts memorial services for residents who have passed away. Residents/representatives are satisfied with the homes level of support for the interests, customs and beliefs of individual residents.

### **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

The home can demonstrate that each resident and/or representative participates in decisions about the services provided. Through consultation about their individual needs and preferences residents are able to exercise choice and control over their lifestyle. The chief executive officer and individual managers are always available to speak with the residents and representatives about any concerns or wishes. Information on access to comments and complaints mechanism are available in the residents' agreement and handbook. Residents are able to communicate needs and make requests during the monthly residents meetings. The menu provides choices for each meal, residents' choice of medical officer is respected and participation in activities and which type of activity is the choice of the resident.

Residents/representatives interviewed reported they are satisfied with the level of choice and control they exercise over services and lifestyle at the home and a review of the home's comments and complaints mechanisms show most issues are resolved to the satisfaction of all parties.

### **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

The home has a policy and procedures to ensure residents have secure tenure, and residents and their representatives understand residents' rights and responsibilities prior to moving into the home. Financial arrangements and security of tenure are discussed with residents/representatives, and they are advised of circumstances which could require a change of rooms or transfer to another facility. The residents' agreement and handbook include information about security of tenure and information about complaints mechanisms. The Charter of Care Recipients' Rights and Responsibilities is included in documentation provided to residents and is on display in the home. Residents/representatives are satisfied residents have secure tenure within the home.

## 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

The home’s overall continuous improvement system is described under expected outcome 1.1 Continuous improvement.

Following are examples of improvements related to Standard 4:

- Following a break-in at the home, management installed a number of security measures including three-point lockable steel medication storage cupboards, blinds to exterior windows, and closed circuit television in the entrance, hallways and medication storage areas. As a result, security for staff and residents has improved, and staff report that they feel less vulnerable.
- The home installed a shade sail over a courtyard outside a television room to enable residents to sit outside in warmer weather. The shade sail can be folded back in cooler weather so that residents can continue to sit outside. Residents now enjoy the area during coffee mornings, activities and when friends and families visit and they commented that the area is now more comfortable.
- In response to a suggestion from staff, the home purchased a large table for the staff room to enable staff to sit together. Staff advised management that they are happy with the improved seating arrangements.

### 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’s system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is described under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Standard 4:

- The home has a system to ensure external contractors regularly test and service equipment including fire fighting and electrical equipment and sprinkler systems. Staff

attendance at compulsory annual fire safety training is monitored. A current fire safety statement is displayed in the entrance.

- The home has NSW food safety audit certification and a food safety program. Processes and training are in place to ensure staff are aware of and adhere to the home's food safety program requirements.

#### **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

For a description of the overall education and staff development system refer to expected outcome 1.3 Education and staff development.

Following are specific examples of education relating to Standard 4:

- fire safety;
- manual handling;
- infection control.

#### **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

The home's management is actively working to provide a safe and comfortable environment for residents. Residents are encouraged to personalise their rooms with photographs and mementoes. Residents and their visitors have access to communal areas, including lounge and dining areas, gardens and external courtyards. We observed that the home is clean, and free of odour and clutter. Communal areas, corridors and bedrooms are spacious, bright and well lit. The home has a planned preventative and corrective maintenance program; environmental audits identify risks, and monitor residents' comfort and safety. Hazards are identified and corrected promptly. Residents commented the home is comfortable and temperatures are adjusted to meet their needs. Staff stated maintenance staff attend promptly to identified hazards.

#### **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

Management is actively working to provide a safe working environment through policies and procedures, hazard identification and management, and incident and accident reporting. The audit schedule includes regular inspections, audits and checks of the working environment and staff practices. The home has a scheduled maintenance program in place to minimise risk. The home has a representative work health and safety committee and work health and safety is discussed at staff meetings. Ongoing education ensures staff understand regulatory requirements and safe work practices. Safety signage is on display and personal protective equipment is available for staff use. Chemicals are stored securely, staff are trained in the storage and use of chemicals, and safety data sheets are provided for all chemicals in use. Staff receive regular mandatory manual handling training and are trained in the use of new equipment. Staff say they are encouraged to report potential and actual risks within the home.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

Fire, security and safety systems are monitored and maintained through policies and procedures, regular fire equipment testing and maintenance, and mandatory staff fire safety training. Other measures include safety signage throughout the home, safe storage of chemicals and a program of electrical equipment testing and tagging. The home has an emergency procedure manual, emergency flip charts, an evacuation kit and residents' evacuation/mobility lists which can be easily accessed in an emergency. The home has a current agreement with a fire safety company to regularly test and maintain the fire detection system and firefighting equipment, and a current fire safety statement is on display.

Evacuation plans are located in each resident's room. We observed clearly marked emergency exits and correctly orientated evacuation plans. Safety data sheets are accessible where chemicals are used and spills kits are available for use. Security grills are attached to external windows, the home has closed circuit television cameras in place and a security service patrols the home at night. Staff lock external doors of the home each evening and the exterior of the home is well lit. Residents/representatives and staff are satisfied with the safety and security of the physical environment.

#### **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 a system of infection control, which includes policies and procedures, infection prevention strategies including universal precautions, systems for the management and disposal of contaminated waste, surveillance of infections and staff and resident vaccination programs. The executive care manager oversees the infection control program. Laundry and cleaning processes incorporate colour-coded practices which minimise the risk of transmission and cross-contamination. The home is equipped with hand washing stations and sanitising dispensers throughout. The education system supports the infection control program through staff training, education and competency assessments. A food safety program and pest control is in place in the home. The infection control system is closely audited. All staff interviewed demonstrated an understanding of infection control principles and practices related to their

roles and were able to describe the preventative measures to be taken to minimise cross infection.

#### **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

The home has a four week rotating menu which takes into account residents' preferences. Residents' dietary requirements and preferences, allergies and supplementary fluid requirements are conveyed to catering staff and information is updated when residents' dietary requirements or preferences change. All meals are prepared in the home's kitchen. The home has a food safety program, and catering staff follow hazard analysis and critical control point principles (HACCP) including the use of colour coded equipment and personal protective equipment. Temperature monitoring includes food storage and food from delivery to consumption. Cleaning schedules are followed throughout the home and we observed that residents' rooms, bathrooms and communal areas were clean, tidy and clutter free. The home has a system for the identification, collection and delivery of residents' personal items of clothing and the handling of soiled linen. The home has a labelling machine for labelling residents' personal items of clothing. Staff advised that adequate supplies of cleaning equipment and linen are available. Residents/representatives interviewed stated they are satisfied with the catering, cleaning and laundry service.