



Australian Government

Australian Aged Care Quality Agency

Boronia Hostel

RACS ID 0385
Croft Place
GERRINGONG NSW 2534

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

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 12 August 2018.

We made our decision on 22 June 2015.

The audit was conducted on 18 May 2015 to 22 May 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



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Audit Report

Boronia Hostel 0385

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

Introduction

This is the report of a re-accreditation audit from 18 May 2015 to 22 May 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 18 May 2015 to 22 May 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:	Allison Watson
Team member/s:	Rodney Offner

Approved provider details

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

Name of home:	Boronia Hostel
RACS ID:	0385

Total number of allocated places:	25
Number of care recipients during audit:	24
Number of care recipients receiving high care during audit:	22
Special needs catered for:	Dementia specific

Street/PO Box:	Croft Place
City/Town:	GERRINGONG
State:	NSW
Postcode:	2534
Phone number:	02 4234 1801
Facsimile:	02 4234 2526
E-mail address:	slockard@unitingcarenswact.org.au

Audit trail

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

Interviews

Category	Number
Service manager	1
Care co-ordinator	1
Deputy director of nursing	1
Clinical nurse specialist	2
Hotel services and procurement specialist	1
Learning and development co-ordinator	1
Physiotherapist	1
Health safety and well-being operations manager	1
Property manager	1
Maintenance manager	1
Maintenance zone manager	1
Care staff	2
Learning and development facilitator	1
Team leader – Boronia	1
Admission officer	1
Residents	6
Representative	1
Team leader	1
Continuous quality improvement co-ordinator	1
Client administration officer	1
Volunteer co-ordinator	1
Lifestyle co-ordinator	1
Cleaning and laundry supervisor	1
Catering services staff	1
Laundry staff	1
Cleaning staff	1
Human resource consultant	1
Recreational activity officer	1

Category	Number
Leisure and lifestyle – Boronia	1

Sampled documents

Category	Number
Continuous improvement logs	10
Residents' clinical information	3
Wound assessment forms	2
Maintenance request logs	6
Employee incident reports	5
External general conditions of contract for provision of maintenance and support services	5
Lifestyle activity evaluations	5
Comments, complaints and compliments	6
Medication charts	3
Blood glucose charts	1
Hazard logs	1
Personnel files	5
Resident agreements	5

Other documents reviewed

The team also reviewed:

- Cleaning schedules and information folders
- Communication systems: diaries, newsletters, notices, memoranda and meeting minutes
- Education documentation: education calendars, education attendance records, skills assessments and employee orientation education documentation
- Electronic clinical care and observation documentation: including assessments, treatments, complex health care directives, catheter management, bowel care, resident care folders (hard copy), physio programs and continence aid
- Fire safety and emergencies documentation: inspection records, annual fire safety statement, emergency evacuation disaster management plan, emergency procedures flipcharts, evacuation details of residents and emergency evacuation signage
- Food safety program, food safety monitoring records, dietary requirement and food personal preference forms and menu

- Human resource management documentation: employment contracts, position descriptions, staff handbook, staff appraisals, recruitment process flowchart, work instructions, orientation information and volunteer information folder
- Infection control documentation: manual, flu vaccination records for residents, infection surveillance data, audit reports, legionella species reports and pest control reports.
- Leisure and lifestyle documentation: assessments, care plans, programs/calendars, participation records, activity evaluations, and resources
- Maintenance: site service contractor induction documentation, monthly preventative maintenance program, maintenance continuous improvement plans, risk assessments, service reports and warm water temperature check records
- Medications: folders, nurse initiated medications, schedule eight drug register, fridge temperature records
- Quality management system: mission, purpose, values and strategic priorities, organisational chart, policies and procedures, key performance and audit system, continuous improvement logs, audit schedule, audit results and reports, clinical governance documentation, resident and staff survey results
- Regulatory compliance documentation: consolidated compulsory reporting register, police check register, New South Wales (NSW) Food Authority Licence, professional registration records and consent forms for the collection and handling of private information
- Resident admission contract pack, resident application admission pack and resident file contract checklist
- Safety system framework, safety system reviews, schedule of work plan inspections and health check system reviews
- Self-assessment report for re-accreditation
- Work health and safety system documentation: incident reports, electrical tagging records and safety data sheets

Observations

The team observed the following:

- Annual fire safety statement, fire safety plans and emergency equipment
- Charter of care recipient's rights and responsibilities, vision, mission and values displayed
- Complaints information including internal feedback forms and external mechanisms on display
- Equipment and supply storage areas
- Infection control equipment: hand wash stations, hand sanitiser dispensers, colour coded cleaning equipment, sharps containers, spills kits, outbreak management resource cupboard, personal protective equipment and waste management systems

- Interactions between staff and residents
- Living environment: internal and external
- Medications including: storage, medication trolley's, electronic medication management tablet with medication profile's, medication blister packs, medication refrigerator and medication round
- Noticeboards for residents and staff
- Notices of re-accreditation audit on display
- Residents participating in lifestyle activities
- Secure storage of resident information
- Short group observation in resident dining area
- Staff assisting residents with their lunch time meal
- Staff work areas
- Visitor and contractor sign in/out books and bus outing sign in and out book

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 utilises a continuous improvement system which includes a quality management system and performance review mechanisms. Improvements are identified through a number of avenues including resident and representative meetings, staff meetings, audits, benchmarking and review of clinical data. Also the home utilises comments, complaints and suggestions, incidents and staff performance appraisals. Part of this system also includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents/representatives and staff reported they have opportunities and are encouraged to participate in the home's continuous improvement activities.

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

- The organisation identified the need to provide staff and the home's learning and development facilitator with more effective support as to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Subsequently a new position titled learning and development operations manager was created. Feedback from management is that this role has assisted to ensure appropriate human resource systems are being implemented and that staff have appropriate knowledge and skills.
- Following a review of staff recruitment practices by the organisation it was identified a more effective and efficient system needed to be implemented. As such the organisation developed a new electronic recruitment system which has been implemented by the home. The service manager reported that the system is very efficient and effective and assists to ensure that the appropriate candidate for any position advertised is offered employment in a timely manner.
- As a result of a review of information systems undertaken by the organisation it was identified there needed to be a single source of information for all staff working within the organisation's aged care facilities. Consequently a new organisational intranet was developed and then implemented late last year which contains all policies, procedures, forms and appropriate communication channels. Staff report the new intranet is a very

effective and efficient form of communication enabling them to perform their duties in a more effective manner.

- Management reported that through observation and an analysis of training needs there was the requirement to ensure staff had the required knowledge and skills to perform their roles effectively. Consequently a number of one to one education sessions have been held with staff conducted by appropriate internal and external educators. Management report these education sessions has assisted to ensure staff within this specialised dementia unit have the required knowledge and skills to perform their roles effectively.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through the organisation’s subscription to legislative update services and membership with a peak body. Also the home receives information from government departments and accesses the internet and other sources. Management communicate changes to staff by documentation, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, skills assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of all policies and procedure on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for monitoring police certificates for staff, contractors and volunteers are in place. Interviews and documentation confirmed that these have been completed.
- The home has a system whereby external contractors’ registrations and insurances are checked to ensure they are current.
- Information brochures on the are available.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems that ensure staff have appropriate knowledge and skills to perform their roles. A calendar of education is developed which includes mandatory training sessions

and education of interest or importance to various staff members. Learning packages are provided and some are skills based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management and staff are supported to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home's orientation process and have access to on-going education.

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

- The home regularly undertakes induction and orientation sessions for new staff.
- There is a calendar of education sessions which has been developed through a consultative needs analysis between managers and staff.
- Staff receive training on a wide range of topic areas relating to the Accreditation Standards.

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

Information about internal and external complaint feedback mechanisms is provided to residents and representatives on the resident's entry to the home. This information is contained in the resident information enquiry and admission packs. Information is also communicated on a regular basis through resident and representative meetings and information is available within the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Comment and complaint forms are available within the home. Brochures about external complaint mechanisms are also on display. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if necessary. Review of comments, complaints and compliments as well as other relevant documents indicate that issues raised are generally responded to in an effective and timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission and values are on display and is presented in handbooks for residents and staff. The home's mission, vision and values form a part of the staff induction program and are discussed with staff.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system that aims to ensure there are enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. The organisation together with the home's management team review staffing requirements to ensure sufficiency of human resources. Recruitment procedures ensure the best possible match between candidates and roles are achieved. Staff are provided with position descriptions and there are systems in place for staff orientation, education and performance management. Performance appraisals are conducted and results are fed into the home's human resource management system.

Observations, documentation and representative interviews showed there is generally sufficient staff with the appropriate knowledge and skills to perform their roles effectively.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

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

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an information management system that provides relevant information to stakeholders. The home's communication system includes meetings, handbooks for residents and staff, policies and procedures, noticeboards, staff handovers and a clinical documentation system. The home utilises these communication channels along with management's 'open door' policy to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory

requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised staff. Observations demonstrated that resident and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's externally sourced services are arranged primarily by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and insurance and criminal history checks are carried out when appropriate. All major contracts are reviewed regularly through feedback by the home to the organisation's procurement department. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier, lists are maintained at the home and updated as required. Staff are informed of appropriate matters relating to the provision of externally sourced services.

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 improvements for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- Following a review of medication management practices by the organisation within its aged care facilities a new electronic medication management system has been introduced within the home. Management report that through the introduction of the new system the time taken for medication rounds has been reduced, residents' medications are managed more safely and correctly and signature omissions have now been almost eliminated.
- Staff identified a few residents' quality of life was being impaired due to the pain they were experiencing. Individual pain programs for these residents were developed and implemented by the physiotherapist. The service manager advised as a result of these one-to-one interventions there has been a reduction in the residents' pain. One resident also had a significant improvement in relation to their specialised nurse care need, which has resolved.
- The organisation undertook a review of the nature of complaints made across its aged care facilities and identified that some family members were not always readily notified when a resident was deteriorating in health. Consequently the organisation implemented a 'stop and watch' process within its facilities. The home has implemented this process whereby a checklist is used for residents who are deteriorating in health and this checklist prompts nursing staff to undertake specific actions and care interventions in accordance with the home's policies and procedures. Staff report this new process has been very effective in assisting to ensure a high level of quality care is provided to residents and appropriate communication occurs with representatives and/or families.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors the registered nurse’s registrations to ensure they are current.
- The home monitors the registrations of visiting health professional to ensure they are current.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relating to Accreditation Standard Two include:

- anxiety disorders
- bowel management
- clinical skills for care staff
- managing and responding to sleep disorders
- oral hygiene
- pain management
- skin integrity
- the ageing process
- understanding dementia

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 a system to ensure residents receive appropriate clinical care. On entry to the home a clinical assessment of the resident is undertaken by a multi-disciplinary team including the registered nurse, care staff, medical officers, physiotherapist, and other health care providers. Care plans are formulated based on the assessment information, by registered nurses in consultation with residents/representatives and these care plans are reviewed and updated every three months. Case conferences are conducted for residents involving family and the residents shortly after they enter the home, annually and as needed. We observed the clinical care that is delivered is consistent with care plans and is delivered in consultation with general practitioners and/or other health professionals where appropriate. Information relating to the care needs of residents is communicated between staff through progress notes, the handover process and by the communication diary. Clinical care is monitored through daily observations, review of clinical data and is overseen by the management team and through the quality system of the organisation. Residents and representatives said they are fully informed about the clinical care residents require and are satisfied with the care provided.

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 need for specialised nursing care is identified on entry to the home and on an ongoing basis and documented in care plans. Registered nurses (RN)s employed at the collocated nursing home attend to residents’ specialised nursing care needs and a clinical nurse specialist (CNS) is available to support care staff as needed. Staff are provided with education and appropriate equipment for specialised nursing care and the home utilises the services of clinical specialists and community support teams from the local area regarding complex care needs of residents. Clinical records reviewed describe care required for individual residents, including diabetes management and files contain referrals to health specialists and follow up of treatment prescribed. Residents and representative said they are satisfied with the specialised nursing care provided to residents at the home.

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

The residents at the home have access to appropriate health specialists through requests and recommendations of the care team and referrals from their medical practitioner. A number of health care specialists visit the home on a regular basis and as required including a physiotherapist, podiatrist, nutritionist, dietician and speech pathologist. Other specialist health

services, such as wound consultants, and the older adult mental health team and dementia behaviour management advisory service (DBMAS) can be accessed through local hospitals, the local area health service and other aged care and health organisations.

Records of visits to specialists are kept in resident files and relevant advice from these specialists included in residents' care plans. Residents and representative said they are satisfied with the care services and referrals provided to residents by the home.

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 systems to ensure residents' medication is managed safely and correctly. The home uses blister packed medication together with an electronic medication administration and management system. Qualified staff responsible for administering medication have received training in medication management and complete annual medication competency assessments. Photo identification with clear information relating to known allergies and special requirements is evident on residents' electronic medication charts. All medications are securely stored and there is a system to ensure safe administration and accountability of schedule eight (S8) medications. The home's pharmacist packs all medications weekly and also undertakes scheduled audits. All medication incidents are documented in the accident/incident system and are tabled at the medication advisory committee which meets 4 monthly. Residents' medication regimes are reviewed on a three monthly basis and annually or more frequently as per identified need. Residents and representatives said residents are assisted with their medication requirements and they are satisfied with the administration of residents' medications.

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

Residents are assessed for any pain management needs when they come to the home and on an on-going basis. For all residents identified as experiencing pain an individual pain management plan is prepared, in consultation with residents/representatives and their medical officers. The home has clear policies and procedures regarding pain management and strategies are determined according to the abilities, needs and preferences of the individual. We noted staff administered pain medication as prescribed. Any change in the behaviour of residents that may be due to pain is documented. Feedback is sought from residents/representatives as to the effectiveness of pain management strategies and the observation of behaviours and non-verbal signs is used to assess residents with communication and/or cognitive deficits. The home provides a range of alternatives to medication interventions such as heat packs, massage, air mattresses and one-to-one reassurance and diversion. Residents and representative said residents are maintained as free from pain as possible and pain relief can be accessed as required.

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

When residents come to the home information about advanced care directives is provided to them and their family for their consideration. The home caters for residents living with dementia and is able to provide palliative care as needed. This is determined by the medical officer in consultation with the care team, resident and their family/representative and the terminally ill resident’s wishes and directives are respected and followed. The home has policies and procedures for palliative care and residents assessed as having palliative care needs are referred as appropriate to specialist services. Staff have received training in palliative care and equipment is available to assist in pain relief. The pastoral care team provide emotional and spiritual support and contact the local ministers of religion on the request of residents and/or their families. Residents and representative said they are confident their wishes will be respected and residents’ comfort and dignity will be maintained at the end of life.

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 are assessed on entering the home for dietary needs, preferences and their swallowing abilities. If swallowing difficulties are identified the resident is referred to their medical office and speech pathologist. The residents are offered a varied, healthy and well balanced diet, which was developed in consultation with a dietician. Special diets and dietary supplements are available to meet individual needs. Staff assist residents with their meals as required and assistive feeding devices are also provided where necessary. Residents receive ample fluids with drinks at all meals, morning and afternoon tea, supper and during hot weather residents are offered fluids more often. Care plans identify the specific needs of residents who require a modified diet that includes thickened fluids, texture modified foods as well as diabetic, high fibre and high protein diets. Residents are weighed monthly and as needed and the home has access to a dietitian and speech therapist. Residents and representative said they are satisfied with the food and drinks provided to residents by the home, and have input into menu planning.

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 systems to ensure residents’ skin integrity is maintained and consistent with their general health. Each resident has a skin assessment on entry to the home to identify the

risk of pressure injuries, skin tears or complications such as diabetes, reduced mobility, medications and incontinence. The assessment process also identifies specific skin care regimes or preferences including hair and nail care. The home monitors accidents and incidents including wound infections and skin tears and acts appropriately on trends identified. Registered nurses are responsible for wound management and have access to sufficient supplies of appropriate equipment and resources. Progress notes and wound care plans demonstrated ongoing care, and evaluation of wounds are effectively managed and monitored. A podiatrist attends the residents for assessment and care on a regular basis.

Care staff are aware of the signs of poor skin integrity and said they would always notify the registered nurse if they were concerned. Residents and representative are satisfied with skin integrity management 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 monitor and manage bladder and bowel continence and constipation effectively. Each resident has bladder and bowel continence assessments during the first weeks at the home to identify continence issues and needs. Continence histories are taken and form part of the individual care plan. Specific continence management needs are identified, aids provided, and referrals made to specialists where indicated. Bowel charts are observed to be maintained by care staff and are used to monitor requirements for aperients and high fibre supplements including the provision of fresh fruit and juice. Care staff informed us that a resident’s unusual behaviour may be related to the need to void, a urinary tract infection, constipation or other abdominal discomfort. Residents’ monthly total care day incorporates a urinalysis. We observed adequate supplies of linen and continence products. Residents and representative are satisfied with continence management at the home and we observed continence issues to be managed effectively.

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 demonstrated the needs of residents with challenging behaviours are managed effectively. Behavioural assessments are carried out on entry to the home and strategies to deal with challenging behaviours are outlined in resident care plans. The home has access to specialist behavioural and mental health consultants who are sought on a needs basis. We observed staff interacting appropriately with residents with behaviour problems and reviewed progress notes and incident reports which documented challenging behaviours and responses. Staff interviewed were able to confirm various strategies used to assist in modifying residents’ behaviours and also stated they are provided with education in behavioural management. Residents and representative said they are satisfied with the care provided to residents and the way challenging behaviours are managed by the staff.

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 mobility and dexterity of residents is assessed on entry to the home and strategies to achieve optimum levels of mobility and dexterity are recorded in residents’ care plans. The manual handling needs of residents are also assessed to identify the need for equipment and assistance by staff. Leisure and lifestyle incorporate an exercise class and individual walks as part of the activity program. The living environment is well lit and uncluttered with hand railings throughout to assist resident mobility. Mobility aids and independent living aids are available to all residents and are consistent with individual care plans and identified resident needs and sensor mats for residents identified as having a high risk of falls. The effectiveness of strategies to achieve optimum mobility and dexterity is monitored by review of clinical data and regular case reviews by the care team. Residents and representative said they are satisfied with the assistance provided to residents to achieve optimum levels of 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

The home ensures residents’ oral and dental health is maintained through initial and ongoing assessment of residents’ oral and dental needs, and self-care ability. Ongoing care needs are identified through resident feedback and staff observation of evidence of any discomfort or reluctance to eat. The day-to-day care is attended as per residents’ individual care plans and care staff encourage residents to brush their own teeth or dentures to maintain their independence and optimum oral and dental care. Oral care strategies include mouth swabs, dry mouth products and lip moisturisers. Residents are referred to a local dentist if dental problems arise. Staff said they report swallowing difficulties and pain to the registered nurse. Residents and representatives are satisfied with residents’ 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

Residents’ sensory loss is identified through the assessment process undertaken on entry to the home and strategies to cater for sensory needs are documented in residents’ care plans. Staff assist residents with cleaning glasses and hearing aids as part of the residents’ daily hygiene routine and we observed the patience and sensitivity of staff interacting with residents with sensory loss. Referrals are made to appropriate specialists to assist residents with sensory deficits. The activities program accommodates residents with sensory loss using individual strategies and with particular activities and equipment, including large print books, talking books and magnifiers. The home provides a safe, hazard free environment which

assists residents with sensory loss to maintain a degree of independence by enabling them to move around safely. Residents and representatives said they are satisfied with the home's approach to managing residents' sensory losses.

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' sleep patterns are assessed on entry to the home, and when sleep difficulties are identified. Each resident is encouraged to maintain an evening routine to assist them in settling at night, and the home generally provides a quiet environment. A range of support strategies are implemented if someone is experiencing a disturbed sleep pattern including warm drink, assistance with continence, pain management and emotional support. Residents and representatives stated they are generally satisfied with noise levels in the home at night and that staff provide care and individual support if they are unable to sleep.

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 the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- The Dementia Behaviour Management Advisory Service undertook a review of the home’s environment and made a number of suggestions for improvement. One such improvement was the creation of a nursery and as such a nursery with a cot, baby dolls and bassinet has been established. Staff report the nursery is very popular with residents and has resulted in a decreased number of behavioural incidents. We observed residents being happily occupied tending to their baby dolls.
- Staff noticed residents enjoy singing familiar hymns, however due to a reduced number of volunteers church services have gone from being scheduled weekly to fortnightly. Staff have begun recording “songs of praise” so residents are able to watch and sing-along with the hymns they are familiar with.
- To assist residents to maintain links to the community, management and staff assisted residents by holding an outing this month to the collocated nursing home where they were visited by the Illawarra Village motorcycle club. Staff reported they found out many of the men from Boronia had been involved with motorcycles in the past. The leisure and lifestyle officer advised a great day was experienced by the men that attended.

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

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

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The Charter of Care Recipient’s Rights and Responsibilities is on display.
- The residency agreement outlines security of tenure and is based on applicable legislation.
- The home has a system for compulsory reporting according to current legislation.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrate that staff have knowledge and skills relating to resident lifestyle.

Examples of education related to Accreditation Standard Three include:

- aboriginal cultural appreciation
- dignity in care
- grief and loss
- residents’ rights
- security of tenure

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

The home has a system to ensure residents receive support in adjusting to life in the home and on an ongoing basis. Residents/representatives are interviewed prior to moving into the home and are provided with information about the home and explanations of the services provided. The resident's emotional needs are assessed and documented when they move into the home and these are regularly reviewed. The education program enables staff to better understand the needs of residents and observations of staff interactions with residents showed warmth, respect, empathy and understanding. The home has a pastoral care team who provide individual emotional support to residents. The staff and the lifestyle officer also provide one to one attention to the residents on a regular basis and at times of special need. Family and friends are encouraged to visit and community groups provide further emotional support for the residents. Residents and representative expressed their satisfaction with the emotional support offered to residents by management and staff.

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' individual care needs including sensory needs and mobility are identified, assessed and strategies are implemented to maintain maximum independence. A physiotherapy program assists residents to maintain their mobility and independence. Residents are encouraged to participate in the recreational activities of the home and are given the opportunity to go on regular outings. Participation in the local community is promoted through outings and visiting entertainers. The effectiveness of the assistance provided to residents in relation to their independence is monitored through regular review of care plans and resident satisfaction surveys, the comments and complaints mechanism and residents/representatives meetings. Our observation and residents/representative interviews showed residents are encouraged to maintain their independence and participate in the life of the community within and outside the home.

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 philosophy and commitment to care of the home emphasises the importance of maintaining the dignity of residents and respecting their privacy. Staff are required to follow a code of conduct which includes respecting the rights of residents and upholding their dignity.

Shift handovers are conducted away from the hearing of residents and visitors to the home. All personal information is collected and stored securely with access by authorised staff only. Written consent is obtained from resident/representative for the collection of personal information. The system to maintain the privacy and dignity of residents is monitored by regular audits, the comments and complaints mechanism and residents/representatives meetings. Staff demonstrated an awareness of practices which promote the privacy and dignity of residents. Residents and representative said staff are polite, respect privacy, and knock on doors prior to entering and close doors during care provision.

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 interests and capabilities of the residents are recorded when they move into the home and are incorporated into individual lifestyle care plans. The lifestyle coordinator prepares a monthly activities program to cater for these interests and capabilities and includes a range of activities including activities for residents with special needs. One to one attention for the residents is an integral part of the activities program and caters for those residents who are less capable of active participation in the program or choose not to take part in group activities. Regular bus trips provide an opportunity for residents who like to go out and volunteers, community and church groups visit the home regularly to help the residents stay in touch with the wider community. The effectiveness of the activities program in meeting residents' interests and needs is monitored through; activities evaluations, residents/ representatives' meetings, resident surveys and informal feedback given to the staff. The residents and representative said residents are encouraged and supported to participate in a wide range of interests and activities of interest to them.

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 a system for ensuring residents' individual interests, customs, beliefs and cultural and spiritual values are fostered. The social history of a resident is assessed and documented when they move to the home and this is communicated to the relevant staff members, who discuss individual preferences with residents/representatives. Pastoral care at the home is provided by the chaplain who visits the home regularly. Local religious ministers also visit regularly for church services and see residents as requested. Provision is made for the celebration of special cultural and religious days, for example Christmas, Easter, Anzac Day and Australia Day. Residents and representatives said they are satisfied with the care the home provides for the support of residents' cultural and spiritual lives.

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 has processes to ensure residents participate in decisions about the services provided and are enabled to exercise choice and control in relation to their lifestyle.

Residents/representatives are provided with information to assist them in making informed choices when they come to the home and on an on-going basis. Residents/representatives discuss their likes and preferences when they move into the home and these are documented in assessments and care plans. We observed staff consult with residents about their wishes and preferences and the choices of residents are respected in all care activities, leisure interests, lifestyle and beliefs. The effectiveness of the system to ensure residents are able to exercise choice and control over their lives is monitored through resident surveys, meetings and the comments and complaints mechanism. Where residents are unable to make choices for themselves, management said an authorised decision maker is identified for the resident. Residents and representatives said they speak up without hesitation and the home enables residents to make choices of importance to them.

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 systems to ensure residents have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and residents' rights and responsibilities is provided and discussed with prospective residents and their representatives prior to and on entering the home. The resident agreement accompanied by an admission information pack which outlines care and services, residents rights and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with residents and/or their representatives. Ongoing communication with representatives is through meetings and correspondence.

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 further information relating to the home’s continuous improvement system.

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

- Management identified the need to improve the provision of catering services and as such the home’s kitchens have been totally refurbished, a new menu has recently been implemented and staff are continuing to receive education on the way in which food services are expected to be delivered to residents. It is anticipated that these improvements will enhance the quality of residents’ dining experiences.
- Management identified the need to enhance residents’ living environment and as such new indoor and outdoor furniture has been purchased together with new dining tables and chairs. Also a nursery for residents has been established based on suggestions made by the Dementia Behaviour Management Advisory Service. Management and staff expressed a high level of satisfaction with the improved living environment.
- Management undertook a review of cleaning duties and schedules for catering, cleaning and laundry staff and identified there needed to be an improvement to these schedules. Consequently new cleaning schedules were introduced which management report is more effective in the delivery of high quality cleaning services within the home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance relating to Accreditation Standard Four include:

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

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Accreditation Standard Four include:

- chemical handling
- emergency preparedness
- fire training
- food hygiene
- infection control, and
- work health and safety fundamentals

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 can demonstrate that it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is a split level building comprised of single rooms with access to shared bathrooms. It is light and bright with furnished lounge and communal areas as well as a small nursery. There are pleasant outside areas where residents can go and enjoy the outdoor environment. There is a preventative and reactive maintenance program in place, including recording warm water temperatures and regular inspection audits covering the environment are undertaken.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular workplace inspection audits and there are processes for the identification and addressing of hazards and incidents. There is manual handling education for all staff. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities, and we observed safe practices in operation.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire evacuation plans, emergency procedure documentation and exit signs are located throughout the home. Monitoring and maintenance of all fire and alarm equipment is undertaken and reports provided. Fire equipment is located throughout the home. Appropriate response to emergencies is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. An emergency evacuation resource kit is readily available and there is a resident evacuation folder containing residents' care needs and relevant contact information. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has established policies and practices that support an effective infection control program. Staff receive training at orientation and on an ongoing basis. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures, pest management and disposal of waste. The home follows state and federal guidelines for the management of influenza and gastroenteritis outbreaks and a vaccination program is in place. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. Information on infections is collected, analysed and discussed with staff.

Hand washing facilities are available throughout the home and staff have access to sufficient supplies of appropriately colour coded infection control equipment. We observed staff complying with infection control practices including the use of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering

Residents' dietary needs and choices are assessed and documented on entry to the home and details provided to catering staff. All food is cooked at the organisation's adjacent aged care facility and transported in hot boxes to the home. There is a food safety program and the home has a current NSW Food Authority licence. The home has a seasonal menu with input from a dietician. We observed food preparation and service and staff practices are according to the appropriate food safety guidelines, including infection control requirements. Staff have undertaken training in relation to appropriate food handling and infection control.

Cleaning

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

Laundry

Laundry services are provided by the adjacent aged care facility and residents' personal clothing items are laundered by staff within the home. Dirty laundry is collected in appropriate coloured linen bags and then transported to the appropriate areas either for pick up or for onsite laundering. There are procedures and work instructions for the collection and handling of linen. Staff described the processes for the collection and transportation of dirty linen and

distribution of clean linen to residents. Staff confirmed they receive training in infection control and safe work practices.