



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Carrington Centennial Nursing Home**

RACS ID 1483  
90 Werombi Road  
GRASMERE NSW 2570

**Approved provider: Carrington Centennial Care Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 31 August 2018.

We made our decision on 24 July 2015.

The audit was conducted on 16 June 2015 to 18 June 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.

<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**

**Carrington Centennial Nursing Home 1483**

**Approved provider: Carrington Centennial Care Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 16 June 2015 to 18 June 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 16 June 2015 to 18 June 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

<b>Team leader:</b>	Margaret Williamson
<b>Team member/s:</b>	Serena Beaumont Owles

## Approved provider details

<b>Approved provider:</b>	Carrington Centennial Care Ltd
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## Details of home

<b>Name of home:</b>	Carrington Centennial Nursing Home
<b>RACS ID:</b>	1483

<b>Total number of allocated places:</b>	94
<b>Number of care recipients during audit:</b>	89
<b>Number of care recipients receiving high care during audit:</b>	89
<b>Special needs catered for:</b>	16 bed secure dementia unit

<b>Street/PO Box:</b>	90 Werombi Road
<b>City/Town:</b>	GRASMERE
<b>State:</b>	NSW
<b>Postcode:</b>	2570
<b>Phone number:</b>	02 4659 0590
<b>Facsimile:</b>	02 4655 1984
<b>E-mail address:</b>	<a href="mailto:mlomnicki@carringtoncare.com.au">mlomnicki@carringtoncare.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Chief executive officer	1
Executive manager residential care (acting)	1
Quality coordinator and clinical nurse educator	1
Care service managers	2
Care coordinator	1
Registered nurses	4
Endorsed enrolled nurse	1
Care staff	10
Hospitality services manager	1
Human resource manager	1
Training and education coordinator	1
Administration officer	1
Chef	1
Catering staff	2
Residents	10
Representatives	9
Volunteers	1
Volunteer coordinator	1
Pastoral care coordinator	1
Lifestyle coordinator	1
Lifestyle staff	2
Physiotherapist	1
Physiotherapy aide	1
Laundry staff	3
Cleaning staff	2
Maintenance supervisor	1
Maintenance staff	1

## Sampled documents

Category	Number
Residents' files	9
Residents' administration files	9
Medication charts	12
Personnel files	8

## Other documents reviewed

The team also reviewed:

- Accident and incident documentation: incident reports, monthly benchmarking reports
- Annual fire safety statement, fire detection systems, fire extinguishers, blankets, hose, fire panel, reels maintenance records, emergency procedures, emergency response flip chart, emergency plan and resident list and information, evacuation kit
- Annual report
- Approved suppliers list
- Assessment
- Certification for maintenance tradespersons and external service contractors and letters of agreement
- Chemical handling guide
- Cleaning manual and schedule
- Clinical care documentation including residents' weight documentation, behaviour monitoring charts, pain monitoring charts and blood glucose monitoring
- Code of conduct for all employees
- Complex care information including diabetic care documentation and catheter management documentation
- Confidentiality agreements signed by employees
- Continuous improvement documentation including audit and survey results, clinical indicator reports
- Criminal record check register including staff, volunteers and contractors
- Education documentation including orientation program, education calendar and attendance records and competency assessments
- Environmental audits and reports



- Food licence, food safety program including food and equipment temperature monitoring records, equipment calibration records, stock delivery and storage records and cleaning schedules
- Handbooks
- Hazard reports
- Infection control material including manual, monthly summary and trend data and outbreak management program
- Laundry procedures
- Lifestyle documentation including, social profile assessments, activities programs, attendance and participation records and activities evaluation forms
- Mandatory reporting register and reporting guidelines
- Medication management documentation including drugs of addiction register, medication care plans, medication incidents
- Meeting minutes
- Monthly resident incident data including falls and infections
- Newsletter
- Organisational chart
- Physiotherapy documentation including residents' physiotherapy assessments, care plans, manual handling guides
- Policies and procedures
- Position descriptions, duty statements, performance appraisals
- Programmed preventative maintenance schedule and register, maintenance logs, thermostatic mixing valve service reports, electrical tagging records and pest control reports
- Register of influenza vaccinations
- Regulatory compliance, standards and guidelines
- Resident & staff surveys
- Resident admission package and handbook
- Resident lists
- Restraint authorisations
- Self-assessment for re-accreditation
- Staff communication: diaries, handover sheets, emails, memoranda

- Staff roster and allocation list
- Workplace safety documentation including injury register and staff incident records, return to work guidelines, workplace inspection audits, work cover information and workplace safety procedures

## Observations

The team observed the following:

- Activity program on display, activities in progress and activity resources
- Charter of residents' rights and responsibilities displayed
- Equipment and supply storage areas including clinical, linen and continence aids
- Fire and emergency equipment and resources, fire safety statement on display
- Infection control resources including hand washing facilities, appropriate signage, spills kits, sharps containers, contaminated waste bins, personal protective and colour coded equipment and outbreak box
- Interactions between staff, visitors and residents including short group observation
- Living environment - internal and external
- Lunch and beverage services
- Manual handling and mobility equipment in use and in storage
- Material safety data sheets available to staff
- Menu displayed
- Mission, Values and Vision and organisational structure displayed
- Noticeboards containing information for residents and staff
- Physiotherapy rooms
- Quality Agency re-accreditation audit notices on display
- Resident nurse call system
- Secure comments and complaints box
- Secure storage of confidential information
- Secure storage of medications, locked medication trolleys, medication refrigerators and medication rounds, emergency supply of medications
- Shift handover
- Sign in and out books

- Staff computer access
- Staff work practices and work areas, staff room
- Whiteboard in medication room listing residents' schedules for specific medication management
- Wound trolley and equipment

## 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

Carrington Centennial Nursing Home (the facility) actively pursues continuous improvement through its quality management system which involves residents/representatives and staff. The program includes policies, a continuous improvement register, an audit program, quality management and staff committees, surveys and other feedback mechanisms such as comments and complaints and analysis of incidents and accidents. The quality system assesses, monitors and evaluates all areas of service and resident satisfaction across the Accreditation Standards. Feedback is provided through meetings, notices, education, committee meeting minutes and newsletters. Staff and residents/representatives say that management is responsive to their comments and suggestions for improvement.

Continuous improvement activities undertaken in relation to Accreditation Standard One – Management Systems, Staffing and Organisational Development include:

- The organisation is working towards a new cultural restructure to be launched in the coming weeks. The home will amend its systems and practices to create a person centred care philosophy to enhance residents' care and lifestyle within the home. Training has been provided to staff to educate them on this philosophy. The roster is in the process of being amended and staff have been informed of changes to their job descriptions. The clinical nurse specialist role is now referred to as the care coordinator in an effort to move away from a clinical perspective and a more holistic approach to meeting residents' needs.
- A new human resource manager (HRM) has recently joined the management team. The HRM has reviewed all human resource systems and documentation within the home and is carrying out appropriate amendments to improve the home's systems. Staff contracts have been amended to reflect more legislative details and the content has been streamlined to create a more relevant document. Policies and procedures have also been reviewed and amended to create a more effective reference tool for staff.
- A risk assessment plan was developed eight years ago with the support of external contracted business consultants. As the facility has evolved management are now in the process of developing a new risk assessment plan to identify potential emerging risks. A workshop is scheduled with management and board members to ensure a thorough

review is conducted. This initiative will generate a new business continuity plan for all of Carrington's facilities to structure their systems around.

## **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 to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The organisation is a member of a peak body, which provides updates when legislative or regulatory changes occur. Additional information is obtained from government and professional bodies and the organisation identifies any required changes to policy and practice and advises the home accordingly.

Staff report that updates on regulatory issues are communicated to them and they display knowledge and understanding of regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard One include staff signing confidentiality statements upon recruitment to the home and 100% staff attendance at compulsory education sessions. Information is readily accessible for residents/representatives on the external complaints resolution.

## **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 a system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The system includes a mandatory orientation program which includes fire safety, manual handling, infection control, workplace health and safety and matters relating to the work area of the employee. An annual schedule of education is developed based on review of staff annual performance appraisals, competency assessments, review of incidents and clinical indicators and staff requests. Staff advised the team that management are responsive to requests for additional education and that there is annual compulsory education on fire training, manual handling, infection control and safe handling of food.

Education provided by the home in the last year relating to Accreditation Standard One includes corporate orientation, dispute resolution, dealing with complaints, leadership workshop and mandatory reporting of elder abuse.

## 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

There are systems to provide residents and their representatives, as well as other interested parties access to internal and external complaints mechanisms. All stakeholders are encouraged to communicate compliments, suggestions, concerns and complaints both verbally and in written form on all aspects of the services provided by the home. The team noted that comment forms are readily available and residents and their families are encouraged to use them. Information on the external complaint mechanisms is displayed around the home, documented in the resident handbook and brochures are readily available. A register of comments and complaints is maintained and documentation reviewed demonstrates that any complaints are managed confidentially and in a timely manner.

Residents/representatives and staff interviewed confirm that any issues raised are appropriately addressed.

## 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 has documented their mission, vision, values and philosophy. The mission, vision and values statement is displayed around the home, documented in the resident and staff handbooks, made available to residents upon moving into the home and is provided to new staff in the orientation program and handbook. The values and sentiments expressed in the statements were observed during the visit in the staffs' approach to quality improvement, and in the day to day interactions between staff, residents and representatives.

## 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 to ensure there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. Documentation reviewed and interviews with management demonstrates the system includes appropriate policies and procedures, processes for appropriate rostering of staff, recruitment and selection, orientation of new staff, ongoing education and training and an appraisal system. Staff have job descriptions that clearly define positions, roles and responsibilities. Staff numbers and skill mix are adjusted according to

resident need. Staff interviewed confirm the above and advise that they are provided with education and training, support from management and that there are enough staff rostered to enable them to provide care and services in accordance with the Accreditation Standards. Residents/representatives interviewed advise they are satisfied that there are sufficient numbers of skilled staff for their needs.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has systems to ensure that there are stocks of appropriate goods and equipment available for the delivery of quality services. These include effective purchasing and asset management procedures, a system to check goods on delivery, a maintenance program to ensure equipment is safe for use and a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and contamination. Relevant documents were reviewed and sufficient stocks of goods and equipment in storage areas were observed. Staff receive training in the use of new equipment. Staff and residents/representatives interviewed confirm there are satisfactory stocks of goods and equipment available at all times to enable quality service delivery.

### **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

There are effective information management systems in the home. The systems include collection, usage, creation, communication, storage and destruction of records, including electronic records. Information is distributed to management, staff, residents and representatives through information packages, newsletters, the intranet, memorandums, noticeboards, clinical records, meetings and meeting minutes, education and training, e-mail and policy and procedure manuals. Policies and procedures are continuously reviewed and amended when changes in regulations are identified, there are changes in the organisation, or a better practice procedure is identified and implemented. Manuals are easily accessible to staff. Computer data is password protected and files are secured and backed up off site. Observation demonstrates residents and staff files are securely stored and appropriately archived.

### **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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. The selection of external services is based on clearly defined needs and quality

standards. All external service providers have service agreements and their qualifications kept on file. Quality of service is constantly reviewed and providers are changed when appropriate. There are mechanisms in place to monitor and ensure service providers' compliance through the comments and complaints mechanism, resident, representative and staff feedback and satisfaction surveys. Staff, residents/representatives interviewed express satisfaction with current external 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

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Two – Health and personal care include:

- Care staff have been trained on new massage techniques to develop their knowledge and skills to enhance the quality of care to residents and improve their pain management and mobility. Residents were observed enjoying massage treatments during the visit.
- A weekly falls prevention balance exercise class has been initiated at the home. The physiotherapist carries out the classes and is supported by the physiotherapy aide. Residents were observed participating in this class during the visit.
- A new pharmacy has been contracted and pharmacy agreement has been entered into. The pharmacy is geographically closer to the facility and provides more frequent and flexible delivery service to the facility.
- Digital cameras have been purchased for care staff to photograph residents' wounds. The images are uploaded onto the electronic care administration system to provide a better reference when managing residents' wounds.

### 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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulations and guidelines. Observations by the team confirm information is available for staff on legislation and guidelines relating to health and personal care.

An example of responsiveness to regulatory compliance in relation to Accreditation Standard Two is a monitoring system to ensure registered nurses registration is 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

Please refer to expected outcome 1.3 Education and staff development for information on the home’s system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to Accreditation Standard Two includes continence management, diabetes management, nutritional and social care needs, first aid refresher course and wound care.

## **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 assess, document and review care needs. Assessments are completed on entry and a plan of care developed. Clinical reassessments and care plans are reviewed regularly and if a resident’s condition or care needs change. Residents’ health monitoring is undertaken on a monthly basis or more often if required including measurement of weight and general observations. Clinical performance is monitored through regular audits and there is a system for recording and reviewing accidents and incidents. Care staff demonstrate a sound knowledge of individual residents care needs.

Residents/representatives expressed satisfaction with the timely and appropriate assistance given to residents by care staff.

## **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 home ensures residents’ specialised nursing needs are identified and met by suitably qualified staff or specialists. The registered nurse assesses the residents’ need for specialised nursing care and oversees any specialised nursing treatments. Staff consult external nursing specialists when required including for behaviour management and palliative care. The staff say they have the appropriate skills, resources, equipment and support from management to provide specialised nursing care for residents.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Residents are assisted to access external medical specialists and allied health professionals. Referrals are arranged to specialists some of whom visit the home including a physiotherapist, geriatrician, podiatrist and dietician. Care plans and progress notes are reflective of specialist recommendations and ongoing care interventions. Residents have pathology testing when ordered by their medical officer including checks for therapeutic medication levels. Residents/representatives confirmed referral to specialists is undertaken and that they are provided with assistance to access them if needed.

## 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

There are systems and processes to ensure residents’ medication is managed safely and correctly. The home uses a pre-packed system of medications supplied by the pharmacy. We observed an effective medication dispensing process, safe storage and appropriately qualified staff to administer medications. Observation identified staff undertook to administer medications safely and correctly. Audits of the medication system are undertaken to ensure safe and correct administration and a medication advisory committee meets regularly. There is a medication incident reporting system and staff are aware of when and how to use it.

Residents/representatives say they are satisfied with the way medications were being managed.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

The home has a system for assessing, monitoring and treating residents’ pain, when entering the home and as needed. Initial assessments identify any pain a resident may have and a care plan is developed based on the individual needs of the residents. A multidisciplinary approach involving nursing and physiotherapy supports a resident’s pain management program. Pain management strategies include the use of heat packs, the administration of pain relieving medications, gentle exercises and massage. Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The comfort, dignity and wishes of terminally ill residents at the home are respected and implemented in a caring way by staff. The home has access to the local palliative care team who will liaise with the home, the family and the medical practitioner if necessary. End of life wishes are discussed with residents and representatives as appropriate. Staff were able to describe a range of additional comfort measures such as air mattresses and oral hygiene swabs, that may be used during end of life care. The home has received letters and cards of appreciation from family members thanking staff for dedicated and caring support.

## 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

There are systems and procedures to ensure residents receive adequate nutrition and hydration. Special dietary needs, allergies, likes and preferences are identified on entry. Weights are recorded monthly and there is a system of referral to the dietitian. Nutritional supplements are available for residents who require extra nutritional support. Residents were observed being served and assisted with meals and drinks and staff could discuss individual residents nutritional and hydration requirements. Residents say they like the meals and there is always plenty to eat.

## 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 assess and monitor residents’ skin integrity. Assessments are completed on admission and residents’ skin integrity is monitored by care staff on an ongoing basis. The home has equipment to minimise the risk of skin trauma for residents such as air flow mattresses and manual handling equipment. A hairdresser and a podiatrist visit the home on a regular basis. Wound care is documented and overseen by the registered nurses. Interviews with staff demonstrated they know how to assist residents to care for their skin and they record skin irregularities and report incidents. Residents say they are satisfied with the manner in which skin care is attended.

## **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 continence management system promotes the dignity, comfort and well-being of residents. Residents are assessed on admission and on an ongoing basis by care staff, and a plan of care developed. Bowel management programs include fresh fruit, an exercise program and good hydration. The effectiveness of continence and bowel management programs is monitored on a daily basis by care staff who report any changes. Staff confirmed there are adequate supplies of continence aids available. Urinary tract infections are monitored. During the visit, all areas of the home were free of odour. Residents say they are happy with the assistance received in managing their continence needs.

## **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

There are appropriate policies, procedures and interventions to ensure the needs of residents with challenging behaviours are managed effectively. Residents’ behavioural needs are assessed on entry and care plans are developed. Staff consult with external services, such as community mental health and geriatricians. Staff could discuss individual residents, any triggers for behaviours and strategies used to manage these behaviours. Observation of resident and staff interaction shows a patient and gentle approach to behaviour management. Residents/representatives say the needs of individuals with challenging behaviour are effectively managed.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s findings**

The home meets this expected outcome

The home can demonstrate that a level of mobility and dexterity is achieved for residents. Clinical assessments on admission identify the assistance required by residents for transferring and mobility. A physiotherapist assesses new residents, reviews those whose condition has changed and provides treatments such as massage and exercise. The physiotherapy aides assist to implement the individual programs. Assistive devices such as walking aids, mechanical lifters and wheelchairs are available. Staff were able to discuss individual residents needs and were seen to be assisting residents mobilise within the facility. Residents say they are satisfied with the program and assistance they receive from staff.

## **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 has a system to ensure residents’ oral and dental health is maintained. This includes initial and ongoing assessment of residents’ oral and dental needs. Staff assist residents to maintain their oral and dental routine including set up assistance, and soaking of dentures according to resident preference. Texture modified diets are available for those residents who experience difficulty chewing food. A dental service visits the home to provide assessment and some treatments. Residents say they are satisfied with the assistance given in managing their 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

The home implements assessments which identify communication difficulties including vision or hearing loss when residents first move into the home. Consultation with residents/representatives provides additional information for care planning to effectively manage any sensory losses such as the use of glasses or hearing aids. There is evidence of residents being referred to allied health professionals such as optometrists and audiologists. Residents say they are happy with the assistance from staff in managing any assistive aids.

## **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

The home assists residents to maintain their natural sleep patterns. Clinical assessments, including the identification of preferred waking and retiring times, provide information for care planning. Residents who are unable to sleep are offered a warm drink, or a snack, to help them settle. Medications to assist with sleeping are prescribed at the discretion of the resident’s medical officers. The home ensures residents who are accommodated in shared rooms are able to achieve natural sleep patterns by the use of bed screens and effective management of all residents in the shared room. Residents say the home is quiet at night and they are able to achieve restful 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

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Three – Care recipient lifestyle include:

- The kitchens in Rothbury House and Rose House have recently been renovated and ovens have been installed. Cooking activities have now been incorporated into the activities program for resident’s enjoyment.
- The living environment in Rose House has been reconfigured to create ‘quiet zones’ for residents. The zones have a television and cater for craft and other activities which are now separate to the dining areas.
- A men’s group has been established with an affiliated home and activities are carried out in the communal recreation centre. Residents commented that they enjoy engaging with residents from the other homes.
- In an effort to familiarise recreational activities officers (RAO) with all the residents within the facility a rotation of RAO staff has been established. RAOs will move to different areas within the facility every four months. The rotation of RAOs endeavours to stimulate new ideas for residents and develop a diverse activities program that caters to all residents’ needs.

### **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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulations and guidelines. Observations by the team confirm information is available in the home to inform of relevant legislation and regulatory compliance relating to resident lifestyle including the Charter of Residents' Rights and Responsibilities on display in the home.

An example of responsiveness to regulatory compliance in relation to Accreditation Standard Three is residents being offered residential agreements on moving into the home and mandatory reporting guidelines regarding elder abuse have been implemented at 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

Please refer to expected outcome 1.3 Education and staff development for information on the home's system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to Accreditation Standard Three includes customer service, residents' rights and the person centred care philosophy.

### **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 and their representatives are provided with information prior to and on arrival at the home to assist residents in adjusting to life in the home. Information is gathered through talking with residents and assessments are undertaken to identify important information for care and activity planning. Ongoing support for existing residents includes management and staff support, contact with volunteers and visits by religious representatives. Staff encourage residents to join in with social activities as they feel comfortable, whilst respecting their right to refuse. Family members are encouraged to visit whenever they wish and say they feel welcome by staff. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.



### **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

Carrington Centennial Nursing Home provides a welcome environment for visiting resident representatives and community groups, with residents being encouraged to participate in life outside the home whenever possible. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimen. Residents have access to a number of on-site facilities including an indoor pool, gymnasium, restaurant and bar. Residents' independence is also fostered through having personal items such as televisions in their rooms, access to telephones and newspapers. Participation in the local community is promoted through bus trips, shopping outings and visiting entertainment groups and volunteers. Residents say they are encouraged to maintain their independence and contact with the local community.

### **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

Management is committed to each resident's right to privacy, dignity and confidentiality. Staff handover and all resident matters are discussed in private and resident information is securely stored. Resident consent is obtained before exhibiting photographs of special events and outings on notice boards. Staff were observed to knock on closed doors before entering, addressing residents by their preferred name and consult residents about their preference to participate in activities. All residents were well groomed and appropriately attired. Relatives say there are sufficient private and communal spaces to meet with family and friends. Residents say staff are polite, respect their privacy, 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

Residents are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of residents are identified on entry to the home and a plan of care is developed. The home has developed a comprehensive leisure interests and activities program that generally runs five days a week. A specific program has been developed for the dementia unit and this program runs seven days a week. Activities include physical exercise, mental stimulation, general social interaction, one- to-one time and

special events. Attendance records are completed to record residents' participation in activities including one-to-one activities. Residents were observed to be participating in a range of activities during the re-accreditation audit. Residents say they are happy with the activities available to them and their preference not to attend activities is always respected.

### **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 cultural and spiritual lives of residents are acknowledged and celebrated by the home. Individual needs and preferences are identified through the initial assessment process and the 'key to me' program. This information is incorporated into the plan of care and reviewed regularly. Church services are regularly conducted and a pastoral care program, supported by volunteers, is available to residents. Specific cultural days, holy days and residents' birthdays are celebrated and involvement from families and friends is encouraged. Residents say they are happy with the cultural and spiritual support provided.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

Residents are encouraged to exercise choice and control over their lifestyle through participation in decisions about the services they receive. Residents are able to describe examples of where they are encouraged by staff to make their own decisions. This includes meal choices, day to day care and whether to participate in activities. Staff were observed providing residents with choice in a range of activities of daily living. Case conferencing, meetings, surveys and the comments and complaints system provide opportunities for residents/representatives to provide input. Where residents are unable to make choices for themselves, management said an authorised decision maker is identified.

Residents/representatives say they speak up without hesitation and the home enables individuals 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 policies and procedures to ensure that residents have secure tenure within the residential care service, and understand their rights and responsibilities. New residents and

their representatives are provided with comprehensive information about their rights and responsibilities prior to the resident moving into the home. An agreement is offered to each resident and/or their representative to formalise occupancy arrangements. The agreement includes information for the resident regarding complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. The Charter of Residents' Rights and Responsibilities is displayed prominently in the home.

Residents/representatives indicate they are satisfied with the information provided regarding their security of tenure and their rights and responsibilities.

## 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

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Four – Physical environment and safe systems include:

- A fire sprinkler system has recently been installed following legislative requirements and in an effort to improve fire safety systems within the facility.
- An external consultant has been contracted to conduct interactive fire training sessions for all staff to improve staffs response to an emergency and provide them with the necessary practical skills to respond to an emergency situation. Staff confirm that the training sessions have been very beneficial.
- The infection control outbreak kits have been reviewed and updated with extra supplies and more reference information on gastroenteritis and influenza as an additional resource for staff.
- Toiletry baskets have been installed in residents’ shared bathrooms to ensure that resident’s individual personal care items are always kept separate in an effort to improve infection control measures within the home.
- Major plumbing and drainage works have been carried out in Rothbury courtyard to prevent sinking of the garden and paved areas. The gardens have been restored where the works have been carried out and the courtyard was observed to be tidy and aesthetically pleasing during the visit.

### 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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulations and

guidelines. Observations by the team confirmed information is available for staff on legislation and guidelines relating to the physical environment and safe systems.

Examples of responsiveness to regulatory compliance in relation to Accreditation Standard Four include the maintenance and test records of the fire panel, exit and emergency lights and firefighting appliances. Workplace inspection audits in relation to workplace health and safety are regularly carried out and safety data sheets are readily available to staff in all relevant work areas.

#### **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

Please refer to expected outcome 1.3 Education and staff development for information on the home's system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to the physical environment and safe systems, includes fire and evacuation, infection control, chemical safety and food handling safety.

#### **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 is actively working to provide a safe and comfortable environment to meet residents' care needs. Residents' rooms are single and dual occupancy with an ensuite or shared bathroom. Residents are encouraged to personalise their rooms. Review of documentation and interviews with staff demonstrates that there is a corrective and planned maintenance program and security systems. Environmental audits are regularly conducted and issues identified are addressed in a timely manner. We observed the building, grounds and gardens to be well maintained with sufficient and appropriate internal and external furniture. The residents' rooms, like the common living areas and dining rooms are clean, maintained and uncluttered. Residents/representatives confirm that they are satisfied with the living environment.

## 4.5 Occupational health and safety

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

### **Team's findings**

The home meets this expected outcome

The home is actively working to provide a safe working environment that meets regulatory requirements. The system includes processes to identify, assess and rectify hazards. Work health and safety matters are addressed during staff meetings where issues raised through incident forms, hazard analysis forms and ongoing work safety initiatives are discussed.

Policies and procedures and safe work practices manuals are easily accessible to staff, and mandatory education is provided during orientation and on an ongoing basis. Workplace safety education and training includes manual handling, education on new equipment and hazard identification. Accidents and incidents are investigated and analysed and workplace practices are amended when necessary. Workplace inspections are conducted on an ongoing basis, hazards are identified and solutions are discussed and implemented. Staff demonstrate a sound knowledge of work safety requirements and confirm they receive training and information regarding work safety issues.

## 4.6 Fire, security and other emergencies

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

### **Team's findings**

The home meets this expected outcome

The home's fire and safety systems are maintained and monitored to provide an environment and systems to minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and compulsory training. Staff participate in fire training during orientation and at least twice a year thereafter. Emergency procedures are easily accessible to staff. The team observed exit signs and clear egress routes and evacuation plans are appropriately positioned. There is a security system in place including nurse call activators in each resident's room and in communal areas which are regularly tested. Staff interviewed demonstrate a sound knowledge of the location of emergency equipment and emergency procedures.

## 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 systems and processes to demonstrate that there is an effective infection control program in place. Quality data includes monthly collection, monitoring and identification of infection trends. We observed staff infection control practices including the use of personal protective equipment, hand washing, sanitising liquids and the use of colour coded equipment. A vaccination programme is in place for residents and staff. A food safety system is in place, which ensures that kitchen staff monitor the temperature of the food through the delivery,

storage, preparation, cooking and serving processes. The home has systems for the disposal of waste that includes contaminated waste, a process for handling soiled linen and the disposal of sharps. Staff interviewed demonstrated an understanding of the home's infection control procedures.

#### **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's hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Residents are provided with meals which are prepared centrally. The prepared meals are safely transported to each building and re heated in serveries. Residents' dietary information and likes and dislikes are recorded when entering the home. This information is easily assessable to catering staff and there is a system to ensure that any change in residents' dietary needs are updated and communicated to staff. The kitchen has an effective food safety system and staff confirm that they undertake training in food safety practices. There is a planned program for cleaning to ensure that a high quality of cleanliness is maintained in the home at all times. Residents' personal laundry and linen is laundered within the facility. There is a system to identify residents' clothing and a planned preventative program is in place for maintenance of all equipment. There are effective infection control procedures in the laundry, kitchen and for the cleaning staff. Feedback on catering, cleaning and laundry is provided through the comments and complaints system, resident meetings and surveys. Residents/representatives interviewed are satisfied with the catering, cleaning and laundry services provided by the home.