



Australian Government

Australian Aged Care Quality Agency

Dr Giovanni Mazzolini Nursing Home

RACS ID 2792
167 Allambie Road
ALLAMBIE HEIGHTS NSW 2100

Approved provider: Scalabrini Village Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 April 2018.

We made our decision on 20 March 2015.

The audit was conducted on 17 February 2015 to 18 February 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

Dr Giovanni Mazzolini Nursing Home 2792

Approved provider: Scalabrini Village Ltd

Introduction

This is the report of a re-accreditation audit from 17 February 2015 to 18 February 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 17 February 2015 to 18 February 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:	Denise Marianne Touchard
Team member/s:	Margaret Dawson

Approved provider details

Approved provider:	Scalabrini Village Ltd
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Details of home

Name of home:	Dr Giovanni Mazzolini Nursing Home
RACS ID:	2792

Total number of allocated places:	74
Number of care recipients during audit:	68
Number of care recipients receiving high care during audit:	60
Special needs catered for:	N/A

Street/PO Box:	167 Allambie Road
City/Town:	ALLAMBIE HEIGHTS
State:	NSW
Postcode:	2100
Phone number:	02 8977 1600
Facsimile:	02 9452 6122
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Village manager	1
Care manager	1
Clinical nurse consultants	2
Behaviour and dementia advisor - organisational	1
Registered nurses	3
Village cultural coordinator	1
Care staff	8
Physiotherapist	1
Nuns/pastoral carers	3
Visiting audiologist	1
Volunteers	1
Residents	6
Representatives	4
Quality coordinator/office manager	1
Village secretaries	2
Maintenance officer	1
Catering manager- organisational	1
Senior cook	1
Catering staff	2
Contracted cleaning company representatives	3
Contracted cleaners	2
Laundry staff	1

Sampled documents

Category	Number
Residents' clinical files	6
Summary/quick reference care plans	6
Medication charts	6
Residents' administration files	6
Staff personnel files	8

Other documents reviewed

The team also reviewed:

- Annual fire safety statement and fire service records
- Cleaning service manuals and associated records; laundry service manual and associated records
- Clinical records: observation charts such as for weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, wounds, pain, mobility, falls risk, toileting, oral health and physiotherapy; advanced care directives; and risk management forms
- Communication and referral books, records and handover information, staff memoranda, notices
- Compliments, suggestions and complaints records; continuous improvement tracking forms and associated records
- Contact lists
- Education records, including training needs analysis, calendars, learning materials, attendance lists, evaluation forms, questionnaires, competency assessments, and completed orientation forms
- Emergency management procedure manual and flip-charts; contingency plans
- External service provider records, including contracts/agreements, insurances and police checks
- Food safety monitoring records and kitchen cleaning records; inspection report in relation to service of food to vulnerable persons requirements; NSW Food Authority licence
- Infection control records: manual, temperature records for vaccination and medication fridges, outbreak management program; and staff and resident influenza vaccination records
- Maintenance records: responsive maintenance logbook; preventative maintenance schedule and associated records, including service reports and results
- Mandatory reporting register

- Medication management records: schedule eight (S8) drug books, nurse initiated medication forms, resident self-medication assessments and authorisations
- Meeting terms of references, agenda and minutes – management, committees, staff and residents/representatives
- Person centred care records, including staff training for activities, tree of wishes, newsletters, weekly/monthly calendars, activities records, key to me, social, cultural and spiritual family history information, person centred approach plans, reference material for language and culture, language word/phrase lists
- Police checks and statutory declarations trackers
- Policies, procedures, guidelines and forms
- Professional registration monitoring records
- Quality assurance program schedule and results, including audits, inspections, surveys, focus groups, clinical indicators, trending and benchmarking reports
- Resident and staff handbooks; contractor induction records
- Resident diet preferences forms, daily meal choice lists, menu
- Resident sign in/out book
- Resident/representative consent for photographs, videos and entry by staff to an occupied room
- Safety data sheets; hazardous materials register
- Self-assessment report
- Staff incident/injury forms and register; hazard report forms
- Staff issues of the week folders
- Staff rosters and allocation sheets
- Vision, mission and values statement

Observations

The team observed the following:

- Access to public telephone
- Cleaning in progress, including use of equipment, trolleys and wet floor warning signage boards; cleaning room, equipment and other staff cleaning practices
- Dining room at meal times, including the serving and transport of meals, staff assisting residents with meals and beverages, assistive devices for meals and nutritional supplements

- Electronic communication systems, including e-mail, Internet, Intranet and numerous purpose specific computer programs such as for care documentation system, medication management and issues (complaints, suggestions et cetera)
- Equipment, supply, storage and delivery areas, including food, clinical, medication, continence aid, linen, paper goods, first aid and chemicals stock in sufficient quantities
- Fire panel, fire-fighting equipment, emergency exits, emergency evacuation maps, emergency evacuation box
- General waste disposal facilities
- Infection control equipment: hand wash stations, hand sanitiser dispensers around the home, contaminated waste disposal, colour coded cleaning equipment, sharps containers, outbreak management kit, personal protective equipment, cytotoxic waste disposal container
- Living environment (internal and external) including newly refurbished communal areas and resident rooms, religious prayer room/quiet area, resident/visitor refreshment areas, and hair-dressing salon
- Medication rounds and safely stored medications, including medication trolleys
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, walkers, walk belts; manual handling instructions for use
- Noticeboards and posters, notices, brochures, newsletters and forms displayed for residents, representatives and staff including some in English and Italian; Charter of residents' rights and responsibilities in English and Italian; suggestion boxes
- Nurse call system, including staff responses
- Person centred care video
- Record keeping, electronic and paper based records; secure storage of records
- Refrigerator stocked with various diabetic and non-diabetic thickened fluids
- Residents participating in activities; activities room with memorabilia, arts and crafts, photography albums, books, magazines, DVDs
- Security systems (including phones, call bell system, external lighting, fencing, visitors sign in and sign out book and identification badges)
- Short small group observation attended in the high care dining room
- Staff handovers
- Staff practices and courteous interactions with residents, visitors and other staff

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's continuous improvement monitoring processes include stakeholder feedback mechanisms, internal and external audits, surveys, focus groups, and quality indicator data monitoring. The processes assist with identifying opportunities for improvement which are entered into a computer program for tracking purposes with the relevant department or position holder held accountable for actions. The quality coordinator monitors improvement activity to ensure it is completed and evaluates the actions taken to ensure they are effective. There are examples of improvements across the four Accreditation Standards, including resident focussed improvements. Staff, residents and representatives are aware of ways to make a suggestion for improvement and say improvement is ongoing at the home.

Recent improvement initiatives relevant to Accreditation Standard One are:

- In response to the increased care needs of residents and the introduction of person centred care, management reviewed the staffing levels and mix at Dr Giovanni Mazzolini Nursing Home in late 2013. The new roster which was introduced included significant increases in care staff hours on morning and afternoon shifts. This was formally evaluated and demonstrated to be effective in supporting person centred care in June 2014. Refer to expected outcome 3.1 Continuous improvement for more information.
- An organisational initiative was to develop brand guidelines to promote the organisation's vision, mission and values. These were implemented at Dr Giovanni Mazzolini Nursing Home in 2014 to create a positive, consistent and professional identify across all formal written communication with residents, representatives and other stakeholders. Management explained this has assisted in promoting awareness of the organisation's values of justice, compassion, respect and excellence.
- A computer kiosk was introduced for staff in April 2014 to improve residents' access to information and their ability to communicate with others. A computer with a large screen was provided and it has skype capabilities and Internet access. Computer and skype lessons were provided for the residents. Some residents are now using the kiosk, including to communicate with family members who live overseas. Other residents, having learned these skills, use their own computer to access information and/or for communication purposes.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home receives information about new and amended requirements from the organisation’s head office, an aged care industry peak body, a legislative subscription service, and government and other department mailing lists. New and amended requirements are considered by the organisation with policies and procedures amended if needed and updated on an organisational intranet. Relevant stakeholders are made aware of changes which impact them via notices, at meetings and through education. Staff say they are informed of regulatory changes and have access to information relevant to their work.

Internal and external audits assist management in monitoring the effectiveness of the system for achieving regulatory compliance at the home.

Example of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are:

- The organisation is ensuring that all staff and relevant volunteers and contractors have a police record check, statutory declaration and are cleared to work at the home.
- The professional registration status of registered nurses who work at the home and of visiting allied health practitioners are being monitored on an ongoing basis.
- Management at the home notified residents and their representatives in advance of the upcoming re-accreditation audit and of their opportunity to speak with the assessors in confidence.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Staff education needs and interests are identified via training needs analyses, performance appraisals, and findings of continuous improvement monitoring. Education is planned in response to these needs and interests and in alignment with objectives of the organisation and of management at the home. Educational opportunities are promoted widely to staff and they are supported to access courses to upgrade their skills and qualifications. Education is delivered through orientation, formal training sessions, self-directed and on-line learning.

Attendance at education is monitored and its impact is evaluated via knowledge based questionnaires and skills assessments. Staff are extremely satisfied with the support provided by the organisation for their training and development.

Examples of the home's recent education relevant to Accreditation Standard One are:

- Aged care funding instrument training for relevant staff to assist them with resident assessment and documentation processes.
- Bullying and harassment training for staff to assist them develop and maintain positive relationships with colleagues and to foster teamwork.
- Training for management and staff in the use of various organisational computer programs for resident care, medication management, staff management, and administration.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

Residents, representatives, staff and other interested parties can make comments and complaints in a variety of ways. They are encouraged to make comments and are informed of internal and external complaint mechanisms via orientation and the admission process, documentation given to them and displayed in the home, and at meetings. Information is available in English and other languages commonly spoken by residents, including material translated into Italian. Suggestion boxes are available for confidential lodgement of feedback and information about advocacy services is accessible. Comments and complaints are followed up by the relevant department, the actions taken are evaluated for effectiveness, and feedback is provided to the complainant. Residents and representatives are generally confident management would be responsive to any complaints they put forward.

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 organisation's vision, mission and values, including a commitment to quality, have been documented. This information is published in documentation given to residents, representatives, staff and other stakeholders, and is displayed at the home.

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

There are appropriately skilled and qualified staff to meet residents' needs. The master roster is adjusted in response to residents' changing needs to ensure they can be met. Shifts on the master roster are being filled with permanent and casual staff and minimal use of agency staff. There are policies and procedures to guide staff recruitment, including screening processes, and staff are given a comprehensive orientation. Staff skills are monitored in a variety of ways and education supports ongoing skill development. Staff performance appraisals are carried out annually and there are policies and procedures to support staff performance management. Staff say they have sufficient time to complete their duties and they enjoy working at the home. Residents and representatives are complimentary of the staff saying they are competent and respond to the needs of residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Systems are in place for ordering, checking, registering, distributing, and replacing goods and equipment across all departments to ensure adequate and appropriate stock is available at all times. Research is carried out and trials take place where possible prior to purchasing new equipment and supplies. Staff are trained in the use of new equipment. Equipment is checked and serviced through the preventative maintenance program by maintenance staff and external contractors. Management advises they are able to purchase equipment and supplies needed for delivery of quality resident care and for staff safety. Observations and feedback from staff, residents and representatives confirms this.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective information systems are operating at Dr Giovanni Mazzolini Nursing Home. There is communication with residents, representatives and staff in a variety of forms, including meetings and case conferences, email, notices including "issues of the day", newsletters and through education. Handovers and communication books are used by staff and external service providers to share relevant information about residents' needs and preferences.

Policies and procedures are readily accessible to management and staff via the organisation's intranet. Confidential records and electronic data are securely stored, backed-up, and can only be accessed by relevant personnel. Records are archived as needed and disposed of securely after specified periods of time. Staff say there is good communication and residents and representatives say they are kept informed of matters important to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

Preferred contractors are identified by the organisation with formal agreements entered into and some local contractors also supply and service Dr Giovanni Mazzolini Nursing Home. Screening is carried out prior to engaging contractors and insurances and police checks are monitored on an ongoing basis. Contractors new to the site are given an induction and they sign in and out each time they visit to spend time on-site. There is a process for management at the home to provide feedback to the organisation about the performance of contractors.

Management said they would be pro-active at a local level in addressing issues of poor performance if this situation arose. Management and staff are satisfied with the arrangements in place for external service provision and with the performance of contractors.

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

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Two are:

- An organisational initiative was to introduce clinical supervision for relevant staff. The goal of the clinical supervision is to promote the development of the role of the clinician and to ensure their practise is competent, accountable and ethical. Two of the senior registered nurses at Dr Giovanni Mazzolini Nursing Home attended training to become clinical supervisors. The new service was introduced in late 2014 with staff made aware of it and some electing to participate. One of the clinical supervisors said the benefits for those participating are they feel better supported in their work and skills development.
- In early 2014 the organisation created a new position of behaviour and dementia advisor and recruited into the position. The behaviour and dementia advisor has been assessing and monitoring residents and working closely with staff at Dr Giovanni Mazzolini Nursing Home to advise and educate them to manage residents with behaviours of concern. Management and staff provided examples of how this has improved the lives of residents with dementia or other cognitive impairment.
- In May 2014 a new style of head protectors was introduced to improve use of head protectors by residents at risk of having falls and to preserve their dignity. The new styles are fully adjustable, easy to fit and are also more discreet having the appearance of a beanie or hat. At the time this was evaluated in October 2014 the head protectors were found to have been effective in preventing injury from falls for three residents.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance.

Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- Registered nurses are responsible for overseeing the care planning and assessment processes and specialised nursing services delivered to residents.
- The home ensures high care residents are provided with nursing and personal care services, supplies and equipment as required by legislation.
- The home’s storage and administration of medication is in accordance with the relevant legislation.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development.

Examples of the home’s recent education relevant to Accreditation Standard Two are:

- Medication management and related policy compliance for staff who administer medication to residents.
- Dementia care training and support from the organisation’s dementia and behaviour management to assist staff manage residents with behaviours of concern.
- Falls prevention and management training to assist staff in supporting residents at risk of falls.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and policies in place to ensure residents’ receive person centred clinical care appropriate to their needs. The home has two clinical care consultants who oversee and supervise all residents’ clinical care needs. A comprehensive program of assessments are carried out when residents move into the home and care plans are prepared by skilled staff in consultation with the residents, representatives and others involved in clinical care. Registered nurses develop initial care plans and review them three monthly or as the residents’ clinical needs change. Visiting medical officers review residents regularly and upon request are referred to other health professionals as their care needs indicate. Staff are knowledgeable about the care requirements of individual residents and procedures related to clinical care. Residents say they receive efficient and effective clinical care and representatives say staff are sensitive to the individual needs and preferences of residents.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented in care plans on moving into the home. Changes are noted in the progress notes, care plans and these are regularly reviewed and evaluated through case conferencing including attention to resident preferences. Registered nurses attend to residents’ specialised care and equipment is supplied as necessary to meet identified resident needs. Staff say they have the appropriate skills, resources, equipment and support from management to provide specialised nursing care for residents. Representatives say staff provide quality specialised nursing care to residents.

2.6 Other health and related services

This expected outcome requires that “residents 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 home has systems which assist the registered nurses to identify, assess and refer residents to appropriate health specialists when necessary. A review of documentation shows residents’ needs and/or preferences are assessed on moving into the home and referrals are arranged in consultation with the residents, representatives, residents’ doctors, and relevant staff as needed. A wide range of information is documented in residents’ medical notes, progress notes, care plans, allied health folders and communication diaries showing referrals are being made and appointments attended and followed up. Residents and representatives

say they are satisfied with the referral process, are consulted when referrals to health specialists are required, and staff assist them to access these services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home demonstrates the management of medication is safe and meets relevant legislative and regulatory requirements, professional standards and guidelines. Delivery of medication via a pre-packed system, current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. Medication charts show doctors regularly review medications, a current photograph of the resident is maintained and allergies are documented on each electronic and hard copy medication chart. Internal and external review of residents’ medication administration charts is in place to ensure medication management is safe and correct. Staff are required to demonstrate competency with medication management and a medication advisory committee meets regularly. Residents say medications are received on time and representatives say any adverse reactions or incidents are reported to them immediately and are acted on appropriately.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure all residents are as free as possible from pain. Residents’ cognitive abilities are taken into account and the home uses a variety of tools to assess and manage pain. Initial assessments identify any pain a resident may have and a care plan is developed based on the individual needs of the residents. Care staff are trained in pain prevention and management. Staff use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. A referral to the resident’s medical practitioner and other services is organised as needed. The care staff assist the physiotherapy aide and village cultural coordinator to reduce residents’ pain by encouraging residents’ participation in gentle exercise programs and therapies including massage. Residents and representatives report staff respond appropriately to residents’ pain and offer interventions in line with residents’ preferences and needs.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure each resident’s palliative care is managed effectively and sensitively in consultation with residents, representatives and the medical officer.

Documentation identifies end of life wishes and staff discussions show the needs of residents receiving palliative care are assessed and considered in care planning. The home has a palliative care room and a palliative care kit which are utilised when needed. Staff receive education about managing the palliative care needs of residents, and have access to appropriate health professionals for advice and assistance. Three nuns employed as pastoral carers provide emotional, spiritual and cultural support to residents receiving palliative care and to their representatives. Staff expressed sensitivity and understanding of meeting the needs of frail residents. Discussions with residents and cards and letters of appreciation show family and friends are appreciative of the care and support provided by staff and others at the home. Representatives are invited to stay with the resident in the late stages of life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to ensure residents receive adequate nourishment and hydration. Staff demonstrated that residents receive adequate nutrition and hydration through initial and ongoing consultations about residents’ likes and dislikes. A clinical nurse consultant identifies residents at risk of weight loss and malnutrition. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of residents’ special dietary requirements and their preferences.

Residents and representatives have input into menu planning through resident meetings, feedback mechanisms, informal discussions with staff and resident case conferences. Each area has a servery supplied with bottled water, a coffee machine, fruit and snacks available at all times. Residents and representatives are happy with the way residents’ nutrition and hydration needs are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has policies and procedures to maintain skin integrity consistent with the residents’ health. Documentation and staff interviews showed that residents’ skin care needs are assessed when the resident moves into the home and at regular intervals. This information is

documented and communicated in residents' care plans which are regularly evaluated and updated. The assessment and care planning process is completed in consultation with residents, representatives and medical practitioners. Staff know how to assist residents to care for their skin and they record skin irregularities and report incidents. The home has procedures to identify and monitor residents at risk of impairment to skin integrity and interventions and aids are implemented to protect skin integrity. Residents and representatives say they are satisfied with the skin care provided to residents.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

The home has systems in place to ensure that residents' continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each care recipient following initial assessment. The home has a trained continence link nurse who monitors resident continence aid needs. The care staff interviewed said they assist residents with their toileting regime, monitor skin integrity and receive education and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet the needs of residents. Residents and representatives say residents are well supported with toileting and staff ensure privacy and dignity at all times.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify and effectively manage residents with challenging behaviours. Staff perform initial and ongoing assessments to identify residents' behaviour management needs that include triggers and strategies to develop and implement care plans. Staff monitor and review the care plan regularly to assess its effectiveness and make changes if indicated. Documentation shows referrals to specialist medical, mental health and allied health teams are made as necessary. Interviews with care staff and observations of staff interactions with residents confirm appropriate management of behaviours. Interviews with residents and representatives demonstrate satisfaction with how the home manages challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings

The home meets this expected outcome

The home can demonstrate that an optimum level of mobility and dexterity is achieved for residents. Documentation and discussions with staff show all residents are assessed on

moving into the home for mobility, dexterity and transfers. The physiotherapy program is implemented, regularly reviewed and evaluated by the external physiotherapist. The trained physiotherapy aide attends to the residents' ongoing physiotherapy and exercise programs. Staff are trained in falls prevention, manual handling and the use of specialist equipment.

Assistive devices such as mobile frames, walk belts, mechanical lifters and wheelchairs are available. All falls incidents are documented, analysed and benchmarked within the organisation. The physiotherapist advised that three residents had shown great improvement in their mobility with the regular exercise and walking groups. Residents and representatives say the home encourages residents' independence through individual mobility and exercise programs and appropriate referral to specialist services in a timely and effective manner.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has strategies in place to ensure residents' oral and dental health is maintained. A review of documentation shows residents' oral and dental health is assessed on moving into the home and individual care plans are regularly reviewed and evaluated to meet the changing needs of residents. Diet and fluids are provided in line with the resident's oral and dental health needs, and preferences and specialist advice for residents with swallowing difficulties is sought as needed. Policies and procedures guide staff practice and any dental problems are reported to the registered nurse. Dental appointments and transport are arranged in accordance with the needs of residents and their representative's preferences.

Residents and representatives say staff provide assistance with appropriate and timely oral and dental care.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Assessment of each resident's sensory abilities occurs when the resident moves into the home which assist in identifying any sensory loss. Management strategies are implemented, regularly reviewed and evaluated in consultation with the residents and representatives and referral to specialist services is arranged as needed. Residents say they have access to large print books, massage, music therapy, gentle exercise and staff are attentive to individual needs including care of glasses and hearing devices. Regular services are provided by an external optometry service and hearing services are accessed as needed. An audiologist attends the home to assess residents' hearing as requested by staff. The team observed the environment to have adequate lighting and uncluttered rooms and corridors that facilitate residents' safety. Staff education includes topics on sensory loss and staff say they use a variety of strategies to manage sensory loss including appropriate equipment and support to promote independence.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Each resident’s sleep pattern, including history of night sedation, is assessed when the resident moves into the home and care plans are regularly reviewed and evaluated.

Residents’ preferences for rising and retiring are incorporated into daily care. A review of documentation and discussions with staff show residents are offered snacks, warm milk, emotional support, and are toileted to assist natural sleep. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are subdued at night. Residents say they sleep well at night and many enjoy a sleep in the afternoon.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Three are:

- Person centred care was introduced in late 2013 at Dr Giovanni Mazzolini Nursing Home where it is recognised as the principle that all people are of absolute value and worthy of respect. This involved work to find out what residents like, what makes them happy, what sort of activities make them feel included, and what has the potential to improve their self- esteem. New programs were developed and introduced, led by the village cultural coordinator, and the staffing levels and mix were reviewed and changed by the management team. Staff were provided with education and instruction and were allocated duties to support implementation. Feedback from staff via a survey about person centred care implementation has been extremely positive. Residents and representatives are satisfied with the manner in which residents are being supported.
- In late 2014 staff feedback was that dignity gowns were difficult to fit on residents and some residents became frightened when having the dignity gown placed over their head to be put on. New options were researched and dignity gowns with a back opening were purchased. They have been put into use and staff feedback is these are much more suitable for the residents.
- In response to resident feedback in 2014 single serve condiments were introduced to provide residents with more taste options and choice at meal times. These include salad dressings, mayonnaise, and sauces. When introduced kitchen and care staff were informed of this, were allocated the task of assisting residents to make choices at lunch and dinner and to open and use the condiments. This was observed occurring during the Re-accreditation audit. Feedback from residents has been positive and the amount of stock used indicates the condiments are popular.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance.

Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

- Each new resident or their representative is given information about the resident’s rights and responsibilities through discussion and documentation, including a resident agreement and handbook.
- Management and staff are aware of their responsibilities in relation to elder abuse, missing residents, and compulsory reporting requirements.
- The organisation has an information privacy policy, which clearly sets its policies on the management of residents’ personal information.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development.

Examples of the home’s recent education relevant to Accreditation Standard Three are:

- Compulsory training for all available staff in relation to elder abuse and mandatory reporting.
- Person centred care training for management and staff to assist them to enhance residents’ lives by identifying and meeting individual needs, wishes and aspirations.
- Italian language conversational classes for staff to assist them to be able to communicate with Italian speaking residents.

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 systems in place to ensure each resident receives initial and ongoing emotional support through a pre-entry information pack. Assessments are completed on entry to the home including social history, hobbies, interests and emotional needs. Residents and representatives are orientated to the home and staff spend one-to-one time with residents during their settling in period and thereafter according to need. The home employs three nuns as pastoral carers who provide emotional support to residents on entry to the home and on an ongoing basis. Management reported residents and representatives are invited to participate in life at the home and referrals to allied health professionals are arranged for residents as required. All staff are trained to provide appropriate emotional support for residents and staff practice is supervised. Residents and representatives say management and staff are caring, supportive and respond appropriately to changes in residents' emotional support needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Documentation and discussions with staff, residents and representatives show residents are encouraged to be as independent as possible and are provided with appropriate information and equipment to maintain their independence. The activity program helps facilitate community access by regular bus trips and community entertainers and volunteers visit the home. Assistance with transport to external appointments is arranged as needed. Residents and their representatives say they are satisfied with the services provided at the home including bus trips, regular outings and picnics and they are encouraged to keep in touch with family and friends.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure residents' privacy, dignity and confidentiality is recognised and respected. Management is committed to residents' right to privacy, dignity and confidentiality reflected through staff orientation and staff education programs. 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 resident room doors before entering, addressing residents by their preferred name and consulting residents about their preference to participate in activities. All residents were well groomed and appropriately attired. Residents and representatives say staff are sensitive in their approach with residents, respect the resident's individual right to privacy and are confident personal information is kept confidential. Representatives say there are sufficient private and communal spaces for residents to meet with family and friends.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has developed a comprehensive person centred care leisure interests and activities program that runs five days a week. The program is published weekly and monthly and is prominently displayed throughout the home and in the resident newsletter. Care staff receive person centred care activity training and assist with activities for residents each day. The home also has volunteers to assist with the residents' leisure and lifestyle activities. A review of documentation including resource manuals, resident surveys, resident participation sheets, tree of wishes, monthly reports and minutes of resident meetings show individual and group programs are developed in response to residents' interests and needs. A wide variety of programs and outings are offered and there are visiting music groups offering individual and group musical activities. The home's village cultural coordinator said the activities program was very interactive and residents' preference not to attend activities is always respected. The activities programs have sufficient resources and equipment to provide comprehensive programs for residents. Residents and representatives are satisfied that resident participation is encouraged and supported, and the activities offered by the home are of interest to residents.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems in place to foster residents' cultural and spiritual needs through ongoing assessment, discussions with residents and representatives, community involvement and individual strategies to meet the changing needs of residents. The home has three nuns who work as pastoral carers to meet residents' cultural and spiritual needs. The home has many visiting volunteers from a number of organisations and all religious denominations are respected and catered for on a needs basis. Residents and representatives say a resident's preference not to participate in religious and other celebratory events is respected. Multi denominational services are conducted regularly every week. Special religious and other significant days such as Ash Wednesday, Lent, Christmas and Good Friday are celebrated and there is a list of special days for other religions and cultures, including dietary requirements. Residents and representatives say they feel safe at the home and the presence of treasured possessions in their rooms, caring and friendly staff and volunteers provide a sense of wellbeing and rich community life at the home.

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 systems in place to ensure each resident and/or their representative is able to participate in decisions about care and service provision. The initial assessment process and assessment on an ongoing basis documents, for example, a resident's preference for diet/meals, choice of medical officer and the level of involvement in activities. Staff consult with residents about their day-to-day wishes and preferences. Resident meetings, surveys, feedback mechanisms and input into care planning are avenues by which residents and representatives can participate in decisions regarding the services provided. Residents say they tell staff what they want and staff respond immediately. Information is communicated to residents and representatives through letters, the care recipient newsletter and meetings, discussion and display on noticeboards. A review of documentation shows residents and their representatives participate in choice and decision-making while not infringing on the rights of other people.

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

Each resident and/or their representatives is provided with comprehensive information about the resident's rights and responsibilities prior to the resident moving into the home. A resident agreement is offered to each new resident or their representative to formalise occupancy arrangements. It includes information about rights and responsibilities, entry and exit criteria, complaints handling, fees and charges, security of tenure and the process for the termination of the agreement. The charter of residents' rights and responsibilities is displayed at the home in English and Italian. Management is aware of processes which need to be followed if asking a resident to move rooms or to leave the home. Residents and representatives say they are satisfied with the information the home provides regarding residents' security of tenure and residents' 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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Four are:

- Major renovations are taking place at the home to upgrade resident accommodation and to install a fire sprinkler system. A new secure garden area was established in 2014 to allow access to the outdoors by residents living in an area of the home known as Toscano while building the works are underway. Additional garden furniture was purchased for residents and their visitors. Management and staff say the garden is well used and residents commented positively about it.
- In 2014 the organisation’s contingency plans were reviewed and updated as a better practice initiative. Management explained that managers across all of the sites contributed by taking the lead on reviewing some of the plans. The revised plans were released in April 2014 with communication to staff. An evaluation of this found that the new plans were simple and helpful communication tools for management and staff to use.
- In December 2014 training was provided to the senior cooks across the organisation and this included the senior cook at Dr Giovanni Mazzolini Nursing home. The training was delivered by a qualified chef and involved learning how to prepare meals and provide table service of a high standard. Managers from across the organisation’s homes were there to trial the meals and to provide feedback to the senior cooks. There was positive feedback from the senior cooks and there are plans to continue this style of training for them in 2015.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance.

Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

- A current annual plant lift certificate has been obtained and is displayed near the passenger lift.
- The home has a current annual fire safety statement.
- The home has a current licence with the NSW Food Safety Authority and is responsive to the findings in annual inspection reports.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development.

Examples of the home’s recent education relevant to Accreditation Standard Four are:

- Fire officer training for the village manager and maintenance officer, and fire safety awareness and evacuation training for all other staff and contracted personnel who work on-site on a day to day basis.
- Infection control in-service and hand hygiene assessment for all staff and external infection control training for two registered nurses.
- Food hygiene training for staff involved in handling food.

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

Residents are accommodated over two floors in single, double and multi-bed rooms with access to bathroom facilities in or nearby their rooms. Building work is underway for major renovations and is being managed well to minimise disruption to residents. Walkways are free of clutter, there are handrails for resident safety and a passenger lift assists residents to move between the two floors of the home. Call bells are located in resident rooms, bathrooms and other key areas around the building so that residents can seek help when they need it. Common areas are comfortably furnished and there are landscaped outdoor areas with shade and paving. The home is clean, well lit, and has heating and some cooling facilities. Preventative maintenance is carried out as scheduled and responsive maintenance is undertaken as needed. Residents and representatives are satisfied with the living environment and the maintenance service.

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

Regular environmental audits and inspections are carried out to pro-actively identify occupational health and safety issues. There are functioning hazard and staff incident and injury reporting systems. Issues identified are investigated and actioned to eliminate or mitigate risk. Occupational health and safety is discussed at staff meetings and is promoted via notices displayed around the home, information in the staff room, the staff handbook and education. There are policies and procedures to guide injury management and the care manager is a trained return to work coordinator. An employee assistance program is available to support staff. Staff say management is responsive to staff suggestions and requests relating to safety. Staff also say they have access to equipment and supplies so they can work safely.

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

At Giovanni Mazzolini Nursing Home there are trained fire officers, and all staff and contractors who spend time on site regularly attend mandatory fire safety awareness and evacuation training each year. The fire and smoke detection and response systems and the fire-fighting equipment is being maintained on an ongoing basis. Emergency exits are clearly marked and kept free of obstruction, and evacuation maps assist with directions to the nearest exits and assembly point. Emergency procedures and contingency plans have been developed

and are available to management and staff. Consideration has been given to the need for back-up systems in an emergency and to the need for emergency supplies and information ready to take in case of evacuation. There are evening lock-up procedures which are carried out by staff and a security camera monitoring system is installed. Staff are aware of their responsibilities in the event of the fire alarm sounding and residents have been informed of what to do in this situation via a resident/relative meeting.

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

Staff are trained in infection control, have their hand hygiene practices assessed, and are given information, equipment and supplies to prevent and manage infection risks. Influenza vaccine is offered to residents and staff each year and preparations have been made for managing an infectious outbreak. Residents are monitored for signs and symptoms of infection and there is action in liaison with medical officers as needed. Data about infection rates is collated and reviewed to identify opportunities for improvement. The catering service complies with food safety requirements according to an inspection report from the NSW Food Authority. Cleaning procedures are implemented across all areas of the home. Disinfection through the laundering process is via thermal and chemical means and workflow allows for separation between clean and 'dirty' areas. Staff are knowledgeable about infection control principles and practices relevant to their work.

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

Meals are fresh cooked accordingly to seasonal four week rotating menus offering variety, choice and culturally appropriate options. Residents' special dietary needs and dislikes are generally being identified and met. Residents have their meals in the dining rooms with a tray service available if a resident is unwell or otherwise requests this. Cleaning specifications have been developed covering all areas of the home and all equipment and soft furnishings. Records show these are being attended and the home appears clean. A full laundering service is provided on site with clothing returned to residents clean and in a timely manner.

Care staff say there are enough clean sheets, towels, clothing et cetera available to meet residents' needs. There is a labelling system to assist in reducing the incidence of missing clothing. Residents and their representatives are satisfied with the hospitality services provided at the home.