



Australian Government

Australian Aged Care Quality Agency

Fairview Nursing Home

RACS ID 2647
1 Victoria Terrace
MOREE NSW 2400

Approved provider: Fairview Care Limited

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 11 August 2019.

We made our decision on 28 June 2016.

The audit was conducted on 24 May 2016 to 25 May 2016. 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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

Fairview Nursing Home 2647

Approved provider: Fairview Care Limited

Introduction

This is the report of a re-accreditation audit from 24 May 2016 to 25 May 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 May 2016 to 25 May 2016.

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:	Carol Lowe
Team member/s:	Rosemary Chaplin

Approved provider details

Approved provider:	Fairview Care Limited
---------------------------	-----------------------

Details of home

Name of home:	Fairview Nursing Home
RACS ID:	2647

Total number of allocated places:	57
Number of care recipients during audit:	55
Number of care recipients receiving high care during audit:	55
Special needs catered for:	Indigenous care recipients

Street/PO Box:	1 Victoria Terrace
City/Town:	MOREE
State:	NSW
Postcode:	2400
Phone number:	02 6752 9200
Facsimile:	02 6752 3335
E-mail address:	ceo@fairview.com.au

Audit trail

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

Interviews

Category	Number
Chief Executive Officer (CEO)	1
Director of Care (DOC)	1
Registered Nurses	3
Educator	1
Care staff	4
Payroll/Human Resource Officer	1
Catering staff including Cook	3
Director – cleaning chemical supplier	1
Dietician	1
Nan Crane Lodge Supervisor	1
Administration Assistant	1
Care Recipients/ Representatives	11
Deputy Director of Care (DDOC)	1
Continuous Quality Improvement Coordinator	1
Activities staff	3
Catering Supervisor	1
Laundry staff	2
Cleaning staff	1
Maintenance Officer/Fire Safety Officer	1
Visiting Indigenous artist	1
Registered Nurse/Infection Control Co-ordinator	1
Enrolled Nurse	1

Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes, case conference records, medical and allied health documentation	6
Restraint authorisations and monitoring charts	12

Category	Number
Medication charts	10
Personnel files	2

Other documents reviewed

The team also reviewed:

- Audits and surveys, incident and accident reports, hazard reports, data analysis and trending results
- Authorisations for influenza vaccinations, staff and care recipient vaccination records
- Care plan and assessment review schedules
- Care recipients' activity attendance records, activity evaluations, activity calendars, outing information and assessments, risk assessments
- Care recipients' information package and information handbook
- Care recipients' life story albums
- Care recipients' signed personal information releases consent forms
- Catering information including: temperature records for the delivery, storage, preparation and serving of meals, diet information sheets, communication diary, menu folder, food safety plan, temperature calibration records, four weekly menu, quarterly catering audits, NSW Food Authority audit report, NSW Food Authority license and food suppliers licenses and HACCP certification certificates
- Clinical monitoring charts including: bowel, blood pressure, pulse, weight, blood glucose levels, wounds, behaviour, 24 hour whereabouts checking and pain; doctors' care directives, complex health care directives; residents' special day checklist; shower lists; Nan Crane Lodge night duty hourly checklist
- Communication diaries, medical officers' communication books, dietician, podiatrist and physiotherapist communication documentation
- Compulsory reporting register
- Education records on computer system
- Employee pack with staff handbook
- Fire safety including: Fire log books for the detection system, fire hydrant, sprinkler system, pump set, emergency intercom and warning system, fire safety officer certificate and annual fire safety statement
- Hazard register and workplace inspection (April 2016)
- Job descriptions, schedules and duty statements

- Maintenance program information including: emergency procedure manual, high cleaning audit folder, external environmental audits, preventative maintenance contractors folder, maintenance register and microwave checks
- Medication refrigerator temperature checking sheets, stock medication checking list, patch checking charts, date opened records on eye drops, non-packed and prn (as required) medication orders, medication incident reports, medication administration alert stickers
- Meeting minutes including: medication advisory committee, registered nurses/enrolled nurses, care staff, work health and safety and care recipients/relatives
- Menu choices lists, diet, eating and drinking assessments, request for diet change forms
- Police check register on computer
- Registered nurse night shift cleaning schedule and signing sheets
- Resident/relative survey results
- Residential care agreement
- Supplier agreement and insurance folder

Observations

The team observed the following:

- Activities including: activities in progress, activity program displayed on notice boards and in care recipients' rooms, photographic records of activities, memory board in activity room and activity resources
- Australian Aged Care Quality Agency notice
- Charter of Care Recipients' Rights and Responsibilities displayed
- Church service in progress
- Cleaning folder including safe work practices, safety data sheets and cleaning program
- Clinical instruction and guidelines available to staff
- Equipment and supply storage areas
- Inspection tags on fire-fighting equipment and evacuation plans
- Interactions between staff and care recipients including meal service, morning and afternoon tea
- Internal and external complaints mechanisms available
- Living environment
- Medical officer's clinic in progress

- Medication round and storage of medications
- Mobility maps displayed in care recipients' rooms and mobility alert symbols on care recipients' doors (ant/possum)
- Policies and procedures available to staff
- Privacy policy displayed
- Registered nurse/endorsed enrolled nurse register
- Roster on computer system
- Sharps containers, outbreak bins, spill kits, personal protective equipment, infection control signage, infection control manual and outbreak management protocol folder available to staff, hand washing stations and hand sanitiser available
- Short observation in Nan Crane Lodge
- Staff handover
- Staff work practices
- Vision, mission and philosophy displayed
- Whiteboards at nurses' stations

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 (Fairview Nursing Home) shares a quality management system with the co-located hostel (Fairview Hostel). As part of this program the home utilises a mix of internal audits as well as participating in a commercial benchmarking audit program to monitor performance across a wide range of areas. Data from the benchmarking program is also used by management to track the home's performance against other similar aged care services. Ideas for improvement are sourced from care recipients, representatives and staff through a range of options including verbal feedback through meetings, suggestion forms, comments and complaints. Care recipients, representatives and staff advised that they felt able to raise suggestions with management. A sample of improvements relating to Standard One includes the following:

- The CEO advised the organisation (nursing home and co-located hostel) are entering into an alliance with six other residential aged care services in the region (Northern Inland Aged and Community Care Alliance (NIACCA)). This is aimed at improving the viability of 'not for profit' aged care facilities through providing support and increased buying power across the region. Meetings have been held at Tamworth, Gunnedah and Inverell with the management of the services to discuss various matters. On 28 April 2016 a memorandum of understanding was signed by representatives from each service. The alliance will be looking at a feasibility study, constitution and budget for the alliance.
- As a result of attending an aged care conference in Ballina in February 2016 the organisation has contracted a company to provide human resource management support in managing personnel issues. The CEO advised this will ensure staff performance management issues are tracked and managed appropriately through to completion and ensure compliance with all legal requirements. The CEO advised that this company has also provided information about undertaking a workplace culture review in order to achieve improvements in teamwork.

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 a system to identify changes to legislation and regulations. These are provided through membership of various industry organisations who provide regular information updates and newsletters as well as government departments. The home also subscribes to a commercial legislation updating service which routinely sends information as legislative changes occur. A review of organisational policy and procedures are managed by senior management when needed. Information on legislative changes is also disseminated to staff through meetings, education sessions or via memos.

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 assist management and staff members to develop appropriate knowledge and skills to perform their roles effectively. The home uses an on-line education program which enables staff to complete mandatory education sessions as well as access education sessions which may interest them. Additional topics can be added to the mandatory education program as needed. Completion of the compulsory on-line education sessions is monitored and letters sent to staff to query their non-completion. An education survey is also used to enable staff to make suggestions for other education topics. External training is accessible to staff as needed. Staff advised they are being encouraged to develop their skills and increase their knowledge. Care recipients and representatives expressed their satisfaction with staff knowledge and skills. Education sessions include a mix of on-line learning and face-to-face learning sessions. Education relevant to Standard One includes bullying and harassment (through the mandatory education program), Accreditation, Aged Care Funding Instrument (ACFI), frontline management course (four staff members) and education to the Board on their requirements by an external organisation.

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

The home has systems to ensure care recipients and their representatives have access to internal and external complaint mechanisms. This includes displaying comments forms and information about external complaints and advocacy organisations at the front entrance.

Information on raising complaints is also contained within the residential care agreement and handbook, which is provided to care recipients and their representatives as part of the entry process to the home. The home has a regular care recipients meeting which provides a forum in which issues can be raised. Representatives said they can raise any concerns directly with the director of care or other senior staff. A review of documentation indicates issues raised with the director of care have been or are in the process of being actioned.

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 philosophy statements are on public display in the home. Information on the vision, mission and philosophy is presented to care recipients, their representatives and to staff through key documentation such as handbooks and staff recruitment package. This information is given to all care recipients and their representatives and staff on entry to the home or commencement of employment respectively. The organisation has developed a strategic plan for the future of the home (refer to comments under expected outcome 1.1 Continuous improvement).

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system to ensure there sufficient appropriately skilled and qualified staff members employed. Staff feedback on workloads as well as changes in care recipients care needs are used as indicators in identifying staffing levels. Interviews are held with applicants to ascertain their suitability to work in aged care. Management ensures relevant visa and police checks are in place before any new staff member can commence working for the organisation. New staff members are teamed up with experienced staff to assist them as part of the orientation process. A compulsory education program is in place which is aimed at

ensuring staff have the appropriate skills. Representatives and care recipients expressed their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are adequate supplies of goods and equipment. Staff members said they are provided with sufficient supplies of equipment and goods to provide care and services to the care recipients. The CEO, catering supervisor and maintenance officer advised the home has access to a range of companies for services, equipment and supplies. New equipment is trialled to ensure its suitability prior to any purchase. Education on new equipment is provided to staff. The home has a maintenance program to ensure all equipment is working effectively. This includes the use of external contractors to service major items of equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Information is disseminated to staff through shift handovers, memos, staff meetings and information on noticeboards. Information is relayed to care recipients and their representatives through information on various noticeboards and meetings. Documentation no longer required is archived on-site and periodically transferred to an external organisation for secure destruction. A tracking system is in place to enable files to be retrieved as needed. Information on Indigenous care recipients is permanently retained at the home. Data on the computer system is routinely backed-up on a server and an external hard drive. The home has access to information technology staff to manage any issues with computers. Staff have access to specific shared drives to access information relevant to their duties.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure any externally provided services and goods meet specific requirements. Contracts or service agreements are managed by the CEO and administrative staff. As part of this process information regarding relevant trade licences, registrations and insurance documentation is obtained. This includes ensuring tradespeople have the appropriate police checks in place. The performance of companies, suppliers and tradespersons is monitored and poor service delivery is discussed with the company or

tradesperson concerned. Staff members advised equipment or goods supplied are good quality.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- The director of care advised that previously there had sometimes been long delays in accessing allied health services for care recipients. In 2014 the previous director of care was approached by the physiotherapist to undertake tai chi classes with residents in the co-located independent living units (River Gums). This has since progressed to the physiotherapist attending the home to undertake pain and mobility assessments for care recipients. The physiotherapist liaises with an occupational therapist to conduct assessments for any special aids care recipients may require. The physiotherapist also provides ongoing education to staff regarding manual handling training as well as assistance with manual handling requirements for the changing care needs of care recipients.
- In 2015 the home was contacted by a dietician to provide dietary reviews for care recipients as well as menu reviews. This has resulted in the earlier introduction of supplements and high protein diets for care recipients as well as weight gain and improved wound healing for some care recipients. The dietician has been involved in education to catering staff as well as reviewing the menu. The dietician has also arranged for three dietetic students to attend the home for three weeks (July-August 2016) to conduct dietary reviews, wastage reviews, menu planning in each area of the home and co-located hostel.
- The director of care and CEO advised issues had been identified with medication incident reporting. The organisation has undertaken changes to the format of the incident report form to more clearly identify the actual cause of the incident. Improvements have also been made to the drug storage arrangements with a double locked cupboard. Each key to the locking system is held by a separate staff member. So to access schedule 8 and schedule 4 medications requires two staff members to unlock the cupboard. A key register has been established to record which staff members are responsible for the keys on each shift. A new drug register has been obtained which includes a section to account for the discarding of medication and a section for the pharmacist disposing of medications to record their registration number. As a result of an issue in the co-located hostel changes have also been made to the valuables form to include the recording of any medications brought in by the care recipient.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure the home complies with legislation and regulations relevant to care recipients’ health and personal care. Senior management manages the process to ensure the registrations of the registered and enrolled nurses as well as allied health practitioners are current. The home has access to the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify current registrations if required.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. The home also participates in the student placements for TAFE aged care placements. Education sessions include: continence aids and their application, palliative care, clinical documentation, tracheostomy care, medications (S8 and S4), pain and dementia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. A comprehensive program of assessment is undertaken when a care recipient moves into the home and a care plan is developed. Care recipients and/or their representatives are consulted in the assessment and care planning process including through case conferences. Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of care recipients’ clinical needs. Registered nurses develop and review care plans on a regular basis and when care recipients’ identified needs and preferences change. Medical officers review care recipients regularly and as requested. Care recipients are referred to specialist medical and allied health services as required. A range of care based audits, clinical indicators and care recipient/relatives surveys are used to monitor the quality of care. Care staff are provided with current clinical care information through handovers, communication diaries, care plans and progress notes. Staff report they have appropriate equipment, resources, education and supervision to ensure care recipients receive appropriate clinical care. Staff are knowledgeable about the care requirements and

preferences of individual care recipients. Care recipients/representatives are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on care plans when care recipients move into the home.

Changes are documented in care plans, progress notes, clinical charts, specialist forms and charts. Care plans are regularly reviewed and evaluated in consultation with care recipients and/or their representatives. Registered nurses attend care recipients’ specialised care and equipment is supplied as necessary to meet identified needs. External nursing specialist services are accessed through the local community health, doctors’ surgeries and the area health services. Staff informed us they have appropriate training, resources, equipment and support to provide specialised nursing care for care recipients. Care recipients and representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to assist staff to identify, assess and refer care recipients to appropriate health specialists in accordance with their needs and preferences. Review of documentation including care files demonstrates care recipients are referred to medical specialists and other allied health professionals such as dietician, speech pathologist, podiatrist, behaviour management specialists, physiotherapist and audiology and optometry services as required. External providers of specialist services visit care recipients in the home or appointments are facilitated outside the home. Care recipients/representatives informed us they are satisfied with the referral process and are consulted when referral to health specialists is required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients medication is managed safely and correctly. Medication needs and preferences are assessed on entry to the home and as care recipients’ needs and preferences change. Registered nurses, endorsed enrolled nurses and

competency tested care staff administer medication which is prescribed by medical officers and dispensed by a pharmacist using a blister package system. Care recipients' medications are regularly reviewed by a medical officer and the pharmacist. The home has a medication advisory committee which meets to communicate such issues as legislative requirements and current best practice. Review of medication charts confirms care recipients' identifying information is documented clearly including photographs, name, date of birth and allergies.

Observation and staff interview demonstrates medication is stored safely in locked areas and dispensed in accordance with the home's policy. Review of documentation confirmed that medication incidents are recorded and addressed appropriately. Care recipients who wish to manage their own medications are able to if assessed as safe to do so. Care recipients informed us they are satisfied with their medication management.

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 systems to ensure all care recipients are as free as possible from pain. A range of pain assessment including assessments used for care recipients living with dementia is undertaken by nursing staff and the physiotherapist to identify pain levels. Care plans are developed for each care recipient including individualised interventions. This may include the application of heat packs, gentle exercise, massage, transcutaneous electrical nerve stimulation and analgesic medication. Pain management measures are evaluated for effectiveness and care recipients are referred to their medical officers or specialists if required. Care recipients informed us they are satisfied with the way their pain is managed.

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

Care recipients who are terminally ill are regularly assessed in consultation with their representatives and medical officer to ensure their comfort and dignity is maintained. On entry to the home care recipients are offered an opportunity to provide information regarding end of life wishes and advanced care directives. Interviews demonstrate that staff are aware of maintaining the respect and dignity of care recipients who are terminally ill, and of supporting their families. Music and aromatherapy are utilised in conjunction with medical and nursing interventions to maintain comfort. Care recipients' emotional and spiritual needs and preferences are included in the care planning for terminally ill care recipients. We observed supplies of equipment used for palliative care including specialised pressure relieving equipment, electric beds and mechanical lifters.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration including initial and ongoing assessments of needs and preferences. Care plans are developed and reviewed regularly and as required. Registered nurses ensure care recipients at risk of malnutrition and dehydration are identified, referred appropriately, managed and monitored. The dietician visits the home regularly and works with care recipients, care staff and catering staff to ensure appropriate nutrition is provided. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, preferences and special requirements such as any modified textured meals through care recipients’ dietary requirements and preferences lists in the kitchen, nutritional supplement orders and care plans. Care recipients have input into menu planning through meetings, comments and complaints mechanisms and informal discussions with staff. Care recipients are complimentary regarding the catering services provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that each care recipient’s skin integrity is consistent with their general health. Care recipients’ skin integrity is assessed when they move into the home through the initial assessment process. Ongoing assessment occurs regularly and as care recipients’ needs and preferences change. Care staff confirm they monitor care recipients’ skin integrity as part of daily care and report any changes to the registered nurse for review and referral as appropriate. Registered nurses attend to complex wound care and supervise trained care staff who monitor and attend to simple wound care. Skin tears and infections are recorded and data is analysed by the clinical management team. A podiatrist visits the home regularly. A range of skin protective devices are available, if needed, including pressure relieving mattresses, hip protectors, skin emollients and limb protectors. These are available to all care recipients and are consistent with individual care plans and identified needs. Care recipients are satisfied with the provision of skin care and the range of equipment available to them.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ continence is managed effectively. Clinical documentation reviews and interviews with staff confirm continence management strategies are developed for each care recipient following initial and ongoing assessment. Staff said they

assist care recipients with their toileting regime, monitor skin integrity and receive training 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 care recipient's needs. Care recipients and their representatives are satisfied with the management of continence needs. Staff were observed being considerate of care recipients' privacy and dignity at all times.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has systems to effectively manage care recipients with challenging behaviours. In consultation with care recipients and their representatives assessment and monitoring is undertaken on entry to the home and on an ongoing basis as needs and preferences change. Challenging behaviours, triggers that lead to challenging behaviours and successful interventions are identified and documented on care recipients' care plans. These are regularly reviewed and evaluated for effectiveness. Care recipients are referred to their medical officer and behaviour management specialists for clinical review and assessment when necessary. Staff receive ongoing training and we observed their interactions with care recipients who exhibit challenging behaviours to be consistent with person centred care philosophies. Care recipients and their representatives are satisfied with the management of care recipients with challenging behaviours and informed us they are not disturbed by these behaviours.

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 has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Mobility and dexterity needs and preferences are assessed on entry to the home and on a regular basis or as needs change. The physiotherapist develops individual exercise and mobility programs for care recipients with identified needs. Documentation reviews and interviews with staff confirms all care recipients are assessed on moving into the home for mobility, dexterity and transfers, falls' risk and pain management. The physiotherapy and exercise programs are implemented by the physiotherapist, care staff and activity staff. Programs are regularly reviewed and evaluated by the physiotherapist and registered nurses. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as mobility frames, mechanical lifters and wheelchairs are available if required. Falls' incidents are documented and the data is analysed. Care recipients/representatives are satisfied with the way care recipients' mobility and dexterity needs are managed.

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 systems to ensure care recipients’ oral and dental health is maintained. A review of documentation shows that care recipients’ oral and dental health is assessed when they move to the home and individual care plans are regularly reviewed and evaluated to meet changing needs. Diet and fluids are provided in line with the care recipients oral and dental health needs and preferences. Specialist advice for care recipients with swallowing problems is sought if needed. Dental appointments and transport are arranged in accordance with care recipients’ needs and preferences. Management informed us a denture specialist is available to visit care recipients at the home when required. Staff have received education in oral and dental care. Care recipients/representatives informed us staff provide assistance with care recipients’ oral and dental care as required or as requested.

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

Initial assessment of care recipients’ sensory loss is identified when they move into the home. Management strategies are implemented, regularly reviewed and evaluated in consultation with the care recipient and referral to specialist services is arranged as needed. External optometry and hearing services are accessed as needed. We observed the environment to have good lighting, including natural light, and that rooms and walkways are spacious and uncluttered to ensure they facilitate care recipient safety. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence. Care recipients informed us staff are attentive to their individual needs, including the care of glasses, hearing devices and if needed assistance to move around the home.

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

Care recipients’ sleep patterns and known strategies to assist sleep are assessed when they move into the home and their care plans are regularly reviewed and evaluated by appropriately qualified staff. Care staff and the registered nurse are available to assist care recipients during the night. Care recipients’ preferences for rising and retiring are respected and accommodated by staff. A review of documentation and discussions with staff show care recipients are offered comforts such as soft music, heat packs, snacks, drinks and any other support to assist them achieve natural sleep patterns. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are

subdued at night. Care recipients informed us they are satisfied with the management of their sleep and the night time environment.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include:

- In October/November 2015 the activities officer introduced a breakfast outing with care recipients in Nan Crane Lodge (dementia specific unit). Two care recipients go out with the activities officer one day a week to a local café for breakfast and are able to choose what they want to eat. Afterwards they go for a stroll up and down the main street. The rear entrance to the café from the car park has been made wheelchair accessible to improve safety when entering the cafe. The activities officer advised that they are able to have better interaction with care recipients in these social settings and care recipients are able to maintain their links with members of the community.
- It was identified that there was a lack of activities for Indigenous care recipients. The home commenced a program using Indigenous staff members to conduct various activities including an art program. On the day of the site audit visiting Indigenous artists from Central Australia attended the home to paint with the care recipients. These artists are holding an exhibition of their work at an art gallery in town. Students from the local schools and pre-school children also attend the home to visit care recipients.
- The home is running a breakfast/education program for representatives. The home offers a light breakfast and shows educational DVD’s on topics such a dementia and infection control. This offers representatives an opportunity to ask questions as well as raise any issues. The timing of these sessions enables family members to attend the meetings and still be able to go to work afterwards.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to care recipients’ lifestyle. The home maintains relevant registers such as a mandatory reporting register. The

home utilises an electronic service which manages the legislative updates of the residential care agreements to ensure new care recipients or their representatives are provided with the current version. Information on the periodic changes to fees is provided to care recipients and their representatives as changes to the aged pension occur.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions provided at the home include customer service, seniors' rights, cultural diversity and mandatory reporting as part of the compulsory education program for all staff.

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 to ensure each care recipient is supported adjusting to life when they enter the home and on an ongoing basis. Care staff and activity staff spend one to one time with care recipients during their settling in period and thereafter according to their needs. The entry process includes gathering information from care recipients and/or their representatives to identify their existing care and lifestyle preferences. Religious clergy, volunteers and/or visitors provide services and individual support as needed. Feedback about care recipients' levels of satisfaction with the provision of emotional support is gained through meetings, audits and formal and informal feedback. Care recipients expressed satisfaction with the level of emotional support and assistance staff provide to them on entry to the home and on an ongoing basis.

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

Care recipients are encouraged to entertain at the home and visitors and relatives are made to feel welcome when they visit. Staff facilitate care recipient participation in the local community, for example, through the arrangement of regular bus trips. Many community groups visit the home including entertainers, special interest groups and school children.

Regular exercise programs and the mobility programs assist care recipients to maintain their mobility levels and independence. Care recipients are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. Observations and interviews confirm staff promote care recipients' independence when assisting with their activities of daily living. Care recipients state they are satisfied with the opportunities available to them to participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Care recipients' individual preferences are documented and known by staff.

Records are securely stored and the organisation's privacy policy is displayed. All staff have signed privacy and confidentiality agreements. Staff address care recipients in a respectful manner by their preferred names. Staff were observed to knock on care recipients' room doors before entering. Care recipients/representatives informed us staff respect their privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Social and recreational profile assessments are undertaken when care recipients move into the home in consultation with care recipients and/or their representatives. Care plans are developed and evaluated

regularly. Activity staff plan monthly activity calendars which include a variety of events and activities in consultation with care recipients and their representatives. One on one activity is included in the calendars to cater for those who prefer not to attend group activities. Activity programs are displayed for care recipients/representatives to remind them of the program available. A group of trained volunteers assisted recreational activity staff with the activity program. Care recipients are consulted through meetings and informally regarding the activity program. Information is evaluated to make improvements to the program on an individual and group basis. Care recipients informed us they enjoyed the activities and particularly enjoyed the art classes, concerts, sing-alongs, outings, bingo and book readings.

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

Care recipients are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. A variety of religious services and devotions are held regularly at the home and care recipients are assisted to attend services outside the home if they prefer. Specific cultural days such as ANZAC day, Australia day, Christmas and Easter are commemorated with appropriate festivities. Care recipients' birthdays are recognised and celebrated on the day. Indigenous care recipients' cultural values and beliefs are celebrated and incorporated into the activity program. Interviews confirm the activity staff and care staff have knowledge of and respect for the care recipients' individual backgrounds and beliefs.

Care recipients/representatives informed us they are satisfied with the cultural and spiritual life offered 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 and processes to ensure care recipients and their representatives participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include regular case conferences, discussions with staff, care recipients' meetings and through the comments and complaints processes. Care recipients/representatives informed us they are involved in decisions about their care routines and their participation in the activity program. Care recipients' choice of medical officer, pharmacy and allied health services is respected. Care recipients have personalised their rooms with memorabilia and items of their choosing including furniture and pictures.

Care recipients/representatives are satisfied with the level of choice and decision making offered.

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 processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services, rights and responsibilities is discussed with care recipients and their representatives. All care recipients are offered a residential agreement and an information package which outlines care, services and the rights and complaints resolution processes. Room changes only occur with prior consultation and consent from the care recipients and their representative.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home.

Examples of recent improvements in relation to Standard Four include:

- New floor covering has been installed in the home. The CEO advised it had been difficult keeping the areas clean even with the purchase of an extractor shampooer for the carpet. A range of different floor covering was reviewed and trialled with feedback sought from staff, care recipients and representatives. In late November 2015 vinyl flooring was installed in Nan Crane Lodge. This proved to be successful and so vinyl flooring was installed in Federation Lodge in early 2016. The CEO advised that the vinyl flooring is easier to keep clean and they are looking at replacing the carpet in the communal area in July 2016.
- In August 2015 the organisation made a decision to install security gates to improve the site security. The CEO advised there had been some instances of staff members’ cars being broken into and concerns raised by residents in the independent living units (River Gums). An automatic sliding gate was installed to restrict access during specific hours. Residents of River Gums have a swipe device to come and go as they choose. Staff and emergency services have been given a code to access the home out of normal business hours. Visitors attending the home can press the intercom to gain access. The CEO advised there have been no further instances of break-ins since the gate was installed.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This regulatory system includes compliance with legislation regarding environmental safety, the NSW Food Authority requirements for a food service and the routine inspection of the fire alarm, fire sprinkler system and fire-fighting equipment.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Staff advised the home conducts a series of compulsory education sessions on topics including fire safety, manual handling and infection control.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with the care recipients' care needs. Care recipients are able to bring in personal effects to decorate and personalise their rooms as much as possible. Each room has access to a shared ensuite bathroom. There are lounge areas and outdoor areas accessible to care recipients in both sections of the home (Federation Lodge and Nan Crane Lodge).

Representatives and care recipients said the home is well maintained, kept very clean and free of clutter. The home has a maintenance program to ensure the home is well maintained. The safety and comfort of the living environment is monitored through feedback as well as incident/accident reports, hazard reports and ongoing observations by staff.

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's management and staff are active in providing a safe working environment that meets regulatory requirements. Staff members are provided with information on workplace safety including manual handling and fire safety as part of the orientation program and ongoing compulsory education program. The home has a work, health and safety committee with representatives from both the home and co-located hostel. The organisation has systems in place to manage the return to work program for injured staff. A program of environment audits is used to monitor workplace safety. Information is disseminated to staff on safe work practices when required. Staff members interviewed on this topic explained their knowledge on safe work practices and said they receive training to support them in ensuring a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarm system. A random check on various pieces of fire-fighting equipment around the site, confirmed they are inspected on a regular basis. Staff advised fire safety is included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire. Key information on a range of other emergency situations such as bomb threats or intruders is located in colour coded flip charts which are located near the telephones. Key contact information for a range of services and emergency personal are also included in the emergency management plan. Processes are in place for the securing of the building after hours to ensure care recipient and staff safety.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program, which includes the routine collection of data on infections. This data is reviewed in order to identify any possible trends. Staff confirmed education is provided to ensure safe work practices. The team observed protective equipment is available in key locations around the home. Staff members advised management ensures there is an ongoing supply of protective equipment such as gloves, aprons and hand sanitising product. The home also uses colour coded cleaning equipment for specific areas.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems to manage the hospitality services provided to care recipients. Information on food preferences as well as dietary needs is obtained on entry to the home. Key information on dietary needs is also referred to the main kitchen which is located in the co-located hostel. A food safety system is in place, which provides ongoing monitoring of food through the delivery, storage, preparation and serving processes. There is a program for the routine cleaning of all areas of the building to ensure the home is well maintained.

This includes a program for the more detailed cleaning of rooms. The washing of care recipients' clothing and linen is managed through the home's laundry. Staff said they have adequate linen stocks on hand and additional supplies can be sourced when needed. Care

recipients and their representatives spoke very favourably about the catering, laundry and cleanliness of the home.