



Australian Government

Australian Aged Care Quality Agency

HammondCare - The Pines

RACS ID 0512
9 Judd Avenue
HAMMONDVILLE NSW 2170

Approved provider: HammondCare

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 24 November 2018.

We made our decision on 30 September 2015.

The audit was conducted on 17 August 2015 to 21 August 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

HammondCare - The Pines 0512

Approved provider: HammondCare

Introduction

This is the report of a re-accreditation audit from 17 August 2015 to 21 August 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 August 2015 to 21 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Sue Kelly
Team members:	David Stevens Helen Hill

Approved provider details

Approved provider:	HammondCare
---------------------------	-------------

Details of home

Name of home:	HammondCare - The Pines
RACS ID:	0512

Total number of allocated places:	40
Number of care recipients during audit:	40
Number of care recipients receiving high care during audit:	34
Special needs catered for:	Care recipients with dementia

Street/PO Box:	9 Judd Avenue
City/Town:	HAMMONDVILLE
State:	NSW
Postcode:	2170
Phone number:	02 8295 0300
Facsimile:	02 9825 1566
E-mail address:	gperrin@hammond.com.au

Audit trail

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

Interviews

Category	Number
Residential care services manager	1
Facility Manager	1
Specialised Dementia Carers (SDCs) (Care staff)	7
Quality and safety manager	1
College Educator	1
Manager Southern Region	1
Quality and Risk regional manager	1
Care recipients/representatives	4
Physiotherapists	2
Property manager	1
Head Chef Manager, Southern Region	1
Maintenance staff	1
Volunteer coordinator	1
Quality and Risk officers	2

Sampled documents

Category	Number
Care recipients' files	5
Personnel files	2
Medication charts	4

Other documents reviewed

The team also reviewed:

- Accident/incident and medication incidents data collation and reporting
- Application pack
- Clinical documentation folders
- Communication systems: Communication books, notices and memoranda, care recipients' lists, meeting minutes

- Continuous improvement: continuous improvement records, audit reports and audit schedule, feedback forms, surveys, comments and complaints data
- Doctors' communication folders, medical officers' contact details
- Education and training attendance records, matrix attendance for mandatory/annual education and competency assessments, orientation participants guide, residential development day participants guide and education focus of the month
- Fire system logbooks and annual fire safety certificate, emergency flip chart with emergency phone numbers, emergency manual and care recipient evacuation fire list and grab bag with individualised labels and basic equipment
- Food safety plan and menu, food temperature records, diet analysis records
- HammondCare Residential Agreement
- Incident and accident reports
- Infection control: infection data summaries, monthly diagnosed infection surveillance records, care recipient vaccination program, infection control data and analysis, cleaning schedules
- Information systems: assessment and care plans, communication folders, practice manuals, memo folder, handover documents, newsletters, handbooks and guides, Welcome pack, various meeting minutes
- Mandatory reporting consolidated records
- Medication management: medication charts, administration records, medication refrigerator and temperature monitoring records, schedule eight (S8) drugs register, medication incident reports, clinical pharmacist reviews
- Organisational chart, strategic plan
- Orientation and induction information and checklists, job descriptions, police check registration checks, staff rosters, performance appraisal records, nurse registration records, staff competences, annual development plans
- Policies and procedures
- Preventative and corrective maintenance records, pest management documentation, electrical tagging records, safety data sheets
- Restraint policy and documentation
- Self-assessment report for re-accreditation
- Self-assessment report for re-accreditation
- Welcome brochure (application) and welcome brochure (admission)
- Work health and safety: policies, hazard reports and meeting minutes

Observations

The team observed the following:

- Activities in progress
- Archived confidential information storage
- Australian Aged Care Quality Agency re-accreditation audit notices displayed
- Care recipient suggestion boxes
- Charter of Residents' Rights and Responsibilities included in Welcome brochures, orientation participants guide and agreement
- Chemical storage and protective equipment
- Comments and complaints information displayed, advocacy information displayed
- Dining environments during lunch and beverage services with staff assistance including the serving meals and nutritional supplements, care recipients being assisted with meals
- Equipment, archive, supply, storage and delivery areas (including, clinical, medication and linen stock in sufficient quantities)
- Fire-fighting equipment, illuminated egress route signage, fire panel
- First aid boxes
- Infection control outbreak kit, personal protective equipment available, hand washing stations, hand sanitising dispensers, infection control signage, colour coded cleaning equipment in use, infection control resources available
- Interactions between staff, care recipients and visitors
- Kitchens staff practices, environment, selection of foods, food storage areas
- Living environment – internal, external
- Manual handling and mobility equipment in use and storage, including walk belts, wheeled walkers, shower chairs, mechanical lifters, low beds, handrails
- Medication rounds and storage
- Noticeboards, whiteboards – care recipients/relatives, staff
- Notification to stakeholders of re-accreditation audit
- Personal protective clothing and equipment in use, spills kits, hand washing facilities and signs, sinks and hand sanitiser dispensers, infection control resource information, outbreak kit, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins/skips).
- Secure storage of confidential care recipient and staff information

- Security systems (including phones, call bell system, external lighting, fencing)
- Short small group observation
- Staff practices and courteous interactions with care recipients, visitors and other staff
- Staff work areas
- Visitors in the home

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 Pines is a dementia specific facility and is part of the HammondCare organisation in New South Wales. The home has a systematic and planned approach to continuous improvement. Continuous improvement initiatives arise out of internal audits, care recipient and staff meetings, incident and hazard data, audits, suggestions and evaluations. The home has a continuous improvement plan and annual schedule for reviewing compliance with the Accreditation Standards. Management regularly update the plan for continuous improvement and set timeframes for evaluation of the benefits to care recipients and staff. Management regularly monitors the progress, inputs and outcomes of continuous improvement activities.

Care recipients and staff are aware of the continuous improvement program and the home acts on their suggestions.

The home has implemented the following improvement initiatives relating to Standard One: Management systems, staffing and organisational development in the last year:

- Staff needed to take lifters from a central pool located in other co-located facilities adjacent to the home when they needed to help a care recipient transfer who could not weight bare. This process delayed the response time to care recipients and took staff extra time. The home trialled lifters and purchased two for the facility. One is a stand up lifter and the other a sling lifter. Staff feedback shows the lifters are easier to access now they are within the home which enables them to attend to care recipients more quickly. Care recipients/representatives are satisfied with the response time of staff to assisting care recipients to transfer using appropriate equipment.
- The stock control system was basic, time consuming for the facility manager, and often orders took a long time to come. The home introduced a computerised stock ordering and control system. The system covers all stock items except major capital purchases and pharmacy goods. Orders can be made in a faster time and it is clearer what stock is on site across all areas. Management and staff feedback indicates the computerised stock control system saves time, tasks can be delegated to the administration area, and the system highlights when stock items are running low and need restocking.

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 organisation has systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Legislative updates are disseminated to relevant staff through meetings, education and electronic messaging. Compliance is monitored through internal and external audits. Results show processes are effective in identifying compliance issues and actions are implemented where deficits are identified. Staff interviewed said they are updated about changes. Care recipients/representatives interviewed are satisfied they are informed of changes in relation to regulatory compliance.

Examples of how the home ensures compliance in relation to Standard One: Management systems, staffing and organisational development include:

- Notification of re-accreditation audit posted to care recipients and representatives.
- Police certificates are current for staff, external contractors and volunteers.
- Professional registrations are monitored for clinical and allied health staff.

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

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Competency assessments are conducted at orientation and annually as required. Staff development and training needs are established and monthly focus topic is planned to compliment the annual mandatory topics. Education sessions are developed in response to requests by management and staff relating to care recipient care needs, legislative changes, audit results and analyses of clinical indicators. An education college located on the site provides the training and education in small groups and one-on-one education. Staff participation is monitored and recorded and programs are evaluated. Care recipients/representatives interviewed are satisfied staff are providing appropriate care for care recipients’ needs.

Examples of education and training attended over the last year in relation to Accreditation Standard One include: mandatory topics including professional boundaries, focus education month of continuous improvement and requested education customer service, and model of care.

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 a system to ensure care recipients and their representatives have access to internal and external complaints resolution mechanisms. The home has a brochure "Tell us about it" which is a form which any stakeholder can use to provide feedback to the organisation. The forms are displayed in various locations throughout the home. Care recipient and representative meetings are held on a regular basis. Care recipients and representatives are surveyed to gain their views about the home and to encourage suggestions about improvements. A review of the comments' and complaints file indicate that complaints are actioned in a timely manner. Care recipients and representatives advised they speak to management and staff if they have a concern.

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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisational Mission, Motivation and Mission in Action are on display and are included in staff and care recipients' information. The Charter of Residents' Rights and Responsibilities is included in welcome brochures, orientation participants' guide and the care recipients' agreement. The home's operations are directly supported by management and staff. This support, combined with the continuous improvement program, audits and the organisational care recipient focused care philosophy ensures an ongoing commitment to quality care for care recipients.

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 processes for identifying and assessing the required staffing levels and skill mix to meet care recipients' needs on an ongoing basis. Management recruit staff with appropriate identified skills and monitor the knowledge and skills of staff, including competency testing. The home engages staff in the role of specialised dementia carers who are multi-skilled and have responsibility for providing personal care, preparing meals, cleaning, laundry and social support. Specialised dementia advisors (SDAs) who are qualified registered nurses, provide clinical care and oversight of care recipients' care plans and reviews. Management conduct annual development reviews for all staff positions and seek feedback from staff to enable them

to meet the requirements of their role. The home has processes for reviewing staffing levels and adjusts the staffing roster in accordance with changes in care recipient requirements. There are processes for monitoring staff and volunteer police checks and professional registrations to ensure these are up to date. Results show care recipients' needs are met by staff on a continual basis and the roster is adjusted to temporarily increase staffing ratios in relation to changes in care recipients' needs. Staff said they work together as a team to complete their required tasks. Care recipients and their representatives are satisfied with the responsiveness of staff and the level of care provided to them.

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 processes for assessing the goods and equipment care recipients and staff need for the delivery of quality services. There are processes for monitoring and maintaining adequate stock levels of supplies and equipment. Management consult with care recipients' and staff in the selection and/or replacement of equipment. There is a system for preventative maintenance and repairs to provide plant and equipment that is fit and appropriate for use. The home maintains an asset register. There is sufficient storage space for equipment and stock. Staff said they follow documented procedures for ordering and stock rotation. Care recipients, their representatives, and staff are satisfied with the level of goods and equipment provided by the home to meet their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation and home has processes to provide management and staff with access to sufficient, accurate and appropriate information to support them in meeting the requirements of their roles. The home communicates relevant information to staff, care recipients and representatives through activities programs, noticeboards, handbooks, staff and resident meetings. Shift handover, communication books, policies and procedures and education sessions support staff communication processes. Care recipients are assessed on entry to the home and care plans are developed from this information. Monitoring processes include comments and complaints forms, meetings, audits, surveys, incident and hazard reporting. The home has processes for the effective storage, archiving, disposal and management of information. Care recipient files are kept in hard copy with access by appropriate staff and allied health professionals. Computers are password protected with restrictions on levels of access. Results show information is accessible to staff, care recipients and their representatives. Staff interviewed are satisfied they have access to information to guide them in the delivery of care and services. Care recipients and representatives are satisfied they have access to appropriate information to assist them to make decisions about care and lifestyle preferences.

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 organisation and home has common processes for the identification and selection of external suppliers based on care recipients' needs and operational requirements. There are processes for monitoring the ongoing performance of external suppliers through collecting feedback from care recipients and staff and checking tasks are complete. The organisation and home has formal agreements with external suppliers stipulating the service requirement, price and quality. There are processes for checking the compliance requirement for external suppliers are up to date through an electronic register. Observations indicated the external services provision occurs according to the service contracts. Staff said external contractors regularly visit the home and complete tasks as required in a timely manner. Care recipients, their representatives, and staff are satisfied with the quality and delivery of the external services provided.

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 for information about the home's continuous improvement systems and processes.

The home generates continuous improvement initiatives through analysis of clinical data, incidents, observation, staff and care recipient feedback, audits and care evaluations. Care recipients and staff are aware of the continuous improvement program and the home acts on their suggestions.

The home has implemented the following improvement initiatives relating to Standard Two: Health and personal care in the last year:

- There were no formal exercise classes in the cottages. The physiotherapist identified an opportunity to improve care recipients balance, particularly for those with chronic hip pain. The physiotherapist developed an exercise kit for staff to use which includes gym work. Classes are held once a week and monitored by the physiotherapist. Results show reduced pain levels for care recipients attending the classes and improvements in their mobility.
- The manager identified an opportunity to improve weight management for care recipients. A process and form has been developed to track fluctuations in weight of greater than two kilograms. Staff have been provided with additional education on risks of malnutrition. Following research by the management team, a new supplement has also been introduced which is tasteless as care recipients did not like the flavoured protein supplements. Feedback shows improved weight management for care recipients and increased staff awareness of risk of malnutrition. Staff and care recipient feedback shows care recipients prefer the new supplement which does not affect the taste of the original food.

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 about the home’s regulatory compliance systems and processes.

In relation to Standard Two: Health and personal care, there are processes within the home for monitoring regulatory compliance relating to health and personal care. Management communicate to relevant staff changes to legislation and standards relating to health and personal care. Staff said they are aware of regulatory requirements relating to care recipients’ health and personal care including the provision of prescribed care and services, medication storage and administration and the professional registration of nurses and allied health providers.

Examples of regulatory compliance being met by the home in Standard Two: Health and personal care include:

- Care plan assessments and reviews are undertaken by appropriately skilled staff
- Medication is stored safely and correctly

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care.

Examples of education and training attended over the last year in relation to Accreditation Standard Two include: mandatory topics including HammondCare’s model of care, focus education month including night and sleep, falls, medications and palliative care and requested education procedures for administering schedule 8 and as necessary medications, blood glucose monitoring, pain management, skin and wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that care recipients receive appropriate clinical care. There is a process to assess, document and review care recipient’s needs prior to their entry to the home and on an ongoing basis. The facility manager supports the SDCs in the clinical care processes within the home to ensure care recipient clinical care needs are met. The care recipient’s medical practitioner is contacted if there is any significant change in the care recipient’s condition. Opportunities are provided for care recipients/representatives to have input into the care recipients’ care delivery through case reviews. SDCs demonstrated a sound knowledge of individual care recipients’ needs. Representatives expressed satisfaction with the timely and appropriate assistance given to care recipients by SDAs.

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 demonstrates care recipients’ specialised nursing care needs are identified and the relevant care plans and associated care documentation are completed. An SDA is on call after hours seven days a week. Specialised nursing care currently provided at the home includes diabetic management, catheter care and wound care. Staff told us they may consult external nursing specialists when required. Staff confirmed they have access to adequate supplies of equipment for the provision of care recipients’ specialised nursing care needs.

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

Care recipients are assisted to access external medical specialists and allied health professionals. Referrals are arranged to specialists, some of whom visit the home including a physiotherapist, speech pathologist, podiatrist, geriatrician, psychologist and dietician. The care recipients’ care plan and progress notes are reflective of specialist health care practitioners’ recommendations and ongoing care interventions. Care recipients have pathology testing when ordered by their medical officer including checks for therapeutic medication levels. Management reported the home provides assistance for care recipients to access their appointments if needed.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure that care recipients’ medication is managed safely and correctly. Medications are administered to the care recipients by Specialised Dementia Advisors (registered nurses (SDAs)), the facility manager and suitably qualified SDC staff, from a multi-dose blister packaging system. SDC staff are regularly competency tested in medication administration. Medications are stored and managed safely and in accordance with regulatory requirements. A medication profile clearly identifies the care recipient and the current medical officer’s orders for each care recipient. SDAs or the facility manager are consulted about the administration of care recipients’ as required (PRN) medications. A review of medication charts confirmed they are reviewed regularly by medical officers. A medication incident reporting system is in place. A medication advisory committee provides advice on the home’s medication management system and a clinical pharmacist conducts regular medication reviews on individual care recipients. Representatives say they are satisfied the person they are representing has their medication properly managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure that all care recipients are as free as possible from pain. This includes assessment and care planning processes, treatments provided by the staff and review by medical officers when indicated. The physiotherapist and exercise physiologist develop individual pain management programs consisting of massage, exercise and movement. Verbal and non-verbal pain assessments are available for staff to use. Ongoing pain management assessments are conducted for care recipients if required for closer monitoring and any care recipients who develop pain, to enable pain levels to be managed on a regular basis. Staff demonstrate an understanding of the need to identify pain and ways in which the staff can assist in identifying those care recipients who may be experiencing pain. SDCs confirm they report care recipients identified to be experiencing pain to a SDA or facility manager for review. Representatives confirmed the care recipient they are representing is maintained as free from pain as possible and adding that they observe staff asking where possible about pain needs regularly.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home ensures that care recipients requiring palliative care have their comfort and dignity maintained. This includes processes to identify care recipients’ end of life wishes including

discussions relating to end of life planning. Care recipients/representatives are invited to participate in completing end of life wishes. Staff also have access to specialist and palliative care teams to assist with the care of care recipients. Management report the representatives of care recipients who are terminally ill can stay in the home overnight if desired. SDC staff said they are provided with information to enable them to provide comfort and dignity to terminally ill care recipients. The facility manager advised care recipients are able to remain at the home if their care needs can be managed to by staff. Should care recipients require a higher level of care, including pain and medication management, they may be transferred to the high care section of HammondCare or hospital if required. Representatives said they are comfortable the wishes of the care recipient they are representing would be considered and respected.

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

Care recipients’ dietary needs and preferences are identified when they first move into the home. Information identified including food allergies, special diets and food and drink preferences is communicated to the appropriate staff. Provision is made for care recipients who require special diets, texture modified meals, thickened fluids and assistance with meals. Fresh fruit is provided for all care recipients. Care recipients are provided with drinks at regular intervals to ensure their hydration is maintained. Specialised eating equipment is used on an individual basis to help promote care recipient independence. Care recipients’ weights are recorded each month and monitored by an SDA. Care recipients were observed being served and assisted with meals and drinks and staff could discuss the provision of nutrition supplements and/or special diets for care recipients with specific requirements.

Representatives expressed satisfaction with the meals and drinks the home provides.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to assess and monitor care recipients’ skin integrity. An SDA (facility manager) oversees skin care provision and completes wound assessments, treatments and dressing changes. Incidents such as skin tears are monitored to enable follow up and implementation of prevention strategies. SDCs advised of strategies for maintaining care recipients’ skin integrity such as applying emollient creams, providing fluids and monitoring care recipients’ skin integrity daily. Care recipients’ wound care is documented and photographs of wounds are taken to assist with monitoring their condition. Care recipients’ representatives said they are happy with the skin care provided by the SDCs.

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 and discussions with staff show continence management strategies are developed for each care recipient following initial assessment. SDCs said they assist care recipients with their toileting regime, monitor skin integrity. They also noted they 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 the needs of care recipients. Representatives said they are very happy with the way the continence needs of care recipients are managed.

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 provides a secure living environment for care recipients with behavioural and psychological symptoms of dementia (BPSD). All care recipients are assessed prior to their entry to the home, behaviours identified and strategies developed by SDAs to manage each care recipient individually. The home has an approach of caring for care recipients in small cottages of no more than 15 care recipients in each. Specialist consultations are conducted by behaviour management specialists, the Dementia Centre and the mental health team from HammondCare’s Dementia Behaviour Management Advisory Services. These are arranged for care recipients in all cottages as needed to assist with the management of care recipients whose challenging behaviours require extra consultation. Weekly case reviews are conducted to ensure any changes are identified and appropriate interventions are commenced. Care plans are formulated in response to identified needs. Staff interviewed were aware of the care recipients challenging behaviours, any triggers for such behaviours and strategies used to manage these behaviours. Observation of care recipient and staff interaction showed a patient and gentle approach to behaviour management. The environment in each cottage was calm and peaceful. Staff receive regular education in managing challenging behaviours and work as a team to provide care. Representatives say the needs of care recipients with challenging behaviour are effectively managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate care recipients’ mobility and to achieve optimum

levels of mobility and dexterity. Two physiotherapists, an exercise physiologist are available as required to provide services to the care recipients. The physiotherapists develop individualised programs for care recipients including group exercise programs and are conducted by SDC staff. SDC staff were observed taking care recipients for regular walks.

Any changes in mobility and falls incidents are followed up by the physiotherapists. Staff advised of how they assist with maintaining mobility for care recipients by encouraging them to walk to dining rooms and lounge areas and confirm they have been provided with education on manual handling. Representatives are satisfied with the efforts made by staff to maintain/improve the care recipient's mobility.

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 strategies in place to ensure the care recipients' oral and dental health is maintained. Representatives said they are happy with all care provided to the care recipient they are representing. Care recipients' oral and dental needs are assessed and a care plan is developed. Care recipients can attend their dentist via the community. We were informed by the SDC that if care recipients need to attend a dentist, staff assist in arranging appointments if necessary. An oral hygienist attends care recipients at the home and a dentist is opening a dental surgery on-site in the next two weeks. Staff have attended education sessions regarding current methods in maintaining oral care for care recipients. Staff expressed their knowledge of oral care and care of care recipients' teeth and dentures.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home identifies and manages care recipients' sensory loss needs through assessment and care planning processes and staff support. Consultation with care recipients' representatives provides additional information for care planning to manage any sensory losses such as the use of glasses. Interventions to reduce the impact of sensory losses include good lighting, the location of the kitchen in the centre of the cottages and meals cooked in the cottages. The activity program incorporates activities that promote stimulation of the senses such as cooking and sensory garden walks. SDCs demonstrated an understanding of individual care recipients' sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has implemented strategies to ensure care recipients can achieve natural sleep patterns through initial and ongoing identification of night care requirements. Care recipients advised that the environment is quiet and comfortable for care recipients to achieve uninterrupted sleep. Staff confirmed various ways in which they can assist in supporting an adequate sleep pattern for care recipients including offering warm drinks and snacks, one-to-one time and pain management strategies.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

The home generates continuous improvement initiatives through analysis of data and information collected from internal audits, care recipient and staff meetings, suggestions and lifestyle evaluations. Care recipients and staff are aware of the continuous improvement program and the home acts on their suggestions.

The home has implemented the following improvement initiatives in the last year relating to Standard Three: Care recipients’ lifestyle:

- The management team identified an opportunity to reduce agitation and help to relax care recipients through listening to their individual music. Music players and head phones have been purchased and provided to care recipients. Their families get involved in uploading the care recipients’ favourite music tracks. Care recipients are assisted to use the music players, adjust the volume, use their headphones, and make selections depending on their preference at the time. The home purchased larger headphones as these were more practical for care recipients. Feedback from staff shows reduction in behaviours. Representatives have noticed their relative is less agitated when using the music player and enjoys the access to their favourite tunes.
- The home struggled to attract volunteers for one to one contact with care recipients. The manager employed a dedicated volunteer coordinator to recruit volunteers specifically for people with dementia. A total of 16 volunteers have been recruited who provide one to one support for care recipients. Feedback from representatives indicates the one to one time with volunteers is a very important opportunity for socialisation for their relative. Staff feedback shows the volunteers increase stimulation for care recipients on an individual basis. One example, is assisting care recipients with individual craft projects.

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 about the home’s regulatory compliance systems and processes.

The home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to care recipient lifestyle. Management regularly update the care recipient agreement to reflect changes in legislation. The home has a separate register for compulsory reporting. Staff said they are aware of regulatory requirements relating to care recipient lifestyle, including protecting care recipients’ privacy, maintaining confidentiality of care recipient information, security of tenure and compulsory reporting of assaults. There are processes for monitoring ongoing regulatory compliance relating to care recipient lifestyle.

Examples of regulatory compliance being met by the home in Standard Three: Care recipient lifestyle include:

- Policies and procedures for reporting of elder abuse
- Security of tenure included in residential agreements, processes and policy
- Privacy policies to protect the use of care recipient 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

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to care recipient lifestyle.

Examples of education and training attended over the last year in relation to Accreditation Standard Three include: mandatory topics including abuse of the older person and music engagement, focus education month of model of care and requested education music engagement, family voice survey results and life engagement.

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

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Information about the care recipient is collected from care recipients/representatives including assessments of emotional, leisure, physical, cultural, social and family care needs. The home offers a variety of written information to assist in ensuring that care recipients are well informed about the home. Many care recipients have personalised their rooms with photos and other items. The pastoral care team and SDC staff described how they provide care recipients with emotional support, particularly during the early days after arrival, such as introducing them to other care recipients and checking on a daily basis to ensure they are aware of and invited to attend activities on the day.

Representatives said staff make them feel welcome and many commented that the staff are very supportive and look after them very well.

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 maintain their independence and participate in community life and their ability to make choices is facilitated and respected. The Charter of Residents' Rights and Responsibilities is available in welcome brochures, orientation participants' guide and the agreement. Care recipients who wish to and are able to participate in activities and community outings are encouraged to do so. Care recipients are also supported in maintaining their contacts with family and the community. The activities program ensures care recipients, who are able, have access to the community via regular visits to the home by various community members such as entertainers and volunteers. Bus trips are provided on a regular basis. Equipment is available to support care recipients' independence such as mobility aids and handrails. Representatives confirm the person they are representing is assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has a system in place to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients/representatives are provided with

information relating to their privacy on entry to the home. The offices are designed to enable care recipients' personal information to be maintained in a confidential manner. Staff were observed to be diligent about maintaining care recipients' privacy, closing doors to care recipients' rooms and knocking before entering a care recipient's room. Staff advise ways they can enhance care recipient's privacy and dignity when providing care. Representatives confirm care recipients' privacy and dignity is respected at all times and staff are particularly considerate when attending to personal care.

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

Care recipients' lifestyle and social needs are identified when they enter the home and care plans reflecting these needs are developed and reviewed every three months. Life engagement programs include planned activities and participation in everyday chores of daily living such as assisting with meal preparation, cleaning and laundry. Care recipients who prefer not to be involved in these activities are supported with individual activities of interest to them. Activities offered include art group, bus trips, music therapy, concerts and special themed days. Volunteers support care recipients and staff with the life engagement program. We observed staff assisting care recipients to assist with meal preparation and wash up.

Representatives are satisfied with the activities offered.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The cultural and spiritual lives of care recipients are acknowledged and celebrated by the home. Staff utilise information from care recipients' representatives regarding their cultural and spiritual background. This information is obtained prior to and when the care recipient first moves into the home. Care recipients are supported by the pastoral care team.

Information regarding the care recipient's cultural and spiritual life is incorporated into care planning where appropriate. Special activities are held to support care recipients to celebrate cultural and religious days such as Australia Day, Anzac Day, Easter and Christmas.

Lifestyle staff plan special theme days to recognise different cultures from around the world. Care recipients birthdays are acknowledged and church services are held regularly by religious representatives from a range of denominations. Each care recipient has a remembrance board displayed outside their room showing memories of special events and people in their lives.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to

exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

The home has effective systems to assist care recipients to participate in decisions about the care and services they receive. Care recipients and/or their representatives are informed of choices available and their rights through information provided such as the care recipient agreement and the welcome brochure. Information on advocacy services is also available and the Charter of Residents' Rights and Responsibilities is available in welcome brochures, orientation participants' guide and the agreement. Representatives were able to confirm a number of choices and decisions care recipients are encouraged to make. These include for example choice of meals and choice of participation in activities. Care recipients/representatives said they have been made aware of their rights and responsibilities and were complimentary of the service's encouragement and response regarding individual choices and decisions. Minutes of the meetings for care recipients confirmed there are discussions on topics which enable care recipients a freedom of choice.

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 that care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Documentation provided to all new care recipients and families includes a Facility Guide and a residential agreement. These assist care recipients and their representatives understand the conditions under which a care recipient may be transferred, conditions for ending the agreement, and complaints resolution procedures. These documents also include the Charter of Residents' rights and responsibilities, and lists care and services provided by the home. Care recipients' representatives interviewed state they feel secure in the tenure of the care recipient.

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

Management generates continuous improvement initiatives related to the physical environment and safe systems through analysis of data and information collected from internal audits, care recipient and staff meetings, incident and hazard data, suggestions and workplace inspections. Care recipients and staff are aware of the continuous improvement program and the home acts on their suggestions.

Examples of improvement activities and achievements relating to Standard Four: Physical environment and safe systems in the last year include:

- The outside furniture was a collection of different pieces of furniture. The home purchased matching outside furniture in consultation with care recipients to provide a more uniform look and durable stable items. The furniture is made from timber and is appealing to care recipients, weathers in the elements and feels natural. Feedback from care recipients and representatives shows the outside furniture is pleasant to look at and stable to sit on.
- The cleaning system in place followed a broad schedule which was not always consistently followed. At times odours lingered longer than a few hours. The manager introduced an improved system for cleaning and odour management. A new work schedule and approach were developed based on a seasonal cleaning matrix to ensure all areas were covered and odours were continually managed. The process includes special cleaning schedule for the carpets. Feedback from staff shows the home is clean and odour is managed. Representatives’ feedback indicates the home is kept clean and generally free from odours.

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 about the home’s regulatory compliance systems and processes.

There are processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to the physical environment and safe systems. Staff are aware of regulatory requirements relating to the physical environment and safe systems, including

implementing work health and safety regulations, monitoring and maintaining fire safety systems and maintaining appropriate storage and identification of chemicals used in the home.

Examples of regulatory compliance being met by the home in Standard Four: Physical environment and safe systems include:

- Current food safety authority audit
- Documented food safety plan
- Mandatory training for manual handling and fire and emergency education for all staff

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems.

Examples of education and training attended over the last year in relation to Accreditation Standard Four include: mandatory topics including work health and safety, fire safety and evacuation, focus education month of manual handling and work health and safety, infection control, outbreaks and influenza and the dining experience in aged care and requested education including infection control and 'bugs, hugs and drugs' (common infections).

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has a system for monitoring the external and internal living environment including hazard and incident reporting, and conducting regular inspections to provide a safe and comfortable environment for care recipients. The home includes three separate cottages and a central administration block. The cottages are homelike comprising of individual bedrooms with ensuites, a kitchen at the centre, and lounge/dining area. Care recipients have access to a courtyard gardens. There is a service corridor which runs behind the cottages to reduce disruption to care recipients and maintain the home like environment. There are processes for maintaining the buildings, plant, environmental operating systems and external grounds of the home. Care recipients are able to furnish their rooms with personal items and furniture.

The home has policies and procedures for restraint management, including review of authorisation and monitoring. Staff interviewed said the home was comfortable and provided a safe environment. Care recipients and their representatives are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff are working together to provide a safe working environment. Staff are provided with training at orientation and on an ongoing basis as new equipment or practices are introduced. Care recipient and staff accidents and incidents are reported and analysed to identify opportunities to reduce reoccurrence. Staff were observed to be following safe practices. Management at the home actively seek to improve the safety in the work environment. Representatives interviewed commented on their confidence in management and staff commitment to a safe 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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are documented emergency procedures. Fire safety systems in the home include fire detection and alarm systems, firefighting equipment, exit signs, up to date evacuation kits and evacuation plans at exits. The home has formal external contractual arrangements for the monitoring and maintenance of all fire safety equipment and systems on the site. Staff training records confirm staff participate in regular fire and emergency training. Staff are aware of fire safety and emergency procedures. We observed the home provides a secure environment including all visitors entering the cottages through a locked front door. This is managed by ringing a front door bell. There are also secured doors to service sections of the cottages and secure gates.

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

There is an effective infection control program in the home. Monthly infection data is collated, analysed, trended and interventions implemented as needed. Staff and care recipients are offered vaccines to prevent influenza. There are processes for the appropriate disposal of contaminated waste and sharps. A food safety plan guides practice of the specialised dementia carers. An external contractor provides a pest management program. Management monitors infection control by scheduled audits, infection data analysis and staff competency completion. Staff said there is adequate personal protective equipment available and they are aware of infection control guidelines. Care recipients and representatives said staff were observed maintaining infection control practices when needed.

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 provision of hospitality services enhances care recipients' quality of life and the staff working environment. Meals are cooked in the kitchen of each cottage by the specialised dementia carers who follow a menu outline which allows for variation depending on care recipients diets and food preferences. A dietitian reviews the home's rotating four week menu which is prepared in accordance with a food safety plan. Care recipients are encouraged to participate in the food preparation and cooking process. Staff were observed assisting care recipients with their meals in a dignified way. A cleaning schedule guides staff practice to ensure all areas of the home are clean. Cleaning occurs according to infection control and chemical handling guidelines and appropriate personal protective equipment is utilised. The laundering of personal clothing in the small laundry of each cottage and larger items at the co-located central laundry. The labelling of care recipients' personal clothing takes place and there is a system to prevent the loss of personal items. Staff said they are aware of food safety guidelines and have clear procedures to follow in providing catering, cleaning and laundry services. Care recipients and representatives said they are satisfied with the hospitality services provided at the home.