



Aged Care  
Standards and Accreditation Agency Ltd

## **Macleay Valley House**

RACS ID 0946

94 Macleay Street

Frederickton NSW 2440

Approved provider: Thompson Health Care Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 7 February 2015.

We made our decision on 4 January 2012.

The audit was conducted on 29 November 2011 to 1 December 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

This home is a 2014 Better Practice Award winner. [Click here](#) to find out more about their award.

## 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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



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# Site Audit Report

**Macleay Valley House 0946**

**Approved provider: Thompson Health Care Pty Ltd**

## Introduction

This is the report of a site audit from 29 November 2011 to 1 December 2011 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 a site 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 Accreditation 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 29 November 2011 to 1 December 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

## Assessment team

Team leader:	Annette Fitzpatrick
Team member/s:	Denise Marianne Touchard

## Approved provider details

Approved provider:	Thompson Health Care Pty Ltd
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## Details of home

Name of home:	Macleay Valley House
RACS ID:	0946

Total number of allocated places:	130
Number of residents during site audit:	100
Number of high care residents during site audit:	74
Special needs catered for:	28 bed dementia unit

Street/PO Box:	94 Macleay Street	State:	NSW
City/Town:	Frederickton	Postcode:	2440
Phone number:	02 8467 9333	Facsimile:	02 8467 9334
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Director of nursing	1	Residents/representatives	22
Deputy director of nursing	2	Volunteers	1
Educator - corporate	1	Laundry staff	2
Human resource manager - corporate	1	Cleaning staff	2
Lifestyle manager - corporate	1	Maintenance staff	1
Registered nurses	4	Head chef	1
Endorsed enrolled nurse	1	Continence coordinator/registered nurse	1
Aromatherapist	2	Recreational activity coordinator	1
Massage therapist	2	Recreational activity officers	2
Care staff	7	Physiotherapist	1
Administration assistant	1	Physiotherapy assistant	1

### Sampled documents

	Number		Number
Residents' files including interim care plan, assessments, progress notes, care plans and medical notes	15	Residential care agreements	5
Medication charts	20	Wound charts	12
Accident and incident forms	8	Resident medication self assessment	2
External supplier files	10	Staff personnel files	8

### Other documents reviewed

The team also reviewed:

- "Safeguarding your privacy" document
- Accident, incident and near miss forms regarding hazards, and hazard risk assessments
- Advanced care plans and palliative care plans
- After hours emergency numbers
- Annual fire safety statement
- Approved food supplier summary record
- Audit program and results, including surveys and inspections
- Case conference records
- Catheter care plan
- Cleaning logs and detailed room cleaning schedules
- Clinical policy and procedure documents

- Clinical records including: bowel charts; fluid intake/food intake form; time and volume; blood sugar levels; weights; skin care; pain; urinalysis and neurological observations
- Communication diary for care staff, staff handover sheets and emails
- Consolidated record of elder abuse and missing resident incidents
- Continence information folder, allocation sheets and ordering forms
- Continuous improvement records: quality improvement action plan; electronic continuous improvement data base; feedback and suggestion form
- Criminal record check tracking sheet
- Data incident collection including wounds, infections, falls, medications, weight loss and hospital transfers
- Dietary analysis forms (electronic) and summary lists
- Duty statements
- Education records: calendars/planners; monthly reports; resource material; questionnaires; feedback forms; articles; attendance sheets; skills assessments; hand-washing skills assessment tracking sheet
- Emergency management records: flood plan; emergency procedure flip-charts; emergency procedures manual
- Employee awards nominations
- Falls prevention programs
- Food log
- Handbooks: contractors, staff and residents
- Hazardous chemicals register
- Human resources records: duty lists; enterprise agreement; position descriptions; staff rosters; orientation program and checklist; orientation resource folders
- Kitchen records: food safety manual; food safety working; recipes; four week summer menu, NSW Food Authority licence and audit report
- Leisure and lifestyle program including: weekly program; life story; activity records and evaluations; attendance forms; consent forms; residents' handbook and newsletters
- Letters to contactors and contractor agreement/checks tracking sheet
- Lunch meal menu notices
- Maintenance records: maintenance logs; pest control records; warm water system testing; preventative maintenance schedules
- Manuals: care and services procedures; catering; cleaning; occupational health and safety; executive services; food safety; human resources; infection control; nutrition care; nutrition and food services
- Master key schedule
- Medical officer communication books
- Medical referrals including; audiology; psychogeriatrician; podiatrist; physiotherapist; gastroenterologist; urologist; optometry; pathology and palliative care
- Medication management information including: monthly audits; pharmacy facsimiles; medication charts; nurse initiated medication forms and medication management reviews
- Meeting schedule, agenda, terms of reference, and minutes: continuous improvement, occupational health and safety and infection control; medication advisory committee; professional practice/registered nurses; resident care committee; hotel services (cleaning and laundry); food safety; general staff; dementia care/circle of care; recreational activity officers; falls prevention with physiotherapist and physiotherapy aide; residents/relatives; care and services committee – organisation wide
- New laminated television channel guide, resident information pack, and resident refrigerator procedure
- Newsletters
- Notice advising residents/representatives of the accreditation site audit
- Organisational chart
- Outbreak management resource folder
- Physiotherapy assessments, care plans, walking groups and exercise attendance sheets

- Physiotherapy handover sheets
- Pressure care charts
- Registered nurse in charge folder
- Reportable incidents folder
- Resident meeting minutes
- Resident immunisation consent forms
- Resident list
- Resident outing risk assessments
- Resident wandering charts
- Schedule 8 register
- Self assessment document
- Sign in/out books
- Staff handover education sessions and attendance lists
- Staff memorandums and signing sheets
- Staff newsletters

## **Observations**

The team observed the following:

- Access to library books, computers and activity resources
- Activities and entertainment in progress
- Aromatherapy kits and supplies
- Chapel, movie theatre, hairdressing salon and café
- Charter of Residents' Rights and Responsibilities displayed
- Church service lists
- Clinical computer system and password protection
- Clinical notice boards
- Clinical room fridge and temperature charts
- Clinical store supplies
- Continence store room and supplies
- Employees using personal protective equipment
- Equipment and supply storage areas
- Evacuation maps, signage and kits
- External fire equipment company representative visiting the site
- Fire detection and suppression equipment
- Hypoglycaemia and palliative care kits
- Interactions between staff and residents
- Kiosk trolley
- Leisure and lifestyle program
- Living environment
- Manual handling and mobility equipment
- Meal service and assistive equipment
- Medication administration round in progress
- Medication stat boxes and nurse initiated medication supplies
- Medication trolley and equipment
- Menu displayed
- Notices, posters, brochures/pamphlets, forms and other information on display for staff and residents
- Personal protective equipment
- Resident locked bedside cabinets
- Secure storage of resident information
- Sensory room
- Sharps containers
- Staff duress alarms



- Staff handovers in progress
- Staff practices
- Staff work areas
- Storage of medications and S8 storage
- Suggestions box
- Volunteers assisting residents
- Wound trolley and single use equipment

## **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.

### **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 organisation has a system in place which facilitates the ongoing pursuit of continuous improvement. This includes policies and procedures, stakeholder feedback mechanisms, audits and surveys, and monitoring of key indicator data. Opportunities for improvement are being identified by management, staff, residents and their representatives. They are captured in a continuous improvement data base, which also details the action taken and results achieved. A continuous improvement committee meets regularly to discuss improvement opportunities and oversee the improvement activity. A review of relevant documentation shows linkages between all aspects of the continuous improvement system. Staff, residents and representatives are familiar with the mechanisms in place for suggesting improvements. They gave the assessment team numerous examples of improvements made at the home.

Recent improvement initiatives relevant to Accreditation Standard One are:

- As a commencing service the home introduced an internal and external audit program to assist management with monitoring the effectiveness of its systems. The programs have been operating since mid 2011 and results are being used to bring about improvements.
- New blood testing equipment has been purchased to allow for on the spot international normalised ratio measurements. This has enabled medical officers to make immediate alterations to residents’ medication if needed, rather than have a short delay while waiting for results to be returned.
- An electronic care documentation and communication system has been introduced at the home. It provides a comprehensive central resident database and records. There has been extensive training for management and staff in its use. Contingency plans have been put in place to deal with situations when the electronic system is unavailable.

### **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 in place to identify and ensure compliance with all relevant requirements. Information is received from various government agencies and advisory organisations about new and amended requirements. Information is also received from head office where changes are made to policies and procedures as needed. Information about regulatory requirements and best practice can be accessed through the organisation’s electronic document library, hard copy manuals, and the internet. Education is being provided about regulatory requirements and discussions take place at staff meetings. Staff are aware of regulatory requirements relevant to their work. Residents and their representatives are informed of requirements where relevant to them.

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

- The organisation is ensuring that staff, volunteers and relevant contractors have a criminal record check and are cleared to work at the home.
- Management at the home notified residents and their representatives of the upcoming site audit and of their opportunity to speak with the assessors in confidence.
- A consolidated record of elder abuse and missing resident incidents is being maintained.

### **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 organisation has demonstrated that management and staff have appropriate knowledge and skills to perform their roles effectively. A two-day per week educator position has been established and a deputy director of nursing oversees education. Training needs are identified through observations by management, performance appraisals, and results from the continuous improvement system. Education is delivered through orientation, handover, on the job, self-directed learning, and through face to face in-service training. Monthly education calendars are developed and promoted to staff. They include education relating to regulatory requirements, relevant to the organisation's priorities and the needs of residents, and of interest to staff. Records are kept to monitor attendance at training and there is follow-up of non-attendance at compulsory sessions. The effectiveness of the education is monitored through feedback forms and skills based assessments. There is support for staff to obtain new or upgrade their formal qualifications. Staff are satisfied with the support provided by the organisation for training and development.

Education sessions that management and staff attended recently relating to Accreditation Standard One, include aged care funding instrument documentation; assessing the Accreditation Standards; grievance and bullying and harassment policies; use of the electronic resident care system; and use of a range of equipment. In addition to this staff are undertaking certificate level courses in aged care, lifestyle and leisure, and training and assessment.

### **1.4 Comments and complaints**

*This expected outcome requires that "each resident (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

A system is in place to ensure that residents, their representatives and other interested parties have access to internal and external complaint mechanisms. The resident handbook and agreement include information about ways to lodge a complaint. Feedback and suggestion forms are located around the home along with brochures about an external complaint mechanism. Meetings are held regularly where residents and their representatives can raise issues of concern. Policies and procedures exist for dealing with complaints. The complaints system is being used by stakeholders. Complaints are acknowledged, investigated, and actioned if deemed necessary. Feedback is being provided to complainants. There are examples of continuous improvement activity being initiated in

relation to comments and complaints. Residents and their representatives are aware of avenues for lodging a complaint. Residents and their representatives say they would feel comfortable approaching management or staff if they had a complaint.

### **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 philosophy, vision and values, including a commitment to quality, have been documented. This information is published in the resident and staff handbooks.

### **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

A system is in place to ensure there are enough appropriately skilled and qualified staff to meet the needs of residents. The staffing mix and levels are determined by the number of residents at the home, the needs of those residents, and budgetary considerations. All shifts on the roster are being filled, including when staff take leave. There is flexibility to alter the number and type of staff if needed to meet the needs of residents and ensure staff safety. The staffing levels have increased over time as more and more people move into Macleay Valley House, which opened in April 2011. Management at the home can access human resource management support via the organisation's head office. There are also policies, procedures, checklists and forms to guide management in recruitment, orientation and performance management. The knowledge and skill base of staff is being monitored, such as through observations by management and staff questionnaires and skills assessments. Staff say they have sufficient time to complete their duties and enjoy working at Macleay Valley House. Residents and their representatives say staff are competent, caring and available when needed. This is consistent with the assessment team's observations.

### **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 organisation has systems in place to ensure that stocks of appropriate goods and equipment are available for quality service delivery. The commissioning of Macleay Valley House resulted in new goods and equipment being purchased and put into place en masse. Goods and equipment have since been sourced to ensure operations of the home continue, residents' needs can be met, and staff safety is maintained. Procedures exist for stock control and maintenance of equipment. Before purchasing new goods and equipment, research is undertaken to ensure the most appropriate product is identified. There is training for staff in the proper use of new equipment. Goods and equipment are returned if they do not meet an acceptable standard. Management, staff, residents and representatives say they have access to the goods and equipment they want and need. This is consistent with the assessment team's observations.

## **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 has effective information management systems in place. Communication between management and staff is through meetings, electronic alerts and messages, notices and memoranda, and management's open door policy. Residents and their representatives receive information on an ongoing basis through meetings, newsletters, and one-to-one discussion with management and staff. Residents and their representatives have input into care planning and representatives are kept informed of changes in their relative's condition. Care staff communicate with each other and with external medical and allied health professionals through handover and discussion, communication books, and other correspondence. The organisation's head office controls key documents, such as policies, procedures and forms. They can be accessed by management and staff in hard copy and electronically through an intranet. Procedures are in place for the storage, protection and disposal of electronic and paper records. Staff say there is good communication at the home. Residents and their representatives say they are kept informed of matters relevant to them.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

A system is in place to ensure that all externally sourced services are provided at a standard which meets the organisation's needs and goals. The organisation's head office has negotiated contracts with some major external providers. Management at the home has done so with other providers, particularly those local to Macleay Valley House. The contracts entered into with external providers include the organisation's expectations of them in relation to safety and quality. Before engaging an external provider checks are undertaken, where relevant, of their qualifications, licence/registration, certificates of compliance, and insurances. External providers are given a contractor's handbook and, if they spend time on site, an orientation to Macleay Valley House. Procedures are in place for appraisals of suppliers to be undertaken annually. If an external provider is not performing satisfactorily action can be taken prior to this. Management and staff are mostly satisfied with the arrangements in place with external providers.

## **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.

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

- As a commencing home monitoring of clinical indicators was introduced to assist management in monitoring the effectiveness of its care systems. The indicators are collated, summarised and analysed each month. They are discussed at relevant management and staff meetings. This has led to improvements in resident care strategies.
- A Medical Officer Support Service (MOSS) has been developed and introduced by management at Macleay Valley House. When the home opened management found it difficult to attract medical officers to take residents as their patients and visit the home to see them. Information was sent to all of the local medical officers and there was close liaison with those who showed an interest in being involved. There are agreements in place with three medical officers to ensure residents can access a general practitioner and be seen in a timely manner as necessary. Each of the three medical officers undertakes a weekly clinic at the home. They have also undertaken to provide education to staff and be members of the home's medication advisory committee.
- Aromatherapy, massage and reflexology have been introduced at the home. The benefits of these services for residents are pain management and general relaxation and enjoyment.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- Registered nurses are responsible for the care planning and assessment processes and delivery of specialised nursing care to residents.
- The home ensures that low care and high care residents are provided with services, supplies and equipment in accordance with statutory requirements.

- The home's medication storage, administration and recording is in accordance with the relevant legislation.

### **2.3 Education and staff development**

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

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

The home meets this expected outcome

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Two include activities of daily living, aromatherapy, basic life support, blood pressure, cold and heat pack application, continence management, dementia care and managing challenging behaviour, depression in the elderly, diabetes management, falls prevention, heart failure, ileostomy care. Others include massage, medication management, nutrition and hydration, oral care, pain management, palliative care, person centred care, psychotropic medications, reflexology, restraint policy, sensory loss, showering residents, skin care, sleep, special care days, speech therapy and communication, wound care, urinary tract infections, and use of the sensory room.

### **2.4 Clinical care**

*This expected outcome requires that "residents receive appropriate clinical care".*

#### **Team's recommendation**

The home meets this expected outcome

The home has comprehensive systems in place to assess, identify, monitor and evaluate residents' individual care needs. Information obtained when residents move into the home, together with a range of focused assessments are used to prepare individual care plans. Registered nurses' review and update care plans every three months or as necessary. The home uses a clinical software computer program to document all resident information. Staff training addresses issues relating to resident care including the management of continence care, diabetes management and wound care. The provision of care is monitored via audits, surveys, collection of clinical indicators and the comments and complaints mechanisms. Residents are regularly reviewed by medical officers who hold weekly clinics at the home. When indicated residents are transferred to the local hospital for emergency treatment or to meet specific care needs. Residents' interviewed by the team expressed satisfaction with the care provided.

### **2.5 Specialised nursing care needs**

*This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

#### **Team's recommendation**

The home meets this expected outcome

The home has systems in place to identify and meet residents' specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with residents' and their representatives'. Input is sought from other health professionals as required. Residents' documentation identifies they have been referred to a range of specialists to assist the home manage residents complex and specialised needs. The two deputy directors of nursing oversee the specialised care needs at the home. Residents' interviewed by the team indicated satisfaction with the specialised care that is provided at the home.

## **2.6 Other health and related services**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems in place to ensure referral to appropriate health specialists occur in accordance with the residents’ needs and preferences. Referrals occur as the need arises, with transport provided by the home or with residents’ representatives. Documentation confirmed reviews by a psychogeriatrician, physiotherapist and palliative care services. Others include optometry, podiatrists, audiology and urology. Residents have a choice of their medical officer with some visiting the home on a weekly basis. A review of residents’ care plans, progress notes, assessments, and other documentation confirmed ongoing reviews are in place. Residents interviewed by the team indicated they are satisfied with the arrangements for referral to appropriate health and related specialists.

## **2.7 Medication management**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems in place to manage the ordering, storage, administration, recording and review of medications. The home communicates with the supplying pharmacist to ensure that new or changed medications are supplied promptly. Medication reviews have been completed by an external pharmacist with recommendations noted by the residents’ medical officers. The administration of medication is by registered nursing staff and endorsed enrolled nurses who have completed and passed medication competency assessment. The team observed safe and correct medication administration with medications supplies locked securely. A review of medication charts indicated they contain appropriate documentation and contain relevant information and identification of residents. Medication self assessments have been completed for those residents able to administer their own medications. The home audits the medication system as part of its benchmarking program. Residents’ reported they are satisfied with their medication management.

## **2.8 Pain management**

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

### **Team’s recommendation**

The home meets this expected outcome

There are systems in place to identify and manage residents’ pain, and evaluate pain management strategies that ensure residents are as free as possible from pain. A range of pain relieving strategies is used and appropriate pain evaluation and referral to health professionals is available. These include an aromatherapist employed two days per week to oversee the aromatherapy program with oil blends specifically formulated to assist in pain relief. The physiotherapist has developed and implemented programs for residents specifically related to the management of pain including heat packs and transcutaneous nerve stimulation therapy. The home incorporates therapeutic massage and reflexology therapy as part of residents’ pain management program with a massage therapist employed two days per week. Pain monitoring charts are in place for residents ordered schedule eight medication and pain regimes. Care staff described their role in pain management, including



identification, reporting, and monitoring of pain. Residents interviewed by the team said that pain management appropriately meets their needs.

## **2.9 Palliative care**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. This includes ensuring that their physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. End of life wishes are raised when residents enter the home and discussed at family conferences. Many residents have completed advanced care directives. The home has access to the local palliative care outreach service if needed for assistance. Pastoral care services are available to support and counsel terminally ill residents and their representatives. Staff members reported a range of interventions employed when caring for terminally ill residents to ensure their pain is managed and their comfort and dignity is maintained. The home has provided palliative care kits in all wings for staff members to access at any time. Resident representative reported they are satisfied with the home’s management of residents requiring palliation.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences. The menus are reviewed by a dietician on a regular basis and a referral system is in place for the dietician to visit residents as required. The home has access to a speech therapist with plans of care documented to guide staff practice. Residents are weighed monthly to monitor changes. Significant weight losses of two kilograms are investigated as per the organisation’s policy. Additional nourishing fluids and dietary supplements are provided and intake and output recorded when a need is identified. Assistive devices such as special cutlery and plates are available to encourage residents to maintain their independence. Residents interviewed by the team indicate satisfaction with the way the home meets their nutrition and hydration requirements.

## **2.11 Skin care**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems in place for maintaining residents’ skin integrity including initial and ongoing assessments, care planning, and regular evaluation. The home monitors accidents and incidents including wound infections and skin tears, and acts appropriately on trends identified. Wound care is provided under the direction of the registered nurses and the home has access to an external wound care consultant. The home has a range of dressing products and aids to assist in maintaining and promoting skin integrity. The home has a podiatrist and hairdresser who regularly visit the residents. Medical officer’s notes identified

regular review of wounds. An education session was being held at the home during the site audit by an external wound care supplier to educate staff regarding new dressing products available. Residents reported their skin care and wound care is well managed by the registered nurses at the home.

## **2.12 Continence management**

*This expected outcome requires that “residents’ continence is managed effectively”.*

### **Team’s recommendation**

The home meets this expected outcome

The home has systems in place to monitor and manage bladder and bowel continence and constipation effectively. These include assessment on entry to the home and on an ongoing basis. Management strategies in place include scheduled toileting, prompting, continence aids, increased fluids, fibre, and exercise. Bowel management programs are in place with daily monitoring by registered nurses. The home has a designated registered nurse/continence coordinator who oversees the continence care program and ordering of monthly supplies. Urinary tract infections are recorded monthly and, where indicated, preventive strategies have been implemented. The team noted adequate supplies of linen and continence products are available for residents use. Residents’ confirmed the care staff assist them with their continence needs and their needs are met.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has systems in place to assess and manage residents with challenging behaviour. Care plans are developed to include strategies to address residents’ specific needs. All episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the effectiveness of strategies used. The home has one secure wing managed as a dementia unit. Specialist advice is available from a psychogeriatrician and the mental health team with recommendation actioned by the medical officers. The home was noted to be quiet and peaceful during the visit with staff redirecting residents in a polite manner. Residents and representatives interviewed by the team indicate their satisfaction with the manner in which residents with challenging behaviours are managed at the home.

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

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

### **Team’s recommendation**

The home meets this expected outcome

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The systems include initial and ongoing assessments of residents’ mobility, dexterity, and rehabilitation needs completed by a physiotherapist. The implementation of the physiotherapy program is completed by a physiotherapy assistant. The programs include exercise classes, walking programs and individual structured one to one exercises. The team observed residents using mobility aids and attending exercise groups. The home collects and monitors data on residents’ falls for internal monitoring and analysis. All staff at the home are required to complete compulsory yearly training on manual handling. Residents and representatives interviewed by the team expressed their satisfaction with the therapy program the residents receive.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

The home meets this expected outcome

The home has a system in place to ensure residents' oral and dental health is maintained, including initial and ongoing assessment of residents' oral and dental needs. Assessments occur through staff observation and referral to dentists and/or specialists are arranged as per residents' needs. The day-to-day oral care is attended as per residents individual care plans. Residents are encouraged to brush their own teeth or dentures to maintain their independence.

## **2.16 Sensory loss**

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

### **Team's recommendation**

The home meets this expected outcome

The home has a system in place to ensure that residents' sensory losses are identified and managed effectively. The identification of any impairment includes sight, vision, touch, taste, and smell. A plan is developed incorporating these needs and other specialists are involved as required, including audiology, optometry and speech therapists. The team observed examples of strategies used by the home to manage residents' specific sensory loss. The leisure and lifestyle program incorporates sensory stimulation, such as massage, music, large print books, audio books, cooking, gardening and pet therapy. During the site audit an external hearing service conducted a clinic at the home for residents. Residents and representatives reported staff are supportive of residents with sensory loss and promote independence and choice as part of daily care.

## **2.17 Sleep**

*This expected outcome requires that "residents are able to achieve natural sleep patterns".*

### **Team's recommendation**

The home meets this expected outcome

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents' needs and preferences. These include maintaining usual settling and rising times, pain relief, regular toileting, massage and night sedation. The home utilises aromatherapy and individual oil blends to promote sleep. Residents and representatives interviewed reported satisfaction with the assistance and care given to residents with assisting their settling and sleep requirements. They reported the home is quiet and peaceful at night.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

- A recreational activity team leader has been employed and a dedicated program has been introduced in Wattle wing (dementia specific unit) for morning and evening periods. Some of the activities being implemented include aromatherapy, doll therapy, cooking, and a men’s group facilitated by a newly recruited male recreational activity officer.
- A volunteer program has been introduced at the home to assist with the delivery of resident lifestyle and leisure programs and to improve engagement with the local community. One benefit has been that the coffee shop is now staffed each morning to offer freshly made coffee to residents and their visitors.
- In response to resident feedback “television guides” have been prepared, laminated and distributed to residents. The television guides tell residents which button on their remote control corresponds with which television channel.

#### **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 resident lifestyle”.*

##### **Team’s findings**

The home meets this expected outcome

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

- The organisation has a privacy policy, which clearly sets its policies on the management of residents’ personal information.
- The organisation has ensured that management and staff are aware of their responsibilities in relation to elder abuse and missing residents, including compulsory reporting requirements.
- All residents and/or representatives are provided with a resident agreement in line with legislative requirements, which they can choose to sign.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Three include elder abuse and compulsory reporting; emotional support; growing through grief and the challenge of transition; privacy and dignity; recreational activities; and residents' rights.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

#### **Team's recommendation**

The home meets this expected outcome

Residents said they are supported by management and staff in adjusting to life in their new home, and on an ongoing basis. Residents are offered information via the director of nursing and the home's information package to assist in settling in. The resident's emotional needs are identified through residents' social and leisure profile assessment and staff observation. The team observed staff interacting with residents and their families in a friendly and supportive manner. Feedback is gained formally through the resident satisfaction surveys. Residents reported they are satisfied with the way they are assisted to adjust to life at the home, and of the ongoing emotional support they receive from the staff members.

### **3.5 Independence**

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

#### **Team's recommendation**

The home meets this expected outcome

The home has strategies in place to provide assistance to residents to maintain maximum independence, maintain friendships and participate in the life of the community within and outside the home. Review of documentation, and staff, and resident interviews confirmed that residents are encouraged to maintain their lifestyle, health choices and daily activities. The home provides an environment in which representatives, family, friends, and community groups are welcome to visit. The leisure and lifestyle program contains both internal and external activities such as outings and entertainment by community groups. Residents interviewed by the team said they are satisfied with the home's encouragement to maximise individual independence.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. As part of the initial assessment process, when a resident enters the home, the resident has an opportunity to sign consent forms. This includes the identification and use of residents preferred names, giving consent for leisure and lifestyle staff to take their photographs, and to have their names and birthdays placed in newsletters. Staff advised the team of strategies applied for maintaining respect for residents' privacy and dignity such as knocking on doors. Resident confidentiality is also maintained through computerised information being password protected. The team observed that some residents have keys to their rooms and a locked cupboard in their room. Residents interviewed by the team said they are satisfied with the ways in which staff demonstrates respect for, and maintain residents' privacy and dignity.

### **3.7 Leisure interests and activities**

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

#### **Team's recommendation**

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. An assessment and leisure and lifestyle care plan is developed after the settling-in period using information gained from the assessment, staff knowledge, observation, and informal resident feedback. The home provides a leisure and lifestyle program seven days per week. The monthly program, which includes special events, takes into account residents' preferred activities and significant cultural days. On a regular basis the program includes bus trips, entertainment, and a variety of music, quizzes, bingo, exercises, cooking, and craft. Information obtained from attendance records, activity evaluation forms, resident meetings and one-on-one discussions are used to plan and review suitable group and individual activities. Residents interviewed by the team said they are satisfied with the range of activities offered by the home.

### **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 recommendation**

The home meets this expected outcome

The home has systems to identify and document residents' religious and cultural backgrounds. Residents' individual requirements regarding their beliefs and customs is identified in the assessment process and incorporated into their care plans. Residents are encouraged to maintain cultural and spiritual links in the community and supported in the home to do so. Regular religious services are held at the homes chapel. Specific cultural days such as ANZAC Day, Mother's Day, Father's Day, Melbourne Cup and Christmas are commemorated with appropriate festivities. Residents interviewed by the team said they appreciated the efforts of staff to make these occasions special for them.

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

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 recommendation**

The home meets this expected outcome

The home has systems and processes in place to acquire and record residents' preferences. These include in relation to their financial management, medical care, personal care, cultural and spiritual needs, activities, routines and meals. Residents are able to provide input into decisions about the care, services and environment through care planning processes. Other means include surveys, resident meetings, the formal comments and complaints process and directly to staff and management. Staff member interviews reported they are aware of the resident's rights to exercise choice and described how residents are supported to make their own decisions where possible. Resident and representative interviewed by the team reported that residents make their own choices and decisions regarding their day-to-day routine and activities in the home.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

#### **Team's recommendation**

The home meets this expected outcome

Systems are in place to ensure residents have secure tenure within the home. Management advised of processes through which bonds, fees and charges are discussed and with potential and/or new residents and their representatives. The director of nursing advised that a residential care agreement is offered to each resident and their representative for signing when moving into the home. The residential care agreement provides information on residents' rights and responsibilities including: termination of the agreement; complaint resolution; conditions for transfer; entitlements for care and services. The Charter of Residents' Rights and Responsibilities is included in the residential care agreement and the resident handbook. Residents and representatives interviewed indicated that residents feel secure in their residency in the home.



## **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.

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

- In response to resident feedback there has been a review of the evening meals and a choice of meal has been introduced. Residents are now asked each morning to choose their evening meal, which could be a hot meal, salad or sandwich. Residents interviewed by the team generally said they are satisfied with the evening meals and appreciate having a choice.
- In response to resident feedback it has been decided that the refrigerators in the kitchenettes will be accessible to residents and their representatives on a trial basis. A policy has been developed and distributed. Labels have been prepared for residents and representatives to label items brought into the home and stored in the refrigerators.
- A flood management plan has been developed due to frequent serious flood events occurring in the Macleay Valley, which isolate the home. This was done in liaison with a local flood management committee. It includes arrangements for access to staff and extra food and other supplies being kept on site.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

- An occupational health and safety committee has been established as the organisation’s consultative mechanism with staff.
- The home has a current annual fire safety statement.
- The home has a current licence with the NSW Food Safety Authority.

### **4.3 Education and staff development**

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

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

The home meets this expected outcome

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Four include blood spill procedure; chemical handling; cleaning procedures; fire awareness and evacuation; food and drinks preparation; food safety; infection control (various aspects), laundry operations; meal delivery service; manual handling and the safe use of (various) equipment and the home's bus.

### **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 residents' care needs".*

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

The home meets this expected outcome

The organisation is actively working to provide a safe and comfortable environment consistent with residents' care needs. Macleay Valley House is a new purpose-built aged care home, which opened in April 2011. It has spacious single rooms and six, two-bed rooms for couples. One of the four wings has 28 rooms and is secure for residents who have dementia. Each room has an en-suite, quality furnishings, wall mounted flat-screen television and reverse cycle air-conditioning. There are many comfortably furnished courtyards, balconies and lounge areas that take advantage of the views across the Macleay Valley and river. The home also has a coffee shop, picture theatre, computer/internet facilities, craft room and children's play area. Outdoors there are sitting areas, walking paths and well maintained gardens for residents to enjoy. Call bells are located in resident rooms, bathrooms and other key areas around the building. There are handrails along the corridors, which are kept clear of obstruction. The home is well lit and free of malodour. Responsive maintenance is undertaken as needed and a preventative maintenance program is being implemented. Efforts are being made to make Macleay Valley House a homelike environment and residents and their representatives say they appreciate this.

### **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

Management is actively working to provide a safe working environment that meets regulatory requirements. An occupational health and safety (OH&S) committee has been established and meets regularly. Policies, procedures, reference material and notices are in place to guide and remind management and staff about OH&S. Education about OH&S is provided on an ongoing basis and manual handling skills assessments are undertaken by staff. Safety equipment and supplies are available and the assessment team observed them being used by staff. Environmental inspections and accident/incident/near miss forms are used to identify and record hazards. Risk assessments are undertaken to determine ways to eliminate or mitigate high risks. The focus is on preventing workplace injuries, however an

injury management and return to work program is in place if a staff member is injured. Staff say that management is responsive to staff suggestions and requests relating to OH&S.

#### **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

Systems are in place to ensure management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Staff have attended mandatory fire safety awareness training and practical evacuation training is planned. There is a level one trained fire officer at the home and staff interviewed by the assessment team know what to do if the fire alarm sounds. The home has an annual fire safety certificate and checks are being undertaken by an external company of the fire detection and suppression equipment. Emergency exits are clearly marked, evacuation maps are posted around the home, and emergency procedure flip-charts are in place. There is an evening security lock-up procedure, automatic security gates, external lighting and closed circuit television monitoring. The home is at risk of isolation through flooding so a flood plan has been developed. The home is not at particular risk of other emergencies however an emergency procedure manual is in place covering major events.

#### **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

An effective infection control program is in place. Infection control policies, procedures and reference material are available. There is ongoing training for staff in infection control and hand-washing skills assessments are being undertaken. The assessment team observed equipment and supplies to be available and in use by staff to prevent cross-infection. Staff and resident immunisation programs have been implemented. There is monitoring for signs of infection in residents, data is collated monthly and is reported to the infection control committee for discussion and follow-up. A hazard analysis critical control point system is in place in the kitchen and an "A" rating was achieved at a recent NSW Food Authority audit. Disinfection in the laundry is through thermal and chemical means. The environment is being kept clean and infectious waste is stored and disposed of safely. The director of nursing is the home's outbreak management co-ordinator and kits have been established for use in the event of an infectious outbreak. Management and staff are knowledgeable about infection control principles and practices.

#### **4.8 Catering, cleaning and laundry services**

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

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

The home meets this expected outcome

Systems are in place to ensure hospitality services are provided in a way that enhances residents' quality of life.

##### **Catering**

Meals are fresh cooked according to four week rotating seasonal menus, which have had dietician input. The menus offer variety and choice and there is scope for residents' special

dietary needs to be taken into account. The head chef explained that the organisation-wide menus have been adjusted at Macleay Valley House in response to resident feedback. Also, some residents have their own special menu due to their particular needs and preferences. Meals can be enjoyed in the central dining room or in smaller dining rooms closer to resident rooms. The kitchen caters for special events, such as the weekly happy two-hours and the upcoming Christmas party. Fresh fruit is provided to residents daily. Residents and visitors can enjoy morning tea at the on-site coffee shop. Residents and representatives say residents get enough to eat, and they generally enjoy the food and meal service.

### **Cleaning**

There are procedures in place for cleaning of resident rooms and bathrooms and all other areas of the home. Resident rooms and bathrooms are cleaned daily with a detailed clean undertaken three monthly. Cleaning staff say they generally have sufficient time to complete their work and have the equipment and supplies they need. Spills kits are in place for cleaning of blood and bodily fluids. The assessment team observed all areas of the home to be clean, and residents and their representatives say this is always the case.

### **Laundry**

A full laundry service is provided on site at Macleay Valley House. Laundering procedures ensure there are enough clean sheets and towels available for residents' use. The home offers a labelling service to assist in reducing the incidence of missing clothing. Clothing is washed, dried and returned to residents' rooms within a reasonable timeframe. An ironing service is also being offered. Residents and their representatives are generally satisfied with the laundry service.