



Australian Government

Australian Aged Care Quality Agency

Moran Engadine

RACS ID 1015
99 Caldera Avenue
Engadine NSW 2233

Approved provider: Moran Australia (Residential Aged Care) Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 20 April 2018.

We made our decision on 04 March 2015.

The audit was conducted on 03 February 2015 to 04 February 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



Australian Government

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Audit Report

Moran Engadine 1015

Approved provider: Moran Australia (Residential Aged Care) Pty Limited

Introduction

This is the report of a re-accreditation audit from 03 February 2015 to 04 February 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 03 February 2015 to 04 February 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Allison Watson
Team member/s:	Sue Kelly

Approved provider details

Approved provider:	Moran Australia (Residential Aged Care) Pty Limited
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Details of home

Name of home:	Moran Engadine
RACS ID:	1015

Total number of allocated places:	120
Number of care recipients during audit:	54
Number of care recipients receiving high care during audit:	46
Special needs catered for:	Dementia (20 bed)

Street/PO Box:	99 Calderra Avenue
City/Town:	Engadine
State:	NSW
Postcode:	2233
Phone number:	02 9548 7777
Facsimile:	[Home Fax]
E-mail address:	Engadine@morangroup.com.au

Audit trail

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

Interviews

Category	Number
Director of Nursing	1
Deputy Director of Nursing	1
Registered nurses	2
Care staff	8
Administration assistant	1
Catering staff	3
Care recipients/representatives	12
Laundry staff	2
Cleaning staff	3
Maintenance staff	1
Lifestyle manager	1

Sampled documents

Category	Number
Care recipients' files	6
Wound charts	2
Care recipient's agreements	1
Medication charts	6
Personnel files	5

Other documents reviewed

The team also reviewed:

- Catering information including: temperature records for the delivery, storage, preparation and service of meals, cleaning records and dietary information sheets
- Catering, cleaning and laundry manuals including procedures
- Clinical and care assessment and documentation including assessments for initial ongoing resident care needs and preferences such as resident dietary and observation information including weights, continence, behaviours, sleep, skin integrity pain, mobility, fall risk, toileting and wound assessment and case conferencing

- Comments and complaints folder including Comments and complaints register, complaints logs
- Consent to collect resident information
- Continuous improvement records including continuous improvement register, continuous improvement logs, audit schedule and results, surveys including residents/representatives and staff
- Education records including calendars with annual mandatory and ongoing education and training, attendance records, staff evaluations
- Electronic communication systems including electronic mail, internet, intranet and various purpose specific computer programs
- Emergency and disaster management plan
- External service provider records including service agreements
- Fire safety information including: log books for the automatic fire detection and alarm system, fire sprinkler system, fire doors and exit and emergency lighting testing; current fire safety certificate, fire safety training records
- Food safety program, current food safety licence, menus, residents' dietary needs and preferences forms, records of equipment and food temperature checks, kitchen cleaning checklists, ordering forms, communication books, kitchen audits including 2014 NSW Food Authority audit with an 'A' rating, NSW Food Authority licence
- Human resources records including organisational chart, staff handbook, orientation program, position descriptions, duty statements, performance reviews, national police certificates, police certificate register, statutory declarations, confidentiality agreements, professional registrations, rosters showing staff replacement and availability, employee agreements, staff signatures, code of conduct
- Infection control including register, policy manual, surveillance data and analysis reports, infection statistics, monitoring records, outbreak guidelines, records of clinical refrigerator temperatures and monitoring charts, resident and staff vaccination records, water testing and analysis
- Information management including: meeting minutes, memoranda, registered nurse communication book, communication diary, daily handover reports and newsletter
- Legislative information including updates from Department of Social Services, legal advisory bodies and the group's head office
- Lifestyle program including newsletters, weekly and monthly calendars, participation and evaluation information, leisure and lifestyle standards, weekend activity pack, how to folder including provide meaning activities, evening fun for residents and additional early morning activities for residents
- Maintenance documentation including: maintenance reports on equipment, temperature records on the hot and warm water system, calibration of the thermometers, chemical register, safety data sheets register, electrical equipment testing and tagging
- Mediation management and administration information

- Meeting minutes including resident, staff, quality committee, medication advisory committee
- Monthly resident incident data including falls, incident forms including medication errors, internal benchmarking results, accident/incident reports staff and residents including medication incident documentation
- Planned preventative and corrective maintenance schedule, maintenance request logs, environmental audits, service provider reports including pest control, electrical testing and tagging records, thermostatic mixing valve checks and water temperature records
- Policies, procedures and guidelines
- Resident admission information pack, resident handbook and information booklet, resident agreements, orientation checklist for new residents
- Residents' handbook and information package including residential care agreement
- Self-assessment information
- Staff handbook and information package
- Work health and safety records

Observations

The team observed the following:

- Activities in progress
- Brochures including external and internal complaints mechanisms, advocacy information leaflets
- Catering system and processes including meal service to residents and staff assisting residents, menu displays, dietary information matrix and sheets, white boards in kitchen for staff
- Charter of residents' rights and responsibilities displayed
- Cleaning system and processes
- Comments and complaints information displayed, suggestion boxes
- Computers at the nurses' stations and in offices
- Dining rooms at meal times including the serving and transport of meals, staff assisting residents with meals and beverages, assistive devices for meals
- Equipment in use, supplies and storage areas - various
- Feedback forms
- Fire safety instructions, equipment, evacuation plans, current fire safety statement displayed, emergency procedure flipcharts, residents' individual evacuation backpacks,

emergency kits with clinical and lifestyle requisites, inspection tags on fire extinguishers, exit lights, colour coded emergency procedure flip charts and evacuation floor plans

- Handover
- Infection control resources and equipment including spills kits, outbreak box, personal protective equipment, colour coded cleaning equipment, colour coded waste management equipment, hand washing stations and hand sanitiser dispensers
- Information notice boards
- Interactions between staff, residents and relatives/representatives, visitors
- Laundry system and processes
- Living environment - internal and external
- Manual handling equipment - lifting machines, mobility transfer belts, motorised scooters and wheelchairs, protective clothing worn by residents, residents using mobility equipment such as walking frames
- Medication rounds and safely stored medication including schedule eight
- Notice boards containing resident activity programs and notices, menus, memos, staff and resident information
- Notices informing residents, representatives and staff of the re-accreditation audit
- Secure document storage, archives and records management including storage of residents' and staff documents
- Security systems including phones, nurse call system, individual resident pendants, external lighting, visitors sign in and sign out book
- Short observation of residents with dementia
- Staff work areas, staff room, education resources
- Vision, mission, values displayed

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across all four Accreditation Standards through audits, meetings, Continuous improvement forms (to capture comments and complaints), education, hazard and accident/incident reporting. Management inform residents and representatives of changes made at the home. Residents and representatives are welcome to make suggestions and give feedback. Staff are familiar with the systems for managing continuous improvement, and are encouraged to communicate their suggestions for improvement. Results of improvements are communicated through meetings or in information displayed on notice boards. Continuous improvements are evaluated from completing audits, benchmarking, and analysing the results of data.

Recent improvements relating to Accreditation Standard One include:

- Soon after opening the home, management identified gaps in the admission and clinical care processes. An admissions officer was appointed to assist with the admission of residents. This role includes setting up documentation, preparing the resident's room prior to admission, preparing documentation for the dining room and following the clinical assessment process to ensure all are completed in a timely manner. Management stated the appointment has improved the admission and clinical care process considerably.
- In order to ensure smooth information flow, the Director of Nursing has obtained email addresses from all resident representatives who have them and all staff members. Information is sent by email to keep residents/representatives updated. This can include day to day information regarding the care and condition of the resident and/or information they may require such as letters or notices which management want all residents/representatives to be aware of.
- Management has developed a model of care for each area of the home in order to ensure staffing is appropriate for the varying needs of the areas and/or the residents in those areas.
- Following a staff observation that there was no staff orientation checklist available for new staff, a checklist was drafted by a staff member and provided to management. The checklist is being developed further by management and is to be utilised for future staff orientation.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. The home receives updates and information pertaining to regulatory compliance through a peak body and subscription to a legislative update program. This information is provided to management from the head office through regular notices which are emailed to management at the home. The home also receives information through notices from government departments and agencies, attendance at external meetings and education sessions. Staff are informed of regulatory requirements, current legislation and guidelines. Mechanisms include policies and procedures, notice boards, training sessions and meetings. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

Specific examples of regulatory compliance relating to Accreditation Standard One include:

- All new staff, volunteers and external service providers undergo criminal record checks in accordance with the Commonwealth Government legislation.
- Criminal history checks have been carried out on all staff and external service providers who have unsupervised access to residents.
- Staff and resident information is stored securely.
- Access to computers is secured through the computers being in secured areas and the use of passwords.
- Notices advising residents/representatives and staff of the re-accreditation audit were displayed prominently throughout the home.

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 management and staff have appropriate knowledge and skills to perform their roles effectively. Staff stated the education provided to them meets their needs. Staff are offered both internal and external education opportunities. The home has a workplace trainer who co-ordinates the education program. Staff education is implemented by mechanisms that include the orientation program, education program, job descriptions, competency assessments and staff appraisals.

Education provided relating to Accreditation Standard One includes:

- Accreditation and continuous improvement
- Roster information
- Dealing with complaints
- Phone etiquette
- Aged Care Funding Instrument (ACFI)

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

Information explaining the internal and external complaints' mechanisms is documented in the resident handbook and the resident agreement. Continuous improvement forms for the submission of feedback, are available in the foyer of the home. Comments and complaints processes are discussed with residents and their representatives as part of the entry process and at meetings. Complaints, which cannot be resolved immediately, are managed through the continuous improvement processes and a complaints' register is maintained. A review of the complaints demonstrates that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Resident surveys of service satisfaction are conducted. Residents, their representatives and staff confirmed they are aware of the mechanisms by which comments, complaints, or suggestions can be made.

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 vision, goals and values of the care service are documented, supported by the structure of the organisation and reflect the intention of delivering quality services to the residents.

These are discussed with staff at orientation and published in the staff and residents' handbook. We observed the values of the home were reflected in day-to-day interactions between staff and residents over the course of the re-accreditation audit.

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 systems and processes to ensure that the home has appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies and procedures which guide human resource practices are accessible to all staff. Recruitment processes include professional registrations, visa work arrangements, criminal record checks and reference checks. Orientation training and 'buddying' of new staff is conducted and performance appraisals are conducted. Rosters are developed fortnightly in advance and a review of rosters confirmed absent staff are replaced. Relief arrangements include the use of permanent part time and casual staff.

Staffing levels are flexible and are monitored in line with occupancy, residents' specific care needs and related dependencies. As a new facility, Moran Engadine is constantly reviewing the staffing as resident numbers are changing weekly. Staff interviewed by us were enthusiastic and motivated about their work, expressed appreciation of the education available to them and acknowledged the support of the management team. Residents and their representatives commented they are satisfied with the care provided and stated the staff are respectful in their approach to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management and staff interviews and observation confirm there are adequate stocks of goods and access to equipment for the delivery of quality services at the home. Budgeted replacement processes ensure goods and equipment are suitable for the purpose and meet

the specific needs of residents. There are ordering processes and stock rotation systems for consumable and perishable items. Designated team members assume responsibility for monitoring stocks and ordering necessary supplies. Monitoring processes include risk assessments, hazard reporting and audits. Preventative and reactive maintenance programs are in place. Generally new equipment is trialled prior to purchase. Staff are trained in the use of all equipment. Review of documentation and interviews with staff and residents indicate all equipment maintenance is prioritised and responded to in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are effective information management systems in place. Policies, procedures and guidelines are regularly reviewed and available to all staff. Confidential files are stored securely. A review of residents' documentation indicates there is a process of consultation and evaluation of clinical care plans. A schedule of meetings ensures relevant information is available to all stakeholders in a timely manner. Information is disseminated through emails, on noticeboards, by distribution of newsletters and memoranda, shift handovers and informal lines of communication. External and internal audits, satisfaction surveys and the collection of staff and resident data are used as part of the continuous improvement process.

Residents and representatives interviewed are satisfied with their access to information which assists them to make decisions about the residents' care and lifestyle

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

External service agreements are reviewed by the organisation and by the director of nursing and maintenance officer at the home. Externally sourced services are provided in a way that meets the home's needs and quality service goals. The home engages contracted and preferred service providers and suppliers. These include, but are not limited to: chemical supplies, continence supplies, pharmacy, physiotherapy, pest control, contaminated waste and fire safety. The home monitors the quality of goods and services provided by external service providers through observation, feedback from residents and staff and other quality audits. Service providers are supervised by relevant personnel when conducting services at the home with contractor sign in log located at the entrance to the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with 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 about the home's continuous improvement system and processes. In relation to Standard Two, Health and personal care, recent examples of improvements include:

- The deputy director of nursing identified a need for a process to ensure resident care needs are monitored and documented in a timely manner. A schedule for a resident care day was developed and all residents have all of their care needs checked by clinical staff specifically on this day. The findings are documented in the progress notes and/or noted in their care plans.
- The dementia specific unit was opened on 1 September 2014. A plan for the opening and care of the residents was developed prior to the opening to ensure all residents would receive appropriate care during the first days of their admission and for the remainder of their stay at the home. The director of nursing and deputy director of nursing have further developed this plan to ensure appropriate staffing is maintained and that staff have appropriate skills and knowledge to care for the residents in the area.
- To enable staff to ensure that challenging behaviours are appropriately managed, the ways to do this for residents is documented by staff on their entry to the home. The “Top 5” approaches are documented and placed in easily accessible places for staff to be able to refer to them when required. Staff state this has assisted them to reduce challenging behaviours of a number of residents and enables the residents to be attended to in a dignified manner.

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

Examples of regulatory compliance with Accreditation Standard Two include:

- A register is maintained of the expiry dates for the registration of registered and enrolled nurses and other health professionals.
- The home has various information available and accessible to staff regarding legislation and guidelines relating to health and personal care. These include New South Wales Health Circulars, and best practice guidelines about health and personal care.
- Medication administration is managed in accordance with legislative guidelines and the home’s policies and procedures.
- The home has procedures in place for responding to an unexplained absence of a resident.

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 information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education provided specific to Accreditation Standard Two include

- Pain management
- Behaviour management
- Continence management
- Dementia
- Oral and dental care
- Palliative care, and
- Medication management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives interviewed were extremely complimentary about the care provided to residents by staff. The home has systems and processes which are implemented to ensure residents are provided with appropriate clinical care and these were described by staff. Information collected from the assessment process is used to generate care plans which contain specific interventions for each resident. These are updated as needs change and are evaluated third monthly or more often if required. Care conferencing is undertaken on admission, annually and whenever a concern arises. There are registered nurses on duty 24 hours seven days per week and emergency medical support is available including access to the geriatric flying squad attached to the local hospital. Change of shift handover was observed to be comprehensive and staff said they are always kept informed of any change to a resident’s care needs. Clinical care practices are monitored through the home’s auditing program, staff appraisals, education and competencies and residents’ satisfaction surveys.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised care needs. Residents’ specialised care needs including necessary interventions are documented on their care plans. Specialised nursing care needs provided to residents include complex pain/palliative care, catheter care, oxygen therapy and complex wound care. Referrals are made to specialised services as required. Each floor has a registered nurse to manage the residents and liaise with other health professionals to manage residents’ specialised care needs. There is also a system to ensure appropriate stock is available.

Residents and representatives said they are satisfied with the way staff provide specialised nursing care to residents.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. Ongoing assessments and regular reviews of residents’ care needs help to identify residents requiring referral to other health and related services. Some of the services being accessed by the home include podiatrist, speech pathologist, physiotherapy, dentist, optometrist and audiologist. Referrals to health and related

specialists and the outcomes of the consultations are documented in residents' files with appropriate changes made in assessments and care plans. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents and/or representatives. Assistance may also be provided in arranging transport for appointments. Residents and representatives said residents are referred to medical and allied health services and staff assist with the care recommended by the health and other related services.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' medication is managed safely and correctly. This includes secure and correct medication storage, incident reporting and actioning. The home uses a single dose blister packed medication system and all medications are administered by registered nursing staff and suitably trained staff who have completed medication competencies. Photo identification with clear information relating to known allergies and special requirements is evident on the residents' medication charts. All medications are securely stored and there is a system to ensure safe administration and accountability of schedule eight (S8) medications. Residents' medication regimes are reviewed by their medical officers on a three monthly basis. A clinical pharmacist provides education related to medication management and administration and also undertakes medication audits including psychotropic and night sedation. Residents and representatives said they are confident the staff administer residents' medications safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are as free as possible from pain. Assessment of verbal and non-verbal indicators of pain and strategies for its relief are recorded on entry to the home and reviewed as indicated by the registered nurse. When a resident develops pain, they are commenced on a pain management program and staff complete a pain assessment, management and flow chart. This identifies the scale of pain being experienced, the times and treatments given and the effectiveness of these treatments. A care plan is developed in consultation with residents/representative, medical practitioner and allied health professionals as required. The home consults other allied health services as necessary and staff use a range of strategies or treatments which include analgesia, gentle exercises, cold and heat packs, massage and transcutaneous electrical nerve stimulation (TENS) machine. Treatments are regularly evaluated for effectiveness and referrals to the palliative care team and geriatric flying squad are organised as required. Residents and representatives said pain management provided to residents meets residents' needs and pain relief is accessed as required.

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 has systems to ensure the comfort and dignity of terminally ill residents is maintained. An advanced care directive is offered to residents and/or representatives as part of the admissions process. Residents are supported to remain at the home during palliation and family/friends are also supported during this stage of the resident’s life. Families have opportunities for case conferencing and spiritual support is available for those residents who request it. The home has a range of appropriate equipment to assist with resident comfort.

Staff said they are adequately supported in issues of grief and loss and advised they receive education relating to palliative care. Residents and representatives said they are comfortable with the home’s approach to maintaining residents’ comfort and dignity, and the knowledge their wishes 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

The home has systems for ensuring adequate levels of nourishment. There is an initial and ongoing assessment of each resident’s likes and dislikes, allergies, cultural, religious, nutritional and hydration needs, and medical requirements. There is also a process for monitoring each resident’s nutritional status by monthly weights (more frequently if indicated) and a third monthly body mass index (BMI) check. Residents are referred to the dietician if there has been a significant weight loss and if required meals are fortified or supplements provided. Adapted crockery and cutlery and meals of varying consistency including thickened fluids as well as special diets are also available. Residents’ swallowing ability is assessed by a speech pathologist if indicated. Care staff promote adequate fluid intake and residents’ intake and output is recorded if necessary. A range of meal choices are available. Staff supervise and assist residents with their meals as necessary. Residents and representatives advised residents have a choice of meals and they generally enjoy the meals provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health status. Residents’ skin is assessed on entry to the home and as necessary in order to maintain skin integrity. Tools used include risk assessments and regular review of care documentation. Treatments required for residents’ specific skin, hygiene, continence, hair and

nail care needs are documented and referrals to appropriate specialists and allied health professionals are undertaken if needed. Pressure relieving mattresses are used and residents are given special nutritional support to promote healing when necessary. Skin integrity statistics are collated and presented at appropriate meetings and there are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents' skin integrity. Residents and representatives advised they are satisfied with the management of residents' skin care needs.

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 that residents' continence is managed effectively, including the completion of a summary care within the first week of entry to ensure consistent quality of care is provided. The resident's care plan is developed following the completion of assessment documentation, with their continence needs and interventions clearly defined in their care plans, which are reviewed three monthly. The home's external continence aid supplier can be accessed as required for advice and the provision of staff training. Bowel management programs include the provision of high fibre diets and encouragement with fluids. Monitoring is via daily recording and this information is reviewed by registered nurses action is taken as required. Urinary tract infections are monitored and preventive strategies are implemented when indicated. Residents and representatives advised residents are satisfied with the home's approach to continence management.

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 needs of residents with challenging behaviours are identified and met. The home has a secure area with an outside garden and walking area for residents to walk safely. Staff working in this area have chosen to do so and said they have attended education related to dementia and challenging behaviours. If a resident is presenting with challenging behaviours, a behaviour chart will be commenced so the type of behaviour can be documented, triggers identified and the outcomes which result from interventions implemented. Care plans and management strategies, are regularly reviewed to ensure the care and safety for all residents and staff at the home. Residents are regularly reviewed by their medical officer and when required referred to specialists such as the dementia behaviour management and advisory service which can be contacted at any time to assist with behaviour management. The home's environment was observed to be calm and residents well groomed. Residents and representatives expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are 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

A physiotherapist visits three days a week to assess the mobility, dexterity and balance of residents when they entry to the home and as necessary. Changes in mobility are identified and documented as part of the care planning process. The physiotherapist instructs the registered nurses, certificate IV, and care staff on residents’ mobility and dexterity needs so staff at the home can continue the mobility programs at other times. Staff talked about some residents whose mobility had improved since admission to the home and participating in the physiotherapy program. Manual handling and falls risk assessments are completed for all residents. Falls statistics are collated and presented at appropriate meetings. Residents and representatives said residents are satisfied with the mobility program and the assistance they receive from staff.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

On entry to the home residents' oral and dental health is assessed and there are processes to ensure their oral and dental health is maintained. This is achieved by ongoing assessments and the development of care plans to address oral hygiene. Access to dental professionals is available to residents and when required. Residents are assisted to access the mobile dental service which visits monthly or dental and oral care services of their choice outside the home. Care staff assist or prompt residents with teeth and denture cleaning and report any changes in oral health to a registered nurse and this is documented in the care planning system. Residents and representatives advised residents’ oral and dental health is maintained.

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 has a system to assess, monitor and evaluate residents’ senses to ensure they are managed effectively. A review of clinical documentation and care plans showed the home liaises with providers of ophthalmic, audiometry, and speech therapy services. Staff monitor residents to ensure they are wearing their spectacles and that hearing aids are functioning correctly. The activities program provides opportunities for a range of sensory stimulation activities including cooking. Adequate lighting and large screen televisions assist residents with sensory impairment to maintain enjoyment, independence and safety. Large print books are available as necessary. Residents expressed satisfaction with the management of their sensory loss.

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

There is a system to assess sleep patterns on entry to the home in consultation with the resident and their representative. An individual care plan is developed and regularly reviewed. Residents’ rising and retiring times are documented and staff interviewed report residents are assisted to settle for the night. Medications to assist with sleeping are prescribed at the discretion of the resident’s medical officers. Staff are able to discuss non pharmacological strategies used such as offering drinks, extra blankets and pillows and toileting residents. Residents interviewed said the home is quiet at night and they generally sleep well.

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 about the home’s continuous improvement system and processes. In relation to Standard Three, Care recipient lifestyle, recent examples of improvements include:

- It was identified that the involvement of local child care centres would be beneficial for residents at the home. Children from the child care centres have attended on a number of occasions and this has been well accepted by the residents and the children. As a result, further visits are planned for the year.
- The group’s Lifestyle Services Manager has developed a booklet to explain the various activities held for residents. The booklet “What’s it all about” can be referred to by residents to determine if they would like to attend or learn more about various activities. Feedback from residents was that the information is useful.
- Some residents have become involved in assisting staff with aspects of work of interest to them. For example, a number of residents are assisting to proof read newsletters and activity programs. Others are assisting with setting tables and helping newly admitted residents to orientate to life at the home.
- The resident activity program has been developed to be partially “self-directed”. Residents who are able are encouraged to become involved in activities of their choosing at times they prefer. The activities include reading, gardening, playing board games with other residents, watching movies and getting to know other residents. The activities equipment such as board games and jigsaw puzzles are left out at all times to enable residents to utilise them as they choose.

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

Examples of regulatory compliance with Accreditation Standard Three include:

- Mandatory reporting guidelines regarding elder abuse have been implemented at the home.
- All residents/representatives are provided with a resident agreement in line with government requirements, which they can choose to sign.
- All staff sign confidentiality agreements

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 information about the home’s system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively.

Education staff receive relating to Accreditation Standard Three includes:

- Person-centred care
- Management of elder abuse
- Lifestyle programs
- Emotion support and moving home

3.4 Emotional support

This expected outcome requires that “each care recipient receives support in adjusting to life in the new environment and on an ongoing basis”.

Team’s findings

The home meets this expected outcome

Residents and representatives advised they were satisfied with the ways in which staff provided information prior to entry, assisted residents to adjust to life within the home and for ongoing emotional support. The home has systems to ensure each resident receives initial and ongoing emotional support through the entry processes (including the provision of a

residents' handbook), assessments, care planning, and the evaluation of the care provided. Visiting families, friends, visitors and volunteers are welcomed. Residents are encouraged to go on outings if possible and were observed coming back from a morning bus trip. "A place to call home" program assists the resident with adjusting to life in the home. Residents are encouraged to bring in personal items and photos to help create a homelike atmosphere.

Staff advised they provide residents with emotional support, such as the provision of one-to-one support, the compilation of a newsletter and visits from local religious denominations.

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

Strategies to enable residents' independence to be maximised are identified in individual care plans. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. The home's central location allows residents to access the local shopping centre with ease and cafés are also close by for them to enjoy with their family. Staff described how residents are encouraged to participate in life within and outside the home when possible. Staff are provided with education on how to assist residents to maintain their independence and mobility aids are readily available. Residents are encouraged to achieve independence in health care choices, participation in decision-making, and personal care. There is a physiotherapy program to assist residents to maintain or improve independence through individual and group exercise programs. Residents and representatives said residents are encouraged to be independent and are able to participate in the community as they wish.

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 recognises and respects each resident's privacy, dignity and confidentiality. There is a range of single room options with ensuite bathrooms. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs, and residents understand their consent is required before treatments are carried out. An awareness of privacy and dignity issues is evident in daily practices, such as calling residents by their preferred name and drawing curtains for privacy. New staff sign confidentiality agreements and confidential resident records and belongings are stored securely. The lifestyle team assist residents with one-to-one activities on an ongoing basis particularly for residents who choose not to attend group activities. Residents and representatives commented staff speak to residents in a respectful manner and they are satisfied with the way residents' privacy, dignity and confidentiality is maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to encourage and support residents to participate in a wide range of activities of interest to them. Comprehensive social and activities profiles are completed within the first weeks of admission to the home. An individual care plan which captures this information is developed and evaluated third monthly. The lifestyle program offers a wide range of activities which are conducted in large and small groups, and one-to-one sessions. The program caters to the needs of residents with challenging behaviours, dementia, sensory loss and/or limited mobility. Activities take place seven days a week and include bus outings, a men's group, music, concerts, entertainers, digital video discs, craft, cooking, and celebration of cultural days. Residents are informed of activities via newsletters, noticeboards and verbal prompts. Participation in activities is monitored and residents are encouraged to provide suggestions and feedback at the residents' meetings, through one-to-one discussions, audits and via surveys. Residents said they are satisfied with the range of activities on offer, are asked for their ideas and can choose whether or not to participate.

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

Residents receive cultural and spiritual care appropriate to their individual needs and preferences. A social profile is developed by the diversional therapist on entry to the home and the information from this assists in developing a care plan which provides a variety of cultural and spiritual needs. Residents said their individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Regular religious services are held within the home by ministers from different denominations. Provision is made for the celebration of special national, cultural and religious days, for example, ANZAC Day, Remembrance Day, birthdays, Christmas, Easter and Mothers and Fathers days. Other cultures are respected when identified and the needs of these residents are met where appropriate. Residents said they are satisfied with the way staff actively encourage them to maintain their cultural and spiritual links ensuring their backgrounds are valued and fostered.

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 encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes choice of shower and bed times and whether to participate in activities. All residents are provided with a handbook that details the services available and are able to decorate their own rooms with personal belongings. The resident meetings provide a forum for residents to discuss the running of the home including catering, activities and any issues arising. Staff were observed providing residents with choice in a range of activities of daily living. Residents say they are happy with the choices available to them and that their decisions are respected.

3.10 Resident 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

Residents/representatives are provided with an information pack prior to entry which outlines the rights and responsibilities of the resident. This includes a resident handbook which gives detailed information about all aspects of life at the home. All residents or their representatives are offered an agreement on entry to the home. The resident agreement includes information for residents about their rights and responsibilities, complaints mechanisms, fees and charges, their security of tenure and the process for the termination of the agreement. Residents and representatives say they are satisfied with the information the home provides and understand their rights.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement about the home’s continuous improvement system and processes. In relation to Standard Four, Physical environment and safe systems, recent examples include:

- Following a complaint by a representative who was unable to exit the building after hours until they contacted the care staff, an “exit button” was installed at the exit door to ensure representatives and/or visitors could exit the building once they had left the clinical area.
- Following some difficulties with ambulance access, management arranged for the local ambulance service to have an access card to enable them to gain access to the home more easily. Management and staff state this has led to a better time frame in residents being attended to when an ambulance is required.
- Following a food satisfaction survey completed in December 2014 residents requested “home-made” soups. Soups made with fresh ingredients have been introduced and this has been well accepted by the residents.

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

Examples of regulatory compliance with Accreditation Standard Four include:

- The annual fire safety statement is posted at the home.
- The annual NSW Food Authority licence is posted at the home.

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 information about the home's system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively.

Education staff receive relating to Accreditation Standard Four includes:

- Food safety update
- Chemical training
- Manual handling
- Infection control
- Fire and emergencies and evacuation training.

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

Moran Engadine is a new aged care facility situated in close proximity to the local town square and plaza. The resident rooms are located on five levels. The home opened in May 2014, and to date three of the resident levels are occupied. Moran Engadine provides a living environment that is safe, comfortable and consistent with residents' care needs. The home has single rooms each with an ensuite. There are comfortable outside areas for residents and their families to enjoy. Maintenance of the environment occurs by the use of a preventative and routine maintenance program. The home conducts regular environmental audits and accident and incident data is analysed to monitor the safety of residents.

Residents and their representatives said the living environment is comfortable and meets their needs.

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. Management and staff indicated the home has systems to help ensure the provision of a safe working environment for staff, visitors and residents. There are systems to help promote work place safety and awareness. These include education during staff orientation and on an ongoing basis, manual handling training, discussion of work, health and safety issues at meetings, environmental audits, hazard and incident and accident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely manner.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and fire-fighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Staff confirmed they attend compulsory education for fire training and management monitor their attendance. The home has appropriate security measures such as lockup procedures and keypad entry to the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program with a system for identifying, managing and minimising infections. The program includes staff education, audits, discussion of infection issues at meetings and evaluation of resident infection data. Staff monitor temperatures in fridges and freezers, use and understand colour coded equipment and wear protective clothing when required. Adequate hand washing facilities are available throughout the home. There are formal cleaning schedules and processes for the removal of waste to maintain hygiene levels. Staff demonstrated an understanding of, and commitment to, infection control principles and guidelines. The home has equipment for handling an outbreak of infection. Staff described the strategies to prevent infections at the home.

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

Processes are in place at the home to ensure hospitality services enhance the residents' quality of life and the staff's working environment. All meals are cooked fresh on site and the chef is responsive to suggestions and the changing needs and preferences of residents.

There is a rotating menu that caters for special diets and provides choices of two meals for lunch and dinner for residents. Designated laundry staff explained the laundry processes, including the collection, storage and management of linen and personal clothing. Cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. There are clear instructions for the cleaning staff relating to the cleaning processes at the home. Residents and representatives stated they are satisfied with the cleaning, meals and laundry service.