



**Australian Government**

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**Australian Aged Care Quality Agency**

**Nazareth House Tamworth**

RACS ID 0162  
80 - 100 Manilla Road  
TAMWORTH NSW 2340

**Approved provider: Nazareth Care**

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 July 2018.

We made our decision on 03 June 2015.

The audit was conducted on 28 April 2015 to 30 April 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Nazareth House Tamworth 0162**

**Approved provider: Nazareth Care**

### **Introduction**

This is the report of a re-accreditation audit from 28 April 2015 to 30 April 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 28 April 2015 to 30 April 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

<b>Team leader:</b>	Helen Ledwidge
<b>Team member/s:</b>	Sean Mack

## Approved provider details

<b>Approved provider:</b>	Nazareth Care
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## Details of home

<b>Name of home:</b>	Nazareth House Tamworth
<b>RACS ID:</b>	0162

<b>Total number of allocated places:</b>	124
<b>Number of care recipients during audit:</b>	89
<b>Number of care recipients receiving high care during audit:</b>	68
<b>Special needs catered for:</b>	Residents diagnosed with dementia/cognitive impairment (30 places)

<b>Street/PO Box:</b>	80 - 100 Manilla Road
<b>City/Town:</b>	TAMWORTH
<b>State:</b>	NSW
<b>Postcode:</b>	2340
<b>Phone number:</b>	02 6761 8755
<b>Facsimile:</b>	02 6761 8798
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Sister superior	1
General manager	1
Care service manager	1
Regional quality manager and quality coordinator	2
Resident and administration coordinator	1
Clinical care coordinator (acting)	1
Registered nurses (RNs) and enrolled nurse	8
Care staff	13
Medical practitioner/geriatrician	1
Physiotherapist	1
Residents	19
Representatives	4
Receptionist	1
Well-being and lifestyle manager and staff	3
Property and maintenance manager	1
Support service manager	1
Catering staff	6
Laundry staff	1
Cleaning staff	3

### Sampled documents

Category	Number
Resident files	11
Wound charts	7
Medication charts	11
Personnel files	6

## Other documents reviewed

The team also reviewed:

- Activities program, participation and evaluation records, individual assessments and care plans
- Annual quality schedule and reporting including audits, surveys, incident reporting, data monitoring, clinical indicators
- Assets register, equipment lists, preventative maintenance schedule and maintenance logs
- Cleaning schedules and rosters
- Clinical care documentation
- Communication books, diaries and handover sheets
- Compliance tracking including police certificate check register, statutory declarations, staff registrations
- Computer based information systems
- Confidentiality agreements
- Continuous improvement plan
- Education calendar, training records, attendance records, competency assessments
- External service providers service schedules, contracts and service agreements
- Feedback system including compliments, complaints, comments and other documentation
- Fire and emergency documentation including annual fire safety statement, emergency flip charts, evacuation plans, fire equipment audits, testing records, fire panel isolation register, sign in and out registers
- Infection control manual, infection surveillance data and vaccination records
- Medication administration, monitoring, disposal and storage documentation
- Meeting schedule and meeting minutes including residents, work health and safety (WHS), and other staff meetings
- Memoranda, staff notices
- Menu, diet analysis records including special diets and food preferences, NSW Food Authority licence and annual audit report, food and equipment temperature records
- Newsletters and other publications
- Notices advising residents, representatives and visitors of the re-accreditation audit



- Physiotherapy and restraint documentation
- Policies and procedures
- Recruitment policies and procedures, staff handbook, staff orientation program, job descriptions, duty statements, staff rosters, performance management documentation, privacy and confidentiality statements, police certificate check documentation, staff registrations
- Reportable incidents register (incident report summary)
- Residents' information package, handbook and agreements, consent forms
- Self-assessment report for re-accreditation

## Observations

The team observed the following:

- Activities in progress and leisure equipment and resources
- Amenities available such as: hairdressing salon, library, chapel, garden area and a grotto is available in the grounds for personal reflection
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Chemical store, chemical register, material safety data sheets
- Complaints documentation, advocacy service brochures, information pamphlets, suggestion boxes and Charter of residents' rights and responsibilities on display
- Dining environment during midday meal service including staff supervision and assistance
- Electronic and hardcopy record keeping systems – clinical and administration
- Equipment and supply storage areas
- Fire safety systems and equipment, evacuation kit, security systems
- Infection control signage and resources including spill kits, outbreak resources, hand sanitisers, hand wash basins, personal protective equipment, and general and contaminated waste disposal
- Information on noticeboards – staff, residents, visitors
- Interactions between staff, residents, relatives/representatives, visitors
- Living environment – internal and external
- Manual handling and mobility equipment in use and in storage
- Medication round, storage and administration
- Mission, vision, values and philosophy statements on display

- Palliative care trolleys
- Resident call bell system
- Secure storage of resident information
- Short structured observation in dementia specific wing
- Staff access to information systems including computers
- Staff handover report (verbal)
- Staff work practices and work areas including catering, cleaning, laundry and maintenance
- Visiting dementia behaviour management advisory service (DBMAS) consultant

## 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 has implemented a systematic approach for actively pursuing continuous improvement. There is an overall quality structure which provides direction, support and coordination of quality improvement activities. Various meetings provide a mechanism for input and feedback by the range of stakeholders. Examples of other quality activities include routine audits, surveys, external reviews, feedback forms, hazard reporting, accident and incident reporting, data collection and other monitoring systems.

Examples of specific improvements relating to Standard 1 Management systems, staffing and organisational development include the following:

- The home has established the role of quality coordinator. This has enabled a more strategic, systematic and planned approach to continuous improvement. It has also enabled better monitoring and documentation of improvements made by staff and management, in response to day-to-day challenges and issues.
- As part of the Nazareth Care organisation initiative, the home has introduced a new uniform. The uniform allows for easier identification of staff and their functional designations for residents, families and other visitors to the home. The home advises that there has been a positive response to the new uniforms, and they have helped to achieve a more professional appearance.

#### 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's management has systems in operation to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home

monitors any changes in the regulatory environment through updates from government and industry bodies, industry conferences, internet access and various other mechanisms.

Staff are advised of regulatory requirements and any relevant changes to them through various means including memoranda, updates to policies, meetings and education.

Compliance with regulatory requirements and other standards is monitored through a comprehensive audit program as well as day-to-day supervisory arrangements. We sighted relevant legislation and/or legal documentation displayed in various locations in the home.

Examples of regulatory compliance related to Standard 1 Management systems, staffing and organisational development include residents and other stakeholders having access to complaints mechanisms and application of privacy legislation. Further examples include police certificate checks being undertaken for staff, volunteers and contractors; and monitoring of registrations of relevant nursing staff.

### **1.3 Education and staff development**

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

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

The home meets this expected outcome

It was evident from our observations, document review and interviews that management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an education program which is based on educational needs identified through a wide range of mechanisms. These include feedback from various meetings, quality improvement systems and performance monitoring by management. The education program is comprehensive and covers a range of functional areas encompassing all four Accreditation Standards, including Standard 1 Management systems, staffing and organisational development. Staff also have access to relevant external educational opportunities and where appropriate are supported to obtain formal qualifications.

We noted staff education relevant to Standard 1 covered the Sisters of Nazareth mission and values, the code of conduct and ethics, documentation and various other aspects of information management. In addition, the home's orientation program incorporates a range of topics relating to management systems, staffing and organisational development. (See expected outcome 1.6 Human resource management for other mechanisms designed to ensure appropriate staff performance).

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home has policies, procedures and processes to ensure each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Residents/representatives and staff are made aware of internal and external complaints mechanisms through the residents' handbook, newsletters, feedback forms and residents' meetings. There is a procedure to ensure any complaints raised are recorded for

review, action, follow-up and feedback as appropriate. Residents/representatives advised they feel comfortable approaching management about any concerns or suggestions they may have.

## **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 home is a part of the Congregation of the Sisters of Nazareth and, as such, comes under its overall vision, values, philosophy, objectives and commitment to quality. These are encapsulated in its mission, vision, values and philosophy statements that have been documented and communicated to all stakeholders in the home. These statements are published in key documentation including resident and staff handbooks. They are also on display in the home's common areas. In addition, staff are made aware of these statements through the home's staff recruitment, orientation and education processes, staff meetings and other communication.

## **1.6 Human resource management**

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

### **Team's findings**

The home meets this expected outcome

The home has in operation a system of human resource policies and procedures. This system ensures appropriate staffing and skills levels for quality service provision, in accordance with the Accreditation Standards and the home's philosophy and objectives. The system includes appropriate recruitment and selection processes, induction, education and performance management. There are also processes to ensure that staffing levels are sufficient to cater for the mix of residents, their changing needs and the demands of the home's daily routine. We noted that many care and other staff have obtained qualifications and/or attended specific education relevant to their job roles.

## **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

There are policies and procedures for ensuring there are adequate supplies of inventory and equipment available for quality service delivery. The home has an overall purchasing system of preferred suppliers designed to ensure desired standards are met. A stock ordering system is in operation, with particular staff roles having specific responsibility for particular areas of inventory monitoring and ordering. The home also has clear procedures for purchasing necessary equipment for use in various functional areas and in response to residents' needs.

We observed storerooms, staff areas, clinical areas, the kitchen, laundry and other work areas to be well equipped, well stocked and well maintained. Staff advised there were adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in operation which, among other things, ensures equipment is maintained and ready for use.

## **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

Our observations, document review and interviews indicated effective information management systems are in operation and support the range of functional areas in the home. The resident information system includes administration forms, residents' handbook, resident agreements, residents' meetings, newsletters, resident assessments, care plans and clinical records. Staff communication systems are in operation to ensure relevant information provision to, and between, staff. These systems include a range of meetings, access to computers, distribution of hardcopy materials, staff noticeboards and induction and training. We observed resident and staff records are kept in secured areas to help ensure appropriate security and confidentiality of information. It is clear residents and staff receive information appropriate to their needs.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure externally sourced services are provided in a way that meets the home's needs and service quality goals. A range of contractors and external service providers operate within contracts and other agreements covering resident and care related services, fire systems and various building maintenance and services. Depending upon the nature of the service, the home ensures that its requirements/expectations for quality service provision are communicated. The home also ensures that external service providers have relevant insurances, licenses/registrations and police certificate checks (where appropriate). The home's management monitors the performance of providers and takes appropriate action to ensure that the desired level of quality is achieved. The home also relies on feedback from staff and residents/representatives to assess the quality of service providers such as podiatry, hairdressing and other similar resident-related services. It was reported there are good working relationships with the range of external service providers and services are being provided at desired levels.

## 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

The home's well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 2.

Examples of specific improvements relating to Standard 2 Health and personal care include the following:

- The home has developed and implemented a pain management clinic. The clinic involves enhanced roles for a physiotherapist and a physiotherapy assistant. The home reports that the clinic is proving popular with residents and there has been very positive feedback. For example, one resident is reported saying “It is really helping my mobility.” Another resident is recorded as saying “I am much more pain free than before the clinic was put in place.”
- The home has set up two palliative care trolleys. The dedicated trolleys are equipped with appropriate items for palliative care interventions such as incense, calming music, lotions and linen. The trolleys enable easy access to the items and help the care process to flow much more smoothly. The home advises that the trolleys have assisted with providing greater comfort and relaxation for residents and their families.

### 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

The home's systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 2 Health and personal care.

As examples of regulatory requirements related to Standard 2, we noted appropriate arrangements are in operation to ensure the required administration of medications, and relevant registrations of nursing and other professional staff are monitored. In addition, there are policies and procedures to ensure the Department of Social Services is notified when residents are reported missing without explanation.

## **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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 2 Health and personal care.

We noted the education program includes an extensive range of subjects specific to residents’ health and personal care and is reinforced by competency assessments in related areas. Examples of recent relevant topics covered include continence management, falls management, wound care, medication management, pain management and palliative care. Other education included assessing risk in everyday care. In addition, care staff have or are obtaining relevant certificate level qualifications.

## **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 receive clinical care that is appropriate to their individual needs and preferences. There is an ongoing review and evaluation system for identifying, communicating and managing residents’ health and personal care needs. Processes on entry to the home include an assessment of each resident by a registered nurse and appropriately qualified members of the health care team in consultation with the resident and/or their representative (if appropriate). The information is used to develop individual care plans which are reviewed regularly and as required. Staff provide care consistent with documented care plans and monitor residents’ clinical outcomes using data from a comprehensive range of avenues and a program of audits. Management monitors staff performance for competence and compliance in relation to the home’s processes and procedures. Residents/representatives are satisfied with the extent of consultation and the clinical care provided to the resident.



## 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

Residents’ specialised nursing care needs are identified, met and reviewed by appropriately qualified nursing staff. The home has policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Registered nurses are available 24 hours a day and provide complex specialised care to residents. Registered nurses also direct and supervise other members of the care team in the provision of clinical care to residents.

Specialised care currently includes management of residents who require oxygen therapy, tracheostomy care, bowel management, wound care, management of residents with insulin dependent diabetes, pain, urinary catheters and care of residents with swallowing difficulties. Medical and nursing staff refer residents to appropriate specialists and health professionals as necessary. Residents/representatives are satisfied the specialised nursing care needs of the resident are identified and met by appropriately qualified nursing staff.

## 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

Resident interviews and clinical notes indicate residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences when necessary. If required, staff assist by obtaining referrals in consultation with the resident’s medical practitioner and arranging appointments with health care specialists. All residents have access to visiting on-site podiatry, optometry, audiology and dental services and the home is able to access a dietician when required. The home has a regular attending geriatrician and resident interviews and clinical records show residents have accessed medical and other specialist services including physiotherapy, podiatry, clinical pharmacist, speech pathology, mental health and pathology services. Specialist recommendations are communicated to relevant staff through written communication systems, staff handover discussions and clinical records documentation. Staff update care plans and implement changes to care resulting from specialist referrals. Residents/representatives are satisfied referrals to appropriate health specialists are in accordance with the resident’s needs and preferences.

## **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

Residents’ medication is managed safely and correctly by using systems to ensure medication orders are current, residents’ medications are reviewed and the medication management system is monitored. Medication audits are conducted, medication incidents are reviewed, and corrective action is taken as required. A medication advisory committee monitors and provides advice on the performance of the home’s medication management system and a clinical pharmacist conducts regular medication reviews on individual residents. The supplying pharmacist provides regular deliveries and an after-hours service. Medications are administered via a blister pack system, are stored, administered and disposed of safely and in accordance with regulatory requirements. Residents who self-administer medication are regularly assessed by their medical practitioner and a registered nurse as competent to do so. Registered nurses and suitably qualified staff administer medications. Residents/representatives are satisfied the resident’s medication is managed 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

All residents are as free as possible from pain. The home has systems which include initial and ongoing assessment of each resident’s pain. The effectiveness of residents’ pain management is regularly reviewed by the the home’s registered nurses and the resident’s medical practitioner whose decisions are informed by clinical pharmacist medication reviews. Residents are referred for pain assessment, advice and management to one of the home’s part time physiotherapists who has a dedicated pain management role. The staff’s approach to managing pain includes attention to clinical, emotional and spiritual needs to minimise and complement medication for pain relief. A plan of care is developed to reflect individual resident requirements and staff use a range of pain management strategies including assisting residents with movement and repositioning, applying heat packs, transcutaneous nerve stimulation (TENS), massage, using pressure relieving equipment and providing medication as prescribed. Pain management audits are conducted and staff monitor and evaluate interventions to manage residents’ pain effectively. Residents/representatives are satisfied the resident’s pain is managed effectively and in a timely manner.

## 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

There are systems to ensure the comfort and dignity of terminally ill residents is maintained and emotional support is provided to the resident. Pastoral care is led by Sister Superior and includes a team of Sisters of Nazareth, a resident chaplain, a registered nurse and the care service manager. Pastoral care is available 24 hours a day for both residents and representatives. Residents remain in the home whenever possible in accordance with their preferences. Visiting hours are unlimited and resident representatives are supported with the provision of refreshments, meals and accommodation overnight if desired. Wishes in relation to end of life care are sought from the resident or their authorised representative at the time of entry through the assessment process and then through ongoing consultation. The home’s staff and the resident’s medical practitioner provide end of life care with support as needed from external health professionals. Representatives are satisfied with the high standard of care and compassion shown by staff toward the resident receiving end of life care.

## 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

Residents receive adequate nourishment and hydration. The home’s systems include initial and regular ongoing assessment and monitoring of residents’ nutritional status. Staff record each resident’s requirements concerning nutrition and hydration, their allergies, dietary preferences, swallowing difficulties and feeding assistance needs on entry to the home and on an ongoing basis. Special diets, thickened fluids and dietary supplements are provided as necessary. Arrangements are made for review by a speech pathologist if required. Staff promote adequate food and fluid intake, supervise and assist residents with their meals as necessary. Staff identify significant weight changes through regular monitoring of weights and arrange follow up as appropriate with the resident’s medical practitioner. Residents/representatives are satisfied the resident receives adequate nourishment and hydration.

## 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

Residents’ skin integrity is consistent with their general health and this outcome is achieved through the home’s system of assessment, interventions and reporting requirements. Staff assess residents’ skin on entry to the home and on an ongoing basis and develop care plans. Staff use mechanisms such as audits, skin checks and documentation of skin care to monitor, maintain and improve skin integrity. The home’s registered nurses are responsible for the

management of resident wounds and document required treatments. Staff attend to residents' specific skin, hygiene, nutrition, hydration, continence and repositioning needs and use protective strategies and pressure relieving equipment as necessary. A visiting podiatrist attends to residents' foot care needs and the wellbeing and lifestyle staff provide hand nail care in accordance with resident wishes. Referrals to specialists are arranged when necessary. Residents/representatives are satisfied the resident's skin integrity is consistent with the resident's general health.

## **2.12 Continence management**

*This expected outcome requires that "care recipients' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

Staff manage residents' continence effectively which includes assessing residents' bladder and bowel management needs and continence needs on entry to the home and on an ongoing basis. Staff document individualised continence management information and there is a system used by staff to assist residents with their continence needs and to provide continence aids. The home's care service manager liaises with the continence aid provider to ensure continence aids match individual resident needs and to provide education to staff.

Clinical documentation indicates residents' continence needs are subject to regular and ongoing review. Staff have processes to promote continence, to prevent and treat constipation and to monitor for urinary tract infections. Referrals to medical specialists and other health professionals are arranged in consultation with the resident's medical practitioner. Residents/representatives are satisfied with the resident's 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 managed effectively. Staff perform initial and ongoing assessments to identify residents' behaviour management needs, triggers and strategies, and develop and implement care plans. Audits are conducted of incidents and staff monitor the effectiveness of strategies, review the care plan regularly and make changes as required. The home has a secure 30 place wing for residents diagnosed with dementia or cognitive impairment and one of the home's visiting medical practitioners has specialist expertise in dementia care. Staff arrange referrals in consultation with the resident's medical practitioner to medical specialists such as geriatricians and psycho-geriatricians and referrals to specialist health teams have included the Dementia Behaviour Management Advisory Service (DBMAS). Documented strategies are implemented to provide a calm, safe environment. Residents/representatives are satisfied the home has systems and processes to effectively identify and manage residents with challenging behaviours.

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

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

### **Team’s findings**

The home meets this expected outcome

All residents are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate residents’ mobility on entry to the home and on an ongoing basis to achieve optimum levels of mobility and dexterity. The home’s registered nurses and visiting physiotherapist assess each resident’s mobility status and falls risk on entry and thereafter as required. The resident’s manual handling needs, mobility and dexterity aids, falls risk and prevention strategies are identified, documented and reviewed regularly as part of the care planning process. Ceiling hoists have been installed in some resident rooms to facilitate provision of care to immobile residents. The home conducts regular audits and has a falls prevention program incorporating strategies such as regular exercise classes, the use of mobility aids, handrails, floor level beds, and the use of resident monitoring devices such as bed sensors. Residents/representatives are satisfied with the efforts made by staff to maintain the resident’s mobility.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ oral and dental health is maintained. The home has a system for the initial and ongoing assessment, management and evaluation of residents to maintain their oral and dental health. This includes making arrangements for referral to a dentist for further assessment and treatment if needed. Staff arrange for dental services to be provided on-site and visits to external dentists are arranged in accordance with resident preferences. Review by a visiting speech therapist is also available. Staff assess residents’ oral hygiene needs and document in care plans which are reviewed regularly. Staff assist residents to maintain oral hygiene and residents are provided with oral and dental care supplies as needed.

Residents/representatives are satisfied the resident’s 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

Residents’ sensory losses are identified and managed effectively using systems to assess, monitor and evaluate management of residents’ sensory losses. Residents’ vision, hearing, taste, touch and smell are assessed on entry and staff document residents’ sensory abilities and management in their clinical records and care plans. Optometry and audiology services are provided on site for residents as needed. Staff provide residents with support and assistance to adjust to life with sensory loss and assist residents in the care and maintenance

of visual and auditory aids. The home's activities program caters to the needs of residents who have sensory losses. Large print books and talking books are available through a monthly visiting library service. Residents/representatives are satisfied the resident's sensory losses are identified and managed effectively.

## **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

Residents are supported to achieve their natural sleep patterns. Residents' sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the resident's preferred sleeping times and routines. The resident's sleep needs, preferences and strategies to assist residents with sleep are documented and reviewed as needed by staff in consultation with the resident or their representative (if appropriate). Staff identify and address barriers to natural sleep including pain, continence needs and hunger when planning care. Care staff provide night sedation as prescribed and alternatives to medication such as offering tea and toast or sandwiches to assist residents to sleep. Reduced noise, lighting and other environmental factors are also considered to assist residents achieve natural sleep.

Residents/representatives are satisfied with the support provided by staff to facilitate the resident's sleep.

## 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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 3. Of particular relevance to this Standard, the home gains feedback and suggestions for improvement from regular meetings of residents/representatives.

Examples of specific improvements relating to Standard 3 Care recipient lifestyle include the following:

- In response to perceived issues with documentation, the home has reviewed and improved its system to ensure that residents’ social profiles are updated in a timely manner for all residents. To help ensure that the social profile forms are completed, they were sent out to residents’ representatives and where necessary followed up with telephone calls. In some cases, the forms were completed by staff directly with the residents. The home advises that the documentation system has improved and helps to provide a sound basis for tailoring activities to individual residents.
- The home has reviewed and improved its cultural diversity resources. These resources assist wellbeing and lifestyle staff communicate more effectively with residents from different cultural groups, especially those who do not speak English. The resources are supported by a special activity program, monthly newsletters, a weekly activity guide and a display of the work done by residents. The home advises that the resources have enabled staff to better cater for residents from different cultural backgrounds.

### 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

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 3 Care recipient lifestyle.

In relation to regulatory requirements for Standard 3, we noted for example that the home has various arrangements to meet its obligations regarding staff and residents’ confidentiality and

privacy provisions, residents' security of tenure and informing residents of their rights and responsibilities. In addition, the home has mechanisms to ensure the appropriate reporting of suspected or alleged incidents of elder abuse.

### **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

The home's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 3 Care recipient lifestyle.

Induction and in-service education sessions canvass issues related to resident lifestyle. Recent topics have included elder abuse, customer service, and financial aspects of resident admission. In addition, various resident lifestyle issues are covered indirectly in education sessions on residents' health and personal care. For example, privacy and dignity are aspects of continence management.

### **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 receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure each resident receives initial emotional support through the pre-entry and entry processes and thereafter including pastoral care and other consultation processes including family/case conferences. The pastoral care team and wellbeing and lifestyle staff are actively engaged in welcoming and supporting new residents. Residents are provided with an information handbook and entry pack, their individual needs are assessed and care is planned and evaluated in consultation with the resident and/or their representative. Staff welcome visiting families and friends and meals can be ordered to enable family and friends to dine with the resident seven days a week. Residents are encouraged to bring in personal items, artwork and photographs to help create a homelike atmosphere. Staff provide residents with emotional support, such as the provision of one-to-one interaction by the wellbeing and lifestyle staff and care staff. Residents/representatives are satisfied with the ways in which staff provide information prior to entry, assist the resident to adjust to life within the home and provide excellent ongoing emotional support.



### **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

Documentation, staff practices and resident feedback confirm residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents' preferences in relation to a range of activities of daily living and lifestyle are identified and documented. The activities program is distributed to each resident and displayed in communal areas and resident meeting minutes are posted on notice boards to facilitate independence. Residents have input into decision-making in relation to personal care, lifestyle and health care choices through daily interactions, resident meetings and various feedback mechanisms. Staff encourage and assist residents to achieve maximum independence through the exercise and activities programs. Telephone connections and internet access are available to allow independent communication and arrangements are made for residents to vote in elections on site. The home welcomes visits from community groups and residents participate in life outside the home if able. Residents/representatives are satisfied with the assistance provided to achieve maximum resident independence, maintain friendships and participate in the life of the community within and outside the home.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Staff recognise and respect each resident's privacy, dignity and confidentiality. All residents are accommodated in single rooms with their own en-suite which facilitates privacy and dignity. Staff sign confidentiality agreements on commencement of employment and confidential resident records are stored securely. Residents sign consent relating to disclosure of personal information. Staff demonstrated an awareness of privacy and dignity considerations in their daily practices, such as addressing residents by their preferred names, knocking on doors prior to entering rooms and by their demeanour in daily interactions with residents. Quiet rooms are available for private conversations with family, residents or visitors. The Charter of residents' rights and responsibilities is displayed in the home and included in the documentation provided to new residents. Residents' end of life wishes including cultural and religious requirements are discussed and documented on entry and on an ongoing basis at family conferences. Residents/representatives are satisfied the resident's right to privacy, dignity and confidentiality is recognised and respected.

### **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 range of activities of interest to them. On entry to the home, residents/representatives are consulted in relation to the resident's background, interests, preferences and requirements. A social profile is completed of the resident's emotional, physical, cultural, spiritual and intellectual needs. Residents' communication, functional and cognitive abilities are assessed and documented on entry and on an ongoing basis and activities match residents' interests and abilities. A weekly activities program is distributed and displayed and special activities are included in the home's regular newsletter. The program is evaluated regularly and modified in response to attendance and ongoing resident feedback including through resident meetings, audits and surveys. Popular activities currently include bingo, hoiy, craft, art, singing and other musical events such as concerts performed by local school children.

Residents/representatives are satisfied resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

### **3.8 Cultural and spiritual life**

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

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

The home meets this expected outcome

The individual interests, customs, beliefs and cultural and ethnic backgrounds of residents are valued and fostered. Management and staff ensure residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Residents' needs and preferences are identified on entry and care plans are developed and reviewed regularly. Special dates of cultural significance to current residents are observed such as Easter, Christmas, residents' birthdays, Mother's Day, Father's Day and ANZAC day. The on-site chapel is available for the use of all residents, families and visitors. There is a pastoral care Sister and a priest on site and Roman Catholic services are conducted daily (all denominations are welcome). Other denominations conduct services on a regular basis and chaplains of any denomination can also be contacted to visit residents individually when requested. Residents/representatives confirmed the cultural and spiritual needs of the resident are recognised and supported.

### **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

Each resident or their representative participates in decisions about the services the resident receives, and is enabled to exercise choice and control over the resident's lifestyle while not infringing on the rights of other residents. Residents' personal preferences, needs and choices are identified on entry to the home and reviewed using a range of assessments and consultation with health care professionals, residents and/or their representatives. A resident's right to participate in activities which may involve a degree of risk is respected and residents/authorised representatives may give consent to continue with activities that pose a risk to the resident. The resident handbook outlines the services provided and avenues for making suggestions and complaints. Information on residents' rights and responsibilities is provided to residents on entry and the Charter of residents' rights and responsibilities is displayed in the home. Residents or their representative (if appropriate) are encouraged to participate in decisions about the activities offered and the care and services provided to the resident by using processes such as surveys, resident meetings, family conferences and other feedback mechanisms. Residents and resident representatives are satisfied with their participation in decisions about the services the resident receives and the effectiveness of the home's processes in enabling the resident to exercise choice regarding their lifestyle.

### **3.10 Care recipient security of tenure and responsibilities**

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

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

The home meets this expected outcome

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. On entry residents/representatives receive a resident agreement and handbook. The resident agreement sets out the standard requirements under the relevant legislation, including security of tenure. Relevant staff discuss the information in the agreement with each resident/representative. The Charter of residents' rights and responsibilities is displayed in the home and is contained in other resident documentation. Management stated any relocation of residents within the facility is fully discussed with residents/representatives and would only proceed with their agreement, in accordance with legislation. Residents/representatives indicated awareness of residents' rights and responsibilities and security of tenure at the home.

## 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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 4 Physical environment and safe systems.

Examples of specific improvements relating to Standard 4 include the following:

- With the assistance of the home’s auxiliary and a local service club, the home has upgraded and beautified the garden outside the chapel. The home advises that the upgraded garden is more inviting and aesthetically pleasing for residents, families, Sisters of Nazareth and staff.
- The home has conducted a special focused training program for its registered nurses to equip them to better understand and respond to the fire panel, if a fire alarm is sounded. The home advises that this will help its registered nurses to provide an effective leadership role in the case of a fire emergency.

### 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

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including Standard 4 Physical environment and safe systems.

As examples of regulatory requirements related to Standard 4, we observed on display relevant regulatory information concerning work health and safety legislation. We also observed the installation of fire safety systems, and noted the annual fire safety statement has been completed in accordance with legislative requirements. Staff have undertaken mandatory fire safety training. The home has also implemented various arrangements to ensure it meets food safety requirements such as those encompassed in the NSW Food Authority’s licensing and audit requirements.

### **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

The home's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 4 Physical environment and safe systems.

Particularly in relation to Standard 4, staff have undertaken mandatory education in fire safety, manual handling, and infection control (hand washing). There has also been education in safe food handling and chemical usage. In addition, staff have attended external training courses related to their specialist roles.

### **4.4 Living environment**

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

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

The home meets this expected outcome

The management of the home has implemented ongoing mechanisms that demonstrate it is continuing to improve the safety and comfort of residents in their living environment. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, and incident and accident reporting. There are also resident feedback mechanisms, such as residents and relatives meetings and direct discussions with management, in relation to the comfort and safety of the living environment. Residents/representatives stated the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data we reviewed.

### **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

There are effective mechanisms in operation to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The home's safety system is overseen by its work health and safety committee. The safety system includes regular staff training (including manual handling), regular safety related audits and inspections, hazard reporting, accident and incident reporting and risk assessments. A preventative and routine maintenance program is in operation in the facility, which helps ensure the overall safety of the environment and equipment. There have been minimal incidents relating to staff safety, thereby indicating the effectiveness of the home's approach to work health and safety.

#### **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's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire safety systems in the home include fire detection and alarm systems, a sprinkler system, fire-fighting equipment, exit signs and evacuation plans at every exit. The home has formal, external contractual arrangements for the monitoring and maintenance of all its fire safety equipment and systems. In addition, we sighted the annual fire safety statement displayed in the home's foyer. Staff training records confirm staff participate in regular mandatory fire safety training. Staff interviewed are aware of fire safety and emergency procedures. We observed the home provides a secure environment including secured doors, lock up procedures and appropriate overnight staffing arrangements.

#### **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's management team ensures the operation and effectiveness of the infection control program through policies and procedures, education and an infection surveillance program. The care service manager oversees infection control management. Infection control education for staff is included in the home's orientation program and is part of the home's annual mandatory training. The infection control program includes waste management, scheduled cleaning programs, pest control and a food safety program. Annual influenza vaccination is offered to staff and residents. Personal protective equipment, colour coded equipment, sharps disposal containers, spill kits, hand sanitising dispensers and hand washing facilities are located throughout the home and staff report there are adequate supplies. Outbreak management procedures and kits are also available. The home monitors infections through clinical indicators, audits and observations. Staff are able to describe the infection control practices used in the provision of clinical care and were observed using appropriate personal protection equipment in the performance of their duties.

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

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

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

The home meets this expected outcome

The home has implemented policies, procedures and appropriate arrangements to ensure hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The hospitality services are subject to regular monitoring and audits to ensure they are operating at desired levels. The catering system ensures residents' preferences are taken into account in the food planning process and appropriate choices and

alternatives are offered. Residents/representatives have input into menus through resident meetings, feedback directly to staff and other communication. We noted the cleaning system is well organised and effective, with common areas and each resident's room being cleaned regularly. Laundry services are provided effectively, with residents' personal items being washed and returned to their owner within a reasonable turnaround time. Interviews indicate residents/representatives are satisfied with the way in which the home provides catering, cleaning and laundry services.