



Australian Government

Australian Aged Care Quality Agency

Northcourt Nursing Home

RACS ID 2604
7 Saunders Street
NORTH PARRAMATTA NSW 2151

Approved provider: Manchester Unity Australia Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 10 June 2018.

We made our decision on 14 April 2015.

The audit was conducted on 10 March 2015 to 11 March 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



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Audit Report

Northcourt Nursing Home 2604

Approved provider: Manchester Unity Australia Ltd

Introduction

This is the report of a re-accreditation audit from 10 March 2015 to 11 March 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 10 March 2015 to 11 March 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:	Helen Hill
Team member/s:	Leah Asensio

Approved provider details

Approved provider:	Manchester Unity Australia Ltd
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Details of home

Name of home:	Northcourt Nursing Home
RACS ID:	2604

Total number of allocated places:	39
Number of care recipients during audit:	33
Number of care recipients receiving high care during audit:	28
Special needs catered for:	N/A

Street/PO Box:	7 Saunders Street
City/Town:	NORTH PARRAMATTA
State:	NSW
Postcode:	2151
Phone number:	02 9683 8034
Facsimile:	02 9630 8372
E-mail address:	zormond@manchesterunity.com.au

Audit trail

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

Interviews

Category	Number
Director of Care	1
Care Manager	1
Registered nurses	2
Care staff	9
Head of retirement and aged care	1
Catering staff	2
Education Manager	1
Human resources business partner	1
Care recipients/representatives	11
Resident Services Manager	1
Education officer	1
Cleaning staff	1
Maintenance Manager	1
Physiotherapist	1
Deputy Director of Care	1
IT manager	1

Sampled documents

Category	Number
Care recipient files (including assessments, progress notes, care and lifestyle plans, medical officer's progress notes and associated documentation)	11
Personnel files	5
Primary medication charts, signing charts	8

Other documents reviewed

The team also reviewed:

- Cleaning – infection control procedures, cleaning schedules

- Clinical care documentation; diabetic management, wound care, catheter care, influenza and gastroenteritis outbreak management documentation
- Comments, compliments and complaints – complaint register, improvement logs, external complaints forms and advocacy brochures
- Communication systems – diaries, doctors and allied health professionals communication folders, newsletters, memoranda, meeting schedule and minutes, faxes
- Continuous quality improvement – audits and surveys, improvement logs, plan for continuous improvement, incident and accident reports, medication incidents, infection statistics
- Education records – education calendar, feedback forms, staff attendance, education notices, education program
- Emergency procedures manual, disaster management plan
- Employee handbooks including Food services Employee handbook, Learning and Development handbook
- Fire safety equipment including, fire panel, detectors, exit signs, and evacuation plans
- Human resource documents, confidentiality statements, police certificate register, recruitment policy, position descriptions and duty statements
- Information systems – vision, values and commitment to quality, meeting minutes, newsletter, residents' handbook
- Leisure and lifestyle activities, cultural and spiritual documentation, monthly activities programs, resident daily participation records, record of activities and evaluations, resident assessments, care plans and progress notes
- Maintenance documents – maintenance management database, preventative maintenance schedule, external provider contracts
- Medication documentation including primary medication charts, nurse initiated medications authorised by medical practitioners, medication refrigerator temperature monitoring records, Schedule 8 drugs register, medication incident reports
- Northcourt Nursing Home re-accreditation self-assessment document
- Policies and procedures and infection control manual
- Regulatory compliance – annual fire safety statement, compulsory reporting register, criminal record checks, NSW Food Authority License, professional registrations, resident agreements, staff confidentiality agreements
- Visitors, residents, volunteers and contractors - sign in and out books
- Work health and safety policies and procedures, occupational health and safety policy statement, accident and incident reports, hazard reports, safety data sheets.

Observations

The team observed the following:

- Activities in progress and activities program displayed
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of Residents' Rights and Responsibilities displayed
- Chemical storage, cleaners' rooms, cleaners' information folder, colour coded mops and cloths, personal protective equipment, spills kits
- Dining rooms during lunchtimes, morning and afternoon tea, staff serving/supervising/assisting residents with meals
- Equipment and supply storage areas
- Evacuation egresses, assembly areas, emergency evacuation pack including residents' information
- Fire board, firefighting equipment checked and tagged, exit and emergency lighting, designated smoking areas, evacuation plans, sign advising the home has no fire sprinklers
- Food service area – colour coded equipment, preparation and wash up areas, labelling and rotation of stock, dry stores
- Hand washing stations and hand sanitiser dispensers, infection control practices observed, sharps containers, general and contaminated waste disposal systems, stocked infectious outbreak box, spill kits, colour coded equipment, personal protective equipment.
- Interactions between residents, medical and other health and related services personnel
- Interactions between staff and residents
- Internal and external comments/complaints forms, brochures on display, posting box
- Living environment – internal and external
- Maintenance store areas
- Medication storage
- Short structured group observation
- Staff clinical areas and work stations
- Staff room and notice boards displaying training calendar and WH&S information
- Vision, Mission and commitment to quality on display

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 a process for encouraging opportunities for improvement from staff, residents and their representatives. Both residents and staff can fill in a form that is placed around the home to encourage suggestions. A quality improvement committee, consisting of staff who work in all areas of the home, meet to review suggestions and track progress with quality improvements. The home uses a range of internal audits and meetings to monitor and evaluate the effectiveness of the improvements. Staff and residents/representatives are satisfied with the improvements in the home.

Some recent examples of improvements in Standard one are:

- The organisation has currently upgraded its software information system to improve communication with staff in the home. Staff are now able to reply to messages they receive immediately, documents are able to be attached to a staff message and meeting minutes are also uploaded on the system. Feedback has been positive and staff confirm communication channels are more efficient.
- An upgrade to the phone system has been completed. Management had identified that it was often difficult to contact key staff in different departments or in the home. The new system allows calls to be transferred to specific locations. It has also improved the availability and a reduced cost for residents to have a phone in their own room.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system for identifying relevant legislation, regulations and guidelines in relation to the Accreditation Standards. Changes in legislation, guidelines or standards are

identified through subscription services, web searches and correspondence from the Department of Social Services. These updates are communicated to the relevant stakeholders through the software information system and staff meetings and any action required is taken. The home monitors compliance through a series of audits, meetings, education and questionnaires.

The home is able to demonstrate its system for ensuring regulatory compliance is effective and provided the following examples relating to Accreditation Standard One:

- Criminal history record checks are carried out for all staff.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards and include criminal history record checks for contractors visiting the home.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the legislation.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure staff members have access to appropriate education and staff development opportunities to enable them to have the knowledge and skills to perform their roles effectively. Position descriptions detail the required skills and knowledge for each role. The home conducts a one day orientation program that includes mandatory subjects and site specific needs. Staff are also provided with a 'buddy' when commencing with the organisation. Training needs are ascertained annually by a way of an individual professional development plan, audits, meetings and input from management. A training calendar is posted on notice boards and a copy is also provided in booklet form. Staff are responsible to monitor their own professional development and are provided with a range of different options to be able to reach requirements, for example online or face to face learning. Residents/representatives expressed satisfaction with the way staff care for them on a daily basis.

Recent education and training relating to Standard one includes topics such as: assessing risk, complaint handling and bullying and harassment.

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 demonstrates that information about internal and external complaints' mechanisms is accessible to each resident and/or his representative. Information about complaints' mechanisms is included in the resident handbook and on brochures available around the

home. Residents and staff are encouraged to make comments and complaints through these methods, through regular meetings and the manager's open door policy.

Management follow the policy of the organisation and monitor the progress at meetings. Residents/representatives interviewed expressed satisfaction with the access to make compliments, complaints or suggestions and confirm they are comfortable to do so.

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, values and commitment to quality is documented in the resident handbook, and employee handbook in addition to being displayed around the home. Staff and residents/representatives are made aware of the vision and values through the handbooks and orientation.

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

Reviews, observations and feedback confirm 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. There is a system that identifies the number and types of staff are maintained including replacements for leave and absentees. Staffing levels and rosters are determined by resident needs and preferences and the home has a pool of casual staff or agency staff to cover absence or those on leave. Job descriptions and employees statement of duties provide staff with the organisations expectations. Performance of existing staff is evaluated through a variety of ways including competency assessments and observation. Staff are provided a comprehensive orientation and starter pack on commencement of their role. Residents /representatives interviewed were complimentary about the care from management and staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure the quality of goods. There are also processes to ensure the goods are received and that reviews of stock are carried out to ensure they are appropriate and sufficient. The home uses this assessment and monitoring information to

make changes where necessary. A preventative maintenance program is in place to ensure equipment is in working order and safe to use. Residents /representatives and staff interviewed confirmed that there are appropriate goods and equipment available.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation uses a wide range of methods to ensure that all stakeholders have access to current information on the processes and general activities and events of the home. These include newsletters, electronic messages and minutes of meetings. Management and staff have access to accurate and appropriate information to help them perform their roles. This includes in relation to management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. Information is stored appropriately for its purpose and is retrievable in a timely manner suitable for its use. Residents/representatives interviewed stated they are kept well informed in matters relevant and of interest to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management demonstrated external services are provided at a standard that meets the home's needs and service quality goals. Processes are in place to ensure that all relevant individuals from external companies have current police checks. The performance of external services is evaluated by seeking feedback from residents/representatives staff and any other relevant stakeholders. Changes are made if the review of the external services is unsatisfactory or in response to the changing needs of residents. Residents/representatives and staff confirm that they are satisfied with the externally sourced services.

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

Information about the homes system for continuous improvement is provided under Standard one.

Recent examples of improvements in Standard two includes;

- Feedback from staff and residents was received regarding the opportunity to increase the comfort of bariatric residents. Two new single king electric bariatric beds have been purchased for these residents. The new beds have improved the residents sleep patterns and residents/representatives state they feel less pain.
- Following an audit in continence management it was identified by staff, residents and management that the products used were not as effective as they should be for the comfort and management of all residents. A new company was sourced and new products trialed. After a trial period and subsequent evaluation it was implemented. Feedback from residents was positive and staff reported that the new products were easier to use and more effective. Results show a reduction in urinary tract infections and less skin issues.

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 has systems to manage regulatory compliance which are described at Expected outcome 1.2 Regulatory compliance.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two:

- A record is kept of current registration of registered nurses and other health professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.

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 has a system to ensure management and staff have appropriate knowledge and skills. This is described under Expected outcome 1.3 Education and staff development.

Recent education and training relating to Standard Two includes topics such as: medication management, wound management, nutrition and dysphagia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that residents receive appropriate clinical care. Progress note entries confirm residents’ needs are assessed on a regular basis and changes to care are made to support the residents’ assessed needs. There are arrangements to ensure residents can nominate a medical officer of their choice, who will visit the home. There are processes to ensure residents have access to medical treatment after hours, including the ability to transfer residents to hospital at any time. Medical officer’s notes also confirm regular review and updates to care regimes. Care plans support the daily care activities required and a regular care conference is held to also enable residents the ability to have input into their planned care. Staff confirmed knowledge of procedures they are required to undertake for residents relating to clinical care and ways that individualised care is provided to the residents. Observations of vital signs are attended on a routine basis.

Residents/representatives confirmed they are satisfied with the care provided, and say the staff are wonderful, very caring, and they have confidence in the staff caring for their needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ specialised nursing care needs are identified and are managed appropriately by the staff. Staff confirmed their knowledge of diabetic management and blood glucose monitoring, catheter care, oxygen therapy, and complex wound management as some of the needs required by residents at present. Staff said they are educated on these procedures and understand the need to report any concerns they have to the registered nurse. Residents/representatives said if they or their resident had a specialised care need they are confident it would be appropriately managed by the staff.

Documentation reviewed showed there has been consultation with appropriate specialists to assist in the management of specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has an effective system to ensure there are referrals of residents to appropriate health specialists. A review of documentation confirmed residents are referred to other health and related services as their clinical condition requires. This was confirmed by interviews conducted with care staff and residents. There is a range of other health and related services available, such as podiatry, speech pathology, optometry, pathology and wound management, some of which will visit the home. Residents/representatives said sometimes the residents were able to be seen at the home and sometimes they would take them to the community to access the service. Staff advised and residents/representatives confirm the staff at the home arrange referrals and assist with arranging appointments as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Observations, interviews and document review, indicate that the home has a system in place to ensure that residents’ medication is managed safely and correctly.

Residents/representatives report that they are happy with the management of their medication. Medications are administered to the residents by registered nurses and suitably qualified staff, from a multi-dose blister packaging system which are stored and managed safely and in accordance with regulatory requirements. A medication profile clearly identifies the current medical officer’s orders for each resident. A review of medication charts confirmed they are

reviewed regularly by medical officers. A medication incident reporting system is in place. A medication advisory committee provides advice on the home's medication management system and a clinical pharmacist conducts regular medication reviews on individual residents. Staff said management requires them to demonstrate competency with medication management.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home ensures that all residents are as free as possible from pain. Residents are assessed on entry to the home to identify residents who may experience pain. Ongoing pain management assessments are conducted for these residents and any residents who develop pain, to enable pain levels to be monitored on a regular basis. Alternative pain relief measures are also available such as repositioning and heat rubs/massage. Staff demonstrated an understanding of the need to identify pain and ways in which the staff can assist in identifying those residents who may be experiencing pain.

Residents/representatives said they are maintained as free from pain as possible and that staff ask about their pain needs regularly.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure that residents requiring palliative care have their comfort and dignity maintained. During entry to the home and on an ongoing basis residents are given the opportunity to indicate any specific instructions in relation to palliative and terminal wishes. Staff have access to palliative care teams to assist the staff with the care for residents if required. Care staff said that they are provided with education to enable them to provide comfort and dignity to terminally ill residents. Residents/representatives said they are comfortable that 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 ensures residents receive adequate nourishment and hydration. Residents' nutrition and hydration needs are assessed initially on entry and recorded on the care plan. Kitchen staff are advised of individual requirements and residents are offered a menu which is developed to also meet their likes and dislikes. Staff record all resident's weights monthly. The dietitian is available to consult residents who have fluctuations in weight which may impact on

their health status. High protein, high energy milk drinks and supplements are introduced where there is a noted decline in appetite or weight loss. Staff were able to identify residents who need encouragement with their diet due to weight fluctuations.

Residents/representatives expressed they are satisfied with the quality of food offered.

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 that residents’ skin integrity is consistent with their general health. A review of residents’ files confirms on entry to the home an assessment of their skin integrity is completed and a care plan is developed. Care plans include assistance provided in maintaining/improving the residents’ skin integrity. Management strategies included on the care plans include specialised products, application of skin emollients and the use of alternating air mattresses. Wound charts record treatment of any breakdown in skin integrity and wound progress notes record the ongoing progress of the wound. A podiatrist also visits to assist in the promotion and maintenance of residents’ toenails. Staff said that residents’ skin integrity is monitored daily and that they report any abrasions, rashes or abnormality to the registered nurse. Residents/representatives confirmed they are happy with the skin care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Results of observation, interviews and documentation confirm the home has a system in place to ensure residents’ continence is managed effectively. Residents’ files show there is an assessment of the residents’ needs on entry to the home, and as required thereafter.

Care plans which include the management for each resident are developed. A disposable continence aid system is used for residents who are assessed as requiring it and staff confirm their responsibility for monitoring residents’ needs and reporting changes to the registered nurses. Staff confirmed there are adequate supplies of disposable continence aids of varying sizes available for residents. Residents/representatives confirmed they are happy with the care provided.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has effective systems in place to manage residents’ behaviours. Residents/representatives said they are very happy with the care, the staff management and interaction with residents requiring this care. Behaviour assessments are completed as required and care plans are developed from these to assist in providing appropriate intervention strategies to manage residents’ behaviours. Progress notes indicate an ongoing evaluation of the effectiveness of these strategies. Staff confirmed various strategies they use to assist them to manage residents’ behaviours and also say they are provided with education to improve their behavioural management skills. Staff were observed to interact with residents in a caring and calming manner.

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

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 physiotherapist assess each resident’s mobility status and falls risk on entry.

Changes in mobility, and falls are followed up by the resident’s medical practitioner and the physiotherapist. All residents are initially reviewed by the physiotherapist and individualised programs are developed which may include a range of movement exercises, walking programs, specific exercises and breathing exercises. Residents were observed actively participating in the daily gentle chair exercises. Staff advised of how they assist with maintaining mobility for residents and confirm they have been provided with education on manual handling. Residents/representatives are satisfied with the efforts made by staff to maintain/improve 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

The home has strategies in place to ensure the residents’ oral and dental health is maintained. Residents/representatives said they are happy with all care provided. Residents’ oral and dental needs are assessed during the entry process and then a care plan is developed. We were informed by the care staff that if residents needed to attend their dentist staff would assist in arranging appointments. Staff have attended education sessions regarding current methods

in maintaining oral care for residents. Staff expressed their knowledge of oral care and care of residents' teeth and dentures.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has effectively manages residents' sensory losses. Assessments of residents' sensory needs are undertaken during entry to the home and when there is a change in the resident's condition. All residents are assessed for their sensory loss and needs. Residents, who are identified as having sensory deficits, for example require glasses or hearing devices, have management strategies documented in their care plans. Residents/representatives said staff assist them with the care and maintenance of their glasses and hearing devices. Staff who provide activities for the residents identified sensory activities offered such as cooking, hand massage, and coffee shop outings.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has implemented strategies to ensure residents can achieve natural sleep patterns through initial and ongoing identification of night care requirements.

Residents/representatives advised that the environment is conducive for them to achieve uninterrupted sleep. Staff confirmed various ways in which they can assist in supporting an adequate sleep pattern for residents including offering warm drinks and snacks, one-to-one time, and pain management strategies.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Information about the homes system for continuous improvement is provided under Standard one.

Recent examples of improvements in Standard Three include:

- A range of new activities have been introduced by the lifestyle staff to increase the variety of activities on offer for residents. Sensory bags and catalogue shopping are some of the new activities implemented and have been popular with the residents who state they enjoy the variety on offer.
- Feedback from a recent residents/relatives meeting was they would like more frequent bus trips. In response the organisation has facilitated the request by offering more regular bus trips in conjunction with the associated nearby aged care facility. Residents/representatives feedback is positive about the frequency and locations of the bus trips.

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 has systems to manage regulatory compliance which are described at Expected outcome 1.2 Regulatory compliance.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three:

- Information is provided to residents/representatives in the resident information package and the resident agreement regarding residents’ rights and responsibilities including security of tenure.
- The Charter of residents’ rights and responsibilities is included in the resident agreement and displayed in the home.
- Staff sign a confidentiality agreement to ensure residents’ rights to privacy and confidentiality are respected.

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 has a system to ensure management and staff have appropriate knowledge and skills. This is described under Expected outcome 1.3 Education and staff development.

Recent education and training relating to Standard Three includes topics such as privacy and dignity, lifestyle assessment and elder abuse.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Each resident receives support in adjusting to life in the new environment and on an ongoing basis. Information is also collected including assessments of emotional, leisure, physical, cultural, social and family care needs. The home offers a variety of written information to assist in ensuring that residents are well informed about the home. We observed that residents receive emotional support from management and all staff employed at the home. Many residents have personalised their rooms with posters, photos and other items.

Recreational activity staff described how they provide residents with emotional support, particularly during the early days after arrival, such as introducing them to other residents and checking on a daily basis to ensure they are aware of and invited to attend activities on the day. Residents/representatives said staff make them feel welcome and many commented that the staff are very supportive and look after them exceptionally well.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents said they are encouraged to maintain their independence and participate in community life, and their ability to make choices is facilitated and respected. The Charter of Residents' Rights and Responsibilities is on display within the home. Residents who wish to participate in activities and community outings are encouraged to do so. Residents are supported in maintaining their contacts with family and the community. The activities program ensures residents, who are able, have access to the community via regular visits to the home by various community members such as entertainers and volunteers.

Residents/representatives are satisfied the resident is assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has a system to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents/representatives confirm residents' privacy and dignity is respected at all times and staff are particularly considerate when attending to personal care.

The offices are designed to enable residents' personal information to be maintained in a confidential manner. During the site audit the team observed staff to be diligent about maintaining residents' privacy, closing doors to residents' rooms, using privacy screens and knocking before entering a resident's room. Staff interviewed advised the team of ways they can enhance resident's privacy and dignity when providing care.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports residents to participate in leisure interests and activities by providing a varied recreational activity program. The monthly activity programs are displayed, including being given directly to each resident in the monthly newsletter. Some of the activities are attended by all residents in a combined group. During the entry process an assessment of social needs and interests of residents is completed. This information assists in development of the monthly activity program. Information used to assist in the development of the program includes attendance at activity sessions and feedback via the resident meetings. Individual room visits are provided for those who choose not to participate in group activities, and residents are assisted to maintain their individual interests.

Residents/representatives confirmed they are supported and encouraged to participate in activities.

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 home has systems to ensure individual interests, beliefs and cultural and ethnic backgrounds are valued and fostered. The staff advised they arrange days to maximise residents' enjoyment in cultural experiences. Culturally specific days are celebrated for example, Melbourne Cup, Christmas, Anzac Day, Australia Day and Easter. Other culturally specific days celebrated are for example St. Patrick's Day. Religious services are made available to residents at the home on a regular basis for residents wishing to participate.

Residents/representatives confirm their satisfaction with the services available to them and that the home values and fosters residents' individual interests, customs, beliefs and cultural backgrounds.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

The home has effective systems to assist residents to participate in decisions about care and services they receive. Residents/representatives were able to confirm a number of choices and decisions they are encouraged to make. These include for example choice of meals, choice to visit friends in the community, to go shopping and choice of participation in activities. They stated they have been made aware of their rights and responsibilities and were complimentary of the service's encouragement and response regarding individual choices and decisions. Minutes of the meetings for residents confirmed there are discussions on topics which enable residents a freedom of choice.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Processes are in place to ensure that residents have secure tenure within the residential care service, and understand their rights and responsibilities. The home provides new residents/representatives with information on security of tenure and their rights and responsibilities. A resident agreement, to be read in conjunction with the resident handbook, is offered to the new residents and/or their representatives. The resident handbook also includes the Charter of Residents' Rights and Responsibilities which is also on display in the home. Residents/representatives interviewed stated they are satisfied with the information the organisation provides about their security of tenure and responsibilities.

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

Information about the homes system for continuous improvement is provided under Standard one.

Recent examples of improvements in Standard Four include:

- Following resident/representatives requests for a more comfortable and modern shared bathroom the organisation contracted a company to modernise the existing bathroom. It was completely refurbished with new tiling throughout and new fixtures and fittings. Residents/representatives are satisfied with the new bathroom.
- After recurrent complaints from residents/representatives regarding missing laundry items the organisation implemented a new labelling system. All residents clothing is now labelled by the laundry staff. Residents/representatives are now more satisfied with the laundry facilities.

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 has systems to manage regulatory compliance which are described at Expected outcome 1.2 Regulatory compliance.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four:

- Fire safety equipment is being inspected, tested and maintained according to fire safety regulations. Staff undertake mandatory fire awareness and evacuation training.
- The home has a NSW Food Authority license and a food safety program.

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 has a system to ensure management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development.

Recent education and training relating to Standard Four includes topics such as: manual handling, infection control and fire 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

Residents/representatives confirm they are satisfied that the home provides a safe and comfortable environment to live in and is consistent with their needs. The home is clean and has inside and outside communal areas for residents/representatives to use. There are a variety of processes in place to ensure the environment is clean and safe, for example a maintenance prevention program, cleaning schedule and access to call bells. The home regularly monitors the environment to ensure it is consistent with residents' care 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 can demonstrate it is working to provide a safe environment that meets regulatory requirements. The home has systems in place to regularly monitor and improve health and safety, for example, risk assessments and the use of incident and hazard forms which are acted on accordingly. Training and information is provided to all staff to ensure that safe practices are conducted. An occupational health and safety meeting is held regularly to ensure hazards are acted upon in a timely manner. Staff interviewed confirmed they are satisfied with the way the home provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has procedures in place for detecting and acting on fire, security and other emergency risks. Fire, security and emergency evacuation procedures are documented in policies, procedures and a detailed flip chart. The list identifying transfer needs is up to date and appropriately placed. A professional company is used by the home to carry out the necessary equipment and environmental checks. The home minimises the risk of fire, security and other emergency risks by a variety of methods such as audits, regular meetings and staff competencies. Residents/representatives state they feel safe in 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 infection control program in place which includes staff education, infection surveillance, personal protective equipment, staff vaccinations, and routine environmental reviews. Staff interviewed said there is a sufficient supply of equipment to promote infection control within their daily work for example; use of gloves, disposable aprons and hand washing equipment. Staff were observed to be using this equipment and carrying out duties according to the homes procedures such as the use of colour coded equipment and washing hands. There is a temperature monitoring system in place which includes refrigeration, cool room, food delivery and service and dishwasher. Systems are in place for the disposal of waste, including infectious waste. Minutes meetings were observed to discuss any infection control issues raised and contained planned courses of action as a result.

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 policies and procedures in place to ensure that hospitality services are provided in a way that enhances the quality of life of residents and the staff's working environment. The home offers a choice in menus and takes into account resident preferences and needs. Laundry of personal items of clothing and linen is conducted off site and delivered to residents' rooms. There is a regular cleaning schedule in place that ensures all areas of the home are routinely cleaned which includes the spring-cleaning of rooms.

Infection control systems ensure that all hospitality services are of a good standard. Surveys and audits allow the home to monitor their hospitality services to provide the best possible outcome for residents, staff and visitors. Residents/representatives are complimentary about the food, cleaning and laundry services.