



Australian Government

Australian Aged Care Quality Agency

Portland Tabulam Health Centre

RACS ID 0391
20 Green Street
PORTLAND NSW 2847

Approved provider: NSW State Government (NSW Ministry of Health)

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 31 August 2018.

We made our decision on 23 July 2015.

The audit was conducted on 23 June 2015 to 24 June 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

Portland Tabulam Health Centre 0391

Approved provider: NSW State Government (NSW Ministry of Health)

Introduction

This is the report of a re-accreditation audit from 23 June 2015 to 24 June 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 23 June 2015 to 24 June 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:	Delia Cole
Team member/s:	Rodney Offner

Approved provider details

Approved provider:	NSW State Government (NSW Ministry of Health)
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Details of home

Name of home:	Portland Tabulam Health Centre
RACS ID:	0391

Total number of allocated places:	22
Number of care recipients during audit:	22
Number of care recipients receiving high care during audit:	10
Special needs catered for:	Nil

Street/PO Box:	20 Green Street
City/Town:	PORTLAND
State:	NSW
Postcode:	2847
Phone number:	02 6359 2666
Facsimile:	02 6359 2637
E-mail address:	Jill.Marjoram@swahs.health.nsw.gov.au

Audit trail

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

Interviews

Category	Number
Care manager -operations	1
Director of nursing (Lithgow/ Portland)	1
Infection control coordinator	1
Registered nurses	3
Endorsed enrolled nurse	2
Care staff	2
Administration officer	1
Patient services and security manager	1
Acting contract catering manager	1
General manager	1
Residents/representatives	12
Dietician	1
Cleaning staff	1
Catering staff	1
Leisure and lifestyle staff	1
Maintenance officer	1
Catering staff	1
Cleaning and laundry staff	1

Sampled documents

Category	Number
Residents files	14
Residents' care plans	12
Quality improvement forms	16
Resident agreements	2
Personnel files	5
Risk assessment framework record forms	3
Medication charts	22
Wound charts	2
Complaints	4
Resident incident reports	6
Request for maintenance work forms	15

Other documents reviewed

The team also reviewed:

- Care documentation including admission assessment and care profiles, admission checklist, care plans, continence care and bowel charts, observation records, pain charts, skin charts, clinical observation and wound care charts, pathology recording form, clinical reviews, allied health and medical specialist reports, behaviour charts, nutrition and monthly weight chart
- Cleaning schedules, work instructions and work completed sign off sheets
- Education documentation: education calendars, education training attendance records, skills assessments, education toolbox information sessions and employee orientation programs
- Fire safety and emergencies documentation: inspection records, annual fire safety statement, emergency evacuation plan, evacuation details of residents, emergency evacuation signage, disaster management folder and flip-charts
- Food safety program documentation, food safety monitoring records, residents' dietary requirements and food preference information, food service allergen manual and menus
- Human resource management documentation: employment documentation, position descriptions, staff appraisals, nursing staff portfolios, staff health promotion folder and orientation documentation
- Infection control documentation including resident and staff vaccination records, pest control documentation, legionella species reports, outbreak reference material and outbreak management records

- Information management: communication book, admission enquiry form, meeting minutes, resident handbook, contact lists, diaries, newsletters, notices and memoranda and resident admission information
- Lifestyle program; special event calendar; activity plans; activity evaluations; destination assessments for bus outings; bus outing plans; residents' activity participation records; one-to-one monthly activity records; individual reminiscence and other activity resource kits
- Maintenance documentation: preventative maintenance schedule, supplier information and maintenance request register
- Medication management documentation including medication profiles, as required medications (PRN), nurse initiated medications, medication refrigerator monitoring, pharmacy communication, incident reports, referral forms, self-medication authorities
- Policies and procedures on line
- Quality management system: shared vision and values, plan for continuous improvement, quality plans, audit results and reports and survey results
- Re-accreditation self-assessment
- Regulatory compliance documentation: compulsory reporting incident documentation, staff police check register, NSW Food Authority Licence, professional registration records and consent forms for the collection and handling of private information
- Resident and visitor sign in/out sheets
- Supplier documentation and contact list
- Work health and safety system documentation: incident reports, risk assessment and safe work practices documentation, staff, visitor and contractor incident reports and safety data sheets.

Observations

The team observed the following:

- Activities in progress; lifestyle program resources; activity boards and information sheets and notices
- Charter of residents' rights and responsibilities on display
- Colour-coded utensils; personal protective equipment
- Complaints information including internal and external mechanisms on display and feedback forms and suggestion box
- Dining environments during lunch, beverage services with staff assistance, morning and afternoon tea, including residents seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals

- Displayed notices including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, Charter of Residents' rights and responsibilities, and organisation's mission, vision and values statement
- Equipment and supply storage cupboard including chemical, clinical, linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, lifters and mobile walkers
- Fire panel, fire-fighting equipment, emergency exits, emergency evacuation maps, emergency evacuation kit and annual fire safety certificate and fire safety plans
- Infection control equipment: hand wash stations, hand sanitiser accessible in treatment rooms, contaminated waste bins, colour coded cleaning equipment, sharps containers, outbreak management kits, personal protective equipment
- Interactions between staff and residents and representatives
- Living environment – internal and external
- Medication rounds and safely stored medications
- Noticeboards and posters, notices, brochures and forms displayed for residents, representatives and staff
- Secure storage of resident and staff files
- Small group observation in lounge/dining area
- Staff clinical areas including medication trolleys, wound management equipment and clinical information resources
- Staff handover
- Staff interacting with residents/representatives

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 utilises a continuous improvement system which includes a quality management system and performance review mechanisms. Improvements are identified through a number of avenues including resident/representative meetings, staff meetings, audits, benchmarking and review of clinical data. The home also utilises surveys, suggestions, incidents and staff performance appraisals. Part of this system includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents/representatives and staff reported they have opportunities and are encouraged to participate in the home's continuous improvement activities.

Examples of recent improvements in relation to Accreditation Standard One include:

- Management identified the need to ensure nursing staff portfolio documentation was up to date and reflected required duties and responsibilities. As such all nursing staff portfolios were reviewed and updated. Staff stated as a result they are fully aware of what duties they are required to perform on a daily basis.
- Management and staff identified the need to ensure stocks of appropriate goods for quality service delivery were readily available within in the home. Consequently inventory lists for the ordering of supplies was developed. These lists assist to ensure appropriate goods are always readily available for use within the home.
- Management identified some staff did not have proper access to required computerised information whereby they could receive organisational information on a timely basis. As such appropriate information systems were introduced whereby all staff now have access to and receive required information in an efficient and effective manner.
- The organisation together with management undertook a review of the home's external pharmacy agreement. As a consequence it was identified that the agreement needed amending so the specific needs and service goals of the home could be more effectively met. The pharmacy agreement was amended to meet the home's specific requirements.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through the organisation’s legislative update services and receives information from various government departments and accesses the internet and other sources. Management communicate changes to staff by documentation, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, skills assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of all policies and procedure on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for monitoring police certificates for staff are in place. Interviews and documentation confirmed that these have been completed.
- The organisation and home have a system whereby external contractors’ registrations and insurances are checked to ensure they are current.
- Information brochures on the Aged Care Complaints Scheme are available within the home.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems that ensure staff have appropriate knowledge and skills to perform their roles. Calendars of education sessions are developed which detail mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and some are skills based. Education and training requirements are identified through staff performance appraisals, internal audits, organisational requirements and staff requests. Management and staff are supported to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home's orientation process and have access to on-going education.

Examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes induction and orientation sessions for new staff.
- Calendars of education sessions have been developed through a consultative needs analysis between management and staff.
- Staff receive training on a wide range of topic areas relating to the Accreditation Standards.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Information about internal and external complaint mechanisms is provided to residents and representatives on the resident's entry to the home. This information is contained in resident admission information. Information is also communicated on a regular basis through resident and representative meetings and information on display in the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Feedback forms are available within the home. Brochures about external complaint mechanisms are also on display. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if necessary. Review of comments and compliments as well as other relevant documents indicates that issues raised are responded to in an effective and timely manner.

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's shared vision and values is available in the resident handbook. The home's shared vision and values form a part of the staff orientation program and are discussed with staff.

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 a system that aims to ensure there is enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. The organisation together with the home's management team review staffing requirements to ensure sufficiency of human resources. Recruitment procedures ensure the best possible match between candidates and roles are achieved. Staff are provided with position descriptions and there are systems in place for staff orientation, education and performance management. Performance appraisals are conducted and results are fed into the home's human resource management system.

Observations, documentation and resident interviews showed there is sufficient staff with the appropriate knowledge and skills to perform their roles effectively.

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 stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance work order requests are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

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 home has an information management system that provides relevant information to stakeholders. The home's communication system includes meetings, handbook for residents, policies and procedures, noticeboards, case conferences, staff handovers and a clinical documentation system. The home utilises these communication channels along with management's 'open door' policy to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised staff. Observations demonstrated that resident and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Residents/representatives stated they are well informed regarding residents' needs and all other matters appropriate 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

The home's externally sourced services are arranged primarily by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references, insurance and criminal history checks are made. All major contracts are reviewed regularly through feedback by the organisation and the home. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier, lists are maintained at the home and updated as required. Staff are informed of appropriate matters relating to the provision of 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 resident (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- Management identified the need to more effectively focus on each resident's individual care needs so their physical and mental care is promoted and achieved at the optimum level. Consequently, each month all residents will have a special care day where their goals of care and care interventions will be reviewed for appropriateness and effectiveness by care staff.
- Management identified the need to develop a formal reporting system whereby the incidence of resident urinary tract infections is documented and trend information gathered. This reporting system will assist in the development and implementation of appropriate specialised care interventions for residents who have urinary tract infections, or residents who are deemed at risk of having such infections. This formal reporting system is currently being implemented.
- Management identified the need to develop a consolidated resident incident register whereby information relating to all resident falls, including time of falls and location of falls would be obtained and documented. The register is currently being implemented and will be reviewed on a regular basis to identify what appropriate care intervention strategies can be implemented to minimise residents having any falls.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors registered nurses’ registrations.
- The home monitors the registrations of visiting health professional to ensure they are current.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relating to Accreditation Standard Two include:

- advanced care planning
- dementia: everyday care
- depression: awareness and support
- diabetes management
- hydration and nutrition: use of special diets
- undertaking clinical assessments
- use of medications
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives expressed high levels of satisfaction with the clinical care provided at the home appropriate to their needs and preferences. The home has processes and systems to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Information to guide initial care is gathered at an admission interview with the care manager and this is used to inform care staff of individual needs during the initial entry and settling in period. Care plans are developed and implemented in consultation with residents and representatives using the results of clinical assessments, input from the healthcare team and information from the resident’s medical assessment. Care staff provide clinical care that is overseen by registered nurses and care plans are regularly evaluated and updated as care needs change. Staff practices are monitored for compliance with the home’s processes and procedures. Care staff demonstrated a good understanding of residents’ specific care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The specialised nursing care needs of residents are identified through review of their medical history, clinical assessments and discussion with residents and representatives. Specialised nursing care is provided by appropriately qualified registered and enrolled nurses. Complex care plans are regularly reviewed and updated as changes occur to ensure they reflect the specialised nursing care needs of residents. Staff at the home can provide specialised nursing care for residents requiring wound care, oxygen therapy, catheter care, palliative care, wound, pain and diabetes management. Residents at the home are referred to a range of specialists, including medical officers, clinical nurse consultants, wound, continence, psychogeriatric and dementia management teams. The home has an ongoing review and evaluation system for identifying and managing specialised nursing care needs. Care staff members have access to internal and external education and are competency tested.

Residents and representatives said they are highly satisfied with the consultation and provision of specialised nursing care to residents.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are able to access appropriate health specialists in accordance with their individual needs and preferences. A number of health care specialists visit the home on a regular basis

as required, including a podiatrist, speech pathologist and dietician. Other specialist health services can be accessed through the local area health service or the local community. Records of visits to a specialist are kept in residents' files and relevant advice from these specialists is included in residents' care plans. Staff have an understanding of the referral system, including assisting residents to access external appointments which facilitates speedier reviews for residents. Residents and representatives state they are satisfied with the assistance provided for residents to see appropriate health specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure residents' medications are managed safely and correctly. The medication needs of each resident are assessed when they move into the home in consultation with the resident or representative and medical officer. A photograph identifies each resident with their date of birth and clearly defined allergies on each chart.

Residents can self-administer their own medications if assessed as safe to do so by their medical officer. There are processes to monitor compliance with the medication management system through audits and documentation of incidents. Medication advisory committee meetings with Nepean / Blue Mountains Drug Committee are planned and review legislation changes, medication and pharmacy issues. We observed medications are stored securely.

Residents and representatives are satisfied the residents' medications are managed in a safe and correct manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Residents are assessed on entry and on an ongoing basis by the physiotherapist or registered nurse to ensure they are as free as possible from pain. Residents' cognitive abilities are taken into account and the home uses a variety of tools to assess and manage pain. Any resident identified with pain, including residents at risk of pain are assessed and have pain management documented in their care plan. The plan is monitored and regularly evaluated for effectiveness in consultation with the resident and representative, healthcare team and medical officer. Residents are referred to specialists when necessary. Medication and alternative approaches to manage pain include massage, provision of emotional support, exercise and the use of pain relieving equipment. Staff receive education in pain management and staff practice is monitored by management. Staff interviewed are aware of pain management strategies for individual residents. Residents and representatives said that staff respond promptly to the residents' pain and offer interventions in line with preferences.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems, practices and support teams in place to ensure comfort and dignity of terminally ill residents is provided. Advanced care directives are discussed with residents and representatives on entry depending on residents’ care needs and then as needed. It is stressed the completion of an advanced care directive is optional. The home has access to specialist advice from a palliative care team and has a range of technical devices and assistive aids, including air pressure relieving mattresses to ensure comfort. Care staff expressed sensitivity and understanding in providing physical and emotional support during this time. The registered nurse is assisted by the care team to ensure residents’ pain relief and comfort care needs are met. Education about the palliative care process is provided.

Spiritual support can be made available and provided by various ministers of religion according to residents’ preferences. Representatives spoke positively about the level of communication and information provided to them about palliative care services provided by the home.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has effective systems and processes to ensure residents receive adequate nourishment and hydration, including assessment, monitoring and care planning on entry and on an ongoing basis. Preferences for food and drink are recorded and communicated to catering staff and there are mechanisms to communicate changes in dietary needs. There are processes to ensure fluid intake and weights are monitored and nutritional supplements are introduced as required to assist weight and wound management. Referral to allied health services such as speech pathologist and dietician occurs regularly and more frequently when necessary. Snacks are freely available at any time and the means to make after hours snacks is available. Observation of luncheon activity indicates staff are available to ensure residents receive appropriate assistance, assistive devices and individual dietary requirements in an atmosphere that encourages interaction and a sense of community.

Residents and representatives said they have input into the menu and they are highly satisfied with the variety of food, choice and quality of meals offered.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure each resident’s skin integrity is protected and skin care provided is appropriate for their needs. Assessment and care planning is conducted on entry to the home and on an ongoing basis. Care staff said they report to the registered nurse any alterations to an individual resident’s skin integrity. This is followed up with a skin assessment and wound management charts are completed. Care staff advised us of the actions they take to maintain and improve resident’s skin integrity, including attention to personal hygiene, continence management, nutritional intake, nail care and pressure area care, if needed. Specialised wound care products and equipment such as limb protectors and pressure relieving devices are available. Accident and incident forms, clinical notes and wound charts demonstrate that residents’ skin integrity is closely monitored and wound care requirements are generally well managed. The home has access to wound care specialists who provide education to the staff and manual handling education is mandatory. Residents and representatives said they are satisfied with the way staff provide skin and wound care to residents.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure that residents’ continence is managed discretely and effectively. An initial assessment occurs on entry to the home and on an ongoing basis. A care plan is developed to include toileting programs, equipment needs and continence aids. Care staff provide assistance to residents with toileting regimes, maintaining hygiene and skin integrity, if required. The home has sufficient stocks of bed linen and continence aids in appropriate sizes to meet the needs of the individual resident. Staff were observed being considerate of residents’ privacy and dignity in relation to continence needs. Residents and representatives said they are satisfied with the way the residents’ continence needs are managed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage any residents’ with challenging behaviours. Assessment is completed on entry and on an ongoing basis to identify behaviours and ‘triggers’ that may lead to challenging behaviours. Care plans are developed in consultation with residents and representatives, then implemented and reviewed. Residents’ preferences and needs as well as triggers, challenging behaviours and management strategies are

documented and behaviours are monitored. Residents are referred, as needed, to medical officers, dementia specialists and local dementia or mental health services for review and treatment options. Behaviour related incidents are recorded, reported and addressed in a timely manner. Care staff have access to internal and external education. Lifestyle and care staff will provide individual and small group activity programs suitable for residents' with challenging behaviours, if needed. Residents and representatives are satisfied with the way staff manage the residents challenging behaviours to minimise the impact of other residents' behaviours on them.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents at the home are supported to achieve optimum levels of mobility and dexterity. Their needs are assessed and an individual treatment and mobility program is developed on entry by the physiotherapist and the registered nurse. All residents have plans to guide transfers and promote mobility and dexterity. Rehabilitation and exercise programs developed are implemented by the activity and care staff. Assistive devices such as mobility frames, walk belts, mechanical lifters and wheelchairs are available. Staff are trained in manual handling and the use of specialist mobility and transfer equipment. Falls incidents are documented and analysed. Residents are encouraged to remain independent and mobile as much as possible, however assistance is available when and where required. Residents and representatives are highly satisfied with the way staff assist the residents with their mobility requirements.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems to maintain residents' oral and dental health. Oral and dental health is assessed when residents move into the home and recorded within the care plan. Diet and fluids are provided in line with residents' health needs. Residents' preferences for dental care are recorded and dental appointments are arranged in consultation with the resident and their representative. Specialist advice for residents with swallowing problems is sought when needed by a speech therapist and texture modified diets and fluids are available. Dietary reviews are undertaken by a dietician who visits fortnightly to review residents' weights and any special dietary needs, if required. Staff have access to education in oral and dental care.

Residents and representatives said staff provide assistance to the residents with oral and dental care when required, or as requested.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems to identify and manage residents’ visual, hearing and other sensory losses. Residents’ sensory deficits are assessed on entry and the level of assistance required by residents, as well as the management of relevant aids such as glasses and hearing aids, is included in residents’ care plans. The home provides a safe hazard free environment with corridors and rooms kept free from clutter. Activities are planned to take into consideration residents’ with sensory loss using large print books and games. Residents and representatives interviewed indicated satisfaction with the management of residents’ sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has processes to assist residents to achieve their rest and natural sleep patterns. On entry to the home, sleep patterns are assessed. Strategies are planned, implemented and recorded. Strategies available to support residents to achieve natural sleep patterns, include pain and continence management, warm drinks, snacks and reassuring and resettling activities for residents who are having difficulties in sleeping. Residents who are prescribed medications to assist them to sleep have it provided to them. Residents said they generally sleep well, their beds are comfortable and are they are not disturbed at night by others. They said they feel safe and secure at night in the home.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- Recreational activity staff identified the need for some residents who enjoy gardening to have appropriate gardening equipment so they could more effectively participate in gardening activities. As such the home purchased more gardening tools which staff report enables some residents to more fully engage in gardening leisure activities.
- Management identified recreational staff would benefit from networking with other recreational activity staff from other aged care facilities in the region. Consequently staff attend monthly regional recreational activity staff meetings where ideas, programs and experiences are shared. Recreational activity staff stated this networking has assisted in gaining more knowledge and skills to perform their required duties.
- The recreational activity officer recently organised and included into the activity program an Anzac Memorial Service which was held at the home and also residents participated in Australia’s Biggest Morning Tea. Some residents interviewed stated they very much enjoyed these activities.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The “Charter of Residents’ Rights and Responsibilities” is on display.
- The resident agreements outline security of tenure and is based on applicable legislation.
- The home has a system for compulsory reporting according to current legislation.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrate that staff have knowledge and skills relating to care recipient lifestyle.

Examples of education related to Accreditation Standard Three include:

- aboriginal culture: respecting the difference
- monthly networking with regional aged care facilities
- person centred activities.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Residents expressed appreciation to staff for the support and assistance that staff provide to them upon their entry to the home and subsequent settling in period. Care staff, lifestyle staff

and volunteers spend one-to-one time with residents during their settling in period and thereafter according to residents' needs. Residents and representatives can have access religious clergy for individual support, as needed. The entry process includes gathering information from residents and representatives to identify residents' existing care and lifestyle preferences. The home has a large volunteer program and volunteers help and encourage social interactions. We observed positive and supportive interactions between staff and residents during the re-accreditation audit. Feedback about residents' levels of satisfaction with the provision of emotional support is gained through surveys, care conferences, feedback forms and informally through discussions.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents stated they are satisfied with the opportunities available to them to participate in the life of the community. Residents are supported to go out with family and friends and they are encouraged to entertain their visitors at the home. Staff facilitate residents' participation in the life of the community, for example, through the arrangement of regular bus trips. Many community groups visit the home including service clubs, entertainers, special interest groups and school children. Many residents use mobility aids to ambulate around the home. Physiotherapy and regular exercise sessions assist residents to maintain their mobility levels and independence. Residents are able to discharge their civil duties of voting.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality is recognised and respected. Information about residents is securely stored. Staff are provided with education about privacy, dignity and confidentiality on induction. We observed staff respecting residents' privacy. The building provides each resident with a bedroom with an en-suite bathroom. This enhances residents privacy and dignity when undertaking personal hygiene activities. Staff address residents in a respectful manner by their preferred names. Observations of staff interactions with residents showed warmth and respect. Many residents enjoy the services of a hairdresser who attends the home regularly. Residents and representatives confirmed that staff provide care to residents in a respectful and dignified manner.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents expressed a high level of satisfaction with the lifestyle program that is provided by lifestyle staff, carers and volunteers over seven days a week. Staff use an assessment process that identifies residents' life stories, social histories and leisure preferences. The monthly activity program, which includes special events, takes into account residents' preferred activities and celebrates significant cultural days. The program includes a mix of group and individual activities. Those residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time with lifestyle staff or volunteers. This enables them to engage in activities of meaning to them. Lifestyle staff are responsive to the feedback that residents provide at resident meetings, through surveys and during informal discussions. They maintain participation records for each resident to identify their level of interest in the activities provided. Lifestyle staff evaluate residents' leisure and lifestyle care plans regularly to ensure the program continues to meet residents' recreational and leisure needs.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents reported they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and customs are identified as part of the assessment process on entry. Residents at the home are currently all from an Australian or European background and all residents understand English. Specific cultural days of interest to the residents are commemorated with appropriate festivities.

Residents and representatives expressed appreciation for the efforts of staff to entertain the residents on these occasions. Residents' birthdays are recognised on the day and celebrated with a birthday party, if that is their wish. Regular church services are held at the home and residents are invited to attend if they wish to do so.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents advised they are satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff, residents and representatives. The menu provides choices for every meal. Residents' choices of medical officer and allied health

services are respected. Participation in group activities is the choice of the resident and lifestyle staff discuss with them how they wish to be supported during one-to-one time. Residents have personalised their rooms with photographs, other mementoes and small items of furniture. The home has a number of mechanisms to assist residents and representatives participate in decisions about the services residents receive, including discussions with staff, resident meetings, surveys, care conferences and through the comments and complaints processes. Residents expressed satisfaction with the actions taken by management on matters raised and their responsiveness to requests. Residents' care plans, care conference records and progress notes provide evidence of consultation with them about their preferences for the manner in which care is provided.

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 systems to ensure residents have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and residents' rights and responsibilities is provided and discussed with prospective residents and their representatives, prior to and on entering the home. The resident agreement is accompanied by an information handbook which outlines care and services, residents' rights and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with residents and/or their representatives. Ongoing communication with residents and representatives is through meetings and correspondence. Residents and representatives said residents feel secure in their residency at the home and are aware of their rights 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

Refer to expected outcome 1.1 Continuous improvement for further information relating to the home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- The organisation together with management identified the need to update the home’s disaster management procedures in order that such procedures reflected the local health area’s requirements. Consequently such procedures were updated with the intended result being that fire, security and emergency risks are minimised and effectively addressed.
- It was identified through feedback from staff and residents that a review of the effectiveness of the air conditioning systems throughout the home needed to be undertaken. As such a review of the air conditioning systems was undertaken and a number of improvements were made resulting in a more comfortable living environment for residents.
- Management identified the need to ensure required cleaning was undertaken by nursing staff. Consequently cleaning duties for nursing staff were documented and a quality assurance system introduced which has assisted to ensure cleaning duties are performed by designated staff. Management reported required cleaning duties are now undertaken effectively.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
- The home has a current annual fire safety statement on display.
- The home provides material safety data sheets with stored chemicals.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Accreditation Standard Four include:

- food safety
- infection control
- manual handling
- risk management
- use of fire equipment, and
- work health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home can demonstrate that it is actively working to provide a safe and comfortable environment consistent with residents' needs. The home is a single storey building with various sections comprised of single bedrooms with ensuite bathrooms. It is illuminated with natural light and has tastefully furnished lounge, dining and communal areas. The home has controlled air conditioning throughout. There is a preventative and reactive maintenance program in place and regular inspection audits covering the environment are undertaken.

Residents/representatives stated that they are very satisfied with residents' individual rooms and the communal living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular workplace inspection audits and there are processes for the identification and addressing of incidents. There is manual handling education for all staff.

Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities, and we observed safe practices in operation.

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 established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire evacuation plans, emergency procedure documentation and exit signs are located throughout the home. Monitoring and maintenance of all fire and alarm equipment is undertaken and reports provided. Fire equipment is located throughout the home. Appropriately responding to emergency training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. An emergency evacuation resource trolley is readily available which includes information detailing residents' care needs and relevant contact

information. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program which minimises infections. A resident and staff immunisation program is implemented each year. The program includes monitoring of any infections, appropriate treatment and follow up review to reduce the likelihood of further infections. Infection control training and hand washing education are provided for staff during orientation, during mandatory annual education and as needed for all staff. Outbreak management plans and equipment are in place. The home has an effective food safety program and a pest control program. Personal protective equipment, spill kits and hand sanitising stations were observed throughout the building. Temperature monitoring and thermometer calibration programs are regularly recorded and cleaning schedules are followed throughout the home. All staff interviewed had a good understanding of the importance of infection control.

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

Residents expressed high levels of satisfaction with the hospitality services provided at the home. Comments included the food is very good, my room is kept beautifully clean and my clothes are returned very clean by laundry staff and the staff are angels.

Residents' dietary needs and choices are assessed and documented on entry to the home and details provided to catering staff. All food is cooked on site. There is a food safety program and the home has a current NSW Food Authority licence. The home has a seasonal menu with input from a dietician. We observed food preparation and service and staff practices are according to the appropriate food safety guidelines, including infection control requirements. Catering staff have undertaken training in relation to appropriate food handling and infection control.

The home presents as clean, fresh and well maintained. Cleaning staff perform their duties guided by documented schedules, work instructions and results of inspections. Cleaning equipment is colour coded and chemicals are securely stored. Staff are trained in the use of equipment, infection control, outbreak management procedures and work, health and safety. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.

Personal laundry services are provided on site whilst linen is laundered by an external organisation according to specific contract arrangements. Dirty laundry is collected in appropriate coloured linen bags and transported to the laundry area. There are procedures and work instructions for the collection and handling of linen. Staff described the processes for

the collection and transportation of dirty linen and distribution of clean linen to residents. Staff confirmed they receive training in infection control and safe work practices.