



Australian Government

Australian Aged Care Quality Agency

The Bay Nursing Home

RACS ID 2815
394 Princes Highway
BLAKEHURST NSW 2221

Approved provider: Kenna Investments Pty Ltd

Following an audit we decided that this home met 39 of the 44 expected outcomes of the Accreditation Standards. We decided to vary this home's accreditation period.

This home is now accredited until 01 February 2017. We made our decision on 1 March 2016.

The audit was conducted on 11 January 2016 to 18 January 2016. The assessment team's report is attached.

After considering the submission from the home including actions taken by the home, we decided the home now meets expected outcomes 1.1 Continuous improvement, 4.5 Occupational health and safety, 4.6 Fire, security and other emergencies and 4.7 Infection control.

The period of accreditation will provide the home with the opportunity to demonstrate that it is capable of monitoring systems, addressing those expected outcomes identified as not met, evaluating the effectiveness of actions taken, and establishing and maintaining compliance with the Accreditation Standards.

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

ACTIONS FOLLOWING DECISION

Since the Review audit decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the Review audit decision we have conducted assessment contacts. Our latest decision on 9 May 2016 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development

Expected outcome	Accreditation Agency's latest 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

Expected outcome	Accreditation Agency's latest 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

Expected outcome	Accreditation Agency's latest 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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

The Bay Nursing Home 2815

Approved provider: Kenna Investments Pty Ltd

Introduction

This is the report of a review audit from 11 January 2016 to 18 January 2016 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.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services 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 make any changes to its accreditation period.

Assessment Team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets: 35 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.1 Continuous improvement
- 1.7 Inventory and equipment
- 3.6 Privacy and dignity

- 4.1 Continuous improvement
- 4.4 Living environment
- 4.5 Occupational health and safety
- 4.6 Fire, security and other emergencies
- 4.7 Infection control
- 4.8 Catering, cleaning and laundry services

Scope of audit

An assessment team appointed by Quality Agency conducted the review audit from 11 January 2016 to 18 January 2016.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Veronica Hunter
Team member/s:	Trudy Van Dam Wendy Ommensen

Approved provider details

Approved provider:	Kenna Investments Pty Ltd
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Details of home

Name of home:	The Bay Nursing Home
RACS ID:	2815

Total number of allocated places:	72
Number of care recipients during audit:	51
Number of care recipients receiving high care during audit:	51
Special needs catered for:	NA

Street/PO Box:	394 Princes Highway
City/Town:	BLAKEHURST
State:	NSW
Postcode:	2221
Phone number:	02 9546 7522
Facsimile:	02 9546 6025
Email address:	Nil

Audit trail

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

Interviews

Category	Number
General manager	1
Property and asset manager	1
Work health and safety consultant	1
Executive care manager/care manager	1
Acting deputy care manager	1
Registered nurses	4
Care staff	12
Physiotherapist	1
Care recipients/representatives	19
Management support officer/lifestyle coordinator	1
Recreational activity officer	1
Catering staff	4
Cleaning staff	2
Laundry staff	2
Maintenance staff	2

Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes (nursing and medical) forms and charts, allied health assessment and documentation, care conferences, pathology, referrals and other associated documentation	10
Summary care plans	4
Medication charts	16
Care recipient agreements	6
Personnel files	6
Wound charts	8

Other documents reviewed

The team also reviewed:

- Accident and incident folder
- Approved supplier and contractor list
- Asset register
- Audits and audit schedules
- Boronia residents “interaction record book”
- Care documentation including residents on 2 Cal, residents on ensure, urinalysis for December 2015, monthly urinalysis and weight monitoring chart, shift allocation list, daily fire, safety and clinical handover records, surveillance charts, residents care day sheet, registered nurse monitoring charts, bed rail monitoring, registered nurse checking duties folder, assistant in nursing work book folder including bowel charts, shower/sponge charts, toileting program, physiotherapy assistant statistics.
- Cleaning documentation: cleaning manual, spring cleaning schedules
- Compulsory reporting register
- Continence aids – extra usage
- Continuous improvement system documentation: Audit schedule, audits, continuous improvement plan, comment and complaint folder
- Contractor agreements, service agreements, sprinkler installation project 2015
- Daily fire and safety handover sheet
- Fire, security and other emergencies: Annual Fire Safety Statement, disaster welfare plan, draft organisational emergency response plan, emergency response for aged care services, fire service reports, internal emergency response and disaster management plan
- Food services: cleaning records, daily operations worksheets, dietary analysis forms, equipment temperature charts, food safety audit, food safety manual, food temperature charts, kitchen diet lists, four weekly rotating menu, NSW Food Authority Licence, sanitisation records, training records,
- Human resource system documentation: roster, sick leave tracker, agency staff inductions, criminal record check system, professional staff registrations, job descriptions and duty statements, education calendar and attendance records, competency assessments, training needs analysis
- Information system documentation: communication books, meeting minutes, meeting schedule, newsletters, care recipient and relative handbook, staff handbook, memorandum folder
- Laundry manual

- Leisure and lifestyle documentation: social profiles and assessments, lifestyle care plans, activity attendance records, activity calendar
- Maintenance services: planned preventative maintenance schedules 2015, thermostatic mixing valve checks, test and tagging records, maintenance to do list, maintenance job list, material safety data sheets
- Outbreak management and compulsory reporting folder
- Physiotherapy folder
- Policies and procedures
- Residential care agreement
- Security checklist

Observations

The team observed the following:

- Activities in progress
- Aged care complaints scheme, advocacy, posters and other information on display
- Archive storage
- Availability of manual handling and mobility equipment such as hand rails, mobile walking frames, walking sticks and walk belts.
- Charter of care recipients' rights and responsibilities
- Chemical and oxygen storage, safety data sheets (SDS) at point of use.
- Complaint information posters and brochures (internal and external), confidential suggestion box
- Dining environments during lunch and morning and afternoon tea services with staff assistance including use of assistive devices for meals and care recipients being assisted with meals in their rooms
- Equipment and supply storage areas
- Fire, security and other emergencies: fire fighting equipment checked and tagged, evacuation egresses, assembly areas, evacuation mat
- Food services: food labelling and dates, stock rotation and decanting processes
- Handover in progress
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment, waste management
- Laundry practices, separate washing drying and folding areas

- Living environment
- Maintenance workshop and storage area
- Medication round in Wattle and Jacaranda, medication trolleys and secure storage of medications
- Resident and staff noticeboards
- Short group observations
- Storage of care recipient information
- Staff practices and interactions with care recipients and visitors
- Staff work areas including nurses' stations, treatment/utility rooms, staff room, reception and offices
- Vision, mission and values statement displayed
- Waste management – general, recycled and contaminated waste
- Wound care trolley and supplies

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 does not meet this expected outcome

The home does not demonstrate that it actively pursues continuous improvement. The organisation's systems for continuous improvement such as maintenance of a continuous improvement register, encouraging care recipient and staff input, identification of opportunities for improvement and evaluation of the results of continuous improvement activities have not been followed in the home. Processes for ensuring the quality of care and services such as audits are not consistently followed. Audits which are undertaken are not identifying deficiencies in the home's systems and where they do identify deficiencies these are not rectified.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The organisation is a member of peak industry associations, which provide legislative and industrial updates. The home also receives direct communication regarding regulatory changes via updates, circulars and bulletins from a number of government and professional bodies. The organisation’s general manager is responsible for identifying regulatory compliance issues and the care manager is responsible for the implementation of regulatory compliance in the home. Regulatory compliance issues and updates are communicated to staff through memos, communication books and handovers. Management monitors compliance through audits, observation of staff practices and stakeholders’ feedback. Staff said they are made aware of regulatory compliance obligations through education and management feedback. Examples of regulatory compliance relevant to Accreditation Standard One include:-

- The home ensures all care recipients/representatives and staff have access to information about internal and external comments and complaints mechanisms.
- There is a system to ensure all staff, allied health personnel, and contractors (where required), have police checks and these are monitored for renewal.
- The staff handbook includes information about regulatory compliance regarding employment of staff.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an orientation program for all new staff, which includes mandatory education and buddy shifts. The education delivered, and knowledge and skills of staff, are evaluated on an ongoing basis through senior staff observations, competency assessments and staff appraisals. Staff are paid for their attendance at education and staff said the home provides them with opportunities for professional development. Care recipients/representatives commented staff are experienced and competent when undertaking their duties.

Education topics related to Accreditation Standard One includes: documentation, aged care update, complaints handling and rostering.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure care recipients/representatives have access to internal and external complaint mechanisms. These are outlined in the care recipient handbook and agreement, and all new care recipients and/or representatives are made aware of feedback mechanisms as they settle into the home. Feedback forms and brochures for accessing external complaints services are readily available in a number of languages. A confidential suggestion box is available for receiving confidential complaints. Resident and relative meetings provide a further avenue for raising concerns. Staff are aware of the complaint procedures. Care recipients and/or representatives said if they have concerns they raise them with staff, who are responsive to any comments or concerns.

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 displays the organisation's vision, mission and philosophy statement in the home and it is recorded in key documents. The vision, mission and philosophy are promoted through orientation, education and handbooks. The Charter of care recipients' rights and responsibilities is on display and is included in the resident agreement received on entry.

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

Care recipients/representatives were complimentary about the care, lifestyle and hospitality services provided to them by staff and confirmed there are sufficient staff to provide services to meet care recipients' needs. Staffing levels are determined by the needs of care recipients and are adjusted as needed. Staff mostly said they are able to undertake their duties within their rostered hours. Staff also advised relevant education is provided to ensure they have the necessary skills to undertake their duties. Staff expressed a strong commitment to the care recipients and the home.

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 does not meet this expected outcome

Observations demonstrate the home does not have equipment that is of an appropriate standard for the delivery of quality care. Organisation processes for planned replacement of equipment such as asset registers are not followed. Organisation processes for ensuring maintenance, repair and replacement of equipment are not being followed.

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

Information management and dissemination processes ensure care recipients/representatives, management, staff and other interested people are provided with relevant and appropriate information. Systems are in place for the management, distribution, storage, archiving and appropriate destruction of information. Electronic information is backed up regularly, password protected and restricted to authorised personnel. Forms of communication include meeting minutes, newsletters, communication diaries/books, memorandums and noticeboards. Care recipients/representatives sign consent for exchange of information to appropriate persons. Confidential information is mostly stored securely and staff sign confidentiality agreements. Care recipients/representatives say they generally know what is happening around the home.

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 monitors external goods and service providers to ensure the standard provided meets the needs and service quality goals of the home. A range of contractors, goods providers and external service providers operate within contracts and agreements covering for example care related services and the fire safety system. Management monitors providers to ensure contracts and required documentation such as police clearances, and authorities to practice are provided and insurances are current. Care recipients/representatives and staff say they are satisfied with the external services available.

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

Expected outcome 1.1 Continuous improvement outlines deficiencies in the home's overall system of continuous improvement. These deficiencies have not significantly impacted on expected outcomes in Accreditation Standard Two - Health and personal care. Monitoring of clinical care is being undertaken through monitoring of clinical indicators. Management advised the following improvements related to Standard Two – Health and personal care were undertaken in the last twelve months:

- A seasonal change of toothbrushes was implemented in January 2015. We were advised toothbrushes were last changed in December 2015. The improvement has resulted in ensuring cleanliness and minimising the risk of infection.
- It was decided to introduce annual hearing assessments. All care recipients were reviewed by a specialist hearing service in May 2015 and appropriate actions such as replacement or procurement of new aids undertaken.
- Care staff identified the need for hooks along corridors to store walk belts. The hooks were installed in November 2015 and have resulted in walk belts being easy to access.

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

Management has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Two include:

- The home has systems in place to monitor compliance of medication management and the provision of specialised nursing care.
- Professional staff registrations and authorities to practice are recorded and monitored.
- A system is in place to manage unexplained absences of care recipients in accordance with regulatory requirements.

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

Expected outcome 1.3 Education and staff development describes the home’s system in relation to education and staff development to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Review of documentation and individual training records shows education relating to Accreditation Standard Two has been provided for staff in the past year.

Education topics related to Accreditation Standard Two includes palliative care, head injuries, continence management, special diets, plans of care, insulin dependent diabetes, influenza, depression, falls prevention, dementia night time care, bladder and bowel management, enteral feeding, sleep disorders, use of respirator aids 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

Care recipients/representatives reported that appropriate clinical care is provided at the home and individual needs and preferences are respected. A program of assessments is undertaken when a care recipient moves into the home and a care plan is developed. Care plans are

reviewed and evaluated regularly. Medical officers review care recipients regularly and as requested and referrals to specialist medical and allied health services are arranged as required. Case conferences with senior staff are held yearly or as required to ensure care recipients and their representatives consider care to be appropriate and effective. A range of care based audits, clinical indicators, resident surveys, meetings and staff handovers are used to monitor the quality of care. Staff said they receive clinical care training, supervision and have access to appropriate supplies of equipment to ensure quality clinical care is provided for all care recipients.

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

Care recipients/representatives said they are satisfied with specialised nursing care at the home. There are systems to ensure care recipients’ specialised nursing care needs are identified and met by registered nurses. Specialised nursing care needs are assessed and documented in care plans when a care recipient moves into the home. A review of documentation including the clinical care system shows changes are documented in progress notes, clinical charts, specialist forms and charts and in care plans. Care plans are reviewed and evaluated on a regular basis. Registered nurses attend care recipients’ specialised care and equipment is supplied as required to meet individual need. Staff said they receive training in specialised nursing care and the use of equipment.

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

Referrals to appropriate health specialists are organised in a timely manner in accordance with care recipients’ assessed needs and preferences. Correspondence received from specialists or health professionals is followed up by the care recipients’ medical officer and staff. Care plans are updated to reflect any changes to care and there are systems in place to ensure staff are informed of any changes. Staff practice is monitored in the use of assessment tools and methods of facilitating referrals to appropriate health specialists. The registered nurses monitor referral mechanisms to ensure they are current, appropriate and effective. Care recipient/representatives said they are satisfied with the referral system.

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

Care recipients/representatives said they are satisfied with the way medications are managed. There are processes to ensure medication orders are current and care recipient medication needs, including allergies and administration needs are identified and met.

Medications are regularly reviewed by the care recipient’s medical officer and changes in medications are communicated and supplied in a timely manner. Medications are ordered, received, stored, administered, documented in line with policies and procedures and regulatory requirements. Medications are monitored and administered by registered nurses. The medication management system is monitored, reviewed and improved through regular audits and pharmacy reviews. Staff administering medications receive regular education and are competency tested to ensure medications are managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any care recipient identified with pain, including those at risk of pain, are assessed and have a pain management plan. The plan is monitored and regularly evaluated for effectiveness by the registered nurses and physiotherapist in consultation with the care recipient/representative and healthcare team. Medication and alternative approaches to manage pain are used including massage, the provision of emotional support, exercise, re-positioning and the use of pain relieving equipment including heat packs and transcutaneous electrical nerve stimulation (TENS) machines. Staff receive education in pain management. Care recipients/representatives said they are satisfied with the way care recipients pain is managed.

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

Management has practices in place to ensure the comfort and dignity of terminally ill care recipients is provided and families are supported. Advanced care directives are discussed with care recipients/representatives soon after entry to the home or as appropriate depending on care needs. Palliative care planning incorporates a multidisciplinary approach with access to palliative care specialists and specialist equipment. The registered nurses ensure that spiritual care is available to care recipients/representatives as required and requested. Staff practice is monitored to ensure it is consistent with needs and preferences of care recipients and staff

have access to training in palliative care. Care recipients/representatives said management and staff are caring and the dignity and comfort of terminally ill care recipients is maintained.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration including initial and ongoing assessments of care recipients’ needs and preferences. Care recipients have a choice of food from the four weekly dietician approved rotating menu. Meals are prepared on-site and nutrition supplements, modified cutlery, equipment and assistance with meals are provided as needed. The care manager identifies any care recipient at risk of weight loss and malnutrition or excessive weight gain by monitoring regular weight records. Care recipients of concern are reviewed by the local medical officer and/or referred to a dietician. Observation confirmed the daily menu is displayed in the dining area. Hydration is monitored and extra fluids provided in hot weather. Care recipients/representatives said they are satisfied with the catering services provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients/representatives said they are satisfied with the way skin care is managed. The skin integrity of each care recipient is assessed when they move to the home and care recipients/representatives are involved in care planning to ensure any concerns relating to skin care are identified and met. Registered nurses provide wound care. Care plans are regularly reviewed by the healthcare team and appropriate referrals to specialist services are made. Changes to skin care are documented and communicated to care staff in a timely manner. Staff receive regular education in manual handling and this is monitored by the registered nurses. A podiatrist visits the home regularly. Massage, emollients, pressure reducing equipment and protective clothing are used to manage care recipients skin care.

Staff practice is monitored to ensure care recipients daily skin needs are met.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients/representatives said continence is managed effectively at the home. Assessments are used to develop individualised programs in consultation with the care recipients/representatives and their health care team. Continence management plans are regularly reviewed by the registered nurse assisted by the continence nurse to ensure

effective and appropriate care. Referrals to specialists are arranged as needed. Any changes in care and resource allocation are communicated to staff in a timely manner. The home has sufficient stock of continence aids in appropriate sizes to meet individual need and education in continence management is provided for staff and care recipients as needed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed through consultation between the care recipients and their representatives, staff, medical officers and allied health professionals. Care recipients’ behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff recognise the triggers and early warning signs exhibited by some care recipients and put in place appropriate strategies to manage behaviours. The home’s environment is mostly calm and care recipients are dressed appropriately for the weather. Care recipients’ representatives said staff manage the needs of care recipients’ displaying challenging behaviour effectively.

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

Care recipients/representatives are satisfied with the way mobility and dexterity are achieved at the home. Care recipients are assessed on entry by the physiotherapist and registered nurse for mobility levels. Care recipients are provided with an individualised exercise program which includes range of motion and balance exercises. Interviews with staff and a review of documentation show assessments, care plans, and accidents/incidents including falls are reviewed to ensure optimal levels of mobility and dexterity are achieved and appropriate referrals are made. Staff are educated in manual handling and the use of mobility and transfer equipment. Assistive devices such as mobile walking frames, mechanical lifters and wheelchairs are available.

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

Care recipients’ oral and dental health is assessed on entry. Care plans are developed and regularly reviewed and evaluated for effectiveness by the registered nurses. Daily oral and dental health care procedures are clearly documented and are available for staff to follow. Staff monitor care recipients’ oral health during daily care and report any changes to the registered nurse for follow up. Management monitor staff practice and care recipients/representatives expressed satisfaction with the oral and dental care.

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

Each care recipient’s sensory loss is assessed using a variety of assessment strategies on entry to the home. Care plans are reviewed and any changes are communicated to staff.

Staff are trained to report any change or sensory loss to the registered nurse for review. An optometrist visits the home yearly or on request and an audiologist is available on request. Information from referrals is followed up and included in care planning in a timely manner. Hot and cold testing is conducted by the physiotherapist before applying heat pads. Taste and smell are stimulated by recreational activities. Fresh cooked meals are prepared daily in the home and care recipients participate in cooking with the recreational activities officer.

Craft activities and ball games encourage touch. Care recipients/representatives said and observation confirmed the attention to their sensory loss is managed effectively at the home.

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

Consultation with care recipients/representatives is undertaken to identify care recipients ability to achieve natural sleep patterns. Preferred routines for daytime rests, their patterns for settling at night and any concerns or changes that may interfere with natural sleep patterns are investigated with care recipients/representatives and their health care team.

Pain management is considered if sleep patterns are disturbed, to ensure care recipients are comfortable and free as possible from pain. Care recipients are checked regularly throughout the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and repositioning and supported and reassured by the registered nurse and care staff.

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

Expected outcome 1.1 Continuous improvement outlines deficiencies in the home’s overall system of continuous improvement. These deficiencies have not significantly impacted on expected outcomes in Accreditation Standard Three – Care recipient lifestyle. Management advised the following improvement related to Standard Three – Care recipient lifestyle has been undertaken in the last twelve months:

- The need for suitable bags for care recipient clothing when they are discharged or transfer from the home was identified. The organisation has made available suitable bags with the organisation’s logo printed on them. Bags are now available at nurses’ stations to be used as needed for care recipients.

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

Management has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Three include:

- There is a system for mandatory reporting of alleged and suspected reportable assaults.
- All care recipients/representatives receive a copy of the residential care agreement on the care recipient’s entry to the home.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Over the last year education and training sessions have been attended in relation to care recipient lifestyle.

Education topics related to accreditation standard three include advocate for clients, meaningful activities for people with dementia, restraint policy, advanced care directives 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

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure each care recipient receives initial emotional support through the entry processes and on an ongoing basis. Care recipients' individual needs are assessed and care is planned and evaluated in consultation with the care recipient and/or their representative. Staff provide care recipients with emotional support, such as the provision of one-to-one interaction by the recreational activity officers and care staff. Care recipients/representatives are satisfied with the ways in which staff assist care recipients to adjust to life within the home and for their ongoing emotional support.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Documentation, staff practices and care recipient/representative feedback confirms care recipients are assisted to achieve maximum independence in the home. Care recipients' preferences in relation to a range of activities of daily living and lifestyle are identified and documented and information about daily menu choices and activities is displayed in communal areas to facilitate independence. Care recipients have input into decision-making in relation to personal care, lifestyle and health care choices through consultation and various feedback mechanisms. Staff encourage and assist care recipients to achieve maximum independence through the exercise and activities programs. Arrangements are made for care recipients who vote in elections. The home welcomes visits from care recipient representatives and visiting

school children and other visitors. Care recipients/representatives are satisfied the care recipient is assisted to achieve maximum independence.

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 does not meet this expected outcome

The service does not ensure that each care recipient's right to privacy, dignity and confidentiality is recognised. Fitting, fixtures, furnishings and equipment in the home do not ensure dignity and privacy. Documentation is not securely stored and confidentiality of care recipient's information is not monitored.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to encourage and support care recipients to participate in a range of activities of interest to them. On entry to the home, care recipients/representatives are consulted in relation to the care recipient's past and current leisure interests and activities. Care recipients' communication, functional and cognitive abilities are assessed and documented on entry and on an ongoing basis and activities match care recipients' interests and abilities. Recreational activity staff provide a seven day program of individual and group activities. The activity program is displayed and is evaluated regularly and modified in response to attendance and ongoing care recipient feedback through surveys and care recipient meetings. Care recipients/representatives are satisfied care recipient participation is encouraged and supported and the activities offered by the home are of interest to the care recipient.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients are valued and fostered. Care recipients' needs and preferences are identified on entry and care plans are developed and reviewed regularly. Cultural days of interest to the care recipients are included in the program and special dates of cultural significance of current care recipients are observed such as Easter, Christmas, Anzac Day, Mother's Day, Father's Day and Melbourne Cup Day. Religious services are provided on a regular basis and arrangements can be made for clergy to visit care recipients individually when requested. Care recipients/representatives confirmed the cultural and spiritual needs of the care recipient are recognised and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient or their representative participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over the care recipient's lifestyle while not infringing on the rights of other care recipients. Care recipients' personal preferences, needs and choices are identified on entry to the home and reviewed using a range of assessments and consultation with health care professionals, care recipients and/or their representatives. Care recipients are encouraged to participate in decisions about the activities offered, their care and the services provided by using processes such as surveys and care recipient meetings. Care recipients are satisfied with their participation in decisions about the services the care recipient receives and the effectiveness of the home's processes in enabling the care recipient to exercise choice regarding lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate that care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and care recipients' rights and responsibilities is provided and discussed with prospective care recipients and their representatives when entering the home. The residential care agreement contains information for care recipients and their representatives about security of tenure, care recipients' rights and responsibilities and rules of occupancy. The Charter of Care recipients' Rights and Responsibilities is displayed in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home does not meet this expected outcome

Expected outcome 1.1 Continuous improvement outlines deficiencies in the home’s overall system of continuous improvement. These deficiencies have significantly impacted on expected outcomes in Accreditation Standard Four – Physical environment and safe systems.

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 identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to accreditation standard four include:

- All chemicals are stored correctly with current materials safety data sheets.
- The home has a current NSW Annual Fire Safety Statement displayed.
- The home has current NSW Food Authority registration displayed.

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 team’s rationale for finding the home meets this expected outcome is based on the home’s systems to ensure management and staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development.

Education topics related to accreditation standard four delivered in the last 12 months include fire safety, infection control, manual handling, chemicals, electrical testing and tagging, winter

hazards, work health and safety, asbestos awareness, food safety and using personal protective equipment.

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 does not meet this expected outcome

The residential service does not provide a safe and comfortable living environment consistent with the care needs of care recipients. We observed many examples of poorly maintained, broken or inappropriate furniture, fixtures and fittings throughout the living environment. Maintenance schedules are not satisfactorily maintained and reviewed.

Monitoring systems such as audits are not always completed and when completed are not identifying deficiencies in the 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 does not meet this expected outcome

Management does not demonstrate it is actively working to provide a safe working environment that meets regulatory requirements. Processes to identify hazards are not being followed. Hazards are not being identified and actions to rectify hazards are not undertaken. Avenues for staff to have input into work health and safety are not being followed. Staff said they are aware of hazards in the environment and these are not being addressed by management.

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 does not meet this expected outcome

The home's procedures for the evacuation during an emergency do not ensure the safety of care recipients and staff. Assembly points to be used during an emergency evacuation are located very close to the building and the terrain of assembly points present hazards to care recipients and staff. Access to assembly points are potentially difficult to negotiate and one of the routes requires re-entry to the building. Evacuation procedures for non-ambulant care recipients presents a risk to care recipients.

4.7 Infection control

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

Team's findings

The home does not meet this expected outcome

The home does not have an effective infection control program in place. Staff undertake practices which are not in line with infection control protocols and compromise the effectiveness of infection control. The living environment, clinical areas and equipment is not being effectively cleaned and maintained which is presenting infection control risks.

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 does not meet this expected outcome

Cleaning services are not provided in way that enhances care recipients' quality of life and the staff's working environment. The environment and equipment in the home is not clean and hygienic. Responsibility, allocation of tasks and schedules for cleaning the living environment, clinical areas and equipment are not clear or are not in place. The cleanliness of the environment and equipment is not effectively monitored.