



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 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 February 2018.

We made our decision on 03 December 2014.

The audit was conducted on 11 November 2014 to 12 November 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

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 re-accreditation audit from 11 November 2014 to 12 November 2014 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 11 November 2014 to 12 November 2014.

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:	Maria Toman
Team member/s:	Kathryn Mulligan

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:	62
Number of care recipients receiving high care during audit:	62
Special needs catered for:	n/a

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

Audit trail

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

Interviews

Category	Number
Care manager	1
Executive care manager	1
General manager	1
Care staff	4
Registered nurses	4
Endorsed enrolled nurse	1
Administration assistant	1
Recreational activity officer	1
Catering staff	3
Care recipients/representatives	9
Work health and safety manager	1
Pharmacist /consultant	1
Physiotherapist	1
Physiotherapy aides	2
Physiotherapist clinical manager	1
Laundry staff	1
Cleaning staff	2
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes, medical officers notes, referrals, allied health and associated documentation, pathology, various charts and forms	7
Mini care plans	7
Medication charts	10
Personnel files	6
Residency agreements	6

Other documents reviewed

The team also reviewed:

- Activity documentation: consents, programs, participation records, evaluation records, cultural assessments, cultural heritage and religious data bases
- Catering, cleaning and laundry: cleaning schedules routine and spring cleaning, four week rotating menu and puree meals menu, food safety program, food and equipment temperature testing logs, dietary preferences and profiles, daily meal preference forms, signage regarding meal sizes
- Clinical care: advanced care directives, bed rails/bedrail protectors monitoring, behaviour monitoring, bowel, blood glucose level monitoring, care conferences, care histories, care directives, dietary needs/preferences, diet cards, endoscopic gastrostomy (PEG) feeding, monthly global reports, pain, observation, resident surveillance monitoring, restraint authority forms, risk election forms, safety intervention consents, weight monitoring, wound charts
- Comments and complaints register, feedback forms, complaints management flowchart
- Continuous improvement: plan for continuous improvement, satisfaction survey results, audit results, audit schedule, quality indicators, self-assessment tool, corrective action plan, revised bed rails clinical assessment, revised consultation/consent form
- Education: education calendar, attendance records, new education attendance record tool
- External services: supplier contracts, supplier performance tools, expense reduction analytics, key performance indicators for suppliers, certificates of currency, reports and invoices
- Fire, security and other emergencies: evacuation plans, fire equipment testing books, annual fire safety statement, notice regarding sprinklers, emergency management manual, visitors register, contractors register
- Human resource management: job descriptions, duty lists, orientation for regular and agency staff, competency assessments, performance appraisals, performance management records, rosters, staff handbook, staff confidentiality agreements, enterprise agreement, staff code of conduct, staff electronic timesheet system
- Infection control: evidence of resident vaccination, infection control reference flip charts, outbreak management documentation, pest control records, infection data analysis, chemical sanitisation material safety data sheet
- Information systems: chart of organisational structure, chart of corporate group structure, home's responsibilities structure chart, customer service charter, policies and procedures, meeting minutes, newsletters, memoranda, incident data collation, postal register
- Inventory and equipment: preferred supplier data base, plant and equipment register
- Living environment: thermostatic mixing valve records including pathology testing, preventative and routine maintenance schedules and records, hazardous substance register, hazard alert forms, register of equipment, testing and tagging register

- Medication management records: incident reports and follow up, clinical refrigerator monitoring records, pharmacy communications/ reports, drugs of addiction registers, emergency drug box check list, self- medicating Residents assessment, medication charts, nurse initiated medication form, disposal of medication form and as needed (PRN) medication progress form
- Occupational health and safety: material safety data sheets, hazard forms, accident and incident reports, work health and safety site inspection reports, work health and safety benchmarking reports
- Physiotherapy documentation: physiotherapy assessment, care plan, review request, resident outcomes data, massage and mobility programs
- Planning and leadership: vision, mission and values statements, corporate plan 2012 – 2015
- Regulatory compliance: reaccreditation self-assessment, NSW Food Authority license and audit; police certificate database for regular staff, volunteers and contractors; register of professional certifications; identification of visa staff, mandatory reporting register; special circumstances report; notice of re-accreditation site audit posted around the home; and email communications
- Security of tenure: resident information book, residential agreements
- Staff communication books and handover reports.

Observations

The team observed the following:

- Aged Care Quality Agency re-accreditation audit notices on display
- Activities in progress
- Archive storage
- Charter of residents' rights and responsibilities on display around the home
- Dining room during lunchtime including staff assisting residents and residents using assistive devices
- Equipment and supply storage areas, safe chemical storage, oxygen cylinders and medical supplies, continence aids
- Fire monitoring and firefighting equipment and signage, emergency response kit
- Infection control signage and systems, personal protective equipment, outbreak management kits, spills kits, infectious waste bins, sharps disposal containers, hand-washing facilities, equipment sanitisers, colour coded dirty linen trolleys, colour coded cleaning equipment, sanitising hand gel available around the home and in use
- Interactions between staff, residents and visitors
- Internal and external complaints forms and information on display, suggestion box

- Living environment internal and external
- Manual handling and mobility equipment in use and in storage
- Medication administration and secure storage of medications
- Notice boards for staff and residents with menu, meeting minutes, activity calendars, re-accreditation site audit notices and other documents displayed
- Secure storage of resident information
- Security systems, visitors register
- Short group observation in lounge area
- Staff work practices and work areas, handover between staff at the change of shift.

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 Bay nursing home has systems and processes to enable pursuit of continuous improvement and monitoring of the home's performance against the Accreditation Standards. Opportunities for improvement are identified through staff, management and resident/representative meetings, surveys, the complaints process, reporting of accidents and incidents, audit results, clinical data, and verbal feedback. Strategies are developed and documented in the plan for continuous improvement. Interviews with residents/representatives and staff confirms satisfaction with management response to feedback provided and improvements implemented.

The home has made planned improvements in relation to Accreditation Standard One - Management systems, staffing and organisational development, including:

- The home recently introduced electronic staff time sheet systems. This new system ensures that staff are starting and finishing at the allocated times, for provision of resident care. In support of this structure the corporate group has introduced an employee assistance program. This offers staff external support, for issues that could impact on their capacity to work at their best.
- Following high staff absenteeism the home has introduced a new staff hotline. The hotline is the contact number for all staff to contact regarding planned or unplanned absences from the workplace. The hotline commencing in July 2014 will be on trial until December 2014. The home has experienced a reduction in staff absenteeism as a result of the hotline implementation.

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 Bay nursing home has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information about industry issues and regulatory changes through their corporate head office. The executive management team meet regularly for the purpose of policy development in response to changes in legislation and professional guidelines. The home’s manager implements policies and procedures to ensure compliance with regulatory requirements. Staff receive education/communication regarding changes through meeting forums and memoranda.

Examples of compliance with regulatory requirements specific to Accreditation Standard One

- Management systems, staffing and organisational development include:

- Systems and processes in place to ensure all staff, contractors and volunteers have current criminal history certificates.
- Provision of information about internal and external complaint mechanisms to all stakeholders
- Residency agreements and information packages contain information pertaining to changes in privacy law reform.

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

There are systems and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Review of documents and staff interviews demonstrate training needs are identified and supported. Mandatory training, competency testing and regular provision of training opportunities ensure staff have the necessary knowledge and skills to meet the needs of the residents in their care. External education and other presenters establish a variety of training opportunities. There are recruitment processes and orientation procedures for new staff. Staff interviews and review of documents confirms staff have received orientation and have access to regular education opportunities.

Review of the attendance records and interviews confirmed education has been provided in relation to Accreditation Standard One. Examples include: mandatory reporting and elder abuse, food safety, and accreditation.

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

There are internal and external mechanisms for residents/representatives and other interested parties to provide feedback. External and internal complaints information is accessible to residents and visitors around the home in various languages. There is a secure suggestion box for the confidential lodgement of feedback forms. Interviews and review of meeting minutes confirms resident/representative and staff meeting forums provide an opportunity to raise comments, suggestions and complaints with management.

Residents/representatives stated they prefer to speak directly with the registered nurse as they recognise them as an important figure in their care and lifestyle.

Residents/representatives and staff interviews confirm awareness of the home's feedback system; satisfaction with the resolution of any issue raised.

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

Observations and document review confirm The Bay nursing home vision, mission and values are available to all stakeholders. The organisation's vision, mission and values are documented. The commitment to quality is expressed through these statements and supplier agreements. Interviews with residents/representatives and our observations showed management and staff model behaviours consistent with the organisation's vision, mission and values.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the organisation's vision, mission and values. The home has processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Rostering processes ensure all shifts are filled with suitably qualified staff. Management report they adjust staffing levels based upon resident care needs and resident/representative feedback. Staff stated they are confident they

have the relevant knowledge and skills to carry out their work. Interviews with residents/representatives demonstrate confidence in staff and their provision of care.

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

Staff stated they have access to appropriate and adequate goods and equipment to ensure delivery of care. The management team have responsibility for the purchasing and receipt of goods and equipment. Equipment needs are identified through audits and input from staff and residents/representatives. Staff are involved in the trial of new equipment and receive training in the use of new equipment. There is a corrective and preventative maintenance program to ensure equipment operates safely and is cleaned regularly. Observation showed sufficient stocks of appropriate goods and equipment throughout the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems for the creation, storage and archiving of documents within the home. We observed that confidential information such as resident and staff files are stored securely.

Processes are in place to consult with residents/representatives and to keep them informed of activities within the home. Information is disseminated through meetings, notice boards, communication books, handover reports, newsletters, meeting minutes, emails, and informal lines of communication. Computers at the home are password protected. Electronic information is backed up daily and stored off site. There are systems and processes to identify the need for review of policies and practices. Staff interviews confirm staff are kept informed about matters relevant to their area of work.

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

Feedback from management, staff and residents/representatives demonstrates satisfaction across the home with the goods and services provided by external suppliers and contractors. The home negotiates and manages all contracts with suppliers and service providers. There are systems for ensuring contractors have the relevant insurances, licences and criminal history checks. The home monitors the quality of goods and services provided by external service providers through supplier key performance indicators, audits and feedback from residents and staff. Staff and resident/representative interviews confirm satisfaction with current external services.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard Two – Health and personal care, including:

- The home has introduced a toothbrush colour change program. This program ensures at the change of each calendar season all resident's toothbrushes are changed to a new colour. The change of toothbrush enhances resident's potential for optimum oral health.
- As a result of feedback catering staff the home has upgraded the meal placement cards. The meal placement cards provide catering staff with quick, easy, detailed information on resident's meal preferences. A resident photograph has been included on the meal replacement cards since July 2014. This provides catering staff with another level of recognition. Feedback from catering staff confirms this assists with prompt and appropriate placement of meal provisions consistent with resident preferences.

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 a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Two - Health and personal care include:

- The home has procedures and process in place for appropriate notification of any unexplained resident absences.
- The home maintains a record of professional registrations for registered nurses and attending allied health professionals.

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 a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of attendance records and interviews confirm education relating to Accreditation Standard Two - Health and personal care has been provided for management and staff. Examples include: dental and oral care, continence management, medication management, and wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The Bay Nursing Home has a system to ensure residents receive appropriate clinical care. The registered nurses assess, plan, document, evaluate, liaise with the residents medical officer and review residents care needs. This process occurs when residents enter the home. There are ongoing three monthly evaluations relating to the effectiveness of the care provided. Residents’ clinical incidents are reviewed and management strategies are in place. Case conferencing supports consultation with residents/representatives in relation to aspects of care. Care staff demonstrated an understanding of residents’ individual needs.

Residents/representatives expressed satisfaction with the clinical care received by residents.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure appropriately trained staff are utilised to meet the needs of residents who require specialised nursing care. Registered nurses undertake clinical assessments of residents requiring this type of care. Care plans are in place and evaluated every three months and as needed. There is documentation relating to consultation with other health care specialists regarding resident’s needs. Care staff demonstrated awareness of residents individualised specialised nursing care needs. Resident/representatives expressed satisfaction with the level of specialised nursing care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents are referred to appropriate health care specialists in accordance with their assessed needs. A review of residents’ clinical documentation indicates assessments and reviews have occurred by various health specialists. These include a speech pathologist, physiotherapist and staff from the local mental health services. Residents/representatives are aware of the availability of other health specialists if needed. Care staff are aware of specialist input into residents’ care planning and are made aware of any changes by a registered nurse and at staff handovers.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The Bay Nursing Home has systems and processes to ensure residents’ medication is managed safely and correctly. A medication incident reporting and auditing process forms part of the home’s safe system. Medication administration is administered from the original medication boxes/bottles by registered staff who have a current medication competency. Medications were observed to be stored in a locked treatment room when not in use.

Residents/representatives said the resident receives their medication in a timely manner and are satisfied with staff practices.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a system for assessing, monitoring and treating residents’ pain. The care plans are formulated and include individual pain management strategies to meet the resident’s need. The home uses a range of strategies to manage residents’ pain including heat, massage, the use of electronic nerve stimulation (TENS) and pain relieving medication. Referral to specialists is in line with residents’ assessed needs. Residents/representatives expressed satisfaction with the resident’s pain management treatment and with staff responses to their needs. Staff demonstrated knowledge of the processes required to effectively manage residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a system for palliative care to ensure the comfort and dignity of terminally ill residents is maintained. Consultation and communication processes are used in order to ensure residents, representatives, medical officers, care staff and all other health professionals are aware of the individual needs of the residents. The local community based palliative care team is available to support the home’s staff in providing appropriate individualised palliative care. Staff are aware of the processes used when residents are receiving end of life care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure each resident receives adequate nourishment and hydration. When a resident enters the home an assessment and diet card is completed and information regarding nutrition and hydration is provided to the kitchen. Residents’ weights are recorded by care staff monthly and in line with their individual assessed need. Nutritional supplements are available for residents who require extra nutritional support. Specialised eating equipment is used on an individual basis to help promote independence.

Documentation indicates and staff said residents receive appropriate special diets, dietary supplements, extra fluids and allied health referrals. Residents/representatives said they are satisfied with the meals and drinks provided at the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to assess and monitor residents’ skin integrity. Residents’ skin care needs are assessed on their entry to the home by a registered nurse and monitored daily by care staff. The home uses the accident/incident reporting system to report any breaches in skin integrity which are reviewed at the clinical governance meeting. Registered nurses are responsible for wound management procedures within the home. Residents/representatives said they are satisfied with the skin care provided by staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ continence needs are managed effectively. Continence management strategies are developed for each resident following an initial assessment of urinary and bowel patterns. Care staff assist residents with their continence programs as required and residents’ bowel management programs are monitored daily. Care staff stated there is a sufficient supply of continence aids to meet residents’ needs.

Residents/representatives said they are generally satisfied with the continence care provided to residents.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that the needs of residents with challenging behaviours are managed effectively. All residents are assessed on their entry to the home, behaviours identified and strategies developed by registered nurses to manage each resident individually. Referral to behaviour management specialists is used to assist staff to manage behaviours of concern. Care staff are aware of residents’ individual needs and management strategies. Residents/representatives are satisfied with the manner in which staff manage residents’ individual behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes to optimise residents’ levels of mobility and dexterity. Residents’ mobility and dexterity is assessed by the physiotherapist and/or registered nurse on their arrival at the home and on a needs basis. The physiotherapy aides implement the resident programs which have been developed by the physiotherapist. The accident and incident reporting system includes analysis of incidents to identify trends and strategies to be implemented to reduce the number of falls a resident incurs. The home has a range of mobility equipment available for the use of residents. Care staff showed an understanding of their responsibilities in relation to optimising residents’ mobility and dexterity.

Residents/representatives expressed general satisfaction with the home’s resident mobility program.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The Bay Nursing Home has a system to ensure Residents’ oral and dental health is maintained. This includes initial and ongoing assessment of residents’ oral and dental needs by a registered nurse. Residents’ day-to-day oral care is attended in line with individual care plans and referral to specialists is arranged according to residents’ needs and preferences. Care staff demonstrated an understanding of oral and dental care practices used in a residents care. Residents/representatives expressed satisfaction with the way in which residents’ oral health is maintained.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory losses are identified and managed by staff at the home. The home’s assessment process ensures any sensory loss is identified and referrals to appropriate specialists are made where required. The activity program incorporates activities that promote stimulation of the senses. Staff demonstrated an understanding of individual resident’s sensory needs. Residents/representatives reported satisfaction with the assistance provided by staff in relation to residents sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has systems in place to assist residents achieve their natural sleep patterns. On their entry to the home, a resident’s sleep pattern is assessed and strategies implemented. Residents are encouraged to settle quietly in their rooms at night and staff can offer snacks and drinks during the night when required. The home ensures residents who are accommodated in shared rooms are able to achieve natural sleep patterns. This is by use of bed screens and effective management of all residents in a shared room. Residents said they are generally able to sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard Three - Resident lifestyle, including:

- As a result of communications with lifestyle staff the home has purchased a sports and games wii (computerised participation game) for residents use. This will allow residents to participate in sports activities at a level that is physically safe and mentally stimulating for them. Feedback confirms residents are looking forward to using this game in their activity program.
- As a result of feedback from lifestyle staff the home has sought external visiting groups for the entertainment of residents in the home. The local library has been contacted and recently commenced delivery of large print and talking books for residents use. Management has contacted local schools and successfully engaged two local schools who will be presenting a Christmas concert for residents in the home. Feedback confirms satisfaction with these arrangements.

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 a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Three - Resident lifestyle include:

- The Charter of Residents’ Rights and Responsibilities is displayed in the home and is included in documents which are provided to all residents.
- There is a policy and staff training for the reporting of alleged or suspected resident assault.

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 monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of attendance records and interviews confirm education relating to Accreditation Standard Three - Resident lifestyle has been provided for staff. Examples include: loss and grief, bereavement, and lifestyle activities.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents/representatives reported that emotional support is given by staff to residents when they first arrive and that support is ongoing. New residents are supported by staff through introductions to other residents by the lifestyle staff and to the activities in the home.

Assessments identify any specific needs relating to emotional support for individual residents. Staff provide ongoing support to residents by encouraging them to participate in life at the home while also respecting their independence. Residents are encouraged to bring personal items such as photographs and mementoes into the home and representatives are welcome to visit frequently.

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

The home has processes which encourage residents' independence and participation in community life. Each Resident's level of independence and their need for assistance are assessed on entry to the home and reviewed as needed. The home promotes residents' links with the community through voting and in providing opportunities for residents to interact with other visitors. Residents/representatives said they are satisfied with the home's processes to maximise residents' community involvement and 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 meets this expected outcome

Residents' right to privacy, dignity and confidentiality is recognised and respected by staff at the home. Information on residents' rights and responsibilities is included in documentation provided to all residents and representatives when residents first enter the home. Staff demonstrated an awareness of practices which promote the privacy and dignity of residents. These include closing resident doors, window curtains and bed screens when providing personal care. Residents' personal information is stored securely with access by authorised staff only. Residents have access to a confidential process for reporting comments and complaints. Residents/ representatives said they were satisfied with the way staff respect their privacy and maintain residents' dignity and confidentiality.

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

Residents are encouraged and supported to participate in their interests and activities. When entering the home, information about a resident's life is collected. Activity care plans based on this information are prepared in conjunction with residents/representatives. The recreational activity officer is responsible for ensuring the activity program meets the needs of the residents. A monthly activity program is displayed and includes a range of activities based on the individual assessment needs of residents. These include physical and mental stimulation and general social interaction. Residents/representatives express satisfaction with the overall activity program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to promote residents' interests, customs, beliefs and cultural backgrounds which are identified during the assessment process. Residents are actively encouraged to maintain cultural and spiritual links in the community. Regular religious services are held at the home. The activity program communicates the times the church services are offered. Days of cultural significance are celebrated. Residents/representatives are satisfied with the support provided for residents' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that each resident (or their representative) participates in decisions about the services received by the resident. These processes uphold the resident's right to exercise choice and control over his or her lifestyle. Residents are kept informed and given opportunities to provide input into the home through systems such as family conferences, surveys and resident meetings. Where residents are unable to make choices for themselves, an authorised decision maker is identified for the resident. Residents are provided with choices concerning their personal care regimes, cultural and spiritual choices, waking and sleeping times. Choices are also available regarding meals, participation in activities and choice of medical officer. Residents /representatives said that the home's staff actively support residents in making their own lifestyle choices and decisions.

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 a system to provide residents and/or representatives with information about security of tenure, in order for residents and/or representatives to understand their rights and responsibilities. The process includes new residents being offered a resident agreement.

This includes information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. The Charter of residents' rights and responsibilities is displayed in the home.

Residents say they feel secure in their tenure.

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 a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard Four - Physical environment and safe systems, including:

- In response to results identified through environmental audits, the home is purchasing new wardrobes. Two wings of the home were identified as requiring 24 new wardrobes during August 2014. At the time of this re-accreditation visit 10 wardrobes have been replaced and the remainder are expected before end of the calendar year.
- In response to observation of staff practices management purchased mobility ramps. During November 2014 management observed staff mobilising residents over the entry step into rooms 16, 17 and 18 in the Wattle Wing of the home. As a result ramps were designed to specifically fit these rooms so that residents could mobilise safely in and out of the rooms. Interviews with residents/representatives and observations of staff practices confirm this occurs.
- The home has purchased items of equipment in recent months. For example two princess water chairs, five high back arm chairs and two shower commodes.

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 a description of the overall system related to this outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Four - Physical environment and safe systems include:

- There is a system for the regular checking and maintenance of fire safety equipment and a current fire safety statement is on display.
- There is a current New South Wales Food Authority license on display. The food safety system is regularly audited by the NSW Food Authority and meets the legislated requirements for food safety.
- Monitoring is carried out on thermostatic mixing valves to ensure safe operating temperatures are maintained.

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 a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of attendance records and interviews confirm education relating to Accreditation Standard Four - Physical environment and safe systems has been provided for management and staff. Examples include: fire and emergency procedures, manual handling, infection control and outbreak management.

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 provides accommodation for residents in single and multiple rooms with en-suite and shared bathrooms. There are lounge/activity and dining areas. We observed residents are able to personalise their rooms. We observed all areas of the home are well maintained; with measures for maintaining comfortable room temperatures throughout the year. Regular

environmental audits are carried out to identify maintenance issues or hazards and to monitor cleanliness. There are systems for preventative and reactive maintenance.

Observation of the home and feedback from residents/representatives and staff show management provides a safe and comfortable environment in line with residents' needs.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management team actively work to provide a safe working environment that meets regulatory requirements. The corporate group engages a work health and safety manager to oversight this domain. Data is collated from all sites within the corporate group and communication back to the home through quarterly meetings. Work health and safety data for the home is benchmarked against safe work Australia standards. Audits and inspections ensure the staff work environment is safe. Staff identify risks and hazards through the hazard, maintenance and accident and incident reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff. Staff members receive education in manual handling during orientation and manual handling is part of the annual education program. We observed staff working safely.

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

There are systems to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as maintenance checks of all fire equipment and systems. Staff interviews demonstrated staff are familiar with the fire safety equipment and procedures and staff confirmed they attend fire safety training. Resident information is organised to ensure vital information is available to staff in an emergency and an emergency response plan is in place. There are security procedures to ensure the building is secure at night. There is a no smoking procedure in the buildings and grounds.

Residents and staff state they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems for identifying, managing and minimising infection. There is an effective infection control program which includes the offering of influenza vaccination for residents and staff, waste management, cleaning, laundry and a food safety program.

Registered nurses monitor residents' infections and management collate and analyse infection surveillance information to identify and address matters related to infection control. Education is provided to staff and information is provided to residents/representatives and others visiting the home to prevent or address infectious outbreaks. Staff practices are monitored and staff said they have access to sufficient supplies of appropriate infection control equipment including personal protection equipment, spills kits, sharps disposal and clinical waste bins. Our observations confirm the availability of equipment and supplies for managing an infectious outbreak.

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

There are systems to identify residents' meal requirements and preferences on entry to the home and as residents' needs change. All meals are cooked on site using a four-week rotating menu. Residents are able to provide feedback regarding the menu. Food is used to celebrate special occasions such as culturally significant days and special occasions. Staff cater to individual resident meal preferences and dietary needs as required. The kitchen is clean and orderly with systems to ensure food is prepared safely. The home contracts cleaning services which work according to a pre-arranged schedule and there are processes to ensure the building is maintained in a clean and tidy condition. There are systems for the effective provision of laundry services. Residents/representatives expressed satisfaction with the variety, quantity and quality of the meals, the cleanliness of the environment and the laundry services provided.