



Australian Government

Australian Aged Care Quality Agency

Thomas Holt Kirrawee

RACS ID 0157
1-25 Acacia Road
Sutherland NSW 2232

Approved provider: Thomas Holt

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 08 April 2018.

We made our decision on 24 February 2015.

The audit was conducted on 20 January 2015 to 22 January 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Thomas Holt Kirrawee 0157

Approved provider: Thomas Holt

Introduction

This is the report of a re-accreditation audit from 20 January 2015 to 22 January 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 20 January 2015 to 22 January 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Allison Watson
Team member/s:	Robyn Draper

Approved provider details

Approved provider:	Thomas Holt
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Details of home

Name of home:	Thomas Holt Kirrawee
RACS ID:	0157

Total number of allocated places:	143
Number of care recipients during audit:	139
Number of care recipients receiving high care during audit:	121
Special needs catered for:	Dementia (18-bed unit)

Street/PO Box:	1-25 Acacia Road
City/Town:	Sutherland
State:	NSW
Postcode:	2232
Phone number:	02 9545 4799
Facsimile:	02 9545 3957
E-mail address:	azammit@thomasholtvillage.com.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Director of care	1
Care manager	2
Registered nurses	2
Care staff	7
Human resource manager	1
Educator/quality assurance officer	1
Physiotherapist	1
Dentist	1
Care recipients/representatives	17
Catering staff	4
Clinical nurse educator	1
Laundry staff	2
Cleaning staff	3
Maintenance staff	1
Chaplain	1
Leisure and lifestyle coordinator	1

Sampled documents

Category	Number
Care recipients' files	15
Resident agreements	3
Suppliers contracts	4
Medication charts	14
Care recipients' administration and contract files	3

Other documents reviewed

The team also reviewed:

- Activity programs
- Adverse events documentation
- Annual report
- Audit schedules, results and reports
- Cleaning schedules and duty lists
- Clinical and care assessment documentation including assessments for initial and ongoing resident care needs and preferences such as resident dietary and observation charts including weights, continence, behaviours, sleep, skin integrity, pain, mobility, fall risk, toileting, wound assessments and case conferences
- Clinical practice manual
- Code of conduct
- Committee structure, meeting schedule and minutes of meetings
- Complaints and compliments electronic records
- Continuous improvement logs and action plans
- Fire and emergency procedure manual, current fire safety statement, fire safety maintenance contractor records, emergency evacuation site plans, folder and evacuations bags
- Food safety program including food safety manual, audits, temperature records, labelling of food, sanitisation records, rotating menu, resident preference and special dietary needs lists
- Handbook for residents/relatives; staff
- Infection control material including manual, monthly summary and trend data, outbreak management program, resident and staff influenza vaccination records)
- Maintenance records including preventative and corrective records and maintenance program
- Mandatory reporting records
- Medication management documents including medication management information and medication policy and procedure
- Memoranda and communication documentation
- Organisation chart
- Policies and procedures

- Preferred suppliers/contractors information, suppliers contracts and agreements
- Resident admission checklist
- Resident agreements
- Resident newsletters
- Residents' information package, handbook and checklists
- Self-assessment report
- Staff and volunteer criminal history check records
- Staff competency assessment documentation
- Staff handbook
- Staff performance appraisals system and records
- Staff records for nurse registrations and visa status
- Staff roster software system
- Staff training records including calendar, attendance records, evaluations, induction
- Various committee meeting minutes and agendas
- Visitor sign in book
- Volunteers' handbook and induction checklist
- Volunteers' manual

Observations

The team observed the following:

- Activities in progress, activity resources
- Cleaning and laundry room environments, equipment and staff practices, linen stocks
- Cleaning in progress including use of equipment, trolleys and wet floor signage boards
- Dining rooms at meal times (the serving and transport of meals, staff assisting residents with meals and beverages, assistive devices for meals).
- Equipment, supply, storage and delivery areas
- Fire safety system equipment including fireboard, extinguishers, hose reels, fire blankets, emergency exits, fire egresses and emergency evacuation areas
- Hairdressing room
- Information on noticeboards – staff, residents, visitors

- Internal and external complaints forms displayed in English and other languages
- Living environment (internal and external)
- Medication rounds and safely stored medications
- Mission, Values and Vision and organisational structure available
- Mobility and manual handling equipment in use and in storage
- Notices informing residents, representatives and staff of the re-accreditation audit
- Personal protective clothing and equipment in all areas, first aid kits, spills kit, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, waste disposal systems including sharps containers, contaminated waste bins and general waste bins
- Secure storage of care files and other documents
- Security systems including phones, resident call bells, external lighting and numeric key coded door locks
- Short observation in dementia unit
- Sign in-out folder
- Staff handovers
- Staff practices and interactions with residents, visitors and other staff
- Staff work areas including clinic/treatment/staff rooms, utility rooms, reception and offices
- Stocks of goods and equipment

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a quality framework which enables the pursuit of continuous improvement and the monitoring of the home's performance against the Accreditation Standards. Areas for improvement are identified through resident, staff and management meetings, surveys, the complaints process, reporting of incidents and accidents, results of audits, internal reviews, clinical data, observation and verbal feedback. Matters raised are registered on a computer data base which provides reports and tracks progress for each item. Matters raised are actioned and communicated to all relevant stakeholders. Staff and residents are able to contribute to suggestions for improvement through approaching senior staff, attending meetings, completing improvement log forms and surveys. Interviews with residents and representatives confirmed their satisfaction with management's response to any feedback they provide. The home has made planned improvements in relation to Accreditation Standard One - Management systems, staffing and organisational development, including:

- In July 2014, the home introduced a program called 'walk the talk' which is linked to the 'suggestion of the month' system on the intranet. Staff are encouraged to raise suggestions which are linked the values of the organisation. The staff then become the project manager and drive the process of exploring possibilities and appropriate solutions. Staff are very pleased with this approach and a number of innovative projects have been implemented.
- During 2014, the home has purchased computer tablets and introduced 'Wi-Fi'. This has enabled staff to collect and enter information into the computerised clinical documentation system at the point of use. Management stated staff are very happy with this improvement, in particular with taking photographs of wounds and loading these directly into the clinical system.

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

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home has access to a variety of authoritative sources and membership of a peak body. Management communicates changes to staff through the organisation’s computer based systems, emails, meetings and staff education sessions. Staff are required to attend compulsory education to meet regulatory compliance requirements and attendance is documented. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, staff appraisals and observations by management.

Examples of regulatory compliance relevant to Accreditation Standard One include:

- Residents, representatives and staff were informed of the upcoming accreditation audit by posters and at meetings.
- Management monitors and ensures currency of criminal history checks for staff and other personnel.
- Management ensures all residents, staff and visitors to the home have access to internal and external comments and complaints mechanisms.

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 an education and training program to ensure staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate training needs are identified. Mandatory training and programmed training opportunities ensure staff have the necessary knowledge and skills to meet the needs of the residents in their care. Qualified staff, competency assessments and external education opportunities are used to ensure a variety of training is provided. There is an orientation process for new staff. All staff interviewed reported they have access to education on a regular basis. Review of the education program, attendance records and interviews confirmed education has been provided in relation to Accreditation Standard One. Examples include: leadership working with staff; computer based clinical documentation; and effective written communication.

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 about comments and complaints. External and internal complaints information is accessible to residents and visitors. Complaints are registered on the electronic documentation system and the home ensures complaints are actioned and feedback is provided to the complainant within a monitored time frame. Information concerning staff complaint avenues and grievance procedures is documented in the staff handbook. Comments and complaints are discussed at the home's staff meetings. Residents and staff interviewed are aware of the home's feedback system and expressed satisfaction with the resolution of any concern they 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

The home's philosophy, vision, mission and values are documented and the commitment to quality is expressed in the statements. The board has developed policies and procedures based on an Australian governance standards system and these feed into the home's policy and procedures framework. Observations and document review demonstrates the home's philosophy, vision, mission and values are available to all stakeholders in printed format and are displayed in the home. Interviews with residents and representatives and our observations show 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 home's philosophy, vision, mission and values. The home has processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Staffing levels are usually maintained at all times and there are procedures to ensure vacant shifts are filled. Management stated the home increases staff numbers and/or registered staff as residents' needs increase. Registers are maintained to monitor staff criminal history checks as well as staff professional registrations. Staff stated that they enjoy working at the home and they express a commitment

to residents. Residents and representatives stated staff are knowledgeable, are responsive residents' needs and have a helpful and caring attitude.

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

Interviews with staff and documentation showed the home has systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home and all storage areas viewed showed there are adequate supplies, there is a stock rotation policy, and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and replacement needs are identified. For any new equipment training of staff is conducted. Staff and residents interviewed said there are adequate supplies of goods and equipment available for use.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for appropriate care. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Information is distributed to management and staff through handbooks, emails, noticeboards, clinical records, meetings, forums and associated minutes, education and training, and policy and procedure manuals. Residents/representatives receive information when they move into the home and ongoing through meetings and forums, handbooks, notice boards and case conferencing. Resident and staff files and computer based records are securely stored and maintained in accordance with privacy legislation. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has effective systems and processes to ensure all externally sourced services are provided in a way that meets the residents' needs and quality goals. Preferred external suppliers are managed by the organisation and the home by service agreements or contracts

which include specifications of service delivery. Contracts reviewed included appropriate qualifications, insurance and registration details. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services with consideration given to services provided prior to the renewal of agreements. Changes are made when services received do not meet expected requirements and a tendering process is used as necessary. Staff said they are satisfied with the quality of services provided by external suppliers and there are processes to ensure services meet both the home and residents' needs.

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. Resident and representative feedback indicates satisfaction with care provision. Recent continuous improvement initiatives in relation to Accreditation Standard Two include the following examples:

- During 2014, the home introduced an electronic medication management system which includes record keeping and ordering. Management stated they are now able to produce daily exception reports, there is more focus on due diligence, and there has been a reduction in medication incidents.
- In January 2014, the home developed a wound care guide based on best practice techniques and products. The home includes this information in staff education and staff competencies and the guide is available throughout the home as a resource. Management stated the timeframes for healing of wounds have been reduced and the staff feel more empowered with improved resources.

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 to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Two: Health and personal care include:

- Maintenance of a register of nurses’ professional registrations and the tracking of registrations for effective prompting on renewal notification.
- The home ensures residents are provided with services, supplies and equipment as required according to legislation. Residents/representatives are provided with an agreement and handbook which includes care and specified services.
- Medications are stored and administered according to regulations and best practice recommendations.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care. Examples of education and training attended by staff in relation to Accreditation Standard Two include: pain management and dementia care; maintaining hearing aids; continence management; hydration and nutrition; catheter skills; use of syringe drivers; and wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives interviewed were extremely complimentary about the care provided to residents by staff. There are systems and processes to ensure residents receive appropriate clinical care and job descriptions with documented job duties list ensure staff are aware of their position requirements. Prior to entry information about the resident’s physical

and mental health care needs is gained to ensure staff can prepare for the resident's entry and any special requirements they have. A comprehensive program of assessments is completed and individualised care plans are formulated, regularly reviewed and monitored by registered nurses through the home's electronic clinical care system. Care conferencing is undertaken on admission, annually and whenever a concern arises. There are registered nurses on duty 24 hours seven days per week and emergency medical support is available including access to the geriatric flying squad attached to the local hospital. Change of shift handover was observed to be comprehensive and staff said they are always kept informed of and change to a resident's care needs. Clinical care practices are monitored through the home's auditing program, staff appraisals, education and competencies and residents' satisfaction surveys.

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

Documentation and discussions with staff show residents' specialised nursing care needs are identified when they move into the home and addressed in the development of an initial care plan. All residents' with complex care needs have focused assessments and their care is managed through the development of individualised care plans. Specialised nursing care provided to residents includes; complex nutritional needs and weight management, complex wound care, oxygen therapy, pain management, palliative care and behaviour management

– dementia care. Referrals are made to specialised services as required including the local mental health team. In-service education is provided to ensure registered nurses have the appropriate skills to deliver specialised nursing care and the education officer sources specific education as required. Residents and representatives said they are very satisfied with the way staff provide specialised nursing care to residents.

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 systems to ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. Ongoing assessments and regular reviews of residents' care needs help to identify residents requiring referral to other health and related services. Each resident has access to the health professionals who visit the home regularly. These include a physiotherapist, podiatrist, pharmacist, pathologist, dentist, geriatrician and psychogeriatrician. Other health services are available on request such as speech pathologist, dietician, optometrist, audiologist and palliative care team. Referrals to health and related specialists and the outcomes of the consultations are documented with appropriate changes made in assessments and care plans. Residents and representatives said residents are referred to medical and allied health services and staff assist with the care recommended by the health and other related services.

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 home has systems to ensure residents’ medication is managed safely and correctly. The home uses a multi dose blister packed medication management system. Staff responsible for administering medication have received compressive training in medication management and complete annual medication competency assessments. The home uses an electronic medication management system that includes photo identification together with clear information relating to known allergies and special requirements. All medications are securely stored and there is a system to ensure safe administration and accountability of schedule eight (S8) medications. The home’s pharmacist packs residents’ multi dose blister packs weekly, undertakes education and scheduled audits. All medication incidents are documented in the electronic care system and are tabled at the clinical care meetings which meet regularly. Residents’ medication regimes are reviewed on a three monthly basis and as required. Residents and representatives said they are confident staff administer residents’ medications 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

The home has systems to ensure residents are as free as possible from pain. Residents are assessed for pain when they enter the home and an appropriate pain assessment tool is used when assessing residents with cognitive impairment. A pain management care plan is developed which identifies interventions to relieve the individual resident’s pain. A multidisciplinary team is responsible for the integration of a holistic approach when providing pain management including analgesic medication. Residents with pain are able to attend the home’s pain clinic where treatments such as therapeutic massage, heat packs, emotional reassurance, exercise therapy and ultrasound are available. Treatments are regularly evaluated for effectiveness and referrals to specialised services for complex pain clinic are organised as required. Medical practitioners are consulted regarding the use of analgesia to relieve residents’ pain. Residents and representatives advised residents are as free as possible from pain and staff respond in a timely manner to residents’ requests for pain control.

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 systems to ensure the comfort and dignity of terminally ill residents is maintained. Where possible residents’ advanced care directive and end of life decisions are identified and supported. Residents are assisted to remain at the home during palliation and

family/friends are also supported during this stage of the resident's life. Staff have had education in the palliative care and the home's chaplain is available to provide spiritual care and emotional support if required. There are specially developed palliative care comfort boxes and equipment for end of life care including two syringe drivers. Resident's family/representatives are kept informed of any changes in the resident's condition and emotional support is provided. Residents' cultural and spiritual beliefs are respected and if requested an appropriate priest from the community or the home's Chaplain will be contacted. Staff said they are adequately supported in issues of grief and loss and advised the palliative care program provided at the home focuses on the quality of life for the resident, the family and the care giver. Residents and representatives said they are comfortable with the home's approach to maintaining residents' comfort and dignity, and the knowledge their wishes would be considered and respected.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Information on residents' dietary needs is obtained on their entry to the home. Information includes residents' food preferences, special diets, cultural requirements, sensitivities and allergies, the need for eating aids, and the level of assistance required with meals.

Residents' dietary needs are regularly reviewed and any changes updated in their plans of care and communicated through the electronic care system to the catering staff. A speech pathologist visits when necessary to assess and manage resident's swallowing difficulties and special and/or modified diets are provided as prescribed. All residents are regularly weighed and residents with a weight loss of greater than 2 kilograms in a month are referred to their medical practitioner for review. There is a system for the provision of dietary supplements and enteral feeds. Food and fluid intake is monitored, recorded, and reviewed where required. Residents are encouraged to maintain hydration at meal times, morning and afternoon tea and throughout the day. Residents and representatives said residents are generally satisfied with the quality and quantity of food provided and they have a choice of meals.

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 recognises residents' skin integrity needs are closely linked to their need for hygiene, continence, nutrition and hydration, and mobility along with the occurrence of clinical incidents such as falls and skin tears. Skin integrity issues are documented in the electronic care system which facilitates timely intervention, tracking and follow up of ongoing issues. Trained staff follow best practice wound management strategies which include regular observations of wounds that are documented in wound charts and when required photographs to provide a basis for ongoing evaluation of residents' wound healing. Residents are referred by their medical officers to wound care specialists for assessment and review of their wounds, and treatment regimes as needed. Manual handling education is mandatory and management monitor staff to ensure good practice for residents' skin care is maintained. Staff demonstrated knowledge in identifying and reporting changes in residents' skin integrity. Resources used to

manage residents' skin care include emollients, sunscreens, pressure relieving equipment and protective clothing. Residents and representatives said staff pay careful attention to residents' individual needs and preferences for skin care.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

There are systems to ensure residents' continence is managed effectively. Continence management strategies such as scheduled toileting are documented in residents' continence care plans following initial assessment. Two registered nurses (RN) are responsible for ordering and allocating the continence aids for all the residents. When resident's continence needs change staff and RNs discuss the changes and these are documented in the resident's continence assessment. Care staff are trained in continence management including scheduled toileting, the use of continence aids, and the assessment and management of urinary tract infections. There are bowel management programs including the provision of high fibre diets and encouragement with fluids. Monitoring is via daily recording and this information is reviewed and action is taken if required. Urinary tract infections are monitored and preventive strategies are implemented when indicated.

Residents and representatives advised residents are satisfied with the home's approach to continence management.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of residents with challenging behaviours are identified and met. Following a behaviour assessment to identify behaviours, potential triggers and successful interventions, a care plan including management strategies is developed and regularly reviewed. The behavioural management program is supported by the diversional therapy and recreational staff. Programs include art therapy classes, newsgroups, bingo, quiz, music therapy, men's group, bus trips and church services. Staff said they have attended dementia and behaviour management education. The home has access to advice from a psychogeriatrician, psychologist and geriatrician through the local area health service. We observed residents with challenging behaviours living in the secure unit at lunch, being assisted with their meals by staff who were engaging residents in a relaxed and caring manner. Residents and representatives expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are managed.

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

Two physiotherapists work at the home for a total of nine days per week. A manual handling assessment is conducted for all new residents and when there is a change in a resident’s mobility. Individual physiotherapy programs are developed for residents identified with mobility and dexterity problems. Individual manual handling needs are displayed at residents’ bedside for ease of reference for care staff. The physiotherapists review residents who are at risk of falls and this is documented into residents’ plan of care. Their mobility and dexterity care plan is reviewed three monthly or when care needs change such as an illness, recent fall or following hospitalisation which has affected their mobility and dexterity. Falls are reported and monitored with the trend analysis reported to the work health and safety committee. Staff have been provided with education on manual handling and falls prevention. Environmental audits are also conducted to ensure the environment is conducive to safe mobilisation by residents. Residents and representatives said residents are satisfied with the mobility program and the assistance they receive from staff.

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

On entry to the home residents’ oral and dental health is assessed and there are processes to ensure their oral and dental health is maintained. This is achieved by ongoing individualised assessments and care plans to address oral and dental care needs. Care staff assist or prompt residents with teeth and denture cleaning, reporting any problems. The resident’s medical officer and family are informed and the issue is documented in the progress notes. A local dentist visits the home on a regular basis and reviews the residents whose family have requested they receive treatment. Residents and representatives advised residents’ oral and dental health is maintained.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system to assess, monitor and evaluate residents’ senses to ensure they are managed effectively. A review of clinical documentation and care plans shows the home liaises with providers of ophthalmic, audiometry, and speech therapy services. Staff monitor residents to ensure they are wearing their spectacles and hearing aids are functioning correctly. A few residents talked about how they enjoyed having views to the creek and bushland from their rooms. Adequate lighting and large screen televisions assist residents with sensory impairment to maintain enjoyment, independence and safety. Large print books are

available as necessary. Residents expressed satisfaction with the management of their sensory loss.

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

There is a system to assess sleep patterns on entry to the home in consultation with the resident and their representative. The individualised care plan generated from the assessment is regularly reviewed. Residents’ rising and retiring times are documented and staff said residents are assisted to settle for the night. Medications to assist with sleeping are prescribed at the discretion of the resident’s medical officers. Staff are able to discuss non pharmacological strategies used such as offering drinks, extra blankets and pillows and toileting residents. Residents said they feel safe at night, the home is quiet and they generally sleep well.

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 information regarding the continuous improvement system which exists in the home.

Examples of improvements in relation to Standard Three over the last year include:

- In July 2014 the home introduced a program called ‘three of my favourite things’ where staff encourage residents to provide information which is then recorded on a chart kept in the resident’s room. Staff and visitors can ensure a person centred approach for each resident each day. Management stated that a recent resident/relative survey showed a very positive response to this initiative.
- In June 2014 the home purchased an additional 22 seat bus to allow more residents the enjoyment of outings. The home also provided a trailer to hold mobility aids. Residents stated they are happy with the increased number of bus outings.
- The home purchased additional computer tablets for resident use, especially for sending emails to family members. Management stated that residents are very happy with this improvement.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Three: Resident lifestyle, include:

- Offering an agreement to residents for signing on entry to the home that meets the requirements of the Aged Care Act 1997 and the User Rights Principles.
- The home has a system for the compulsory reporting and recording of allegations or suspected resident assault in accordance with regulatory requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Three: Resident lifestyle. Examples of education and development attended by staff in relation to Accreditation Standard Three include: cultural diversity and gender identity; grief counselling for the care giver; and dignity and privacy.

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 and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Information is gathered through talking with residents and assessments are undertaken to identify important information for care and activity planning. Staff encourage residents to join in with social activities as they feel comfortable, whilst respecting their right to refuse. Family members are encouraged to visit whenever they wish and say they feel welcome by staff. Ongoing support for existing residents includes management and staff support, contact with volunteers and visits by religious representatives. Residents state they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

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

Thomas Holt provides a welcome environment for visiting resident representatives and community groups, with residents being encouraged to participate in life outside the home whenever possible. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimen. Residents' independence is also fostered through televisions in resident's rooms and having access to telephones and newspapers. Residents may self-medicate if assessed as being able to do so. Participation in the local community is promoted through bus trips, shopping outings and visiting entertainers. Residents say they are encouraged to maintain their independence and contact with the local community.

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

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Staff handovers and confidential resident information is discussed in private and residents' files and computer records are stored securely. Staff demonstrate an awareness of practices which promote the privacy and dignity of residents. These include closing resident doors and window curtains when providing personal care. Residents who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

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 provides a varied lifestyle program for each section of the home and is developed in consultation with residents. The individual interests and preferred activities of residents are identified on admission. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. Recreational activities officers provide activity programs five days a week in each section of the home and weekend activities are also available. Activity programs are displayed and include physical exercise, mental stimulation, general social interaction and special events. Residents are informed of recreational activities available through the activity calendars in addition to verbal prompts about the activities of the day. The home also provides information on a dedicated television channel available in resident rooms and common areas. Residents told us there are a variety of activities and outings provided and whilst they are encouraged to participate their decision not to do so is respected.

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 cultural and spiritual lives of residents are acknowledged and celebrated by the home. The home identifies information related to residents' cultural and spiritual background when they first move into the home which is incorporated into care planning where appropriate.

Church services are regularly conducted and pastoral carers and religious visitors frequently attend the home. Specific cultural days, holy days and residents' birthdays are celebrated and involvement from families and friends is encouraged. Brochures in different languages were

observed displayed in the home. Residents say they are happy with the cultural and spiritual support provided.

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 encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes choice of shower and bed times and whether to participate in activities. All residents are provided with a handbook that details the services available and are able to decorate their own rooms with personal belongings. The resident meetings provide a forum for residents to discuss the running of the home including catering, activities and any issues arising. Staff were observed providing residents with choice in a range of activities of daily living. Residents say they are happy with the choices available to them and that their decisions are respected.

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

Residents/representatives are provided with an information pack prior to entry which outlines the rights and responsibilities of the resident. This includes a resident handbook which gives detailed information about all aspects of life at the home. All residents or their representatives are offered an agreement on entry to the home. The resident agreement includes information for residents about their rights and responsibilities, complaints mechanisms, fees and charges, their security of tenure and the process for the termination of the agreement. Residents and representatives say they are satisfied with the information the home provides and understand their rights.

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 information regarding the continuous improvement system which exists in the home.

Examples of improvements in relation to Standard Four over the last year include:

- The home has recently refurbished the main dining room in Roden Cutler House, changing the layout, cabinets, curtains and painting. The use of serving trolleys has been replaced by cabinetry. Residents stated that they are very happy with this improvement.
- With the introduction of the electronic medication management system in 2014, staff found the new trolleys were difficult to use on the carpeted areas in some parts of the home. The work place health and safety committee conducted a risk analysis and researched low cost solutions, and the trolley wheels were replaced with a more appropriate product. Staff are very happy with the improved performance of the trolleys.

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 guidelines as referred to in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Four: Physical environment and safe systems include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is displayed.
- A current NSW Food Authority licence is displayed and a food safety program has been implemented as required by the NSW Food Safety Authority.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Four: Physical environment and safe systems. Examples of education attended by staff in relation to Accreditation Standard Four include: fire and safety; use of lifters; and safe food handling.

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 is providing a safe and comfortable environment consistent with residents' care needs. Residents, representatives and visitors enjoy the use of appropriately furnished lounge, dining and communal sitting areas. Residents and representatives also have access to well-maintained outdoor areas and gardens. The use of heating and cooling devices such as ducted air conditioning ensure a comfortable temperature is maintained throughout the home. Residents have a private air conditioner in their room to adjust the temperature to meet their needs. Large windows allow appropriate levels of natural light to enter the building and provide views of the surrounding bushland. The safety of the environment is underpinned by catering for the residents' care needs, as well as monitoring of their environmental needs on an ongoing basis. Internal and external environmental audits and the planned preventative and corrective maintenance systems ensure that the environment (grounds, building and equipment) are well maintained. Residents and representatives interviewed express high levels of satisfaction with 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 meets this expected outcome

Management is actively working to provide a safe working environment through policies and procedures, hazard identification, and adverse advent reporting. The audit schedule includes regular inspections and audits of the working environment and staff practices. The home has a scheduled maintenance program to minimise risk. Work health and safety is discussed at work health and safety, staff and quality meetings and individually with staff. Management conduct biannual work health and safety meetings with contractors. Ongoing education ensures staff understand regulatory requirements and safe work practices. Safety signage is on display and

personal protective equipment is available for staff use. Staff are trained in the storage and use of chemicals, and safety data sheets are provided for chemicals in use. There is a return to work program. An external provider develops the return to work plans which include meaningful duties, providing the staff member with a gradual process to get them back to work. Staff advised they receive regular mandatory manual handling training and are trained in the use of new equipment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has effective systems to ensure the environment and safe work systems are minimising fire, security and emergency risks. This is achieved through well-publicised and clearly understood emergency and fire evacuation procedures plus fire warning and fire-fighting equipment whose performance is regularly assessed and a current fire safety statement is on display. Fire prevention measures include education, practical competency assessment, inspections, evacuation kits, safe storage and a program of electrical equipment tagging. The home has correctly orientated evacuation plans and up to date emergency response and disaster response plans. Staff are aware of the location of emergency equipment, of emergency procedures and confirm they undertake regular fire safety and emergency evacuation training. The home's security system includes automatic locking doors, lighting and security personnel patrol the perimeter at various times each night. Staff wear uniforms and identification badges which indicate they are authorised to be in the home. A sign in and sign out book is maintained for visitors and contractors. Emergency numbers are available as well as access to telephones. All residents have access to a call bell system.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home's infection control program consists of ongoing education, infection prevention strategies including: systems for the management and disposal of general and contaminated waste; staff and resident vaccination/immunisation programs and tracking and analysis of infection rates. Management maintain clinical indicators for infection control statistics and interventions are developed for individual residents. Management and staff described the procedures for dealing with an outbreak in the home. Staff interviewed are familiar with infection control practices and said personal protective equipment is readily available. Staff use various infection control strategies including: the use of a colour-coded system during cleaning; a first in first out system in operation for food storage; and daily temperature checks on refrigerators, freezers and food. A food safety program is in use in the kitchen. Laundry is washed using sanitising agents and temperature to ensure infection control is achieved in the washing process. In addition, appropriate equipment, staff practices and workflows minimise the risk of cross infection. The home has a hazard risk management system, and appropriate disinfection/cleaning methods. Staff associated with the provision of catering, cleaning and laundry services and care staff demonstrate an awareness of infection control as it pertains to their work areas.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home ensures hospitality services are provided in a way that enhances residents' quality of life and the staff working environment. Observations, interviews and documentation showed resident likes and dislikes are recorded, monitored and respected. Residents and representatives have opportunities for input and choice in the home's menu. The home has a range of systems to evaluate quality outcomes. This includes resident and representative meetings and surveys, plate wastage monitoring and the comments and complaints system. Planned cleaning programs and cleaning audits ensures the cleaning standards are maintained. The on-site laundry service employs effective systems for the storage, identification, laundering of the home's linen and delivery of residents' personal clothing. A review of meeting minutes, resident and representative satisfaction surveys show a high level of satisfaction with the laundry and cleaning services. Residents and representatives advised they are generally satisfied with the meals provided.