



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Catholic Healthcare Holy Spirit Dubbo RACS ID: 1484**

**Approved Provider: Catholic Healthcare Limited**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

Reconsideration Decision made on 8 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 22 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 18 August 2015 to 18 April 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 8 January 2018

Accreditation expiry date 18 April 2019



**Australian Government**  

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**Australian Aged Care Quality Agency**

**Holy Spirit Dubbo**

RACS ID 1484  
6 Tony McGrance Place  
DUBBO NSW 2830

Approved provider: Catholic Healthcare Limited

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 18 August 2018.

We made our decision on 22 June 2015.

The audit was conducted on 19 May 2015 to 20 May 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                     |



**Australian Government**  
**Australian Aged Care Quality Agency**

## **Audit Report**

**Holy Spirit Dubbo 1484**

**Approved provider: Catholic Healthcare Limited**

### **Introduction**

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 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

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 19 May 2015 to 20 May 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:   | Kathryn Mulligan |
| Team member/s: | Peter Hall       |

## Approved provider details

|                    |                             |
|--------------------|-----------------------------|
| Approved provider: | Catholic Healthcare Limited |
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## Details of home

|               |                   |
|---------------|-------------------|
| Name of home: | Holy Spirit Dubbo |
| RACS ID:      | 1484              |

|   |          |
|---|----------|
| Total number of allocated places:                           | 62       |
| Number of care recipients during audit:                     | 58       |
| Number of care recipients receiving high care during audit: | 56       |
| Special needs catered for:                                  | Dementia |

|                 |                       |            |              |
|-----------------|-----------------------|------------|--------------|
| Street/PO Box:  | 6 Tony McGrance Place | State:     | NSW          |
| City/Town:      | DUBBO                 | Postcode:  | 2830         |
| Phone number:   | 02 6841 8600          | Facsimile: | 02 6841 8622 |
| E-mail address: | dthomas@chcs.com.au   |            |              |

## Audit trail

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

### Interviews

|   | Number |   | Number |
|---|--------|---|--------|
| Facility Manager  | 1      | Residents/representatives                 | 9      |
| Care manager  | 1      | Catering staff                            | 2      |
| Care staff  | 5      | Cleaning staff                            | 2      |
| Team leaders ( assistants in nursing)                             | 2      | Laundry staff                             | 2      |
| Registered nurse/enrolled nurse                                   | 2      | Maintenance staff                         | 1      |
| Recreational activity officer                                     | 1      | Physiotherapy assistant                   | 1      |
| Recreational activity officer co-ordinator/Education co-ordinator | 1      | Pastoral care/spiritual care co-ordinator | 1      |

### Sampled documents

|   | Number |                 | Number |
|---|--------|-----------------|--------|
| Residents' files including assessments, care plans, care conferences, progress notes, medical officers notes, referrals, allied health and associated documentation | 8      | Personnel files | 3      |
| Medication charts   | 12     |                 |        |

### Other documents reviewed

The team also reviewed:

- Catering, cleaning and laundry: NSW Food Authority License, food safety folder, kitchen cleaning records, residents catering preferences and needs, food temperature other records, cleaning schedules
- Continuous improvement: audits and actions across the four Accreditation Standards, plan for continuous improvement, quality activity analysis and evaluation
- Education attendance records, evaluation forms, learning and education needs analysis, competencies
- Employee orientation handbook, orientation program and documentation
- Fire, security and other emergencies: fire alarm register, evacuation plans, emergency manual
- Food safety manual, temperature and other records, cleaning schedules
- Human resource management: duty lists, employee orientation pack and handbook, rosters, position statements, appraisal schedule, duty lists, national police check records, professional registrations
- Information systems: policies, procedures, flowcharts, meeting minutes, memoranda , surveys, newsletters ,phone lists, handover sheets, communication book, new resident

pack, resident consent forms, resident handbook, resident agreement, surveys ,feedback forms, improvement logs, mandatory reporting documentation, gratification cards

- Infection data
- Living environment: maintenance records, preventative maintenance schedules and records, legionella testing, mixing valve temperature records, service agreements, certificate of currency, insurances, contractor approved register
- Medication documentation including, medication charts, profiles, medication refrigerator temperature records, medication incident forms, drugs of addiction (S8) register, pharmacy reviews of resident medications, medication competency for resident's self-administration of medication, nurse initiated medication forms
- Resident clinical monitoring documentation including observation charts, behaviour monitoring, bowel, blood glucose level monitoring, pain monitoring, weight monitoring wound charts,
- Resident lifestyle documentation including activity calendars, daily activity participation and evaluations.

### **Observations**

The team observed the following:

- Activity program on display; residents participating in activities and activity resources
- Archive storage
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Cleaning equipment colour coded, chemicals in use and storage
- Complaints, comments and compliments forms, poster and brochures external advocacy services
- Equipment and supply storage areas and equipment in use
- Fire safety equipment and testing records, evacuation back pack and documentation
- Hospitality services in operation, menu
- Infection control documentation, equipment and supplies, outbreak box
- Interactions between staff/residents/representatives
- Laundry equipment including, resident's laundry
- Living environment
- Mission, values and the Charter of Residents' Rights and Responsibilities displayed
- Notice boards for staff and residents, information brochures on display for residents, visitors and staff
- Outbreak supplies, outbreak management kit and personal protective equipment (PPE)
- Safety data sheets, spills kits
- Sign in out books for residents, volunteers/visitors, contractors.
- Short group observation in the lounge/dining room (Lachlan Lodge)



## 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

Holy Spirit Dubbo presented evidence there is a quality management system and the home is actively pursuing continuous improvement. The system is overseen at the home by the facility manager and is linked to the organisation's national quality team. The system includes mechanisms for the collection, implementation, evaluation and feedback of continuous improvements to all stakeholders. Quality activities to monitor the home's compliance with the four Accreditation Standards include audits and surveys, analysis of statistics, actioning complaints and suggestions, management observations, hazard reports and maintenance requests. A consultative approach through avenues such as meetings and individual discussions ensures all stakeholders have the opportunity to be involved in improvements. Staff and residents/representatives receive feedback via meetings, newsletters and education. Continuous improvement activities undertaken in relation to Accreditation Standard One include:

- The organisation has implemented a new format called "My Learning" to record and monitor staff education. This has led to an improved accuracy in the records being achieved in relation to staff education. This has also allowed for identification of any gaps in the process.
- A staff survey has been recently completed and has led to the identification of the top and bottom five issues of satisfaction within the home. These have been discussed at the latest staff meeting and strategies to rectify them implemented.
- The organisation identified that equipment requests was not organised and preventative maintenance was not regular. An equipment inventory was developed to record and track equipment such as wheelchairs, water chairs and air mattresses. A preventative maintenance system for this equipment was also implemented. Management are satisfied with the process.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home's management has systems to identify and ensure compliance with all legislation, regulatory requirements, professional standards and guidelines. The system involves the identification of changes via aged care and industry organisations, information provided from government bodies, accessing the internet and attendance at professional events. The

information is reviewed by the organisation's management team and changes are sent to the home in the form of information or policy/procedure changes. Dissemination of the changes needed to maintain compliance is through meetings, memoranda, noticeboards and education. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, and observations by management.

Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard One include:

- A system to ensure all staff, contractors and volunteers have up to date criminal record checks
- Staff attending mandatory education.

### **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

Holy Spirit Dubbo has systems of recruitment, orientation and an ongoing education program that ensures staff have the knowledge and skills to perform their roles effectively. Training needs are identified from discussion with staff, audit results, observation of staff practices, changes in resident needs, performance appraisals and the new "In Focus" monthly targeted education system. Education is provided if new equipment or processes are introduced. Topics range across the four Accreditation Standards and include internal and external sessions. We sighted staff attendance records including those in mandatory topics. Education sessions that staff and management attended in 2014 relating to Accreditation Standard One include the new "In Focus" system, residents' rights and responsibilities and the Catholic Health Care managers' conference.

### **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 systems to ensure all residents or their representatives and other interested parties have access to internal and external complaints' mechanisms. Internal mechanisms include meetings, feedback forms, improvement logs, surveys, case conferences, letters and discussions with management. We noted information on the internal and external complaints' mechanism was displayed at the home and described in the resident and relative handbook. Residents/representatives were satisfied with the complaint mechanisms and felt free to raise issues. Complaints were noted to be actioned and followed up with the complainant in a timely manner.

### **1.5 Planning and leadership**

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

#### **Team's findings**

The home meets this expected outcome

The home's mission and values are displayed in the home on various notice boards and in employee handbook. They are also documented in the employee orientation handbook. The resident and relative handbook documents the mission vision and values. Staff are introduced to the mission and values during orientation and in ongoing training.

### **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 to ensure sufficient, appropriately skilled and qualified staff are available to provide services in accordance with the Accreditation Standards and to support the home's philosophy and goals. The system involves determining and maintaining appropriate staff numbers based on residents' care needs, occupancy, the safety and welfare of staff, current industry standards and staff input. Recruitment is organised primarily through the home, with documentation then going to the recruitment department at head office. The successful candidate undergoes orientation and buddy shifts as needed. Staff are issued with handbooks, position descriptions and staff work routines and there is continuing education, multiple competencies and performance appraisals. Staff are replaced as required from a casual pool or part-time staff. Residents/representatives stated staff are knowledgeable in their area of work and responsive to residents' needs.

### **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 confirmed and we observed appropriate levels of stock and equipment to provide quality care and services to residents. Various staff have delegations in relation to ordering stock and said management is responsive to all reasonable requests. Stock and goods are checked on arrival and equipment is maintained through corrective and scheduled internal preventative maintenance program. Equipment undergoes a trial prior to purchase if appropriate and staff are educated on the use of new equipment.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has a range of effective information systems. Interviews with residents and staff indicated there is an efficient flow of information. Staff communication systems include meetings, policy and procedure manuals, flowcharts, information from Government departments, handbook, orientation and training, noticeboards, handover, one-to-one discussions and a range of clinical documentation. A resident information system includes administration forms, handbook, residential care agreements, residents' meetings, case conferences and clinical records. We noted there is a system to ensure resident, staff and archived files are securely stored and destroyed appropriately. Computers are password protected and backed up.

## **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

There are systems and procedures to assist management in the selection of external services that meet the home's needs and quality goals. The procurement department manages contractor service delivery specifications, details of contracts and other legislation requirements. We viewed samples of contracts, service agreements and associated documentation such as insurances and certificates of currency. Many contracts are across the organisation but local services are used where appropriate. Management at the home monitors the standard of service and passes on information to the procurement department. Residents and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to the home.

## **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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Two include:

- As a result of identified gaps in their system for oral hygiene the home has implemented information cards that are placed in residents bathrooms. This has ensured that all staff are aware of residents' oral care needs.
- The home has implemented a new system to identify residents having specialised meals. Laminated cards that are colour coded and display the specific diet requirement are placed on trays. Staff and management advised this is an effective system to ensure residents receive their appropriate meal.
- Sydney university students have conducted surveys of staff and delivered education about oral hygiene. This was to improve staff knowledge and identify any gaps in regards to oral hygiene. Staff said the sessions were very informative.

### **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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to health and personal care.

Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Two:

- Keeping professional registrations up to date
- Policies and procedures for unexplained residents' absences.

### **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

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions staff and management attended in 2015 related to Accreditation Standard Two include: oral health, diabetes, pain management, palliative care skin integrity 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

Holy Spirit Dubbo has systems to ensure residents receive appropriate clinical care. The overall clinical care system is monitored and evaluated by the care manager. The care manager, registered nurse or team leader assess, document and review resident care needs when residents enter the home and on an ongoing basis. The resident’s medical officer is notified of resident incidents either via facsimile or telephone. Case conferencing supports consultation with residents/representatives in relation to all aspects of care. Care staff demonstrated an understanding of residents’ individual needs. Residents say they are satisfied with the clinical care received.

### **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

There are systems to ensure appropriately trained staff are utilised to meet the needs of residents who require specialised nursing care. Registered nurses are responsible for the assessment of residents requiring specialised nursing care. Care plans are in place and evaluated every three months by the care manager and as needed by the registered nurses and team leaders. There is documentation relating to consultation with other health care specialists regarding resident care needs. Care staff demonstrated awareness of residents’ individualised specialised nursing care needs. Residents/representatives say they are satisfied with the level of specialised nursing care provided.

### **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 physiotherapist, podiatrist, speech pathologist and mental health specialists. Residents/representatives are aware of the availability of other health specialists if needed. Changes in care are communicated to staff by the care manager, registered nurse and/or team leaders as well as 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

There are 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 via a blister pack system by staff who have appropriate qualifications. Medications administered by staff are locked in medication trolleys and stored in a locked treatment room when not in use. Residents say they receive their medication in a timely manner.

## **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

Holy Spirit Dubbo has a system for assessing, monitoring and treating residents’ pain when they enter the home and as needed. Care plans are formulated with individual pain management strategies. A multidisciplinary approach involving medical, nursing, physiotherapy and physiotherapy assistant supports a residents’ pain management program. A combination of treatment options is available to manage residents’ pain which includes but is not limited to heat, massage and pain relieving medication. Referral to specialists is in line with residents’ needs. Staff generally demonstrated knowledge of the processes required to effectively manage residents’ pain. Residents/representatives say they are satisfied with residents’ pain management treatments and with staff responses to residents’ needs.

## **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

There is 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 resident. The pastoral care/spiritual care co-ordinator is available to support the resident and their families during the palliation process. The local community based palliative care team is available to support the home’s staff in providing appropriate individualised palliative care as needed. Care staff are aware of the processes to be used when a resident is requiring 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 is completed and the information is provided to the kitchen/ satellite kitchen. Resident’s weights are recorded by care staff monthly and/or in line with their individual assessed need. Nutritional supplements are available for residents who require extra nutritional support. Specialised eating equipment is used by residents as needed to help promote resident ‘independence. Documentation indicates and staff said residents receive appropriate special diets, dietary supplements, extra fluids and allied health referrals. Residents/representatives say they are generally satisfied with residents’ 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

There is a system for maintaining residents’ skin integrity including initial and ongoing assessments, care planning and regular evaluation. The care manger monitors accidents and incidents including wound infections and skin tears, and acts appropriately on trends identified. Wound care is provided under the direction of the registered nurse. Residents/representatives said they are satisfied with the skin care provided to residents by the 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. The team leaders liaise with care staff in relation to the individual continence needs of residents. Care staff said there is a sufficient supply of continence aids to meet residents’ needs. Residents/representatives say they are 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

Holy Spirit Dubbo has a system to ensure the needs of residents with challenging behaviours are managed effectively. All residents are assessed on their entry to the home. Individual behaviours are identified and strategies to manage the behaviour/s are developed by the care manager with input from the registered nurses and team leaders. All episodes of challenging behaviours are recorded in the resident’s progress notes and the resident is monitored closely. Registered nurses and or the team leaders investigate the presence of infection or constipation if a resident’s challenging behaviour escalates. Referral to behaviour management specialists is available to assist staff manage behaviours of concern. There is a secure unit (Lachlan Lodge) for residents who are living with dementia who have challenging behaviours. Care staff are aware of residents’ individual behavioural needs and management strategies. Residents/representatives say they are satisfied with the manner in which staff manage residents’ 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 or registered nurse on their arrival at the home and on a needs basis. The physiotherapy assistant works with the physiotherapist providing individual exercise and pain management programs for residents. The accident and incident reporting system includes analysis of incidents to identify trends and strategies are implemented to reduce the number of resident falls. The home has a range of mobility equipment available for the use of residents. Care staff demonstrated an understanding of their responsibilities in relation to optimising residents’ mobility and dexterity. Residents/representatives say they are satisfied 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 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 care staff and reviewed by the care manager. 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 resident care. Residents/representatives say they are satisfied 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 residents’ sensory needs. Residents/representatives reported general 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 entry to the home, a residents’ sleep pattern is assessed and strategies implemented. Each resident has their own room and ensuite bathroom. Residents are encouraged by staff to settle quietly in their rooms at night and staff can offer snacks and drinks during the night when required. Residents say they are generally able to have a good night’s sleep and the night staff are attentive to their needs.

## **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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Three include:

- At the request of residents, the home has scheduled a regular BBQ for lunch. Volunteers have been organised to cook the lunch and meat has been donated by a local shop.
- The home recognised there were limited activities to cater for the increasing male residents and looked into setting up a “men’s group”. Men’s’ group is scheduled fortnightly to provide specific activities for men and promote friendship.
- To improve communication with the residents the newsletter circulation has been increased to monthly. This assists in ensuring residents have current information to them.

### **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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to resident lifestyle.

Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Three:

- Staff signing confidentiality statements as part of their employment agreements
- The home having a system for compulsory reporting in accordance with regulatory requirements
- Residents signing a resident agreement.

### **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

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2014 related to Accreditation Standard Three include the privacy policy, grief and loss, dementia awareness and spirituality.

### **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

There is a system to ensure each resident receives support in adjusting to life in their new environment and on an ongoing basis. During their entry period, the new resident is provided with an orientation to the home and introduced to staff and other residents. During this initial period, there is an assessment of their social, cultural and spiritual support needs and individual care plans are developed. The pastoral care/spiritual care co-ordinator provides support during the settling in process, working with both the resident and their representative. Residents say they are supported by the staff, both when they first entered the home and on an ongoing basis.

### **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

There is a system to ensure residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of residents' specific needs and preferences is undertaken on entry to the home and on an ongoing basis to assist staff develop a care plan. The home has a physiotherapist for mobility assessments and ongoing mobility programs. Staff members promote independence by encouraging residents to participate in their own activities of daily living whenever possible. Residents said they were satisfied with the way in which the staff encourage them to maintain their 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 stated they are satisfied staff respect their privacy and maintain their dignity and confidentiality. Residents are accommodated in single rooms with ensuite bathrooms which provide each resident with their own private space. Residents who request have a single strap/cord type system across their door as a deterrent to other residents entering their personal space. All personal information is collected and stored securely with access by authorised staff. Written consent is obtained from residents regarding their personal information. Staff are required to sign confidentiality agreements on appointment to their positions. Residents/representatives say they are 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

Holy Spirit Dubbo has a system to ensure residents are encouraged and supported to participate in their interests and activities. When entering the home, information about a resident's life is collected. Care plans based on this information are prepared in conjunction with residents and/or their representatives. A monthly activity program is displayed and includes a range of activities. These include physical exercise, mental stimulation and general social interaction. Residents/representatives said they are generally satisfied 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

There is a system to ensure individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of residents' specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and religious services are held at the home by ministers of different denominations. The home has a pastoral/spiritual co-ordinator to assist providing residents an opportunity to have spiritual support. Residents/representatives say they 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 assessment and care planning processes, 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 spiritual choices and waking and sleeping times. Choices are also available regarding meals, participation in activities and choice of medical officer. Residents/representatives say they are satisfied 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 is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. A residential aged care service agreement and resident handbook is provided for all residents. The agreement outlines information on security of tenure, fees/bonds. The resident and relative handbook details the services available at the home, privacy matters, specified care and services and the charter of residents' rights and responsibilities. Noticeboards and brochures provide information for residents/representatives including on internal and external complaints mechanisms. Residents/representatives interviewed state they are satisfied with the information that was provided pre entry and on entry to the home as well as on an ongoing basis.

## **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”.*

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Four include:

- Staff and management identified the environment could be improved to make it more appealing. All lounge room furniture has been replaced along with dining room furniture in two of the four houses. Residents have provided positive feedback about the changes.
- A simple and effective system has been implemented to assist in the identification of residents who have an infection. A colour coded “dot system” assists staff in identifying specific care needs of the residents.
- To improve the environment the carpet in Talbragar House common areas has been replaced with vinyl. This has improved staff safety when transporting equipment and reduced trip hazards for residents.

### **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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to physical environment and safe systems such as on outbreak management.

Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Four include:

- Displaying material safety data sheets (MSDS) near stored chemicals,
- The home has a food safety program
- A licence from the NSW Food 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

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2014 related

to Accreditation Standard Four include, fire and evacuation, infection control, and chemical safety.

#### **4.4 Living environment**

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

##### **Team's findings**

The home meets this expected outcome

Systems and procedures have been established to guide management and staff in the provision of a safe and comfortable environment to meet residents' needs. The home has a range of single, bed rooms with ensuites. In the four main wings there is a dining room, lounge area, separate sitting area, courtyard and other outdoor areas. Lachlan Lodge has a secure outdoor area. We noted the home to be clean, odour free, with well-maintained equipment and furniture and to be at a comfortable internal temperature. A range of environmental audits is carried out in addition to regular maintenance.

#### **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

Holy Spirit Dubbo has an occupational health and safety (WHS) system in place that operates to provide a safe working and living environment that meets regulatory requirements. WHS is an agenda item at all meeting including staff meetings. WHS forms part of orientation and ongoing education in such areas as manual handling and fire safety. Chemicals are securely locked away and MSDS and personal protective equipment are available. Equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. There is a comprehensive hazard and risk reporting and management system in place. We noted documentation relating to safe practices displayed and observed safe practices in operation.

#### **4.6 Fire, security and other emergencies**

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

##### **Team's findings**

The home meets this expected outcome

There is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. There is ongoing compulsory education of staff in fire safety procedures and staff interviewed are knowledgeable about fire safety systems at the home. We observed reports confirming equipment is regularly tested. Documentation relating to fire safety and other emergencies such as evacuation plans and resident evacuation data is easily accessible and exit routes are clearly marked. The home has equipment such as sprinklers, smoke detectors, hydrants and fire blankets. There are emergency and evacuation plans and an evacuation back pack. There is a security system in operation including a nurse call system, key pads and alarmed doors and security patrols at night.



#### **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

Holy Spirit Dubbo has an effective infection control program. This includes staff orientation, ongoing education, hand washing competencies and observation of staff practices. There is the availability of policies and procedures including information on outbreak management and outbreak stores. Infection data are collected, analysed, benchmarked across the organisation and these and other infection control issues are discussed at various meetings. We noted infection control procedures such as colour coded equipment, personal protective equipment and monitoring of temperatures in use. Audits are undertaken, there are processes for the removal of contaminated waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work. Staff confirmed they had undertaken education in this area. There is a resident vaccination program in operation.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's findings**

The home meets this expected outcome

Residents interviewed were satisfied with the catering, cleaning and laundry services. Dietary information including special requirements and preferences is held in the satellite kitchens and updated as required. Meals are fresh cooked off site and transported appropriately to the satellite kitchens for distribution. There is a four week rotating menu and residents have choices at meals. Mechanisms for feedback on catering and other hospitality services are available and include meetings, surveys, complaint forms and verbally with staff. There is an internal laundry operating for personal clothing with bedding being done by a contract laundry. Cleaning is carried out by contract staff. Infection control procedures ensure hospitality services are provided in accordance with health and hygiene standards and staff are able to describe and demonstrate application of these procedures to their work.