

Harbourside Haven Nursing Home and Hostel

RACS ID: 2738

Approved provider: Port Stephens Veterans and Citizens Aged Care Ltd

Home address: 89a Shoal Bay Rd SHOAL BAY NSW 2315

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| 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 March 2021.  We made our decision on 17 January 2018.  The audit was conducted on 12 December 2017 to 14 December 2017. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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:

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 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: Care recipient lifestyle

### Principle:

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

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 Care recipient security of tenure and responsibilities Met

## 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 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



Audit Report

Name of home: Harbourside Haven Nursing Home and Hostel

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# Introduction

This is the report of a Re-accreditation Audit from 12 December 2017 to 14 December 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 12 December 2017 to 14 December 2017.

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.

# Details of home

Total number of allocated places: 151

Number of care recipients during audit: 133

Number of care recipients receiving high care during audit: 132

Special needs catered for: N/A

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients/representatives | 31 |
| General manager | 1 |
| Facility coordinator | 1 |
| Quality risk and compliance manager | 1 |
| Acting care services manager | 1 |
| Clinical care coordinator | 1 |
| Educator/clinical support manager | 1 |
| Clinical educator | 1 |
| Registered nurses | 5 |
| Team leader care staff | 5 |
| Care staff | 14 |
| Care staff/continence link nurse | 1 |
| Lifestyle staff | 6 |
| Physiotherapy personnel | 5 |
| Support services manager | 1 |
| Workplace health and safety coordinator | 1 |
| Maintenance supervisor | 1 |
| Catering staff | 3 |
| Cleaning staff | 3 |
| Laundry staff | 1 |
| Chemical supply company representative | 1 |
| Information technology coordinator | 1 |
| Residential care admissions officer | 1 |
| Contracted human resources consultant | 1 |
| Administration staff | 2 |
| Volunteers | 2 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 19 |
| Wound charts | 9 |
| Medication charts | 17 |
| Care recipients’ administration files | 10 |
| Staff personnel files | 8 |
| External service provider files | 5 |

## Other documents reviewed

The team also reviewed:

* Annual fire safety statements; fire service/maintenance record service books and reports; emergency response flip-charts; emergency and disaster management plan
* Archiving register
* Audit schedule, tools and results; satisfaction survey results – residents and staff; clinical indicator data monthly and year to date reports; satisfaction survey results; monthly quality program summaries; quality action plans; quality action plan registers; corrective action plans
* Business plan; self-assessment report; continuous improvement registers and related story books
* Call bell response time report – nursing home
* Care recipient list and records: admission details, advance care directive, assessments, care plans and directives, case conference, consent forms, dietary requirements, monitoring records, progress notes, reports, running sheets
* Compliance register and supporting documentation; compliance action plans; example of monthly policy and procedure release memorandum; Quality Agency re-accreditation audit notice and letter notifying care recipients/representatives; security of tenure room move consultation records
* Education records: calendars; training material and evaluation forms; attendance/ completion tracking spreadsheets; competency assessment tools
* Feedback logs and related documentation; feedback register; consolidated record of reportable incidents
* Hospitality: nutrition and dietary needs summaries held in kitchen; menu; NSW Food Authority report; cleaning programs and sign sheets
* Influenza vaccination records - care recipients and staff; influenza outbreak management records
* Lifestyle: assessments and reviews including care plans, activities calendar, care recipient meeting minutes, newsletters, activity attendance records, activity reviews
* Maintenance records: reactive maintenance forms/register folders; preventative maintenance plan; maintenance service records (internal and external); plant registration certificate for passenger lift; contractor sign in/out books; email from fire service company, 14 December 2017
* Medication management including incident reporting, records and trending of psychotropic medication usage, information on medication interactions, medication administration committee meetings
* Meeting minutes: residents; care services; residential clinical group
* Menu, food preference lists, specialised dietary requirements
* Organisational governance framework – quality business management system overview; business plan 2016-2017
* Police check tracking reports (staff and volunteers); nurses registration tracking report; position descriptions; rosters, allocation sheets and replacement sheets; monthly human resources metrics report; staff contacts list; employee newsletters
* Policies, procedures, flowcharts and forms
* Renovation works: issues report; floor maps/diagrams
* Resident handbook
* Risk register and hazard forms; staff incident/injury forms and register; reports on workplace health and safety including lost time injury rates; risk assessment resident smoking area, 13 December 2017
* Safety data sheets

## Observations

The team observed the following:

* Activities in progress and associated resources and notices
* Archiving room
* Clinical handovers in all areas of the home
* Computer-based and hardcopy information systems
* Dining environments during midday meal services, morning and afternoon tea; staff serving/assisting; menu on display
* Equipment and supplies in use and in storage such as lifting equipment, manual handling aids, mobility equipment, pressure relieving mattresses and aids in use and in storage; linen, clinical stores, continence aids and chemicals
* Fire safety: emergency evacuation maps and signage; warden intercom point phones and break glass fittings; fire-suppression equipment; fire doors; fire panels and mimic panel; emergency evacuation supplies
* Garbage and clinical waste disposal facilities and storage areas
* Infection prevention and control resources: hand washing stations and access to hand sanitiser; personal protective equipment; spills kits; sharps containers; outbreak management resources; access to products and supplies for cleaning
* Interactions between staff, care recipients, representatives, visitors
* Living environment – internal and external
* Medication administration across the home; secure storage of medication
* Notices, posters, brochures/pamphlets, forms and other information on display for staff, care recipients and representatives – including AACQA Re-accreditation Audit notices and Charter of Care Recipients’ Rights and Responsibilities; suggestions box
* Secure storage of confidential care recipient information, archives storage
* Short group observation in living area
* Staff practices and work areas

# 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 services, 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 organisation has systems to support the active pursuit of continuous improvement. A program of risk based quality assurance monitoring activity assists in identifying most corrective actions required and improvement opportunities. Feedback from key stakeholders and management led initiatives, often associated with identified business objectives, also generates ideas for improvements. Improvement activity is tracked, and outcomes achieved are reported on, by each department and are overseen by the quality, risk and compliance manager and relevant committees. Continuous improvement registers and associated action plans show improvements across the four Accreditation Standards in 2017. Staff, care recipients and representatives know of ways to suggest an improvement, say management is responsiveness to suggestions, and are aware of improvements which have been made.

##### Recent improvement initiatives relating to Accreditation Standard One are:

* Management noted that staff engagement in training could be improved and research into various options was undertaken. A new e-learning system was purchased and implemented to supplement other modes of training delivery occurring at the home. From 2017 staff are completing mandatory training online with some additional practical sessions. They now have access to a wide range of other training for professional development, which can be undertaken at times convenient to them. Reports for 2017 show improved completion of mandatory training, which has reduced the need for follow-up by management, and increased participation by staff in other training.
* Management identified an opportunity to review the model of care delivery. They observed the registered nurses were busy with medication administration and unable to devote the time needed to clinical care. More care staff were trained and competency assessed to be able to assist with medication administration. Team leaders were recruited, including from among the care staff. The purpose of the new role of team leader is to ensure basic care of care recipients is attended on a daily basis. A training program was developed and implemented for the team leaders, including how to be a supervisor. A training program was also developed and implemented for registered nurses to refresh or develop their clinical leadership skills and abilities. Management advises there is now enhanced clinical oversight of care recipients.

### 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 relevant requirements. Information is received from a legislative updates service, membership of an aged care sector peak body, subscriptions to government department, other relevant mailing lists; and is sought out through reviews of key web-sites each month. A compliance register is maintained with details of regulatory changes and best practice releases. Where action is required this is planned and tracked to completion through compliance action plans. Policy and procedure is developed or amended as needed and is released to staff each month with discussions at meetings and/or reminders such as via the employee newsletter. Management demonstrated changes in policy and practice due to regulatory changes and best practice releases across the four Accreditation Standards in 2017. Staff say they are kept informed of changes which affect their work and responsibilities.

##### Example of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are:

* Care recipients and representatives were given at least 21 days written notice of this Re-accreditation Audit by the Quality Agency, including the audit dates and opportunity to speak with the surveyors in confidence.
* The organisation submits annual reports to the workplace gender equality agency about its performance against the standardised gender equality indicators.
* Management maintains an up-to-date consolidated record of reportable incidents.

##### 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

##### Management and staff have appropriate knowledge and skills to perform their roles effectively. Staff training needs are identified proactively and reactively and are addressed on an ongoing basis. Comprehensive induction is provided to new staff to assist them in their role and for clinical and care staff this occurs before they are rostered to work. The educators plan and coordinate the annual education program, develop and deliver training, undertake competency assessments, and track attendance and completion rates for follow-up. A variety of training has been provided to staff in 2017 that is consistent with business objectives, is responsive to quality assurance results and feedback, and takes into account the performance development needs and wishes of staff. Staff are satisfied with the support provided to them by the organisation for their training and development. Care recipients and representatives say staff know what they are doing.

Education sessions that management and/or staff attended recently relating to Accreditation Standard One include training in use of various software programs and applications; code of conduct; documentation practices; leadership for management; as well as programs to develop the supervisory capabilities of team leaders and clinical leadership capabilities of registered nurses.

### 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

##### Internal and external complaint mechanisms are promoted to each care recipient, their representative, staff, and other key stakeholders. Information about how to make a suggestion or raise a concern is in the resident handbook and agreement, is on display in the home, and is explained in person to care recipients and their representatives. Feedback forms are readily accessible and facilities for confidential lodgement of complaints are available. Feedback can be provided at meetings, directly to management, and via ongoing surveying of care recipients on a different topic each month. Complaints are investigated and actioned with the aim of reaching a resolution satisfactory to the complainant who is kept updated with written response given, where relevant. Care recipients and representatives are aware of avenues to make a suggestion or complaint. Staff know what to do if a care recipient or representative approaches them with a suggestion or complaint.

### 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 organisation’s mission statement and values, which define non-negotiable behaviours, have been documented. These incorporate the vision, philosophy and objectives of the organisation and include a commitment to quality. This information is published in key documents which are given to prospective care recipients, new care recipients/ representatives, staff, volunteers and contractors; and is on display within the home.

### 1.6 Human resource management

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

#### Team’s findings

The home meets this expected outcome

##### The organisation has policies and procedures which outline the approach to human resource management. A human resources provider has been engaged to provide relevant services to the organisation with personnel based on site for day to day management. In 2017 there has been a focus on the development of registered nurses as clinical leaders and the introduction of care staff team leaders. Recruitment is underway to employ additional registered nurses and care staff to assist in filling roster vacancies. A master roster is in place and a roster clerk assists with replacements. Most staff say they have sufficient time to complete their duties. Care recipients and their representatives speak very highly of the staff, and say calls for assistance are answered in a timely manner.

### 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

Stocks of appropriate goods and equipment are available for quality service delivery. Management and relevant staff told us about the procedures for ordering, checking, registering, maintaining, replacing and disposing of goods and equipment. In deciding to purchase new and replacement items management is responsive to requests by staff and to the individual needs of care recipients. Regular checks of equipment are undertaken through the preventative maintenance program. Based on our observations and feedback from staff, care recipients and their representatives there is sufficient supplies and equipment for staff safety and for quality care and services to be delivered to care recipients.

### 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 organisation has effective information management systems in place. Meetings, memoranda, newsletters, electronic messaging, one to one discussions and training are communication mechanisms used at the home. Care recipient physical personal and sensitive information is generally stored securely and protections are in place for electronic information. Policies, procedures, flowcharts and forms are updated with reference to regulations and the evidence base. There is a document control system for version control and a software program is used to create a site where documents can be accessed by all relevant personnel. Other software assists with managing information such as for the care of care recipients, management of staff and volunteers, and for management of contractors and maintenance works. Care recipients, representatives and staff they are kept informed of what is happening at the home as relevant to them.

### 1.9 External services

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

#### Team’s findings

The home meets this expected outcome

Externally sourced services are being provided at a standard which meets the organisation’s needs and goals. Preferred providers are identified, an agreement is entered into with them and induction is provided to those who attend site. Checks are undertaken initially and on an ongoing basis to ensure providers maintain relevant checks, licences, insurance et cetera. Providers entering the home sign in and out and the quality of their work and their conduct while is monitored. There are formal mechanisms for senior staff to give feedback about the performance of providers, which management then actions as needed. Management and staff are generally satisfied with the performance of preferred providers servicing 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

##### Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relating to Accreditation Standard Two are:

* Senior clinicians at the home identified an opportunity to improve staff knowledge of palliative care and the dying process. In 2017 there was a focus on this with a wide variety of training for staff such as end of life wishes, grief and loss, palliative care, and pain advocacy training. The educators advise that through their evaluations and observations this training has enhanced staff knowledge and skills leading to improved palliative care for care recipients. We received extremely positive feedback from the representatives of a care recipient who is receiving palliative care.
* Monitoring of clinical indicators in 2017 showed an increase, from a low base, of pressure injury by care recipients living at the home. Senior clinicians identified many care recipients were coming to the home from hospital with pressure injury, and an opportunity to focus on healing those injuries as soon as possible. The educators developed a pressure injury and mobility self-directed learning package and implemented this with relevant staff. The educators advise staff took this on board, pressure injuries are being healed and care recipients are more comfortable.

### 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

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

* Registered nurses are responsible for the initial assessment and care planning and the ongoing management and evaluation of care recipients' care.
* The home’s system for schedule eight medication management has been designed to comply with relevant legislative requirements.
* As a result of an industry alert about anticoagulant therapy and falls resulting in head injury, a new procedure was implemented at the home. Staff must now contact a member of the local health district’s aged care in emergency team for advice and send the care recipient for computed tomography imaging to rule out intracranial bleed.

### 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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and/or staff attended recently relating to Accreditation Standard Two include various aspects of: dementia understanding and care; medication administration and management; incontinence management; pain management and palliative care; and skin care and wound management. Also, specific training in first aid and cardio-pulmonary resuscitation; identification and management of the deteriorating resident; management of percutaneous endoscopic gastrostomy tubes and feeding; motor neurone disease; nutrition and upskilling in relation to various care recipient assessment tools and charts.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. The registered nurses maintain the clinical care of the care recipients. A comprehensive program of assessment is undertaken when care recipients enter the home, and a care plan is developed. Care recipients and/or their representatives are consulted in the assessment and care planning process regularly and at case conferences. Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of care recipients’ clinical care. The registered nurse develops and reviews care plans on a regular basis and when care recipients’ identified needs and preferences change. A range of care based audits, benchmarking and care recipient surveys are used to monitor the quality of care. Staff say they are provided with equipment, resources, education and supervision to ensure care recipients receive appropriate clinical care. Staff interviews demonstrate they are knowledgeable about the care requirements and preferences of care recipients. Care recipients/representatives stated they are satisfied with the clinical care the care recipients receive.

### 2.5 Specialised nursing care needs

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on care plans when care recipients move into the home. Changes are documented in the progress notes, clinical monitoring charts and in the care plans. Care plans are regularly reviewed and evaluated in consultation with care recipients and/or their representatives. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. External nursing specialist services are accessed as required including wound care, mental health and palliative care specialists. Care recipients and their representatives are satisfied with the 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 systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan, and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipient’s needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 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 care recipients’ medication is managed safely and correctly. Medication needs are assessed on entry to the home. Staff who administer or assist with medication are competency assessed and receive ongoing education. Medical officers prescribe and review medication orders, and these are dispensed by the pharmacy. Documented medication orders guide staff when administering or assisting with medications. Medication is stored securely and safely. Ongoing review of the medication management system includes monitoring medication incidents and identifying opportunities for improvement. Care recipients informed us they are satisfied with their medication management.

### 2.8 Pain management

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

#### Team’s findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are generally satisfied care recipients are as free as possible from pain.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment, which provides comfort and dignity to the care recipient and their representatives. Referrals are made to medical officers, palliative care specialist teams, pastoral care and counselling services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes, which may be requested. Care recipients and representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry to the home. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are mostly satisfied care recipients' nutrition and hydration requirements are met.

### 2.11 Skin care

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure each care recipient’s skin integrity is consistent with their general health. Care recipients' skin care requirements, preferences and special needs are assessed and identified in consultation with care recipients and/or representatives. Staff monitor care recipients’ skin integrity as part of daily care and report any changes to the registered nurse for review and referral as appropriate. Wound management is overseen by a registered nurse. Skin tears and infections are recorded, and data is analysed by the management team. A podiatrist attends the home on a regular basis. A range of skin protective devices is available, including pressure relieving mattresses and limb protectors. These are available to all care recipients and are consistent with individual care plans and identified care recipient needs. Care recipients and representatives are satisfied with the provision of skin care and the range of equipment available to them.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation 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 care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home has access to support and advisory specialists to assist with complex challenging behaviours. The home's monitoring processes identify opportunities for improvement relating to behaviour management which includes the collection and analysis of behavioural incident data. Sensory stimulation such as music, massage, taste and visual stimulus are used to create a calm environment. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. Care recipients and representatives interviewed say staff are responsive and support care recipients with 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

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. The home has physiotherapy/occupational therapy services and physiotherapy assistants five days per week. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team’s findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are regularly reviewed. Care recipients are referred to health specialists, such as audiologists, speech pathologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 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

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to care recipients, and that care recipients are assisted to achieve natural sleep patterns.

## 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

##### Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relating to Accreditation Standard Three are:

* The lifestyle team identified that more male care recipients were moving into the home and there was an opportunity to consider starting an activity designed specifically for men. In consultation with the men a gathering was organised for them and this took place over a barbeque in the newly finished barbeque pergola area. Evaluation of the gathering is it worked well with positive feedback from participants.
* The lifestyle team identified that care recipients were producing art works from participation in art therapy at the home and those works were not being seen. In consultation with care recipients a decision was made to organise an art exhibition. After much planning and organising the exhibition took place in May 2017 and was well attended. The home received positive feedback about this from care recipients and their representatives.

### 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

##### Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

* The organisation has clear policy and procedure in relation to management and reporting of elder abuse incidents.
* The organisation has an Australian privacy principles privacy policy and statement, which is published on its web-site, and the general manager is the nominated privacy officer.
* In response to release of the national guidelines for spiritual care in aged care, the diversional therapist reviewed the guidelines and prepared a gap analysis. A committee then reviewed the home’s policy, which is in draft form and currently under consideration.

### 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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and/or staff attended recently relating to Accreditation Standard Three include: consumer directed care; end of life care planning; elder abuse and compulsory reporting; grief and loss; privacy and dignity; and residents’ rights.

### 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

The home has a system to support and assist care recipients during their entry to the home, the subsequent settling in period and on an ongoing basis. An assessment of care recipients’ specific needs and preferences is undertaken on entry to the home including their social history. Care recipients are orientated to the home and staff spend extra one-on-one time with care recipients during the settling in period and as required. We observed respectful interactions between care recipients and staff. Most care recipients/representatives said care recipients are provided with appropriate emotional support and feel the staff are very supportive and caring towards both care recipients and their representatives.

### 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

Care recipients are assisted and encouraged to attend outings and functions to maintain friendships and participate in the community and within the home. Social and lifestyle assessments determine how the staff can assist care recipients to achieve maximum independence. The mobility program includes activities to promote physical independence through exercise and falls prevention. Families and visitors are encouraged to attend the activities programs with the care recipients. Most care recipients/representatives advised they are satisfied care recipients’ independence is supported by the home.

### 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

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Care recipients say staff treat them with respect.

### 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

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' differing needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. Most care recipients are satisfied with activities and confirm they are supported to participate in activities of interests to them.

### 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

Through the care recipient assessment and care planning process individual interests, customs and beliefs are identified, acknowledged and respected. Maintenance of care recipients’ links to local community networks is an inherent part of their care. The home’s monthly spiritual and lifestyle program reflects visiting church groups, church services, cultural activities, birthday celebrations and national events including ANZAC Day and Remembrance Day. Care recipients/representatives interviewed provided comments and examples that the home appreciates and supports their customs, beliefs and traditions.

### 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

Care recipients are supported by the home to decide on their lifestyle and choice of services and activities through initial assessment, recording of their preferences and feedback through surveys, meetings and suggestions to staff. Care recipient care plans include information about their needs and preferences. Care recipients are enabled to exercise choice about their daily preferences for meals, attendance at social activities and rest periods. The flexible and responsive activities program offers care recipients’ further opportunity to exercise choice over their day. Care recipients/representatives stated regular care recipient meetings are held at the home.

### 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

##### Care recipients have secure tenure at the home and are given information about rights and responsibilities. Each care recipient, or their representative, is offered a resident agreement which includes information about security of tenure and a copy of the charter of rights and responsibilities. The charter is also displayed in the home as are brochures for an aged care advocacy service. Room moves are facilitated through prior discussion with the care recipient and/or their representative and with their agreement. Policy and procedure is in place to guide management at the home should the need arise to ask a care recipient to leave the facility.

## 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

##### Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relating to Accreditation Standard Four are:

* Management identified that risk management was not as proactive and dynamic as it had the potential to be. A risk expert was engaged to work with management and to develop robust risk management processes, which are integrated with other elements of the organisation’s quality management system. Management worked with an information technology company to develop a new computerised risk management system, which involved 18 months of development and testing. Managers have been trained one to one in the elements of, and how to use, the new system, which is being launched. Management anticipates this will assist bring about significant efficiencies and enhance risk profiling.
* Management identified staff were fatigued by the practical fire evacuation training they participate in each year, and there was an opportunity to make the training more pertinent to them. The workplace health and safety officer took on the role, after attending relevant training, of providing the practical fire evacuation training to staff from 2017. New learning material was developed and a decision made to conduct training in the actual workplace of the staff members attending and in small groups. Management advised and showed us evaluations supporting that staff have enjoyed, and are benefitting from, this training.

### 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

##### Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

* A current annual fire safety statement is in place showing all essential fire safety measures at the facility are being maintained.
* A current plant registration certificate is in place for the passenger lift in the hostel.
* In response to a review of the guidelines for the prevention, control and public health management of influenza outbreaks in residential care facilities in Australia, policy and procedure was reviewed, updated, released and implemented.

### 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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and/or staff attended recently relating to Accreditation Standard Four include: bullying and harassment; chemical safety; donning and doffing personal protective equipment; fire awareness and evacuation; food safety and food safety supervision; infection control and hand hygiene; immunisation; manual handling; and workplace health and safety.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

##### Harbourside Haven Nursing Home and Hostel consists of two separate buildings, a ‘nursing home’ and two ‘hostels’ joined by an enclosed walkway. There are single, double and (two) three-bed rooms some with en-suite bathrooms and others with access to bathrooms off the corridors. Comfortable furniture is provided in care recipient rooms, common areas and outdoors. A passenger lift is provided in hostel for care recipients to safely move between the two levels. Nurse call points are in rooms and bathrooms in nursing home, and in bathrooms in hostel with hostel care recipients given a call pendant to wear. A renovation program is underway in the nursing home expected to be completed by end 2018. The buildings are clean, well lit, has air conditioning in common areas, and a combination of ceiling fans and air-conditioning in care recipient rooms. Door sensor alerts are installed and care recipients are checked on regularly if they are at risk of leaving the home when they are not authorised and safe to do so. Care recipients and their representatives are satisfied 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 that meets regulatory requirements. Staff members receive workplace health and safety and other relevant training each year. They are provided with equipment and supplies to work safely. Provision has been made to report accidents, incidents and hazards and a risk register is maintained. A workplace health and safety committee meets regularly to discuss and resolve safety related matters. There are policies and procedures for supporting injured workers and returning them to work as soon as possible. An employee assistance program is available to support staff mental health and well-being. Staff members say management is responsive to staff suggestions and requests relating to staff safety.

### 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

Staff members attend mandatory fire safety awareness and evacuation training each year, including theory and small-group practical training in their actual workplace environment. Annual fire safety statements indicate all essential fire safety measures are being maintained. Corridors are kept free of obstruction for ease of movement in an emergency evacuation. Emergency flip-charts and an emergency and disaster management plan are available to guide management and staff. There is an evening lock-up procedure, security car patrols at night and close circuit camera monitoring.

### 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

Care recipient infection rates are monitored for trends and management has prepared resources ready for use in case of an infectious outbreak. Staff members have access to infection prevention and control guidance material and receive a range of infection control related training. Supplies and equipment are provided to enable staff to prevent cross infection. A food safety program is being implemented throughout the catering service. Chemicals assist with disinfection during laundering and with cleaning of the environment. Provision is made for handling and disposing of infectious waste. Staff are knowledgeable about infection control principles and practices relevant to their work and responsibilities.

### 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

##### Meals are fresh cooked according to five-week, seasonal menus developed with input from a dietitian and offering variety and choice. Care recipients’ special dietary needs and preferences are being identified and generally are met. Care recipients generally say they enjoy the meals. There are programs for cleaning care recipient rooms, bathrooms and other areas of the home. We observed all areas of the home to be clean, and care recipients and their representatives say this is always the case. A full laundry service is provided on site, six days a week. Laundering work routines ensure there are sufficient clean sheets and towels on a daily basis, and that care recipients’ clothing is returned to them in a timely manner. Assistance is provided with labelling to help reduce the incidence of missing clothing.