



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

James Milson Nursing Home RACS ID: 2695

Approved Provider: North Sydney Retirement Trust

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 December 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 26 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 25 August 2015 to 20 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 December 2017

Accreditation expiry date

20 April 2019



Australian Government

Australian Aged Care Quality Agency

James Milson Nursing Home

RACS ID 2695

4 Clark Road

NORTH SYDNEY NSW 2060

Approved provider: North Sydney Retirement Trust

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 25 August 2018.

We made our decision on 26 June 2015.

The audit was conducted on 19 May 2015 to 21 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

James Milson Nursing Home 2695

Approved provider: North Sydney Retirement Trust

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 21 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 21 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:	Carol Lowe
Team member/s:	Maria Toman

Approved provider details

Approved provider:	North Sydney Retirement Trust
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Details of home

Name of home:	James Milson Nursing Home
RACS ID:	2695

Total number of allocated places:	59
Number of care recipients during audit:	58
Number of care recipients receiving high care during audit:	58
Special needs catered for:	

Street/PO Box:	4 Clark Road	State:	NSW
City/Town:	NORTH SYDNEY	Postcode:	2060
Phone number:	02 9959 4144	Facsimile:	02 9955 8989
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Chief Executive Officer	1	Residents/Representatives	5
Acting Director of Nursing	1	Educator	1
Registered Nurses	1	Podiatrist	1
Clinical Care Supervisors – Registered Nurses	2	Physiotherapists and Physiotherapy Aide	3
Care staff	3	Maintenance Manager	1
Lifestyle and Activity staff	1	Information Technology Manager	1
External Wound Management Clinical Nurse Consultant	1	Village Receptionist	1
Procurement Officer	1	Consultant	1
Chef/Manager – catering company	1	Area Manager – catering company	1
Area Operations Manager – laundry and cleaning company	1	Supervisor – laundry and cleaning company	1
Laundry staff	2	Cleaning staff	2
Catering staff	3		

Sampled documents

	Number		Number
Residents' files including care plans, medical notes and progress notes	6	Medication charts, medication profiles, medication signing sheets	6
Restraint authority tools	4	Personnel files	5

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Activity and social profiles, lifestyle activity plans, lifestyle activity attendance records, lifestyle notices regarding activities
- Allied health and medical specialists referrals and reports
- Audit folders and audit schedule for 2015
- Behaviour management tools, behaviour monitoring tools and communications with behaviour specialists
- Care assessment tools including: initial assessment, sleep, continence, skin, oral and dental, mobility, falls risk, risk assessment, sensory loss, specialised nursing, wound care, nutrition and hydration and others

- Care communication books, medical communication books, physiotherapy communication books and memoranda
- Care monitoring tools including: daily care sheets, change of dietary preferences, weight monitoring, clinical observations, bowel charts and case conference tools
- Catering records including: dietary information folder, temperature records for the delivery, storage and serving of food, kitchen cleaning records and five week menu
- Cleaning records and cleaning audits for the building
- Complaints folder – organisational and for nursing home
- Education documents including: medication competencies folder, education survey (2015), education training records for 2015 and 2014, 2015 skills assessment folder and education matrix for compulsory training
- Fire safety including: annual fire safety statement, log books for the fire detection system, sound system, sprinklers and intercom system
- Infection audits, infection benchmarking, vaccinations records for residents and staff, vaccination and care records for the live-in cat
- Maintenance documents including: maintenance logbook, service calendar (internal and external maintenance program), service reports on lifting equipment, pan flusher sanitizers, backflow prevention device and thermostatic mixing valves/warm water system, temperature checks on hot water system, ultraviolet disinfection system service report, legionella reports, equipment register (on computer), pest control and contractors contact details
- Medication ordering tools, schedule four-D and schedule eight drug registers
- Meeting minutes
- Pain assessments, pain monitoring tools and physiotherapy pain management programs
- Policies and procedures
- Position specifications and descriptions folder
- Regulatory documents including: visa check folder, police check registers, registers for the registration of registered nurses, allied health practitioners and medical practitioners, service agreements and licences for medical practitioners, mandatory reporting folders and NSW Food Authority licence
- Resident and visitor sign in/out books
- Residential agreement, information packs and consent forms
- Residents, volunteers and staff information handbooks
- Self-assessment report for re-accreditation
- Specialised nursing tools including: wound management, diabetes management, palliative care, advanced care directives and others

Observations

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities in various locations
- Equipment and supply storage areas
- Exit signs, inspection tags on fire fighting equipment (extinguishers, fire blankets and fire hose reels) and evacuation plans in various locations

- Infection control items, including hand wash stations, hand sanitiser dispensers around the home, contaminated waste bin, colour coded cleaning equipment, sharps containers, personal protective equipment, outbreak kits and spills kits
- Interactions between staff and residents including activities, medication round, meal service and short group observation
- Living environment – internal and external
- Manual handling and mobility equipment in use and in storage
- Menu displayed
- Mission statements displayed
- Noticeboards and posters, brochures and forms displayed for residents, representatives and staff; including notices advising of the re-accreditation visit
- Pressure relieving devices in use
- Secure storage of resident information
- Staff work areas, staff work practices and handover between staff at the change of shift
- Storage of medications

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation operates a quality management system which includes both James Milson Nursing Home (the home) and the co-located James Milson Village (hostel). The organisation participates in a commercial benchmarking audit program across selected key performance indicators to monitor performance. As part of the quality management system there are also a series of internal audits on specific areas to assess the quality of service delivery. The audit results are discussed at the continuous improvement committee and matters are referred to other specific committees such as work health and safety if required. Improvement forms are available for resident representatives, staff and visitors to use to record any suggestions for improvements as well as compliments and complaints. Ideas for improvements are also sourced from staff or residents and their representatives through suggestions which may be raised at various meetings or through discussions at case conferences. Staff advised they can discuss any improvements or write them down. A sample of improvements relating to Standard One includes the following:

- The organisation employed an electrician in April 2015 to undertake electrical work across the entire site which includes the home, co-located hostel and independent living units. The chief executive officer advised they had identified a need to access an electrician quicker to attend to urgent electrical repairs, as well as non-urgent general electrical maintenance tasks, such as tagging of electrical equipment. Having an electrician on site five days a week ensures repair work as well as any improvements to the electrical system is undertaken in a timely manner.
- The organisation now has a three stage employment process. The orientation process for new staff members has been increased from one day to four days. Day One – education on mandatory topics, fire safety, orientation to the site (both home and co-located hostel), completion of relevant employment documentation as well as education on manual handling and infection control. Day Two – education on the organisation's policies and procedures, duty lists, management systems flowcharts, use of restraints and incident reporting. Days Three and Four are orientation days in the home and co-located hostel as staff members may be allocated to work in either site. The chief executive officer advised on days three and four, staff members will also undertake spot tests on information from days one and two. The chief executive officer advised that new staff members are not officially employed unless they have successfully completed the four day orientation program. In addition to this education staff are also required to participate in a two hour work health and safety education session which may be held at a subsequent date. All existing staff are also currently participating in this education program. The chief executive officer advised as a result of changes to the orientation program new staff members are better informed and better equipped to start work. In February 2015 the organisation also identified the need to update and simplify the range of information being provided to prospective new staff members. The chief executive officer advised that previously prospective staff were given a large and comprehensive

information package. However, it was identified that when they were appointed they did not return the required documentation and a replacement information package needed to be provided. The information package has been split into an initial application pack, which is given to prospective applicants. An orientation pack is then given after a successful interview. The education package is provided as part of the orientation process and the education package given if the person successfully completes the orientation program. These changes have resulted in a reduction in the amount of paper being used by the home as well ensuring people get the information as and when needed.

- The home has increased the amount of time available to conduct handovers for the registered nurses in the home effective from May 2015. The acting director of nursing advised they received feedback at a staff meeting regarding the difficulties in conducting the handover in the time allocated. The time has been extended to 30 minutes which allows the night shift registered nurse to have 15 minutes with each of the two afternoon registered nurses (one on each level). In the morning the night registered nurse is able to provide a handover for the day shift registered nurses (one on each level).

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 organisation has a system to identify changes to legislation and regulations. These are provided through membership with a commercial legislation updating service, information updates from various industry groups, organisations and journals as well as government departments. The chief executive officer and relevant senior staff members are involved in the review and updating of policies and procedures, if required. These are made available to the home and co-located hostel. Hard copies are retained in the chief executive officer’s office and can be accessed if required. Information is provided to staff through discussions at various meetings, memos, emails and education programs if required.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The organisation has a system to ensure staff members have appropriate knowledge and skills to perform their roles effectively. The education program covers both the home and co-located hostel. Ideas for the education calendar are being sourced through feedback from staff, results of a training needs analysis or identified through issues arising from accident or incidents, as well as ongoing observation of staff work practices. The home has access to an external education service which provides education via DVDs which staff can watch when they are able. External education sessions such as certificate courses in aged care are used to develop staff skills. Completion of the organisation’s mandatory education program is monitored to ensure staff complete the required sessions. This was confirmed in discussions with staff members. Education sessions relevant to Accreditation Standard One include: relevant human resource management discussions as part of the orientation program for new staff members and conflict resolution.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents and their representatives have access to internal and external complaint resolution mechanisms. This includes displaying information pamphlets and posters about the external avenues and advocacy at the main entrance, in the lifts and in various locations around the home. Information on raising complaints is also contained within the residents' agreement and resident handbook. These documents are provided to residents and their representatives as part of the entry process to the home. The home also conducts case management discussions at which residents and their representatives are able to discuss any concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's mission statement is on public display in various locations around the home. Information on the philosophy and mission statement are also presented to residents/representatives, volunteers and to staff through key documentation such as the resident information package and staff recruitment package. This information is given to all residents/representatives, volunteers and staff on entry to the home or commencement of employment respectively. The organisation's mission and philosophy are also discussed with new staff members as part of the corporate orientation process.

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 home has a system to ensure there are sufficient appropriately skilled and qualified staff members. The chief executive officer and acting director of nursing advised the organisation monitors staffing as part of the key performance indicators through the benchmarking program. Feedback from staff on workloads as well as complaints from residents/representatives is also used as key indicators in identifying the staffing level needs in the home. All relevant checks such as police checks and visa clearances are undertaken before the new staff member commences duty. New staff members are partnered with experienced staff as part of the orientation process. Staff said that absences through sick or holiday leave were replaced. Residents/representatives expressed their satisfaction with the care provided by the staff.

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

The organisation has systems to ensure there are adequate supplies of goods and equipment. Staff members said there are sufficient supplies of equipment and goods to provide care and services to the residents. The acting director of nursing, procurement officer, maintenance manager and representatives from the catering company and cleaning/laundry company advised the organisation has systems to manage the regular ordering of supplies. This ensures adequate supplies are available for the home and co-located hostel. Discussions are held regarding staff requests for equipment and equipment is trialled before purchase to make sure it is safe to use and effective. The maintenance manager advised the home has access to a range of suppliers for services and 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

Information is disseminated to staff through a variety of avenues including information displayed on notice boards, memos, discussions at meetings and education sessions. Information is relayed to resident/representatives through case conferences, information displayed on noticeboards or in lifts as well as emails. Documentation no longer required is archived on-site in a secure room and is able to be retrieved as needed. An external company is contacted to provide secure destruction as needed. An industrial shredder is available in the archive room to manage the secure destruction of confidential documentation which does not require archiving. Information retained on the computer system is routinely backed-up on servers and external drives which are maintained by information technology staff at the home. Access to the home's computers and data within the system is secured via password. Documents and forms used by the organisation are maintained on the system with only authorised staff able to make changes.

1.9 External services

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

Team's findings

The home meets this expected outcome

The chief executive officer, procurement officer, village receptionist and maintenance manager advised contracts or service agreements are in place across both homes to manage the delivery of goods and services. The organisation has systems to ensure any externally provided services and goods meet specific requirements. This includes overseeing the performance of companies as well as ensuring relevant insurances and licences are in place. Staff members advised that equipment or goods supplied are good quality. Management and staff are satisfied with the arrangements in place with external service providers. Any issues with poor performance of suppliers or tradesmen is managed initially at a local level and referred to management if required.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- The acting director of nursing advised the organisation reintroduced the counting of schedule 4 medications in April 2015 as a result of a medication incident. The system operates across both the home and co-located hostel. The secure storage arrangements in the home for the storage of the schedule 8 medications were upgraded to include the storage of the schedule 4 medications as well. The storage is a two key system which has a secure safe locked within another lockable cupboard.
- As a result of an incident the home has introduced mandatory training on the use of restraint to ensure all staff members are aware of their legal and safety requirements. Part of this education program has included the topic of resident rights.
- The physiotherapy assistant identified slide sheets, used to assist in moving residents, were not always easy to locate when needed. In May 2015 the home purchased plastic holders which were placed near the beds to hold a slide sheet.
- The organisation has banned the use of heating wheat packs in the microwave for safety purposes in February 2014. Special therapy heat packs of different shapes and sizes have been purchased. These enable staff to provide heat relief pain management programs to residents as needed.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure the home complies with legislation and regulations relevant to residents' health and personal care. The home accesses the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify the current registrations of registered nurses, medical practitioners and other allied health practitioners.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions include medication management, palliative care, prevention of suicide, wound management and pressure area care, falls management, use of restraint and oral 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

James Milson Nursing Home has systems and policies to ensure residents receive clinical care appropriate to their needs. The initial assessments form the basis of care needs of the residents. Care plans are developed and reviewed by the health care team with registered nurse oversight. The home has registered nurses on duty 24 hours every day. Regular ongoing monitoring of the residents’ changing clinical needs is documented into the care plan by registered nurses as needed. Case conferences are conducted involving the family and the resident. Staff interviews demonstrate they are knowledgeable about the care requirements of individual residents and procedures related to clinical care. Residents/representatives provided positive feedback about satisfaction with the clinical care.

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 effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by registered nurses. Staff have access to resources from supply providers. Specialist medical and allied health professionals are accessed to review residents’ individual needs as required. Review of clinical records shows residents receive attention for diabetic management, complex wounds and others. Interviews confirm residents/representatives are satisfied with the assessment and management of specialised nursing care needs of residents.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has an effective system to refer residents to a range of health services including their choice of doctor, allied health services and other relevant clinical specialist providers to meet the residents’ needs and preferences. Review of care documents show residents are referred to allied and other health professionals of their choice when necessary. Review of clinical records show residents have accessed specialists’ services including: optometry, podiatry, dental, mental health, dieticians, speech pathology and others.

Residents/representatives are satisfied that referrals to appropriate health specialists are in accordance with the residents’ needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ medication is managed safely and correctly. Medications are stored in lockable cupboards. Medications are administered by competent staff. Administration of medications is against a documented medication chart that is written by the resident’s preferred doctor. Pharmacy supply medications on a regular basis and are available after hours. Review of medication incidents shows management of each incident consistent with resident safety. Observation of medication administration confirms safe practice. Interviews with residents/representatives demonstrate satisfaction with medication management in the home.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure all residents are as free as possible from pain. An assessment of pain is completed on entry to the home. Following assessment a care plan to manage the pain is developed. Review of documents shows pain assessment tools for both verbal and non-verbal experiences of pain are in use. Individual pain needs are considered to ensure the most appropriate method of pain relief is used for each resident. Review of documents show residents are referred to external medical specialists to assist with pain relief as required. The home utilises the expertise of the physiotherapist to assist with pain management. Observation of staff practices shows consultation with residents about pain management. Interviews with residents/representatives demonstrate satisfaction with the way the home effectively manages residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives. Analgesia and other pain relief measures such as massage are available to minimise residents’ distress. The home has access to external specialist palliative care support. Spiritual support for residents and their representatives is available as required. Advanced care directives are in place. Residents/representatives confirm the home’s practices maintain residents’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive adequate nourishment and hydration. Initial and ongoing assessment of residents’ dietary preferences and requirements occurs and this is communicated to the appropriate staff. Interviews with staff confirm residents’ special dietary needs are catered for and this includes special diets, pureed meals, thickened fluids and nutritional supplements. Review of documents confirms appropriate external health professionals are accessed when needed. Observations confirm the use of assistive devices to support independence during meal consumption. Interviews with residents/representatives demonstrate satisfaction with nutrition and hydration in the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to manage residents’ skin care effectively. An assessment of the resident’s skin integrity is completed on entry to the home and on an ongoing basis as required. The home has equipment to assist with the maintenance of skin integrity such as pressure relieving mattresses and other assistive devices. The home has a visiting external wound management clinical nurse consultant, who reviews wound progress and treatments as needed. Interviews with staff confirm education on maintaining skin integrity. Observation of clinical stores confirms access to equipment for the maintenance of skin integrity. Interviews with residents/representatives demonstrate satisfaction with skin care provided by the home.

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 effectively manage residents’ continence needs. An assessment of continence requirements is undertaken on entry to the home. Following assessment an individual continence management program is documented and implemented. Review of documentation confirms there are programs tailored to the needs of residents. Interviews with staff confirm regular education and training on continence management. Observation of storage areas confirms the home has suitable levels of linen and continence aids. Interviews with residents/representatives demonstrate satisfaction with continence management in the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and effectively manage residents with challenging behaviours. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs. This includes identifying triggers and developing strategies as part of the process of developing a care plan. Registered nurses monitor and review the care plan regularly to assess its effectiveness and make changes if indicated. Documentation shows referrals to specialist medical, mental health and allied health teams are made as necessary. Interviews with staff and observations of their interactions with residents confirm appropriate management of behaviours. Interviews with residents/representatives demonstrate satisfaction with how staff manage challenging 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 systems to ensure residents receive assistance with mobility and dexterity. A mobility assessment is completed on entry to the home. The physiotherapist attends the home each week and is assisted by staff to implement customised mobility and exercise programs for residents. The physiotherapist has physiotherapy aides who assist with mobility and dexterity treatments. Residents were observed accessing all living areas of the home safely, with appropriate mobility aids and assisted by staff when required. Interviews with residents/representatives demonstrate satisfaction with how the home manages 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.

The home has systems to ensure residents’ oral and dental health is maintained. An assessment of the resident’s oral and dental needs is completed on entry to the home. This includes making arrangements for access to dental treatments. Review of documents confirms utilisation of dental services for residents. The home provides texture modified meals and fluids consistent with residents’ assessed oral and dental needs. Interviews with residents/representatives demonstrate satisfaction with oral and dental care provided by the home.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ sensory losses are identified and managed effectively. An assessment of the resident’s sensory loss is completed on entry to the home. The home has access to a number of visiting allied health professionals such as dietician, speech pathologists, audiologists, optometrists and others to assist with effective management of sensory loss. Review of documents confirms access to allied health services when the need arises. Care staff assist in the maintenance of visual and auditory aids and lifestyle staff provide regular sensory stimulation activities to ensure sensory loss is reduced where possible. Interviews with residents/representatives demonstrate satisfaction with the way the home manages sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns. An assessment of the resident’s normal sleep routines is undertaken on entry to the home. From the assessment an individual sleep management plan, including the number of pillows, blankets, preferred settling time and other items are included. Interviews with staff confirm residents’ individual needs are assessed and met. Interviews with residents/representatives demonstrate satisfaction with provisions made 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

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home.

Examples of recent improvements in relation to Standard Three include the following:

- The organisation has expanded the spiritual program across the home and co-located hostel. The organisation has engaged various ecumenical groups to provide spiritual care to the residents. This has included introducing community groups and Christian based school groups. There has been an increase in the frequency of various church services made available to residents. Lay ministers also attend the home to conduct healing and general services.
- The kiosk, located in the co-located hostel, has been recommenced one day a week (Wednesday) in May 2015. This provides access to residents who may wish to buy items such as biscuits or sweets. The kiosk is operated by volunteers from the co-located independent living units. The home also provides space for a fruit and vegetable retailer to conduct a stall each Tuesday (operating since April 2014). The retailer also provides a door-to-door service to deliver fruit and other snacks to residents if needed.
- The chief executive officer advised the organisation has also expanded the multicultural activities to incorporate activities using the talents of Maori, Tongan and Thai staff members. Special food days create speciality meals from various cultures such as Germany and Hungary. The chief executive officer advised they are looking at expanding the program to include activities such as 1960’s rock and roll dance groups and going for rides in ‘hot rods’.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to residents’ lifestyle. The home maintains relevant registers such as a mandatory reporting register. The home also subscribes to a service which provides updated electronic versions of the residential care agreement to ensure the information is current. Information on changes to fees is routinely provided to residents and/or their representatives as changes to the aged pension occur.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions include sessions on advocating for residents and mandatory reporting.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome.

Residents and representatives are satisfied with the way staff assist residents to adjust to life within the home and provide ongoing emotional support. There are systems to ensure each resident receives initial and ongoing emotional support through the entry and care review processes. These include the provision of a resident handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Observations show families and friends are encouraged to visit and are made to feel welcome in the home. Residents are encouraged to personalise their room to help create a homelike atmosphere by bringing personal items. Staff provide residents with emotional support, including one-to-one interaction by care and lifestyle staff. Interviews with residents and their representatives demonstrate satisfaction with emotional support provided in the home.

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.

Residents are encouraged to maintain their independence. Residents' preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and documented in care plans and are included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between residents. Staff also assist and encourage residents to participate in decision-making in relation to health care choices and their personal care. Interviews with residents/representatives demonstrate satisfaction with opportunities to maintain independence provided 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.

Staff gain consent from residents for all interactions and procedures. Residents' signed consent is obtained to disclose certain information within the home. Staff recognise and respect each resident's privacy, dignity and confidentiality as demonstrated in observation of daily work practice. Examples include addressing residents by their preferred names, knocking prior to entering a resident's room and storing confidential resident records and belongings securely. Interviews confirmed residents/representatives are satisfied the resident's right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome.

The home has systems to encourage and support residents to participate in a range of activities of interest to them. Lifestyle staff develop an individualised care plan in keeping with each resident's cognitive abilities and special needs to address their preferred lifestyle, cultural and spiritual preferences. The care plan is regularly reviewed and resident feedback sought to address changing needs and preferences. The home's activities calendar is based on resident interests. Lifestyle staff manage individual visits for residents who do not wish to participate in group sessions. Some of the most popular activities include celebration of Chinese New Year, ANZAC Day and bus trips. Residents/representatives are satisfied that resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome.

The home celebrates many culturally significant periods, for example Easter and Christmas. The home has regular outings that are very popular with residents. Review of lifestyle documents and interviews with staff confirm individual beliefs are fostered. The home has access to external spiritual practitioners of various faiths to meet resident individual needs. Observations and interviews show the home supports the celebration of individual cultural values. As part of the multicultural program staff from various cultural groups dress in their traditional costumes and perform traditional dances for the entertainment of residents. Observations and interviews confirm these are very positive events and experiences for residents. Interviews with residents/representatives demonstrate satisfaction with how the home meets 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

Residents are encouraged to participate in decisions about their care and the services provided by using processes such as case conferences, surveys, meetings and other feedback mechanisms. Information on residents' rights and responsibilities is included in the resident information package, resident agreement, and is on display in the home. Observations confirm residents are provided with relevant choices in respect of meals, activities and other day to day matters. Interviews confirm a process is in place to have any comment or complaint managed at the appropriate level. Residents/representatives are satisfied with the approach to choice and decision making for residents in 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

The organisation has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. The chief executive officer undertakes discussion with residents' representatives about accommodation, fees, care and services prior to a move into the home. All resident representatives interviewed on this topic confirmed they were provided with information on costs, care and services as well as a residential care agreement. The acting director of care advised any room changes within the home are discussed and agreement reached prior to any moves being undertaken.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home.

Examples of recent improvements in relation to Standard Four include the following:

- In January 2015 the organisation looked at the environmental improvements which could be made to reduce the carbon footprint of the site. As part of this program the home has replaced existing lighting with light emitting diodes (LED). This has resulted in improved lighting around the home as well as a reduction in lighting costs. New water reduction shower heads have been installed in the bathrooms and dual flush toilet cisterns installed to minimise water usage across the site. An ozone cleaning system has been installed in the main laundry to minimize the use of chemical and hot water yet maintain infection prevention strategies as well as cleaning clothes and linen effectively.
- In May 2015 the organisation has reviewed the evacuation signage around the site. A decision was made to change the location of the evacuation point after the maintenance officer identified a potential problem with the existing location. Signage guiding people to the new location have been installed and staff informed.
- The organisation has developed outbreak kits as a result of an outbreak in 2014. The home has kits which include personal protective equipment, alginate bags and contaminated waste bags and signage. These provide staff with quick access to equipment when needed.
- The home has installed a new fire panel in the home in May 2015 after the previous panel was damaged after storms. The maintenance manager/fire officer advised the new panel has the ability to be used to broadcast music around the various areas across the home and co-located hostel as well to transmit emergency messages.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This regulatory system includes compliance with legislation regarding the NSW Food Authority requirements for a food service, servicing of thermostatic mixing devices on the hot water system and the routine inspection of fire-fighting equipment.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions include fire safety, manual handling, ozone laundry system, chemical usage, infection control and work 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

Management is actively working to provide a safe and comfortable environment consistent with residents care needs. The home has three levels with residents accommodated on two levels (levels one and two) of the building in a mix of single and multi-bedded rooms. On one level (level three) the home has some administration offices, a chapel, activities area and an outdoor courtyard. Residents/representatives expressed satisfaction with the living environment. Residents are able to personalise the area around their bed or their rooms as much as possible. Residents have access to an external courtyard on level three which residents and their visitors can use. Residents/representatives said the home is well maintained, kept clean and free of clutter. The home has a maintenance program to ensure the buildings are well maintained. The safety and comfort of the living environment is monitored through feedback from residents/representatives as well as incident/accident reports and hazard reports.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management and staff are working to provide a safe working environment that meets regulatory requirements. Staff members are provided with information on workplace safety including manual handling, fire and other emergencies as part of the orientation program and ongoing annual mandatory training program. The organisation has a work health and safety committee. New committee members have received education on their role as committee members. Environmental audits are being conducted across the site including the co-located hostel to monitor safety on an ongoing basis. Staff said they have access to adequate supplies of well-maintained equipment and aware of how to report any hazards or maintenance matters.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarm system. A random check on various pieces of fire-fighting equipment around the site confirmed they are inspected on a regular basis. Staff members were able to provide a generally consistent response on the procedures to be followed in the event of a fire or other emergency situations. Colour coded flip charts are located by telephones in key areas on each level of the home. These charts provide staff members with information on the procedures to be followed in the event of a range of emergency situations. The fire officer advised that education on the actions to be taken with other emergency situations is discussed as part of the orientation program for new staff members. Processes are in place for the securing of the building after hours to ensure resident and staff safety.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program with systems for managing and minimising infections. The program includes staff education, audits, and discussion of infection issues at regular intervals. Staff monitor equipment temperatures, food temperatures, medication refrigerators and use colour coded equipment. Hand hygiene is available throughout the home. There are formal cleaning schedules to maintain hygiene levels. Observation and interview show staff have an understanding of infection control principles and guidelines. The home has access to personal protective equipment and supplies for handling an outbreak or infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained on entry to the home and referred to the kitchen, which is situated in the co-located hostel. Information is also referred to the main servery. A food safety system is in place, which provides ongoing monitoring of food through the delivery, storage, cooking, transporting from the main kitchen and serving processes. There is a program for the routine cleaning of all areas of the building to ensure the home is well maintained. This includes a program to routinely spring clean each area of the home. A main laundry handles the laundering of linen and residents clothing and has a system to minimise the risk of cross contamination between clean and dirty items. Residents and their representatives generally spoke favourably about the catering, laundry and cleanliness of the home.