



Aged Care
Standards and Accreditation Agency Ltd

Bathurst Nursing Home

RACS ID 2666
61 Boyd Street
KELSO NSW 2795

Approved provider: Principal Healthcare Finance No 3 Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 March 2015.

We made our decision on 1 February 2012.

The audit was conducted on 10 January 2012 to 11 January 2012. 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 | Accreditation 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 | Accreditation 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 | | Accreditation 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 | | Accreditation 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 |



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Bathurst Nursing Home 2666

Approved provider: Principal Healthcare Finance No 3 Pty Limited

Introduction

This is the report of a site audit from 10 January 2012 to 11 January 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 a site 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 Accreditation 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 10 January 2012 to 11 January 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

| | |
|----------------|--------------|
| Team leader: | Mary Pillars |
| Team member/s: | Peter Hall |

Approved provider details

| | |
|--------------------|---|
| Approved provider: | Principal Healthcare Finance No 3 Pty Limited |
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Details of home

| | |
|---------------|-----------------------|
| Name of home: | Bathurst Nursing Home |
| RACS ID: | 2666 |

| | |
|--|-----------------------|
| Total number of allocated places: | 74 |
| Number of residents during site audit: | 65 |
| Number of high care residents during site audit: | 65 |
| Special needs catered for: | 11- Dementia Specific |

| | | | |
|-----------------|--|------------|--------------|
| Street/PO Box: | 61 Boyd Street | State: | NSW |
| City/Town: | KELSO | Postcode: | 2795 |
| Phone number: | 02 6331 7599 | Facsimile: | 02 6332 2037 |
| E-mail address: | Kathleen.Pattingale@domainprincipal.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|--------------------------|--------|---|--------|
| Director of nursing | 1 | Residents/representatives | 7 |
| Care Manager | 1 | Diversional therapist | 1 |
| Registered nurses | 2 | Recreational activity officer/mobility aide | 1 |
| Endorsed Enrolled Nurse | 1 | Laundry staff | 1 |
| Care staff | 6 | Cleaning staff | 2 |
| Administration assistant | 1 | Fire officer (RN) | 1 |
| Catering staff | 3 | | |

Sampled documents

| | Number | | Number |
|-------------------------------------|--------|----------------------|--------|
| Residents' files | 11 | Medication charts | 33 |
| Restraint records | 15 | Wound charts | 5 |
| Interim care plan for new admission | 1 | Personnel files | 3 |
| Family conference records | 3 | Podiatry assessments | 2 |

Other documents reviewed

The team also reviewed:

- Activity evaluation folder
- Allied health service records
- Annual fire safety statement
- Audit schedule
- Australian federal police check folder
- Authority to practice records
- Business continuity plan
- Charter of Residents' Rights and Responsibilities
- Clinical audits
- Colour coded emergency procedure information
- Comments and complaints information
- Communication diary
- Competency assessments
- Complaints register
- Continuous improvement (CQI) site specific plan
- Criminal records checks and statutory declarations
- Dietary analysis forms
- Education calendar
- Electrical tagging records
- Emergency evacuation site plans
- Equipment and inventory electronic processes

- External service contracts
- Fire and emergency procedures manual
- Fire safety system maintenance records
- Good ideas log book
- Gratification cards folder
- Infection control folder
- Leisure activity program
- Maintenance request book
- Mandatory training program
- Manual handling training information
- Medication fridge temperature records
- Meeting minutes –resident and relative, registered nurses', general service officers/assistants in nursing
- Menu
- Occupational health and safety policy/procedure
- Pest control records
- Podiatry records
- Preventative maintenance program
- Resident influenza vaccination records
- Residents' information handbook
- Residents' information package
- Restraint records
- Staff education records
- Staff rosters
- Staff vaccination records
- Temperature checking forms

Observations

The team observed the following:

- Activities in progress, residents participating in bus outing
- Assistive devices for meals
- Chemical storage
- Colour coded equipment in kitchen
- Dining rooms during lunchtimes, morning and afternoon tea, including resident seating, staff serving/supervising/assisting residents with meals
- Equipment and supply storage areas
- Evacuation egresses unobstructed, evacuation maps suitably located
- Fire fighting equipment checked and tagged
- Hand sanitising gel
- Hand washing facilities
- Incontinent aids
- Infection control resources – hand wash basins and sanitising gel, colour coded equipment, personal protective equipment, spill kits, sharps containers
- Information for staff and residents displayed on noticeboards throughout the home
- Interactions between staff and residents including in the dementia unit
- Living environment (internal and external, including residents' rooms with ensuite, communal living, dining and lounge areas, courtyard, secure garden)
- Manual handling equipment
- Material safety data sheets
- Memoranda folder, sign in/sign out records for residents, visitors and contractors
- Noticeboards
- Notices of impending Accreditation site audit posted throughout the home
- Outbreak kit and resources

- Oxygen cylinders
- Personal protective equipment in use in all areas
- Public telephone
- Specimen refrigerator
- Staff handover
- Staff using the new electronic risk management program

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.

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. A review of relevant documentation and interviews with management and staff shows a planned quality assurance program assists management in the ongoing improvement of processes and systems. The program includes activities to monitor, assess, action, review and evaluate the home’s processes, practices, and service delivery. All stakeholders are able to initiate suggestions and ideas for improvement through meetings, feedback forms, incident forms, audit results, surveys and verbal discussion. Activities which support quality improvement include regular staff, resident and relative meetings, an internal audit program and trend analyses of key performance indicators such as falls, wounds and skin tears. Relevant information is incorporated into the home’s continuous quality improvement system. Stakeholders are provided with feedback on improvement actions taken as appropriate.

Examples of improvements in relation to Accreditation Standard One include:

- An electric whiteboard has been purchased to facilitate education delivery at the service. This piece of equipment will be utilised by all staff members in their delivery and receipt of in house education sessions as well as for planning purposes.
- To facilitate information systems a new electronic care planning program is being introduced into the home. It is designed to reduce staff time required in writing care plans and assist in appropriate care being delivered to the residents.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home ensures they remain current with changes in relevant legislation through communication with their head office that has membership with a regulatory notification service. They also attend conferences regarding aged care and network with other associated facilities. Management ensures they meet regulations through writing and implementing appropriate policy, communicating and educating staff about changes, reviewing the efficacy of the implementation, and ongoing monitoring. The home has systems in place across the four Accreditation Standards to meet regulatory requirements for mandatory reporting, including unexplained absences, and outbreak management. Interviews and documentation showed all new staff and volunteers have a citizen/visa check and police checks prior to commencing work at the home. The team sighted notices on display of the Accreditation audit and residents were aware of the reason behind the team’s visit.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an orientation program for all new staff that incorporates mandatory education and individualised buddy shifts. The home provides onsite education through internal senior staff and external education providers. Information is conveyed to staff through the staff noticeboard, staff memos and the education calendar. All care staff either have, or are working toward the Certificate III in Aged Care qualification. Approximately seven care staff have completed or are completing the Certificate IV in Aged Care. All general service officers have completed their Certificate III. New staff are monitored during their probation period to ensure care standards are maintained and are appraised at the end of this period. The home evaluates and monitors to ensure that management and staff have the appropriate knowledge and skills to perform their roles effectively and provide the required standard of care to residents. Systems include reviewing staff practices, competency assessments, audits, analysis of accidents and incidents, surveys and annual staff performance appraisals. All staff members are required to identify learning objectives to achieve over the coming year. Records of staff attendance at training sessions are maintained and there are processes to monitor staff attendance at mandatory trainings sessions. Residents advised they are satisfied with the services and care provided by staff. Staff interviewed said they are offered relevant and useful education to perform their roles effectively.

Education topics related to Accreditation Standard One include:

- Training for all staff to support the introduction of the electronic resident care plan system
- Appropriate staff are offered Certificate IV in Aged Care, Certificate IV in Leisure and Lifestyle
- Training for senior staff in Workplace Assessing
- Training for all staff to support the introduction of the electronic accident and incident system.

1.4 Comments and complaints

This expected outcome requires that "each resident (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 internal and external mechanisms for feedback and complaints accessible and available to all residents and their representatives in the home. These are outlined in the resident handbook and all new residents and/or representatives are made aware of feedback mechanisms on entry. Feedback forms and brochures for accessing external complaints services are on display and data collection boxes are available in the home's foyer. Resident and relative meetings provide a forum for feedback and for updates on management actions taken in relation to resident initiated issues. Satisfaction surveys are conducted. All verbal, email and written complaints are handled confidentially. Staff interviewed demonstrated awareness of complaints procedures. All complaints reviewed showed they are acknowledged, investigated, and feedback is given to complainants. Residents and/or

representatives interviewed said if they have concerns they raise them with the registered nurse or management. They also stated that suggestions from residents are acted upon.

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 commitment to quality within the home is demonstrated through management and staff practices and a review of documentation such as policies and procedures. The facility manager and care manager provide leadership and mentoring to senior staff while providing support and direction to all staff. The organisational quality assurance program is monitored by the management team. The vision and values statements are on display and are included in resident and staff handbooks. The home's audit, quality improvement and education programs ensure an ongoing commitment to quality care for residents.

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

Interviews, documentation review and observation demonstrate the home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Recruitment is ongoing for both care and general service staff and is supported by specific orientation programs. A minimum certificate III level qualification is preferred and at commencement of employment care staff must complete an individualised orientation program including an appropriate amount of 'buddy' shifts. Position descriptions, policies, procedures, and duty lists are available to guide staff in their roles. Annual performance appraisals are completed for all staff with expectations of staff performance being conveyed through this function. Staff practices are monitored by observation, feedback and audit results. Staff registrations and police check renewals are monitored and recorded. The staff roster is managed by the facility and care managers and adjusted according to resident care needs. Casual staff are available for leave replacements. Staff interviewed said there is excellent teamwork and they usually have sufficient time to complete their duties. Residents and/or representatives interviewed stated they were extremely satisfied with the care given to residents.

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 home has systems in place to ensure that adequate levels of stocks are held at all times. There is an electronic inventory and equipment program available to the facility manager to ensure assets are recorded and replaced as required. Designated staff routinely review levels of stock and order supplies when necessary. Dry goods are rotated with the new stores at the back. Holding stock is kept to a minimum as orders are received weekly ensuring minimal wastage.

Staff interviewed stated there is sufficient equipment to perform their roles and if they require more, the equipment is provided. There are operational guidelines for all equipment and staff receive education on equipment use. Residents and/or representatives said there were adequate supplies of anything they needed.

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

Interviews, documentation review and observation show the home has effective information systems in place to provide access to current information to all stakeholders. Feedback, audit and survey results provide information to management and staff about the home's overall performance. The management team review and update policies and procedures and currency is maintained through intranet access. All staff sign access to electronic information systems. Care staff stated updated information is available through handover, care documentation, communication diary, and staff meetings. A resident agreement and handbook inform residents/ representatives and updated information is provided through case conferences, resident meetings, notice boards and verbal communication. Resident and staff files were observed to be securely stored and processes are in place for electronic back up, archiving and destruction of documentation at the home. Residents and/or representatives interviewed believe they are kept informed and up to date.

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 organisation's head office group is responsible for bulk purchasing and contract negotiating and management contracts. Externally sourced services are provided in a way that ensures residents' needs are safely and adequately met. All service provider contracts and relevant documentation is reviewed regularly to ensure the standard of the services provided. Equipment is maintained in good working order through the use of preventative maintenance schedules, risk assessments and the prompt repair when staff report breakages in the maintenance book.

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.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Accreditation Standard Two includes:

- The area outside the dementia specific unit has been enhanced by covering the area and installing clear blinds to provide a comfortable, open area for residents in the unit to wander and to spend time with their families. Staff stated that this environmental change has been effective in supporting resident behaviour.
- The home has recently changed continence pad providers to provide an improved service. Staff expressed satisfaction with the new provider.
- The home has recently implemented an organisational wide care plan format.
- Introduction of the electronic beam monitor in the dementia unit to reduce the incidence of falls. Staff in the dementia unit informed the team that this has improved resident safety at night.

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. Examples of regulatory compliance relating to standard two include:

- Resident's are advised in admission documentation of the range of services provided by the home including physiotherapy and podiatry services.
- The registration of professional staff is monitored.
- Ongoing medication compliance with legislation is monitored through the medication advisory committee and through correspondence with the organisation's corporate clinical governance structure.

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. Examples of education and staff development relating to standard two include:

- The facility recently participated in a dementia education program (DoHA EBPRAC program) involving staff and residents
- Two staff attended the basic nail care course to support with maintaining resident foot care
- The continence link care staff receive ongoing training from the continence provider.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has processes in place to assess, monitor and evaluate ongoing resident care. On entry to the home each resident's care needs are assessed and a care plan is developed. Care plans are evaluated at least three monthly and as care needs change. Case conferences are offered six weeks after admission and annually to support the resident and their family in the transition to residential care. Information regarding changes to resident needs is discussed in a verbal handover at the change of shift and/or in the communication diary. A review of care documentation and observation of staff practices during the visit identified that practices are in accordance with the home's policies and procedures. Residents / representatives interviewed expressed a high level of satisfaction with the care provided.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' 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 an effective systems for the assessment, monitoring and review of the residents' specialised nursing care needs by appropriately qualified staff. Interviews with staff demonstrated that residents' specialised nursing care needs are identified and met. Documentation reviewed by the team confirmed that referral to medical officers, appropriate specialists and allied health occurs when required. Specialised equipment is available including nebulisers, blood glucose monitoring and catheter equipment. Residents/ representatives interviewed expressed satisfaction with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The residents’ clinical files and other documentation confirmed that residents are referred to appropriate health and related services as required. Documentation review identified that residents have access to a range of health professionals and specialists including the local mental health team, podiatrist, speech pathologist, dietician, occupational therapist, physiotherapist, optometrist, dental services, review pharmacist, neurologist, psychogeriatrician and the palliative care team. Staff assist residents and their representatives in arranging appointments to external health care providers as well as arranging transport if necessary. Residents/representatives interviewed expressed satisfaction with access to external service providers and the provision of support to access them.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to support safe and correct medication management. A review of documentation identified there is systematic monitoring of ordering, administration, storage and disposal of medications through the quality program and the medication advisory committee. Medication orders are documented by the medical officer at least three monthly and as required. There is a stock of emergency medications in place which is monitored for correct use. There is a nurse initiated process in place which is reviewed through the medication advisory committee. Medication charts and related documentation identified that charts are well maintained, that the quality system is capable of identifying areas for improvement and that corrective actions are implemented when required. The pharmacist reviews residents’ medications and communicates recommendations to the medical officer. Residents/representatives interviewed by the team expressed satisfaction with the way medications are managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents’ pain is identified, monitored and managed. Residents’ pain is assessed on entry to the home and as indicated using both verbal and non-verbal assessments. A range of pain management strategies in addition to the medication regime are implemented including transcutaneous electrical nerve stimulation (TENS), hand massage, physiotherapy and daily range of movement exercises and heat packs. The diversional therapist is also a qualified aroma therapist and implements hand massaged using essential oils when requested to relax residents. A review of documentation confirmed that pain is monitored and evaluated as required. Residents/representatives advised the team that residents are kept as pain free as possible and confirmed that staff respond to requests in a timely manner.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes in place to ensure that the comfort and dignity of terminally ill residents is maintained. This includes the identification of end of life preferences and palliative care needs during the admission process. The home works in partnership with the local hospital and the palliative care team to ensure residents are kept comfortable. The home has established links with a range of religious ministers to provide spiritual support. The team observed that staff ensure the comfort and dignity of residents is maintained. Residents/representatives interviewed expressed satisfaction with all aspects of care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents receive adequate nourishment and hydration. Food preferences and dietary needs are assessed on entry to the home. Residents have the opportunity to provide ongoing input into the menu through the resident meetings. Residents are weighed regularly and variances are recorded in the resident’s record and discussed at staff handover. Interventions include monitoring of food and fluid intake, implementation of food supplements and referral to the dietician or speech pathologist as required. The manager informed the team that there are two meal sittings and residents are given as much time as required to eat their meals. The team observed staff feeding residents and monitoring their food and fluid intake. Documentation reviewed supported that residents’ nutrition and hydration needs are assessed, monitored and acted on. Residents/representatives interviewed, stated they are satisfied with the food provided by the home and are able to choose an alternative meal if they wish.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents’ skin integrity is assessed, monitored and evaluated. A skin integrity risk assessment is conducted on admission, a care plan is developed and is evaluated at least three monthly. Care plans contained information on repositioning and pressure relief/reduction equipment. The team observed pressure reduction and relief equipment in use and that staff are informed regarding its use. Wounds are assessed every seven days by the registered nurse /endorsed enrolled nurse and a management strategy is documented and followed. Skin tears and wounds are monitored through the quality program to identify trends. Foot care is provided by the podiatrist and the endorsed enrolled nurse who has received basic foot care training. Interviews with residents/representatives confirmed that they are satisfied with all aspects of care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to assess, monitor and evaluate residents’ continence needs. All residents are assessed on admission to the home and a care plan is developed based on individual needs. Residents are supported to maintain continence through individual toileting programs and exercises, as part of the leisure activity program, to maintain muscle control. Incontinence aids are provided as required by an external service provider. There is a continence link nurse in each area of the home to oversee the provision of continence aids. Staff informed the team that the organisation provides sufficient aids to meet the resident needs. Ongoing continence education is provided by the external service provider. A review of resident records and medication charts identified that bowel management is monitored and action is taken as required. Residents/representatives expressed satisfaction with all aspects of care in the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome.

The home has systems in place to assess, monitor and evaluate the needs of residents with challenging behaviours. Residents’ are assessed during admission to identify potentially challenging behaviours including triggers. When possible, environmental changes are made to accommodate residents’ behaviour. A consultant provided input into the colours used in the dementia unit and the external modifications to improve the environment for residents and their relatives. In the dementia unit the team observed that the activity program is flexible to meet the changing daily needs of the residents. Music is selected to suit the need, for example soothing music was playing whilst a resident ate her meal. Sensor devices such as bed mats and an electronic beam are used to alert staff to resident movements, especially at night. The diversional therapist implements essential oils for a calming effect, as ordered by the medical officer, and provides activities to occupy some residents with challenging behaviours. A review of resident documentation identified that residents are referred to relevant specialists as appropriate including neurologist and the mental health team. Staff provided positive feedback on the behavioural management training received as part of the EBPRAC project stating that it had improved their understanding. The team observed that staff interactions with residents during the visit demonstrated a resident focused approach to managing challenging behaviours. Residents/representatives interviewed expressed satisfaction with all aspects of care.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems in place to assess, monitor and evaluate residents’ mobility and dexterity needs. The physiotherapist assesses residents on admission and develops a care plan. A falls risk assessment is conducted to identify residents at high risk. The physiotherapy aide implements the physiotherapy program for all residents under the direction of the physiotherapist. The program includes activities such as walks, hot packs,

application of TENs, neck and shoulder massages, passive exercises and exercise classes. Falls incidents are analysed and are monitored as part of the quality program. Assistive devices such as frames, walking belts, mechanical lifters and wheelchairs are available as required. The physiotherapy aid provided the team with an example of a resident who was barely able to stand when admitted and now ambulates independently using a rollator frame. The leisure activity program contains a range of activities which support residents to maintain their dexterity including carpet bowls, Wii computer games, knitting and cooking. The diversional therapist sews the daily newspaper together so that a resident with severe arthritis of the hands is able to read the newspaper without it falling apart. Residents/representatives interviewed by the team expressed satisfaction with all aspects of care.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Residents' oral and dental health needs are identified and recorded in their care plans. Residents are referred to the dentist or dental technician as required. Care staff stated that resident dentures are labelled. The team observed residents to be well groomed and the home to have supplies of oral care equipment. Resident relatives informed the team that residents are supported to attend external appointments when required and expressed satisfaction with all aspects of care provided by the home.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home has systems in place to assess, monitor and evaluate residents' sensory loss. A review of documentation identified that an initial assessment is completed on admission and a care plan is developed. Residents are referred to optometry and hearing services as required. The team observed a range of sensory strategies are used in the home including aromatherapy, tactile boards in the dementia area, and large faced clocks in the resident communal areas. The diversional therapist prints the activity program in a large font so that residents can read it easily. Resources to support the vision impaired are obtained through Vision Australia. Residents/representatives expressed their satisfaction with all aspects of care.

2.17 Sleep

This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

The home has strategies in place to assist residents to achieve natural sleep patterns. During admission preference for sleeping times is identified and included in care planning. A review of medications charts by the team identified minimal administration of evening sedation. Sensor mats and electronic beams are used at night to alert staff to resident movements if they wander during the night so they do not disturb other residents. Interventions to assist sleep are comfort foods and participation in daytime activities. Residents/representatives raised no concerns regarding sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements in relation to Accreditation Standard Three include:

- Environmental improvement in the dementia specific area involving the residents’ families. Staff reported that this improved morale and relationships with resident relatives.
- The diversional therapist is currently undertaking a Certificate IV in Leisure and Lifestyle as a refresher to gain new ideas for the activity program. She informed the team that it has been helpful in reviewing the activity program and refreshing her skills.
- More activities for men have been included in the activity program. This includes ‘footy tipping’, fishing and carpet bowls. The diversional therapist informed the team that these activities are well attended and support the men to develop friendships in the home.
- A knitting group was introduced and some residents have learnt to knit since coming into the home. The residents knit squares and blankets for the “Wrap in Love” knitting program. This provides an opportunity to knit for the less fortunate. ABC radio interviewed the residents about the success of this project.

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 resident lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relating to standard three include:

- The home has a policy and procedure on reporting elder abuse and a consolidated register is maintained by the home.
- The home provides information to residents/representative on the services provided by the home in the admission documents.
- The Charter of Residents’ Rights and Responsibilities is included in the resident admission pack and displayed in the home.

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. Examples relating to standard three include:

- Training on behavioural management as part of the EBPRAC program
- The Certificate III, and Certificate IV courses currently undertaken by staff include units of competence relating to residents rights including privacy and dignity.

3.4 Emotional support

This expected outcome requires that "each resident 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 systems in place to support residents adjusting to life in their new environment and on an ongoing basis. A handbook and admission package is provided to residents and their representatives on admission. Documentation reviewed show that residents' social, cultural and spiritual backgrounds are recorded along with their support needs shortly after entry to the home. This information is used to develop a care plan that is evaluated regularly. Case conferences are held six weeks post admission to support the resident and the family. Residents with spouses are supported through activities in which couples can participate, for example, Valentine's Day and the Chelsea Cafe. Visits by the community representatives (including Community Visitors), church representatives and families provide emotional support and friendship to residents. The resident newsletter profiles one resident each issue, validating their life story. Resident/representatives are complimentary about the emotional support provided to both residents and their families.

3.5 Independence

This expected outcome requires that "residents 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

Documentation reviewed and staff interviewed confirmed that the home encourages residents to be as independent as they are able, to maintain friendships and to participate in life both within and outside of the home. Family and friends are welcomed into the home and have access to external and internal areas for visiting. The home provides opportunities for residents to maintain their independence and community connections by supporting them on outings, for example, to the shops and the local club. Residents' independence is also fostered by having personal items in their rooms, daily newspaper deliveries, and the provision of equipment to support independence. Care staff advised that assistance is given to residents to vote if required. Residents interviewed confirmed that they are able to exercise their independence at the home.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

The home has a policy and processes in place to ensure that each resident's right to privacy, dignity and confidentiality is recognised and respected. Information on residents' rights and responsibilities is provided to the resident and their representative on entering the home. The privacy policy provided to residents outlines the information which will be collected and how it will be used. Interviews with staff, observation of staff practices and interactions with residents demonstrate that staff treat residents and their information with dignity and respect. The Charter of Residents' Rights and Responsibilities is clearly displayed. Residents/representatives confirm that staff treat them with respect and that residents' privacy and dignity is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents in the home are encouraged and supported to participate in activities of interest to them. The leisure and lifestyle program offers a wide range of activities to meet the needs of the residents including carpet bowls, armchair travel, one-on-one visits, musical entertainment, cooking, knitting, church services, ice cream making, the Chelsea Cafe, reminiscence activities and special theme days. The program is evaluated formally and regular feedback is received through the resident meetings. A separate flexible program has been developed for the dementia specific unit which can be changed to suit resident needs on the day. The team observed a range of activities actively engaging the residents occurring during the visit. Residents / representatives interviewed expressed satisfaction with the range of activities provided.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems in place to foster residents' cultural and spiritual needs. This includes the identification and documentation of religious and cultural backgrounds on admission. Church representatives from various denominations visit the home. Interviews with staff confirm that the home respects all residents' cultural needs and encourages residents to uphold them. Religious and cultural days of significance such as St Patrick's Day, ANZAC Day, Easter, and Christmas are celebrated. Currently there are no residents from other cultural backgrounds in the home. When required, information and aids are obtained from transcultural resources. Interviews with residents/representatives confirmed that they are satisfied with how the home supports their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure residents are able to participate in making choices and decisions about their care and environment and are able to exercise choice and control where this is practical. Residents and representatives participate in decisions about the services they receive, for example, through resident meetings and the comments and complaints process. The Charter of Residents' Rights and Responsibilities is displayed in the home. Some examples of residents exercising choice and decision-making include meal choices, choices in activities, choice of doctor and personalising their areas. Interviews with residents/representatives identified that residents are satisfied with the choices available to them.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Residents/representatives interviewed said they are satisfied with the information that was provided to them on the resident's entry to the home. Information included details of tenure as well as fees and charges. A residential aged care service agreement and information handbook is provided for new residents. These outline relevant information on security of tenure, charter of residents' rights and responsibilities, fees, privacy matters and specified care and services. Information is provided and displayed in the home for residents/representatives and includes brochures on comments and complaints. Residents/representatives said they have ongoing opportunities, and are encouraged, to regularly provide feedback to the home.

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.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements in relation to Accreditation Standard Four include:

- The installation of lint filters to the air vents of the home’s dryers. This has stopped the spread of expelled lint into the surrounding area and improved the tidiness and ambiance of the home. Occupational Health and Safety considerations were included in the design.
- New televisions have been purchased to assist in providing a better living environment for the residents. The new televisions are larger and ready for digital frequency transmission.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home ensures that they remain current with changes in relevant legislations through its membership with a regulatory notification service and various aged care best practice bodies. The home ensures they meet regulations through review of the efficacy of their system with audits, ongoing monitoring and communicating and educating staff.

- All staff attend mandatory education on fire, occupational health and safety, manual handling and infection control.
- The team noted the home has mechanisms in place such as a preventative maintenance program and an as needed reporting procedure to ensure the home meets safety standards and building certification codes.
- The home informed the team they have reviewed their safety processes and are currently transitioning to the requirements of the Work Health and Safety Act 2011.

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

Expected outcome 1.3 describes the home’s system in relation to Education and Staff Development to ensure management and staff have appropriate knowledge and skills to

perform their roles effectively. Education topics related to Accreditation Standard Four include:

- Mandatory training for all staff in manual handling, fire safety, occupational health and safety and infection control.
- Chemical safety and safe storage
- Hand hygiene competency
- Food handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The team observed the home has a comfortable living environment which enhances residents' lifestyle and accommodates ongoing care needs. Residents mainly live in four bedded rooms with adjoining bathrooms. There are a limited number of single rooms available. All rooms have a call bell system. The home is a single story building and has a living/activities area and some smaller areas for quiet relaxation and/or communication with family and friends. The dementia specific unit has a secure garden area. A preventative maintenance program is in place to minimise ongoing wear and tear on equipment. A corrective maintenance program ensures breakages and areas of concern are reported and promptly fixed. Risk assessments are conducted as necessary on all new equipment. Residents can feedback their concerns and desires about the environment to the management on an as needs basis, through the resident/representative meeting and the comments and complaints system. The living environment is evaluated in the annual quality assurance plan and considered in the annual budget.

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 has an occupational health and safety system including comprehensive policies and procedures. A trained occupational health and safety (OH&S) committee assumes responsibility for monitoring the living and working environment and reporting risks. Accident and incident data is analysed, trends identified and presented at meetings. There is a recently introduced electronic program for the reporting of all accidents and incidents. The home monitors work practices which support manual handling. Mechanical lifters are available and staff complete manual handling training during orientation and annually. A preventative maintenance program is in place where tasks such as checks of mixing valves, temperature, and filters are conducted. Staff, residents and their representatives informed the team that the home is always well maintained and items are fixed promptly. Risk assessments are conducted when concerns have been identified. All chemicals are housed in a secure area of the home. The team saw material safety data sheets at locations where chemicals are used regularly. The home has a return to work policy.

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 team viewed documentation which demonstrates the home has regular fire safety checks. Current credentials show the home is certified as meeting the fire and building regulatory standards. The team observed fire fighting equipment throughout the home. Inspection tags observed showed these are checked six monthly and certification was completed by a licensed testing authority. There is a system for ensuring all staff have received training in the use of fire equipment. The home has an emergency evacuation plan in place. Residents informed the team they feel safe and can keep possessions secure. The home has a security system which automatically releases in the case of the fire alarm being set off. The home has a system for contractors and visitors to sign in when visiting the home. All electrical items are tested and tagged to minimise the risk of electrical fire.

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 collects data on infections and analyses trends for discussion at the staff meetings. The team observed infection control practices to be in place including the use of personal protective equipment, the use of disposable wound dressings, hand washing and the use of colour coded equipment. Sharps containers and information for staff on needle stick injury were observed. A food safety program is in place and the home has undertaken the NSW Food Authority audit. Staff interviewed demonstrate an understanding of the home's infection control procedures.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality staff provide catering, cleaning and laundry services in a way that enhances residents' quality of life and staff working conditions. The home employs its own kitchen, laundry and cleaning staff. Documentation, interviews and observations show policies and procedures are in place for all aspects of hospitality services. Residents and representatives stated they are very satisfied with the hospitality services provided by the home.

Catering

The home ensures hospitality services meet the residents' needs and preferences. Documentation and interviews show there is resident and dietician input into the menu. Special diets are catered for and alternative meals are offered as necessary. There is specialty crockery and cutlery available for residents who require it. The menu is seasonal and on a four week cycle. The team observed meals are well presented and residents are provided with snacks during the day including the availability of fresh fruit. Residents interviewed were extremely happy with the meal service in the home.

Cleaning

Cleaning services are conducted according to set schedules. Residents' rooms and common areas were observed to be clean and tidy. Staff interviews demonstrate knowledge of safe chemical use and an awareness of infection control procedures. The team observed colour-coded cleaning equipment in use.

Laundry

An on-site laundry provides services seven days a week for residents' personal items and linen. The laundry has separate and distinct clean and dirty areas. Systems are in place for laundering, storage and delivery of residents' personal clothing and linen. The home also provides a service of labeling clothing to residents. Observation and staff interviews show the laundry is operated in accordance with infection control and OH&S guidelines.