



Aged Care  
Standards and Accreditation Agency Ltd

## **Jesmond Aged Care**

### **Approved provider: Jesmond Aged Care Pty Ltd**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 10 October 2014. We made the decision on 12 September 2011.

The audit was conducted on 9 August 2011 to 11 August 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

Home's name:	Jesmond Aged Care				
RACS ID:	2175				
Number of beds:	99	Number of high care residents:	87		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Indian/Tamil cluster</li> </ul>				
Street/PO Box:	81-85 Albert Road				
City:	STRATHFIELD	State:	NSW	Postcode:	2135
Phone:	02 9746 6562		Facsimile:	02 9763 7360	
Email address:	jesmondagedcare@gmail.com				

### Approved provider

Approved provider:	Jesmond Aged Care Pty Ltd
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### Assessment team

Team leader:	Greg Foley
Team member/s:	Kathleen McDonagh
Date/s of audit:	9 August 2011 to 11 August 2011

**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

**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

**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

**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

Jesmond Aged Care 2175

81-85 Albert Road

STRATHFIELD NSW

Approved provider: Jesmond Aged Care Pty Ltd

## Executive summary

This is the report of a site audit of Jesmond Aged Care 2175 from 9 August 2011 to 11 August 2011 submitted to the Accreditation Agency.

## 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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 9 August 2011 to 11 August 2011

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:	Greg Foley
Team member/s:	Kathleen McDonagh

## Approved provider details

Approved provider:	Jesmond Aged Care Pty Ltd
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## Details of home

Name of home:	Jesmond Aged Care
RACS ID:	2175

Total number of allocated places:	99
Number of residents during site audit:	97
Number of high care residents during site audit:	87
Special needs catered for:	Indian/Tamil cluster

Street/PO Box:	81-85 Albert Road	State:	NSW
City/Town:	STRATHFIELD	Postcode:	2135
Phone number:	02 9746 6562	Facsimile:	02 9763 7360
E-mail address:	jesmondagedcare@gmail.com		

## Audit trail

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

### Interviews

	Number		Number
Director of nursing	1	Residents	10
Deputy director of nursing	1	Representatives	14
Administrator	1	Volunteers	2
Registered nurses	4	Catering staff	4
Care staff	15	Laundry staff	1
Recreational activities officers	3	Cleaning staff	3
Physiotherapist	1	Maintenance staff	1
Physiotherapy aides	2		

### Sampled documents

	Number		Number
Residents' files (including assessments, progress notes, care and lifestyle plans and associated documentation)	10	Medication charts/nurse initiated medication charts	10
Provider service agreements	8	Personnel files	10

### Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Activities calendars/activities evaluations/activities attendance records
- Audit schedule/audit reports/action plans
- Catering documents including: menu, NSW Food Authority licence, food safety program and records, diet preferences and special needs assessments
- Cleaning documents including: manual, duty lists and cleaning records
- Clinical monitoring records
- Clinical procedures
- Clinical refrigerator monitoring records
- Clinical skills assessments
- Communication diary
- Continuous improvement plan and summary of improvements and achievements
- Correspondence and circulars from government departments and industry bodies
- Criminal history check register
- Dietician menu review report
- Direct care/ care plans and daily work sheets
- Drugs of addiction registers/ professional signatures registers
- Education calendar and records
- Fire safety and emergencies documentation including: inspection records, annual fire safety certificate, emergency procedures manual, evacuation list of residents, register for visitors and contractors.
- Focus forum reports and action plans

- Gastroenteritis outbreak management flow chart
- Improvement log – comments and complaints
- Infection control manual
- Infection control surveillance monitoring data
- Insulin and Warfarin management guidelines
- Inventories and orders for supplies
- Inventory of equipment
- Laundry documentation including:– policy and procedures, cleaning schedule, linen inventory
- List of service providers and guidelines and procedures for contractors
- Maintenance request logs
- Mandatory reporting flow chart
- Medication incident reports/annual medication incident statistics/monthly pharmacist medication audit reports and action sheets/ medication reviews
- Meeting schedule and minutes
- Memos
- New resident admission assessment pack and work instructions
- Newsletters
- Nursing care plan allocation and evaluation schedule
- Nutritional supplement lists
- Occupational health and safety (OHS) manual and records including: environmental audits, incident/accident logs, hazard reports, electrical tagging records and material safety data sheets
- Pest control records.
- Physiotherapy assessments/ mobility care plans/mobility attendance and massage records
- Policy and procedure manuals
- Position descriptions and duty lists
- Preventative maintenance program and service reports
- Psychotropic drug usage register
- Record of professional registrations
- Register of reportable assaults and missing residents and guidelines
- Registered nurses daily handover report
- Resident agreements
- Resident handbook
- Resident surveys
- Residents with oral kits list
- Restraint authorisations/restraint monitoring records/ behaviour management plans
- Staff handbook
- Staff rosters
- Strategic business plan
- Vaccination records for residents and staff
- Vision, values, philosophy and mission statements
- Wound assessments and management plans

## **Observations**

The team observed the following:

- Activities in progress
- Archives
- Equipment and supply storage areas
- Fire safety plans, equipment and evacuation kit
- Infection control resources
- Interactions between staff and residents
- Internal and external comments and complaints forms and suggestion box



- Internal/ external living environment
- Medication administration
- Mobility equipment including mechanical lifters, transfer belts, wheel chairs and walkers
- Noticeboards, signage and brochures available
- Nursing staff handover
- OHS notices and equipment
- Oral care packs
- Residents utilising pressure relieving mattresses, pressure relieving chairs, hip and limb protection equipment
- Secure storage of residents' medications and clinical files
- Staff ready access to linen supplies and ample and varied continence products
- Staff work areas
- Staff work practices
- The dining environment during midday meal service including the meal presentation, the provision of assistive cutlery, staff assistance and supervision. Morning and afternoon tea/ fluid rounds.

## **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 recommendation**

The home meets this expected outcome

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement logs, regular meetings, feedback mechanisms, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the management team and quality improvement committee, which meets monthly. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and that they always receive feedback.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below.

- At the request of staff a new computer was purchased and has been connected to the internet. A new fax machine and photocopier has also been purchased. This has improved the communication and administration within the home. It also provides online ordering for some supplies and provides access to resources available through the internet.
- In response to increasing resident care needs extra equipment has been purchased. This includes four new wheelchairs, two mechanical sling lifters, new air conditioners and an electric bed. The new electric bed completes the acquisition program so that all residents now have electric beds. The new equipment helps ensure residents’ needs are being met.
- Following feedback from relatives new name badges have been introduced for staff. Staff are required to wear their name badges at all times. This helps residents/representatives get to know the staff and build a closer relationship with them. Feedback from relatives states they appreciate knowing the names of staff.

### **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 recommendation**

The home meets this expected outcome

The home identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, a memoranda system, regular meetings and ongoing training. Relevant information is disseminated to residents/representatives through residents’ meetings, newsletters, notices on display in the

home and personal correspondence. Adherence to these requirements is monitored through the home's continuous improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- Criminal record checks have been carried out for all staff.
- The team observed the contracts with external contractors confirming their responsibilities under the relevant legislation, regulatory requirements and professional standards, including criminal record checks for contractors visiting the home.
- Residents/representatives were informed of the accreditation site audit in accordance with the Accreditation Grant Principles 2011.

### **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 recommendation**

The home meets this expected outcome

There is a system in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position. There is an orientation program for all new staff and a buddy system is used when they commence employment. The education program, including topics covering the four Accreditation Standards, is developed with reference to training needs analysis, performance appraisals, staff input and management assessments. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard One include:

- The orientation program covering such topics as: continuous improvement and the workplace and communications systems of the home.
- The in-service program provided for staff which includes such topics as: the Accreditation Standards, conflict resolution, and bullying and harassment.

### **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 recommendation**

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all comments and complaints and the team noted that issues raised are addressed in a timely manner to the satisfaction of complainants. Residents/representatives

can also raise concerns and identify opportunities for improvement through resident meetings, resident forums, satisfaction surveys and informally. Residents/representatives interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

### **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 recommendation**

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality. Feedback from interviews with residents/representatives and staff and observations by the team demonstrated the vision and values of the home underpin the care provided to the 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 recommendation**

The home meets this expected outcome

Management has systems in place to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure that they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program, outlined in expected outcome 1.3 Education and staff development, provide the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. The performance of staff is monitored through annual appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed indicate they have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives interviewed report 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 recommendation**

The home meets this expected outcome

The home demonstrated that it has a system in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes in place to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home enters into service agreements with approved suppliers and responsibility for ordering goods is delegated to key personnel. The system is overseen by the director of nursing and administrator and

monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. Maintenance records show that equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The team observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

### **1.8 Information systems**

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

#### **Team's recommendation**

The home meets this expected outcome

There are information management systems in place to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memoranda, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed report they are kept well informed and consulted about matters that impact on them.

### **1.9 External services**

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

#### **Team's recommendation**

The home meets this expected outcome

There is a system in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing, podiatry, physiotherapy and other allied health professionals. The services provided are monitored by management through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers.

## **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below.

- As part of a review of the systems used at the home the clinical procedures have been updated. The new procedures are in line with regulatory requirements and are available to all staff.
- Management also revised the format of the care plans as part of the systems review. New care plans were introduced in March 2011 and are more detailed and individualised than previously. The new care plans provide clearer information about clinical care for nursing staff.
- Oral and dental care for residents has been improved with the introduction of a new assessment tool. This allows nursing staff to identify residents who need to be referred to specialist dental services. Individual oral care kits have been introduced for use by staff in assisting those residents who are unable to carry out their own oral care. New containers have been purchased for the storage of dentures to improve infection control. These initiatives help ensure residents' oral and dental health is maintained.
- Management has accessed a new specialist hearing assessment for residents who have been identified with a hearing deficit. A full hearing assessment can be carried out by the specialist and appropriate treatment and/or hearing aids provided as required.

### **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- A record is kept of the current registration of registered nurses (RNs) and other health care professionals.
- The home demonstrated RNs have responsibility for care planning of high care residents in accordance with the specified care and services of the Quality of Care Principles 1997.

- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these incidents.

### **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Two include:

- The in-service program covering a wide range of clinical topics presented by the DDON/educator and visiting trainers.
- External workshops for the professional development of registered nurses.
- Training in the Certificate IV in Aged care work for two care staff.
- Clinical skills assessments for nursing and care staff.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

The home meets this expected outcome

The home has systems, processes, policies and procedures to ensure that residents receive appropriate clinical care. Resident clinical care is overseen by the deputy director of nursing and the registered nurses. Review of documentation including resident files, shows a comprehensive program of assessments are completed when a resident moves into the home. Individualised care plans are formulated and reviewed and monitored by registered nurse case managers on a three monthly basis or more often if required. Care is planned in consultation with the resident and their representative, the resident’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Residents/representatives interviewed are satisfied with the clinical care provided and representatives interviewed state they are informed of changes in the resident’s condition and care needs.

### **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 recommendation**

The home meets this expected outcome

There are systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Twenty four hour registered nursing care is provided and registered nurses coordinate assessments of the residents’ specialised care needs. The home liaises with external health professionals as needed; and referrals are made to specialised nurse consultants in wound and continence management. Referrals to the local

area health service ensure residents' specialised nursing care needs are met. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Residents/representatives are satisfied 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 recommendation**

The home meets this expected outcome

Documentation including resident files shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a physiotherapist, podiatrist, dietician, speech pathologist, pathology services and members of the palliative care and mental health teams. Residents and representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents/representatives interviewed are satisfied with the way referrals are made and the way changes to care are implemented.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's recommendation**

The home meets this expected outcome

Management demonstrates that resident medication is managed safely and correctly. Registered nurses administer medication via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. A photo identification of each resident with their date of birth and clearly defined allergies is on each medication chart. Pharmacy and medical officer protocols have been established in the home and staff practices are consistent with policy and procedures evidenced through audits and training. Staff advise they access internal and external education programs; staff practice is overseen by the deputy director of nursing. Regular medication reviews are completed by a consultant pharmacist and medical incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the director of nursing. The medical and medication management forum meets quarterly to review legislation changes, medication and pharmacy issues. Residents/representatives interviewed are satisfied that their medications are managed in a safe and correct manner.

## **2.8 Pain management**

*This expected outcome requires that "all residents are as free as possible from pain".*

### **Team's recommendation**

The home meets this expected outcome

There are systems in place to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management programs are developed. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage residents' pain include attendance to clinical and emotional needs, pain relief and alternative approaches including massage, the application of heat and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the resident's medical practitioner and other services is organised as needed. Staff regularly



liaise with medical practitioners and allied health personnel to ensure effective holistic care planning. Residents /representatives report residents are as free as possible from pain and that staff respond in a timely manner to their requests for pain control.

## **2.9 Palliative care**

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

### **Team’s recommendation**

The home meets this expected outcome

There are systems in place to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. The home has a designated palliative care room however palliative care is received in all areas of the home. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of residents are considered in care planning; pastoral care and emotional support is provided as requested. The home holds palliative case conferences and accesses the services of the area health service palliative care team as necessary. Representatives are informed of the palliation process and the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

The home meets this expected outcome

Documentation reveals residents’ nutrition and hydration status is assessed when moving into the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and representative and others involved in their care. The seasonal menu offers both traditional Sinhalese and western foods and is reviewed by a dietician. The menu provides residents with an alternative for the midday and evening meal. Residents are weighed monthly and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents’ preferences and special requirements including thickened fluids, pureed and soft food. Residents/representatives interviewed are highly satisfied with the frequency and variety of food and drinks supplied.

## **2.11 Skin care**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents’ skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurses for assessment, review and referral to their medical practitioner or the area health service wound consultant as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Documentation reveals that staff receive ongoing training and supervision in skin care and the use of specialist equipment such as lifting devices used to maintain residents’ skin integrity. The homes’ reporting system for accidents and incidents includes skin integrity and

is monitored monthly and included in the quality clinical indicators. Residents have access to a physiotherapist, physiotherapy aides, podiatrist and other external health professionals as necessary. Residents/representatives report staff pay careful attention to residents' individual needs and preferences for skin care. The team observed the use of limb protecting and pressure relieving devices.

## **2.12 Contenance management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's recommendation**

The home meets this expected outcome

There are systems in place to ensure residents' continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly and monitor residents' skin integrity. The deputy director of nursing oversees the continence program and staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections and bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. The home has a continence link nurse who is responsible for the ordering of continence products and there are appropriate supplies of continence aids to meet the individual needs of residents. Residents/representatives state they are satisfied with the continence care provided to the residents.

## **2.13 Behavioural management**

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

### **Team's recommendation**

The home meets this expected outcome

The home has systems to effectively manage residents' with challenging behaviours. Documentation and discussions with management and staff show residents' behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has access to other health professionals including the area health service mental health team and a visiting psychogeriatrician. Staff were observed to use a variety of management strategies and resources to effectively manage residents' with challenging behaviours and to ensure the residents' dignity and individual needs were respected at all times. The home uses restraint only as a last resort to ensure resident safety. Resident/representatives interviewed are satisfied with how challenging behaviours are managed at the home.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team's recommendation**

The home meets this expected outcome

The home has systems in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. The home has a physiotherapist visiting three times a week and a physiotherapy aide five days a week. Individual programs are

designed by the physiotherapist and implemented by the physiotherapy aides and are designed to promote optimum levels of mobility and dexterity for all residents. The home has a heightened awareness of falls prevention and a high resident uptake of hip protectors. Falls prevention strategies include weekly exercise classes, the monitoring of footwear and the lowering of beds. Falls incidents are analysed and are monitored in the quality clinical indicators. Residents/representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, walking belts, mechanical lifters and wheelchairs are available. Access to sunshine is effortless via an enclosed garden area and open verandas thereby contributing to the resident's potential intake of vitamin D. The home has internal lift access and is well lit with handrails on all corridors.

### **2.15 Oral and dental care**

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

#### **Team's recommendation**

The home meets this expected outcome

There are systems in place to ensure residents' oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home. Residents are referred to the visiting dentist or to the area health service dental clinic if needed. Staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents /representatives interviewed state residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

### **2.16 Sensory loss**

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

#### **Team's recommendation**

The home meets this expected outcome

Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents care needs are managed effectively. Specialist optometry and audiology days are organised at the home so all residents can access these services. The recreational activity officers have implemented programs and use resources to assist residents' with sensory stimulation including of taste, touch and smell. The library provides a selection of large print books that residents can access. Staff receive training in sensory loss and specialist equipment is maintained in good working order. Residents/representatives report staff are supportive of residents' with sensory loss and promote independence and choice as part of daily care.

### **2.17 Sleep**

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

#### **Team's recommendation**

The home meets this expected outcome

Residents' sleep patterns are assessed on moving into the home including history of night sedation and sleep care plans formulated. Lighting and noise is subdued at night. Residents' ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Staff report residents who experience sleep disturbances are assisted with toileting and fluids as requested and assessed as needed. Residents/representatives are satisfied with the way sleep is managed.

## **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- A number of new activities have been introduced to provide greater variety and choice to residents. These include a sedan outing each month for two or three residents. It also includes a visit to the home by a ‘mini farm’ each quarter. Management states these activities are very popular with the residents.
- The work area of the activities officers has been partitioned with glass panels to provide a lockable office. This has improved the storage area for activities resources and provides greater security for private information.
- Additional foot spas have been purchased to expand the activities program. Foot spas are programmed each month and the new purchases ensure there is sufficient equipment for all residents who wish to attend.

### **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to residents/representatives in the resident handbook regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- Staff are trained in residents’ rights and responsibilities in their orientation program and sign a privacy/confidentiality agreement to ensure compliance with privacy legislation.
- The Charter of Residents’ Rights and Responsibilities is displayed in the home.
- The home has processes in place for the mandatory reporting of alleged and suspected assaults and maintains a consolidated register of these incidents.
- Training has been provided for staff on the mandatory reporting of elder abuse.

### **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Three include:

- The orientation program covering such topics as mandatory reporting of elder abuse and staff responsibilities in relation to the confidentiality of residents' personal information.
- The in-service program covering such topics as: grief and loss, privacy, dignity and confidentiality, cultural diversity and mandatory reporting.
- An external cultural workshop for two recreational activities officers.

### **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 recommendation**

The home meets this expected outcome

The home has effective systems in place to ensure that each resident receives initial and ongoing emotional support. This includes orientation to the home, staff and services for new residents and their families; resident and relatives meetings; involvement of family in the activity program and a quarterly newsletter 'Jesmond on the Go'. Emotional needs are identified through the residents' diversional therapy care plan, case conferencing, one-to-one support and family involvement in planning of care. Residents are encouraged to personalise their living area and visitors including pets are encouraged. Residents/representatives interviewed are satisfied with the way they are assisted to adjust to life at the home and the ongoing support they receive from the home.

### **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 recommendation**

The home meets this expected outcome

The home ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence that includes mobility and activities programs and mobility equipment for resident use. Community visitors, volunteers and entertainers are encouraged and arranged. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practice and resident/representative feedback confirms residents are actively encouraged to maintain independence.

### **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 recommendation**

The home meets this expected outcome

The home has systems in place to ensure privacy and dignity is respected in accordance with residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Information pertaining to privacy, dignity and confidentiality is contained in the resident and staff handbooks.

Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Staff education promotes privacy and dignity and staff sign a confidentiality agreement. Residents' rooms are managed so that residents' privacy is not compromised; privacy screening and lockable storage is available to all residents. Staff handovers and confidential resident information is discussed in private and resident files securely stored. Staff practices respect privacy and dignity of the resident. Residents/representatives interviewed are satisfied with how privacy and dignity is managed at the home.

### **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 recommendation**

The home meets this expected outcome

The home demonstrates that residents are encouraged and supported to participate in a wide range of interests and activities. Residents' specific needs, interests and preferences are assessed on moving into the home and on an ongoing basis. The home has a comprehensive activities program seven days a week with two recreational activities officers on duty each day. The activities program caters to the Indian/Tamil culture. Tamil television is cabled throughout the home and the Tamil newspaper and magazines are delivered; the home has a large library of Indian, Tamil, Chinese and English DVDs and music. Activities include monthly bus or car outings, entertainment, exercises, and celebrations that include Australian, Indian, Tamil and Chinese cultural anniversaries and festivals. Ongoing evaluation of the activities program ensures that the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Representatives are informed of programs through display of the activities program on noticeboards and the resident and representatives meetings are held bi monthly. Residents are invited to make suggestions and have input into the activities program. Residents are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm that residents are satisfied with the activities provided to them.

### **3.8 Cultural and spiritual life**

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

#### **Team's recommendation**

The home meets this expected outcome

The home ensures residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Cultural and spiritual needs are assessed when a resident moves into the home. Management takes a pro active stance in ensuring that cultural needs are met through hiring practices, menu planning and liaison with ethno specific agencies. The home has a Pooja altar and regular worship sessions are held on site in the prayer room. While the majority of the residents are Hindu, a number of religious dominations regularly attend the

home. Residents are encouraged to maintain cultural and spiritual links in the community and residents have access to the Tamil newspaper and television. Culturally significant days and anniversaries such as Indian Independence Day, Sri Lankan Independence Day and Australia Day are celebrated. The home also celebrates New Year on 1 January as well as the Sri Lankan, Indian and Chinese New Years. The Hindu festival of light Deepavali is celebrated annually as is Anzac Day, Melbourne cup, Easter and Mothers' Day; resident birthdays are also celebrated. Residents/representatives report staff are respectful of residents' spiritual and cultural 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 recommendation**

The home meets this expected outcome

The home can demonstrate that each resident and/or representative participates in decisions about the services of the home and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. The management have an open door policy that results in continuous and timely interaction between the management team, resident and representatives. The home conducts annual case conferences; resident/ representative meetings and surveys occur regularly to enable residents and representatives to discuss and provide feedback about the services provided by the home. The director of nursing also conducts weekly focus forums and seeks feedback across the 44 expected outcomes of the Accreditation Standards. Residents/representatives state that they are satisfied with the support of the home relative to their choice and decision making processes.

### **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 recommendation**

The home meets this expected outcome

The home has in place policies and procedures to ensure that residents have secure tenure within the residential care service, and understand their rights and responsibilities. New residents and/or their representatives are provided with comprehensive information about their rights and responsibilities prior to the resident moving into the home. This information is explained and a resident agreement is offered to each resident and/or their representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. Residents/representatives indicate that they are satisfied with the information the home provides regarding their security of tenure and their rights and responsibilities

## **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- The laundry has been upgraded with the purchase of two new industrial washing machines and two new industrial dryers. The new machines have improved technology and help the laundry operate more efficiently.
- In response to feedback from residents the Sunday lunch menu was changed from sliced meat to minced meat. This better suits residents’ needs and management stated the residents appreciate the change.
- Following changes to the OHS legislation the OHS officer attended a refresher course. The training explained the changes to legislation so the OHS officer can ensure the home complies with the legislative requirements.

### **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display in the home.
- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- Material safety data sheets (MSDS) are displayed adjacent to the chemicals to which they refer.
- The team was shown records indicating and observed that thermostatic valves and electrical equipment is being inspected, tested and maintained in accordance with occupational health and safety regulations.
- Staff have received mandatory training in fire safety and evacuation, manual handling and infection control,



### **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 recommendation**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Four include:

- The orientation program covering such topics as: fire safety, OHS, manual handling and infection control.
- The in-service program covering topics such as: infection control, fire awareness and evacuation, manual handling, chemical handling, infection control and outbreak management, and food safety.
- External courses providing training for three staff to become fire safety officers and the OHS officer to do refresher training.
- Competency assessments in manual handling and hand washing for all staff.

### **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 recommendation**

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. The living environment is clean, well furnished, well lit, free of clutter and has a heating/cooling system to maintain a comfortable temperature. There are a number of communal areas and lounge rooms as well as a large garden area. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff. Residents/representatives interviewed expressed their satisfaction with their living environment.

### **4.5 Occupational health and safety**

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

#### **Team's recommendation**

The home meets this expected outcome

Management has a system in place to provide a safe working environment that meets regulatory requirements. A trained OHS representative is part of the quality improvement committee which meets monthly and oversees OHS within the home. All staff are trained in manual handling, OHS and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and there is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the OHS of staff through regular audits, risk and hazard assessments, incident and accident reporting and

daily observations by management and staff. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

#### **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 recommendation**

The home meets this expected outcome

There is a system in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. Trained fire safety officers oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate fire fighting equipment and warning systems and inspection of the external contractor records and equipment tagging confirms the fire fighting equipment is regularly maintained. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. The home has a contingency plan in case of emergencies and an evacuation kit is maintained with a current resident list and photographs of all residents. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff interviewed indicate they know what to do in the event of an emergency and residents interviewed state they feel safe in the home.

#### **4.7 Infection control**

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

##### **Team's recommendation**

The home meets this expected outcome

The home ensures that its infection control program is effective through clear policies and procedures, education and an infection surveillance program. The director of nursing oversees the infection control program with the assistance of the management team and quality improvement committee. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, audits and trend analysis.

#### **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 recommendation**

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All residents are assessed for their dietary preferences and needs when they move into the home. There is a rotating menu that has been assessed by a dietician, caters for special diets and provides choices for residents. There is also a culturally specific menu that caters for the Indian/Tamil residents and provides greater choice for all residents. All meals are cooked fresh on-site and the catering staff are responsive to suggestions and the changing needs and preferences of residents. Staff were observed assisting residents with meals as required and residents/representatives expressed their satisfaction with the quantity and quality of the meals. The home is cleaned by full time contract cleaners. The

cleaning is carried out according to a schedule and the quality of the cleaning is monitored by the management and staff of the home and the contractor director. The team observed the home to be clean and residents/representatives state they are very satisfied with the results. Personal clothing and linen is laundered at the home seven days a week. Clothing is labelled to minimise any losses and there is a system in place for the management of misplaced clothing. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives interviewed say they are satisfied with the hospitality services provided.