



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Maranatha House**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Maranatha House in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Maranatha House is three years until 4 July 2013.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		Maranatha House			
RACS ID:		0223			
Number of beds:		57	Number of high care residents:		11
Special needs group catered for:			<ul style="list-style-type: none"> <li>• Nil</li> </ul>		
Street/PO Box:		127 - 137 Whiteley Street			
City:	WELLINGTON	State:	NSW	Postcode:	2820
Phone:		02 6845 3088		Facsimile:	02 6845 3087
Email address:		maranathahouse@bigpond.com			
<b>Approved provider</b>					
Approved provider:		Maranatha House			
<b>Assessment team</b>					
Team leader:		Marilyn Howson			
Team member/s:		Barbara Knight			
Date/s of audit:		4 May 2010 to 5 May 2010			

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

**Accreditation decision**

<b>Agency findings</b>
Does comply
Does comply
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<b>Agency findings</b>
Does comply
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Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



**Aged Care**

Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Maranatha House
RACS ID	0223

### **Executive summary**

This is the report of a site audit of Maranatha House 0223 127 - 137 Whiteley Street WELLINGTON NSW from 4 May 2010 to 5 May 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Maranatha House.

The assessment team recommends the period of accreditation be 3 years.

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 4 May 2010 to 5 May 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Marilyn Howson
Team member/s:	Barbara Knight

## Approved provider details

Approved provider:	Maranatha House
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## Details of home

Name of home:	Maranatha House
RACS ID:	0223

Total number of allocated places:	57
Number of residents during site audit:	56
Number of high care residents during site audit:	11
Special needs catered for:	

Street/PO Box:	127 - 137 Whiteley Street	State:	NSW
City/Town:	WELLINGTON	Postcode:	2820
Phone number:	02 6845 3088	Facsimile:	02 6845 3087
E-mail address:	maranathahouse@bigpond.com		

### Assessment team's recommendation regarding accreditation

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The assessment team recommends the period of accreditation be 3 years.

### Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

### Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
General manager	1	Residents/representatives	11
Registered nurses	1	Chair of the resident committee	1
Team Leaders	2	Recreation activity officers	3
Care staff	7	Catering supervisor	1
Care staff/spiritual adviser	1	Catering staff	2
Workplace trainer/assessor	1	Laundry staff	2
Physiotherapy assistant	1	Cleaning staff	1
Administration assistant	1	Maintenance staff	1

#### Sampled documents

	Number		Number
Residents' files including assessments/care plans/progress notes	8	Medication charts	8
Residents' individual lifestyle records/progress notes	10	Personnel files	7
Resident agreements	3		

#### Other documents reviewed

The team also reviewed:

- Accident/incident reports
- Activity programs; resident activity attendance records; daily activity sheets; activity resource folder
- Audit results
- Behaviour monitoring forms
- Case conference records



- Catering temperature and calibration records consistent with Hazard Analysis Critical Control Point (HACCP) requirements
- Communications diaries
- Compliments and complaints register
- Contracts of external service providers
- Criminal record checks; professional registrations
- Daily, weekly and periodical cleaning schedules (cleaning and catering services)
- Diabetic information and protocols
- Dietary preference (likes and dislikes) forms
- Education program; staff education attendance records; staff orientation program; competency assessment records; care staff assessment pack; ancillary staff assessment pack; education resource folder
- External contracts; suppliers' list; tradesmen list
- Fire protection systems service records
- Food safety plan
- Four weekly rotating menu
- Functional analysis observation forms (behaviour)
- Handover sheets
- Infections register
- Job descriptions; duty lists
- Maintenance request forms
- Mandatory reporting register
- Meeting minutes: residents; board of management; management; staff; recreational activity officers; occupational health and safety
- Monthly infections report
- Night record checks
- Observation charts including blood pressure/weight/blood sugar levels
- Organisation and communication chart
- Pain management forms
- Pest control records
- Physiotherapy assistant documentation
- Physiotherapy assessments and care plans
- Policies and procedures
- Preventative maintenance records
- Quality logs; quality logs register
- Resident history cards
- Resident newsletter April 2010
- Residents' birthday list; residents' religions list; chapel roster
- Residents' pre-entry information package; residents' handbook
- Restraint authority and release forms
- Self medication assessments
- Staff criminal records' check register
- Staff pre-employment package; staff handbook
- Staffing rosters; staff timesheets; pay analysis reports
- Standard recipes
- Weekly individual call bell checks
- Wound assessment and evaluation charts

## Observations

The team observed the following:

- Activities in progress
- Animals including fish, a cat, budgerigars, bantam chooks
- Continuous improvement/suggestion/complaint forms in various locations
- Dietary information noticeboards in kitchen

- Emergency flip charts at telephone point of contact
- Equipment and supply storage areas
- Fire safety statement
- Food authority license
- Infection control resources including hand washing facilities, hand sanitising gel, appropriate signage, spills kits, sharps containers, outbreak management resources, contaminated waste bin, personal protective and colour coded equipment
- Information brochures
- Interactions between staff, residents and visitors to the home
- Living environment – internal and external
- Medication administration
- Mini care plans in wardrobes and ensuite bathrooms
- Noticeboards
- Nurses handover at change of shift
- Photographs of residents participating in activities
- Residents at the hairdressers
- Residents local show exhibits and prize certificates
- Secure storage of residents' clinical files
- Staff practices
- Staff work areas including administration, clinical (clean and dirty utility rooms) catering, and cleaning.
- Storage of medications
- Suggestion box

## Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

### Standard 1 – Management systems, staffing and organisational development

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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

Does comply

The organisation has a framework for continuous improvement which is applied across the four Accreditation standards. Management identifies improvement opportunities through a number of avenues including resident and staff meetings, audits, surveys, hazard reports and quality improvement forms. Feedback is provided to stakeholders individually, via memoranda, at meetings and in meeting minutes. Continuous improvement is monitored by the senior management team and reported to the Board of management. Improvements are evaluated through audits, stakeholder feedback and data analysis. Staff stated they are encouraged to participate in the home’s continuous improvement activities, for example, undertaking audits. Residents/representatives reported they are able to make suggestions for improvement and a review of meeting minutes confirms this. Recent improvements relevant to Accreditation Standard one include the following examples:

- The general manager initiated a review of the management system subsequent to their appointment to the role in April 2009. As part of this review a senior management team was developed and a structured reporting system was introduced. This is reflected in the organisation and communication chart. The Board of management now receives monthly reports from key personnel including the minutes of all meetings. The Board of management is better informed about issues concerning residents and staff.
- The catering department has made improvements to their policies, procedures and practices as a result of changes to legislation concerning safe food handling. The home’s audit tools which are used to measure compliance have been updated to reflect the changes in the legislation. A food safety audit on the home’s catering services was undertaken by the NSW Food Authority on 10 November 2009 which resulted in an ‘A’ rating.
- Staff were dissatisfied with the frequent errors in their pays. An external pay consultant is now contracted to manage the payroll and is providing an improved payroll service to both staff and management.
- The management of information between the home and the pharmacy was not effective as individual staff would fax through information to the pharmacy throughout the day and the pharmacy had difficulty providing a coordinated service to the home. After discussions with the pharmacy a new ordering system was developed and trialled. Management advised the system is working well and staff are following the new procedures which have led to an improved medication service to 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 recommendation

Does comply

The organisation has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The home is a member of a peak industry association and also receives direct communication regarding regulatory changes via updates, circulars and bulletins from a number of government and professional organisations. Regulatory issues and updates are communicated to staff through memoranda, meetings and education sessions. Legislation and regulations are reflected in the policy and procedure manuals. Management monitors compliance through a review of policies and procedures, audits, observation of staff practices and stakeholders’ feedback. Some aged care legislation is kept on site and information is also accessed via the internet. Examples of regulatory compliance relevant to Accreditation standard one includes:

- The organisation has considered the implications of the Aged Care Amendment (Security and Protection) Bill 2007 and has developed policies and processes to minimise elder abuse including the introduction of national criminal record checks for all staff, volunteers, relevant contractors and service providers. To ensure staff awareness of this legislation education has been provided on procedures to follow regarding allegations of elder abuse.
- The home ensures all residents, representatives and staff have access to internal and external comments and complaints mechanisms.
- Processes were in place to inform residents/representatives about the dates of this Accreditation site audit.

## 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

Does comply

There is a system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. New staff undertake an orientation program that includes the opportunity for them to work shifts with a more experienced staff member. The in-house education program is developed by the workplace assessor and trainer who works one to two days a week and is based on staff requests, mandatory training to meet regulatory requirements, results of audits and surveys, staff competencies and feedback. Contracted suppliers of goods and services and experts sourced through community contacts also provide education to staff at the home. The in-house education program is supplemented by the aged care channel education program. Staff attendance at in-service education is monitored. The knowledge and skills of staff are evaluated on an ongoing basis through senior staff observations, competency assessments, audit and survey results and feedback. Staff interviewed report a high level of satisfaction with the education program. Residents/representatives expressed confidence in the skills and knowledge of staff.

#### **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**

Does comply

Residents/representatives stated they are aware of how to make a comment or complaint. Residents are informed of complaint mechanisms when they move into the home and are encouraged and supported through meetings, surveys, brochures and notices to provide feedback on the services provided. The resident handbook and resident accommodation agreement include information about the internal and external complaint mechanisms. Staff endeavour to address minor concerns expressed by residents/representatives themselves and refer more complex matters to the management team. Residents/representatives report that they know staff and management well and when they have raised concerns, they have been satisfied with the response. Information about staff complaint avenues and grievance procedures are contained in documentation provided to staff.

#### **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**

Does comply

The organisation's philosophy, objective mission and vision statements are displayed and documented in the home's publications including the resident and staff handbooks. The organisation's commitment to quality is evident through its policies, procedures and other documents that guide the practices of management and staff.

#### **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**

Does comply

Residents were complimentary about the care, lifestyle and hospitality services provided to them by staff. Residents reported that there are sufficient staff to provide services that meet their needs and that the services are delivered by staff who are knowledgeable about their duties. Staff feedback confirmed they generally have sufficient time and support to undertake their duties. Staff stated relevant education is provided to ensure they have the necessary skills to undertake their duties. Management advised that staffing levels are determined based on resident numbers and level of acuity, feedback from staff and a review of clinical indicators. Staffing rosters take into account staff availability, skills and experience. Regular casual staff fill shift vacancies and some permanent part-time staff also work additional shifts to cover periods when their colleagues are absent or on leave. Staff state they enjoy working at the home and express a commitment to the residents, the home and the organisation.

## 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

Does comply

Documentation and interviews with staff confirm the home has systems in place to order and have available, stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home and the performance of suppliers is monitored and evaluated. External service agreements and internal maintenance programs ensure equipment is monitored and replacement needs identified. Purchases are decided through consultation with staff and management. All storage areas reviewed indicate that there are adequate supplies and there is a stock rotation policy. The team noted items are stored appropriately in locked storage areas.

## 1.8 Information systems

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

### Team's recommendation

Does comply

The home's management has systems to disseminate information to the organisation, staff and residents relating to management, clinical care, residents' lifestyle and the physical environment. The resident handbooks, staff handbook, the residents' accommodation agreement, the staff orientation program, information on noticeboards, signage, meeting minutes for residents and staff, newsletters, memoranda, activity programs and daily menus are mechanisms to ensure staff and residents receive accurate and timely information. Residents said that they are pleased that the resident newsletter is being published again with an edition out in April 2010. Residents advised that the information available to them assists them to make choices about their daily routines at the home. Staff use assessment and care planning tools and case conferences to ensure each resident's care and lifestyle needs and preferences are identified, interpreted and supported. Information to ensure that care and support is provided consistently to residents is contained in residents' files, care documentation and communication books. The team notes that all records are kept securely depending on applicable confidentiality requirements and all staff sign confidentiality agreements on commencement of their employment.

## 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

Does comply

Management has a system to ensure that all externally sourced services are provided in a way that meets the home's needs and its quality goals. Management evaluates the performance of external service providers to ensure efficiency and effectiveness of the services as well as compliance with relevant regulations and the home's policies and procedures. Identified performance issues are communicated between the organisation and contractors to ensure problems are rectified. Feedback on the quality of services provided by external contractors is encouraged and collected from residents/representatives and staff through meetings, audits, suggestions and surveys. Staff and residents/representatives expressed satisfaction with the quality of the services currently being provided by external contractors.

## **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**

Does comply

As a result of the home's continuous improvement system referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard two: Health and personal care. Recent continuous improvement initiatives include the following examples:

- To assist residents to manage their pain and reduce analgesic use, management purchased a transcutaneous electrical neural stimulation (TENS) machine. The physiotherapist has provided staff with instructions as to the use of the machine. Residents report improved pain management as a result.
- Management noted that when staff suspected that a resident may have a urinary tract infection they informed the medical practitioner and antibiotics were commonly ordered. A urinalysis machine has been purchased and staff have been educated in its use. Now, when a resident is suspected of having a urinary tract infection, more accurate testing can be carried out, residents are started on prophylactic anti acidic medication and encouraged to increase their fluid intake. If symptoms persist in excess of four days, then the medical practitioner is notified. The use of antibiotics has decreased.
- A registered nurse has been employed two days a week to monitor the clinical care needs of residents including developing and reviewing the care plans for all residents who require a high level of care. The role includes the clinical supervision or care staff and providing clinical support to the two team leaders.
- Management stated that the introduction of a team nursing approach to care and encouragement and education to staff in person-centred care is breaking does the task-orientated method of care delivery practised in the past. Residents and staff interviewed are pleased by the more flexible approach to meeting residents' needs.

### **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**

Does comply

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home's regulatory compliance system, please see expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance issues relevant to Accreditation standard two: Health and personal care include:

- Registered nurses provide initial and on-going assessment and care planning for residents receiving a high level of care.
- Nursing registrations are monitored to ensure registered and enrolled nurses have a current authority to practice.

### **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**

Does comply

Management has systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. For further information relating to education and staff development, please see expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard two. This includes staff being actively encouraged to improve their qualifications with most care staff having completed their aged care certificate three or certificate four. Having staff skilled in clinical areas provides improved care results for residents. In addition, all staff are required to hold a current senior first aid certificate.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Marantha House has systems and processes in place to ensure that residents receive appropriate clinical care. All resident files reviewed confirm care needs are assessed and evaluated and resident preferences identified. Assessment of residents’ physical, psychological, emotional and lifestyle needs are identified during the assessment period and strategies implemented to enhance a more person-centred approach. Case conferences provide the opportunity for residents and family to discuss care needs and develop individualised care plans. A registered nurse provides support and direction to the care team for residents with higher care needs. Care plans are reviewed and monitored by care staff and the registered nurse and/or endorsed enrolled nurse on a three monthly basis or more often if required. Each resident has a designated monthly total care day which provides an additional opportunity to identify any emerging issues or concerns. Resident history cards document medical and allied health practitioner visits and influenza vaccination. Residents interviewed confirm that they receive appropriate care and that they are satisfied 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 recommendation**

Does comply

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. The registered nurse provides guidance for staff in the management of specialised care needs such as complex wound management, catheter care and oxygen therapy. Expert advice may be obtained from external services such as the regional palliative care team and diabetic educator. Staff practice is monitored and training provided to ensure specialised care needs are met. There are adequate supplies of equipment and resources to meet identified specialised nursing care needs.



## **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**

Does comply

Maranatha House has processes in place to ensure residents are referred to appropriate specialists including medical and allied health services such as optometrist, audiologist and podiatrist. Residents may access visiting allied health practitioners or are assisted to attend a practitioner of their own choice. There is access to dental care, palliative and psychogeriatric care teams and specialist medical practitioners such as ophthalmologist and cardiologist. Referrals are made in consultation with the resident, family members and the resident’s medical practitioner. Care plans are updated and changes to care implemented as a result of these referrals. Resident/representatives confirm that they are assisted to attend specialist appointments.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

There are systems and processes in place to ensure that residents’ medication is managed safely and correctly. This includes the prescription, dispensing, storage and administration of medications. There are comprehensive pharmacy and medication management policies and procedures and staff practices are observed to be consistent with policy and legislative requirements. Residents who may wish to self medicate are assessed for knowledge and competence. Staff who administer medications undertake regular competency assessment. The home conducts medication audits, and medication errors are identified, reported and followed up with education as required. Residents confirm that they are satisfied with their medication management and those who wish to self medicate are assisted to maintain their independence.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Maranatha House has systems in place to ensure all residents are as free from pain as possible. Initial and ongoing pain assessment includes verbal and non verbal indicators and interventions are monitored and evaluated on an ongoing basis. There is an holistic approach to managing pain with consultation between staff, residents/representatives, allied health and medical practitioners. Alternatives to analgesia such as active and passive exercises, massage, aromatherapy and transcutaneous electrical neural stimulation (TENS) are used to manage residents’ pain. Staff confirm that they understand and practice alternative methods of pain management, and residents are satisfied that their pain is well managed.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Residents who are terminally ill are enabled to remain at Maranatha House where the processes in place ensure that their comfort and dignity can be maintained. All residents are accommodated in single rooms which facilitate privacy and allow family members to remain with the resident. Documentation demonstrates that resident wishes are known, understood and respected. Provision of equipment including specialised mattresses, sheepskins and other assistive devices, ensures that comfort is maintained. Associated therapies such as massage and aromatherapy may be utilised. There is liaison with the palliative care team for advice and support including pain management issues. Staff interviewed are knowledgeable about and empathetic with palliative care processes.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Residents’ nutrition and hydration status is assessed on initial entry to the home to ensure their intake needs will be adequately met. Documentation demonstrates that assessments include the need for special diets, food preferences, physical limitations such as swallowing difficulties, oral and dental deficiencies, sensory loss and mobility and dexterity issues. Modified crockery and cutlery is available to assist residents maintain independence with eating and drinking. Resident needs and preferences are identified and communicated to catering staff. Observation of meal preparation and service confirms that care and catering staff are aware of residents’ needs and choices. Dietary supplements and modified diets such as soft or pureed foods are provided. Residents’ food and fluid intake and weight gain/loss is monitored, with referral to appropriate practitioners, for example dietician, as necessary. Residents interviewed expressed satisfaction with meals provided and commented that their preferences are understood and alternatives are available when the main meal is not to their liking.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

The assessment of residents’ skin integrity is included in the initial assessment process and monitored on an ongoing basis. Care staff monitor residents’ skin integrity during daily care processes and report any changes for ongoing assessment, review and referral as appropriate. Care team leaders supervise the treatment of any breaches of skin integrity and more complex wound management is supervised by the registered nurse. Staff state that they have access to adequate equipment and supplies to meet resident needs, for example continence products, pressure relieving devices, and receive training in care and the use of specialised equipment such as lifting devices to maintain skin integrity. A podiatrist assesses and delivers foot care and there is a hairdressing salon on site. The team observed pressure relieving devices in use and residents commented that staff are very mindful of their needs and preferences regarding skin care.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

There are systems in place to ensure that residents’ continence is effectively managed. Documentation demonstrates that continence assessments are included in the initial and ongoing assessment process and management strategies are developed in conjunction with staff and residents/representatives. Staff understand and are aware of the toileting programs required to manage individual resident’s continence issues and maintain skin integrity, and monitor and report on the effectiveness of interventions. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. Collection of data on urinary tract infections is included in the homes’ quality clinical indicator program. Residents/representatives are satisfied that continence is effectively managed.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

The home has systems and processes in place to effectively identify and manage the needs of residents with behaviours of concern. Initial and ongoing assessments identify residents’ behaviour management needs and care plans are developed and implemented. Behaviour management strategies include identification of the triggers that initiate behaviours of concern and activities to avoid their onset. All staff have participated in education programs on dementia and some staff have recently attended a dementia management course. There is a minimal restraint policy with appropriate documentation in place. Residents may be referred to specialist psychogeriatric services for expert advice and support. The team observed staff using interventions such as one to one and group activities, including for example multisensory and housekeeping activities, and employing strategies to ensure that residents’ behaviours are effectively managed while maintaining and respecting individual dignity. The secure unit was noted to have a calm and peaceful atmosphere during the visit.

## **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**

Does comply

Systems and processes in place ensure that each resident is assessed on entry to Maranatha House and that plans of care are developed to ensure optimum levels of mobility and dexterity are achieved and maintained. An initial nursing assessment is undertaken and may be followed by a physiotherapy assessment. Care plans developed by the physiotherapist are carried out by the physiotherapy assistant and include active and passive exercises, walking programs, and massage and use of TENS for pain relief. Residents are encouraged to maintain mobility through the use of assistive devices such as walking frames. Incidence of falls is recorded, falls risk assessments conducted and strategies implemented to minimise the risk. Residents interviewed confirm that they are encouraged to retain their independence and supported through the mobility programs in place at the home.

## **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

### **Team’s recommendation**

Does comply

The oral and dental health of residents is assessed on entry to the home and regularly thereafter. Staff assist residents to maintain oral and dental health through mouth and denture care and observe any associated pain and/or discomfort. Residents may be referred to a dental practitioner of their choice and the team observed a resident being assisted to attend an external dental appointment. At the care staff handover at change of shift, staff were advised of the observations and follow up care that would be needed following such an appointment.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Documentation and interviews confirm that residents’ sensory losses are identified on entry to Maranatha House and included in the care planning process. Referrals are made where appropriate to specialist services including optical and audiology services. Provision of in-house equipment offering visual and tactile experiences includes large piece jigsaws, lego blocks and differing fabric components. Taste and smell is enhanced by food cooked fresh on site and activities that include food preparation.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Resident sleep patterns are assessed on entry to the home including preferred sleeping times and any history of night sedation. Barriers to natural sleep including pain, continence, hunger, emotional state are considered when planning care. Residents are accommodated in single rooms with ensuite bathrooms therefore environmental issues such as light and sound are not concerns. Residents in low care areas are offered the option of being checked at regular intervals throughout the night and/or using the vital calls in an emergency. Residents in high care areas are able to make choices regarding sleeping times and may enjoy watching television programs until late at night.

## **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**

Does comply

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard three: Resident lifestyle. Resident feedback through surveys and interviews indicates a high level of satisfaction with their lifestyle. Recent continuous improvement initiatives include the following examples:

- Residents have formed a choir and named themselves the ‘mara nuts’. They are supported by a volunteer musical director and volunteers who have formed a band. The residents practice once a week and the number of residents interested in being part of the choir keeps growing.
- Management has arranged a number of animals for the secure wing to provide residents with an added interest. There is a fish tank, two budgerigars in a cage, bantam chooks in a pen made by volunteers and a cat. These animals are available for residents to watch whenever they wish. Staff reported that residents show interest in the animals especially in the eggs laid by the hens.
- Staff assisted residents to submit entries in the local show in the craft, eggs, drawing, beadwork and artwork divisions. The residents won may first and second prizes for their entries. The residents’ work and certificates is on display at the home. Staff advised the feedback from residents about the experience has been positive.
- Management recently trialed a more flexible approach to the evening meal. The time of the evening meal was changed from 6.00pm to between 5.00pm and 6.00pm. While some residents immediately took advantage of the increased flexibility, other residents who have lived at the home for many years have taken awhile to become used to the new routine. Management reported that, over time, increased numbers of residents are having the evening meal at a time that suits them. Catering staff have been supported to make the changes in their routines and to practice a more person-centred approach to their duties.

### **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**

Does comply

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance issues relevant to Accreditation standard three: Resident Lifestyle include:

- Staff obligations to maintain confidentiality of residents’ information and to respect residents’ privacy is included in the staff handbook.

- To ensure confidentiality of residents' personal information all records are securely stored.
- All residents/representatives receive a copy of the residents' accommodation agreement on residents' entry to the home and this document provides information about their entitlements, including specified care and services and security of tenure. The organisation's resident handbook includes the Charter of Residents' Rights and Responsibilities.

### **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**

Does comply

Management has systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. For further information relating to education and staff development, please see expected outcome 1.3 Education and staff development. Examples of education and staff development relevant to Accreditation standard three: Resident lifestyle includes one of the five staff who are involved in providing activities to residents having a qualification in leisure and health which enhances their ability to develop relevant activity programs for residents at the home. In addition, the other activity officers and many care staff have received education in dementia care including providing lifestyle support to residents with dementia.

### **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**

Does comply

Residents and representatives are satisfied with the support and assistance provided during the residents' entry to the home. Residents commented positively about staff attention to their emotional support needs. Care staff and activity staff spend one to one time with residents during their settling in period and thereafter according to need. The entry process includes gathering information from residents/representatives to identify residents' social backgrounds and existing care and lifestyle preferences. Many of the residents knew each other in the general community and rekindle friendships when they move to the home. Family and friends are encouraged to visit and can participate in activities. Residents/representatives can contact religious clergy for individual support as needed. Feedback about residents' levels of satisfaction with the provision of emotional support is gained informally during discussions, during case conferences and through resident surveys.

### **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**

Does comply

Residents expressed satisfaction with the opportunities available to them to participate in the life of the community. Staff facilitate resident participation in the life of the community, for example, through the arrangement of regular bus trips. Five residents still own and drive cars and these are garaged undercover at the home for their convenience. Residents identify they

are encouraged to entertain their visitors at the home and staff make their visitors welcome. Family and friends take residents out if their health and physical condition permits. Residents can arrange for a telephone to be connected in their room and many have done so. Many community groups visit the home including service clubs, entertainers, special interest groups and school children. Residents also involve themselves in community events such as exhibiting in the local show and supporting Australia's biggest morning tea. Volunteers assist with activities. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to vote if they wish to do so.

### **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**

Does comply

Residents stated their right to privacy, dignity and confidentiality is recognised and respected. Residents are accommodated in single rooms with individual ensuite bathrooms attached. Staff knock on residents' doors before entering their rooms. Staff are aware of the home's confidentiality requirements and receive ongoing education concerning the privacy, confidentiality and dignity of residents. Residents' care plans and case conference interviews include consultation with residents or their representatives about their preferences for the manner in which care is provided. Staff address residents in a respectful manner using their preferred name. Residents who are reliant on staff for their dressing and grooming requirements were well presented and dressed appropriately for the weather. The team observed the environment provides communal and private areas for residents to spend time alone or with others.

### **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**

Does comply

Residents are satisfied with the activity program that is held over five days a week. Staff use an assessment process that captures residents' social backgrounds and leisure preferences. The monthly activity program which includes special events takes into account residents' preferred activities and significant cultural days. Residents provide feedback on the program at resident meetings, through surveys and through informal discussions. The activity program is displayed for the information of residents/representatives and staff. Currently twelve residents continue to self initiate their own activities of interest and attend the group program only if an activity especially appeals to them. The activity officers and care staff provide group and individual activity opportunities to residents who are accommodated in the secure unit based on their individual interests and abilities. Various items are on display in the secure unit, for example, doll therapy, clothes folding, building blocks, and magazines to catch the interest of residents and provide a focus for them between programmed activities. Staff provide a 'sundowning' program of a late afternoon and evening to support and engage residents who become agitated or unsettled at this time of day. The activity officers maintain documentation about the activities provided to identify residents' level of interest in them. This information is regularly reviewed to ensure that the program continues to meet the recreational and leisure needs of the residents.

### **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**

Does comply

Residents reported satisfaction with the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and customs is identified in the assessment process on entry. Currently residents at the home are of English speaking background. The menu is flexible and accommodates residents' preferences and requests. Specific cultural days such as Australia Day, St. Patrick's Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents and representatives express appreciation for the efforts of staff to entertain and please the residents on these occasions. Residents' birthdays are recognised and celebrated. Religious clergy provide church services at the home and visit with residents who request this support. Residents appreciate the support of the care staff/spiritual advisor who spends time with residents, as needed and on request, to provide spiritual support to them. Staff advised that they take care when observing religious protocols so as not to inadvertently offend residents who do not practice Christian or other religious beliefs.

### **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**

Does comply

Residents/representatives say they are provided with current information to enable them to exercise choice and decision-making at the home without infringing on the rights of others. Residents' preferences are established upon entry. Residents advise staff about their preferred time for activities of daily living routines and staff accommodate their preferences whenever possible. The menu provides choices for meals. Residents' choice of medical practitioner is respected, and participation in activities is the choice of the individual resident. The 'Charter of residents' rights and responsibilities' is displayed. Resident rooms are personalised with items of furniture and their own possessions. Management provides a number of mechanisms for residents and representatives to participate in decisions about the services they receive, including resident surveys, resident meetings, case conferences and through the comment and complaints system. Staff described how they encourage and support residents to make choices and decisions concerning their life at the home and this was confirmed by residents/representatives.

### **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**

Does comply

Residents/representatives report they are satisfied with the information the home provides on entry regarding details of tenure as well as the fees and charges. Details of residents' tenure are included in the written resident accommodation agreement which is offered to residents on entry and which meets the requirements of the *Aged Care Act 1997*. Management advises new residents to obtain independent legal and financial advice concerning their understanding of the agreement. Information on methods of complaints' resolution and residents' rights and responsibilities is contained in the information that residents receive on



entry. Management advises that residents/representatives are consulted prior to residents moving rooms including moving between the secure unit and the other section of 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 recommendation**

Does comply

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard four: Physical environment and safe systems. Recent continuous improvement initiatives include the following examples:

- Management noted that the exterior doors of the secure area did not stay open unless bricks or chairs were used which created a hazard and falls risk for residents. Residents need to have unimpeded access to the outdoor area particularly if they want to see the chooks and enjoy sitting in the garden in the sun. Appropriate fittings have been provided to remove the hazards and so that the doors stay open when required.
- Laundry and cleaning staff who are experienced and achieve a high standard in their work were anxious when they took leave in case the relief staff would not know to do all their duties. Management has assisted laundry and cleaning staff to review their duties lists so that they accurately reflect their routines. These staff are now more confident about taking leave because they know that the relief staff have a current list of duties and residents will still receive their usual high standard of service.
- Management identified that if a fence was placed across from the shed to the walkway in the secure area, residents would be able to use the garden area with less supervision as the area would be safer for them. The fence has been erected and residents now have access to a safe garden area.

### **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**

Does comply

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance issues relevant to Accreditation standard four: Physical environment and safe systems include:

- The home monitors and maintains occupational health and safety guidelines and procedures in line with regulatory compliance.
- Material safety data sheets are available alongside the chemicals to which they refer.

### **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**

Does comply

Management has systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. For further information relating to education and staff development, please see expected outcome 1.3 Education and staff development. Examples of education and staff development relevant to Accreditation standard four: Physical environment and safe systems includes:

- All staff receive education at orientation in occupational health and safety and then regular updates as part of the education program.
- Fire awareness and evacuation training is mandatory. Training is held regularly and at least annually. Attendance is monitored by the workplace assessor and trainer who follows up with staff who have not attended.

### **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**

Does comply

Marantha House provides accommodation for residents requiring high and low care services in a garden setting. All residents are accommodated in single rooms with ensuite bathrooms. Residents requiring a lower level of care have rooms which overlook garden areas and have covered pathway access to communal areas such as lounge and dining rooms. Individual rooms are spacious and bathrooms have emergency calls bells. All residents in low care areas are provided with vital calls. Residents requiring a higher level of care are accommodated in a secure area with spacious dining and lounge rooms. There are regular environmental inspections and preventative and reactive maintenance programs in place.

### **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**

Does comply

The home has recently reviewed its occupational health and safety (OH&S) systems and processes to ensure that they function effectively. Staff have received training to enable them to better understand their role and responsibilities regarding OH&S The committee meets monthly and there is a trained representative from each department, however all staff members are encouraged to attend. There is a system for reporting hazards and defaults with risk assessment and control strategies implemented, and the committee reviews accident/incident and infection data. Staff interviewed are knowledgeable regarding OH&S processes.

#### **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**

Does comply

The home has a system in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. There is key pad access to the secure unit and a nightly lock up routine for other areas. The perimeter gates are locked at night and a security service provides additional night time checks. Sensor lighting operates at night. Fire extinguishers and hose reels are located throughout the home and there are exit signs and correctly oriented evacuation plans. The home has participated in the planning process for the Dubbo City Displan for Vulnerable Communities which ensures a team approach by fire, ambulance and state emergency services to fire and other emergencies. Staff attend compulsory fire safety education and those interviewed understand their responsibilities in case of fire or other emergencies.

#### **4.7 Infection control**

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

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

Does comply

The home can demonstrate that there is an effective infection control program in place. Staff receive training at orientation and on an ongoing basis. Hand washing facilities and hand sanitisers are located throughout the home, with appropriate signage in place. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures, disposal of waste and use of spills kits. The home follows state and federal government guidelines for the management of influenza and gastroenteritis outbreaks. Residents are encouraged to have an influenza vaccination. There is a program for stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. Staff show knowledge of the systems and the team observed that staff comply with infection control practices including the use of personal protective equipment.

#### **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**

Does comply

Residents interviewed indicated satisfaction with the catering, cleaning and laundry services at Maranatha House All residents' dietary needs and choices are assessed and documented on entry to the home and relayed to catering staff. A four weekly rotational menu is offered and processes are in place to ensure residents' dietary needs and preferences are met. This is confirmed by observation, staff interview and document review. There is a food safety program in place, meals are prepared on site, standard recipes are followed and all food preparation safety guidelines and infection control procedures are observed. The home has gained an A rating in the recent NSW Food Authority audit

Cleaning staff perform their duties guided by documented schedules, work practices and results of inspections. Staff receive training in the use of equipment, infection control and outbreak management procedures, and manual handling. The home presents as clean, fresh and well cared for.

There are three laundries at the home, one for residents' personal use and one each in the secure unit and other resident accommodation area which provide a complete service for all linen and personal clothing. There are policies, procedures and work practices for the collection and handling of linen.

All hospitality services staff interviewed understand and were observed to practice in accordance with infection control and manual handling requirements.