



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Mater Aged Care

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

The Agency has decided that the period of accreditation of Mater Aged Care is three years until 14 October 2012.

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.

Home and approved provider details

Details of the home

Home's name:	Mater Aged Care		
RACS ID:	2653		
Number of beds:	36	Number of high care residents:	35
Special needs group catered for:	<ul style="list-style-type: none">Dementia		

Street/PO Box:	1 Prince Street				
City:	FORBES	State:	NSW	Postcode:	2871
Phone:	02 6851 1515		Facsimile:	02 6851 1516	
Email address:	lmalloy@chcs.com.au				

Approved provider

Approved provider:	Catholic Healthcare Limited
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Assessment team

Team leader:	Tonee Taylor
Team member/s:	Peter Hall
Date/s of audit:	15 July 2009 to 16 July 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
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
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
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

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
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
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
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

Agency findings
Does comply
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Agency findings
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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	Mater Aged Care
RACS ID	2653

Executive summary

This is the report of a site audit of Mater Aged Care 2653 1 Prince Street FORBES NSW from 15 July 2009 to 16 July 2009 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 Mater Aged Care.

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 15 July 2009 to 16 July 2009

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:	Tonee Taylor
Team member/s:	Peter Hall

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Mater Aged Care
RACS ID:	2653

Total number of allocated places:	36
Number of residents during site audit:	35
Number of high care residents during site audit:	35
Special needs catered for:	Dementia

Street/PO Box:	1 Prince Street	State:	NSW
City/Town:	FORBES	Postcode:	2871
Phone number:	02 6851 1515	Facsimile:	02 6851 1516
E-mail address:	lmalloy@chcs.com.au		

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be three 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 two days on-site and gathered information from the following:

Interviews

	Number		Number
Regional manager	1	Residents/representatives	16
Residential manager	1	Catering staff	4
Quality officer/executive assistant/fire officer/workplace trainer	1	Volunteers	3
Registered nurses	2	Laundry staff	1
Registered nurse/workplace trainer/manual handling coordinator/infection control coordinator	1	Cleaning staff	1
Care staff	7	Project services manager	1
Administration assistant/return to work coordinator	1	Maintenance staff	1
Pastoral care coordinator	1	Recreational activity officer	1

Sampled documents

	Number		Number
Residents' files (assessments, including care management plans, progress notes)	5	Medication charts	12
Various observation charts (incl. Restraint release, weight, wound, pain and behaviour)	8	Personnel files	5

Other documents reviewed

The team also reviewed:

- Recruitment policies and procedures
- Residents' information handbook
- Residents' information package and surveys
- Documentation control system
- Building certification arrangements 1999
- Fire safety annual certificate
- NSW Food Authority licence
- Continuous improvement register, action plan, logs and report data 2008 - 2009
- Audit schedule and audit results/reporting data 2008 - 2009
- Benchmarking data and reports 2008 - 2009
- Survey results residents/representatives and staff 2008 - 2009

- Meeting schedule 2008 – 2009
- Policy and procedure manual and flow charts
- Residents' information handbook and newsletters
- Staff Handbook
- Volunteers handbook
- Comments, complaints, suggestions logs and report data 2008 - 2009
- Education attendance, training, evaluation records, surveys 2008 - 2009
- Education plan and training calendar 2009
- Human resource management documentation including orientation, rosters, duty lists and job descriptions, staff appraisals, police checks and register, staff registration register
- Mandatory reporting registers including elder abuse
- Catering – including menu, food temperature records, cool room and freezer temperature charts, stock and order sheets, communication book, diet lists, dietician reports
- Cleaning schedules
- Internal and external planned preventative and corrective maintenance records including for air-conditioners, thermostatic mixing valves.
- Physical environment and safe systems reports including for fire safety
- Resident lists and evacuation profiles
- Resident and staff vaccination records
- Risk assessment reports including for infection control and OH&S
- Visitors sign in sign out books
- Behaviour Management Flow Chart
- Controlled Drug (S8) Registers
- Charter of Residents Rights and Responsibilities
- Documentation pertaining to activities (including monthly program, activity attendance sheets and evaluation sheets)
- Emergency Management Flow Chart
- Four week cycle menu
- Infection control material including monthly statistics, temperature log sheets for fridges, freezers etc
- Multiple meeting minutes (including those of the, staff, registered nurses and medical advisory).
- Palliative Care Booklet
- Residents' likes and dislike and special dietary needs)
- Spiritual Needs Assessment Form

Observations

The team observed the following:

- Activities in progress
- Charter of Residents' Rights display
- Contents of medication fridge
- Dining area at meal time
- General living environment including outside areas
- Information displayed on noticeboards
- Interactions between staff and residents
- Interactions between residents
- Linen supply
- Medication, dressings, equipment and supply storage areas
- Medication round
- Recreation area
- Security of documents
- Universal Spill Contamination Kits
- Wound management charts
- Complaints investigation scheme posters and brochures
- Infection control resources including hand washing facilities, appropriate signage, sharps containers, outbreak management kits, personal protective and colour coded equipment.
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers

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 home has a fully integrated management and continuous improvement system. The team reviewed documents, supported by observations and interviews, which demonstrated sustainable and comprehensive processes in place that were achieving tangible results for all stakeholders. The overall system is regularly reviewed by Catholic Healthcare and adapted to the needs of the location and changing legislative environment. The team reviewed documentation procedures, audits, surveillance and maintenance programs that ensure improvement opportunities are identified acted upon, evaluated and fed back to staff, representatives and residents. Typical residents/representatives comments to the team included an appreciation of the way staff “care about what they do” and how they achieve an atmosphere of “calm and quiet”. Staff interviewed by the team showed that they are very familiar with both the verbal and written systems for managing continuous improvement making active use of regular staff and quality meetings and written continuous improvement logs. The team verified, in minutes of the three monthly continuous improvement committee, that issues needing a system change or requiring allocation of resources are recorded in the plan for continuous improvement and referred to the committee for tracking of the implementation and evaluation process.

Recent improvements relating to Accreditation Standard 1 include:

- August 2008 – Catholic Healthcare introduced a new documentation system to the home. The new system was less repetitive, more appropriate documents and easier for staff to understand.
- April 2009 – a pastoral care worker commenced at the home working one day a week.
- May 2009 – a new volunteer handbook was introduced which includes philosophy of care, mission, vision and values, criminal record checks, complaints and suggestions, food safety and occupational health and safety.
- May 2009 – staff at the home signed agreements to attend education sessions by the aged care channel to ensure they continue to update their knowledge.
- July 2009 – the home purchased three more electric beds following staff suggestions that this equipment would improve resident care.

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 home has an efficient system in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Catholic Healthcare subscribes to an aged care specific legislation update service and a peak body service and ensures that the home is up to date with regulatory requirements. The Catholic Healthcare is responsible for identifying and managing all regulatory related information, to ensure that policies and procedures are reviewed and updated as necessary. The team verified that staff are informed of changes to regulatory requirements through meetings and memoranda.

Examples of compliance with regulatory requirements specific to Accreditation Standard One include:

- There is a system in place to ensure all new staff and volunteers and relevant contractors undergo criminal history record checks.
- In response to the legislation relating to the mandatory reporting of resident abuse Catholic Healthcare has developed policies including: a policy for reportable incidents and a policy on whistleblowers. Staff and management training programs are being provided.

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

The home has a wide range of processes in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively through a defined recruitment processes, a comprehensive induction program, pre-requisite skills for job descriptions, a well monitored staff appraisals and an internal and external education program. The residential manager coordinates the education program for all staff and also continually revises and updates the program to reflect management and staff needs. These are identified through the staff's performance appraisals, staff surveys, and resident feedback together with observations of staff practices. The education schedule lists separately external and internal education activities and staff interviewed confirmed that they are supported by the home to attend internal and external education opportunities. Residents and residents' representatives reported that staff are knowledgeable and perform their roles effectively. Education attended by staff includes:

- Reportable incidents
- Elder abuse
- Code of conduct
- Teamwork
- Continuous improvement
- Aged care funding instrument
- Frontline management
- Documentation
- Accreditation

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

The home has systems in place to ensure that residents have access to, and are able to use internal and external complaint mechanisms. Residents are informed of complaint mechanisms at admission and are encouraged and supported through meetings, interviews and newsletters to provide feedback. The resident handbook includes information for residents about the internal and external complaints resolution process. Residents/representatives reported satisfaction with their access to the complaint processes and that issues are managed by the home to their satisfaction. Staff demonstrated awareness of complaint mechanisms. Staff also reported instances where the residents or residents' representatives talk directly to them about their concerns or suggestions for improvement, and gave the team examples of how the complaints are dealt with immediately. The register of formal complaints had five recorded forms. All stakeholders confirmed that management views complaints as "opportunities for improvement".

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 home's vision, mission, philosophy and objectives are displayed in the home, and documented in the resident and staff handbook and in the resident agreement.

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

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. Rosters are prepared two weeks in advance and the team were provided with examples of allocation of staff taking into account available resources, resident care needs, resident category mix, staff availability and their skills and experience. The residential manager stated the home is guided in staffing levels by Catholic Healthcare but the staffing budget is also influenced by specific needs of the site. The team were told of examples of staffing levels being monitored and adjusted in accordance with the residents' needs. The human resource policies and procedures draw upon the home's vision, mission and values and cover staff recruitment, orientation, performance review through an annual appraisal process, competency assessment, grievance procedures and the maintenance of staff records (that includes job descriptions, duties lists, citizenship and registration details).

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

There is a comprehensive system to manage corrective and preventive maintenance in the home to ensure that all equipment is regularly checked and serviced. The team observed and all stakeholders reported that there is sufficient and appropriately maintained equipment and stocks of goods. In particular it was noted that management is responsive to stakeholder input and suggestions for purchases of equipment such as mechanical lifters and electric low beds for 'prevention of falls'. The home uses an assets register that records current levels of stock and equipment. Equipment is calibrated by maintenance and an external contractor with the last report dated 27 February 2009.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, both hardcopy and electronic. Interviews carried out by the team and documents reviewed showed that the home effectively disseminates information from management to staff and residents/representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through a newsletter, memos, noticeboards, meetings, resident clinical records, resident information packages, education sessions, meeting minutes, and policy and procedure manuals. Information is managed in accordance with the home's privacy policy. The team notes the home has developed its own comprehensive and extensive documented system for the management and dissemination of information, the processes cover all aspects of the home's functioning and this enables staff and management to maintain consistent access to up to date information for appropriate decision making.

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

Externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The home has a list of preferred suppliers and Catholic Healthcare maintain written agreements with the external providers and formally review these annually. There is a system for managing non-conformance of suppliers when there is poor performance of the supplier. The facility manager notifies Catholic Healthcare of instances of unsatisfactory performance to assist the annual review process. Residents and staff reported satisfaction with the quality of service they receive from external service providers. The residential manager, and cook described how they regularly review the work performed or goods supplied by external contractors to ensure they are provided in a timely manner and as requested.

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 systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Standard Two: Health and Personal Care. These include:

- July 2008 – the home purchased three non slip chair mats and two out of bed mats to assist with the reduction of resident falls.
- December 2008 – a sticker system was introduced to identify residents at risk of falls and aggression. This system ensures staff are aware that the resident requires closer observation.
- February 2009 – the Forbes gym commenced a weekly resident exercise session. The residents look forward to this activity and it is assisting with their mobility.
- April 2009 – following a directive from Catholic Healthcare the home commenced using hot packs that contained a temperature indicator to ensure resident safety.
- May 2009 – the home commenced palliative care case conferences with the palliative care registered nurse every second monthly for residents receiving palliative care.
- May 2009 – staff attended mental health first aid to assist with mental health crisis situations and the early stages of mental health problems for residents.

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

The team's rationale for finding the home does comply to this expected outcome is based on the home's regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to Standard two Health and Personal Care. These include:

- The home has a system to monitor that medical officers, registered nurses and enrolled nurses have current authorities to practice.
- An accredited pharmacist undertakes residential medication management reviews under the terms and conditions of the Commonwealth government funding for this service.

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

The team's rationale for finding the home does comply with this expected outcome is based on the home's systems to ensure staff have appropriate knowledge and skills referred to in expected 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 Standard two: Health and Personal Care that will enable the health care team to achieve optimum levels of physical and mental health for residents. These include:

- Sensory loss – vision
- Motor neurone disease

- Caring from the heart
- Exercises for the elderly
- Mental health – dementia, depression and delirium
- Incontinence
- Palliative care
- Managing challenging behaviours
- Care planning
- Wound management
- medications

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has an effective system to ensure that residents receive appropriate clinical care. The system includes assessment of residents’ physical and psychological needs conducted by the multi-disciplinary team and the resident and/or their representatives following admission. Care management plans are developed with information collected from the assessments conducted on admission and as changes in care needs are identified. Goals are set and interventions are documented. The intervention strategies are intended to meet the holistic individual care needs of each resident. The care management plans are regularly reviewed, updated and evaluated. Case conferences are scheduled a minimum of annually as well as when required care needs alter. The review of relevant documents and interviews conducted with residents and/or representatives and staff confirmed the above. Interviewed residents and representatives were extremely complimentary of the care they receive from staff and the compassion demonstrated by them.

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

The home has a system for ensuring that residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. The system includes assessment following admission, determination of relevant needs and the development of a care management plan. Each plan contains strategies to meet identified needs with regular and ongoing review and evaluation of the strategies to ensure that the care needs are always current. Registered nurses deliver all specialised nursing care. The home has established links to specialists and specialist advisers within the extended health care team who provide support and training. Observations revealed that there is sufficient equipment and supplies to provide specialised nursing care, interviews conducted with residents and/or their representatives and staff and the review of documentation confirmed that residents specialised nursing care needs are met.

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

It was identified by the assessment team that residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences. Needs and preferences are observed and noted by staff on the resident’s admission to the service and throughout their stay. Information on health care specialists is provided to residents through the Resident Handbook. Other services available to residents include podiatry, physiotherapy, aromatherapy, hearing aid services, speech

pathology and dentistry as required. Staff advised and residents confirmed that the home arranges referrals and transportation to referrals when necessary.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has an efficient and effective system which ensures that residents’ medication is managed safely and correctly. The system includes assessing residents’ medication needs following admission, consultation with residents and/or their representatives, liaising with the residents’ medical officer to arrange for medications to be ordered and regularly reviewed. The home regularly liaises with the pharmacist for the supply of medications and to conduct audits. Prior to administering medications staff have to complete a medication administration competency test. There is a monitoring system in the home to identify errors in medication reporting, storage and administration. Interviews with residents/resident representatives and staff, review of relevant documentation, observation of staff practices and storage of medications confirmed that medication is managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has an effective system to assess and manage residents’ pain. Interviews with staff and review of clinical documentation confirmed that a pain management assessment is carried out on all residents on admission and as necessary. Pain management strategies are implemented, documented on the care management plan and reviewed regularly. Further assessments are undertaken as required when the level of pain changes or strategies are no longer effective. Pharmaceutical and non-pharmaceutical strategies are considered when planning pain management. Non-pharmaceutical strategies include physiotherapy, music therapy, aromatherapy and diversional activities. All residents interviewed advised that they were as free as possible from pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has a system to ensure the comfort and dignity of terminally ill residents. Documentation reviewed by the team included policies and procedures on palliative care, pain assessments, pain management records and care management plans, which are regularly reviewed. The pastoral care coordinator is available to residents, relatives and staff during her rostered day at the home. Staff interviewed demonstrated a strong empathy and awareness of the needs and requirements of terminally ill residents. Interviewed staff informed the team that a “Guard of Honour” is performed on the passing of a resident and a debriefing meeting put into service. The palliative care and pain management teams from the area provide support and are consulted as necessary. All residents have a single room, which ensures privacy for the resident and their family. Families interviewed confirm they are supported and provided with accommodation if necessary.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Interviews conducted with staff and review of documentation confirmed that residents' nutrition and hydration needs are assessed on admission, documented on the care management plan that is reviewed regularly. Mater Aged Care is a fresh cook facility operating on a four week rotating menu. The residents are offered a varied, healthy and well balanced diet, which is reviewed by a dietician and produced on site. Residents have their dietary preferences and needs documented on moving into the home and this information is passed to the kitchen. Residents' weight is monitored and residents are referred to a speech pathologist if swallowing difficulties are identified. Residents and/or representatives interviewed were very complimentary of the meals and confirmed that it meets their likes, dislikes and dietary requirements.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

The home has a system to ensure that residents' skin integrity is consistent with their general health. Interviews with staff and review of clinical documentation confirmed that residents have a formal skin assessment completed on admission. Residents identified at risk have skin integrity care management plans with management strategies outlined. Residents' skin integrity is monitored by staff who report any abrasions, rashes or abnormality to their supervisor. All residents who have wounds are commenced on a wound management chart that documents the dressings required and the healing process. Staff carry out preventative measures including regular pressure area care and position changes when required.

2.12 Continence management

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

Team's recommendation

Does comply

The home has a comprehensive system to ensure that residents' continence is managed effectively. Review of clinical documentation showed that the system includes an individual continence assessment when the resident moves into the home. A care management plan and toileting regime is developed and is regularly reviewed and evaluated. Toileting regimes are maintained for as long as possible. A disposable pad system is used for residents with intractable incontinence and the assessment team observed the stock of disposable incontinence aids. Staff interviewed were able to state different aids available to residents and confirmed that there are supplies of disposable incontinence pads of varying sizes available for residents.

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 a system in place, which effectively manages the needs of residents with challenging behaviours. Review of clinical documentation showed that all residents have behavioural assessment for physical, verbal and emotional dependence during the initial admission period. Following assessment any resident with challenging behaviour has management strategies and appropriate programs, which can involve diversional therapy activities implemented and a care management plan developed which is regularly reviewed. The home has a dementia specific wing with single rooms and a secure garden area thereby enabling residents to move freely about the inside and outside of the home. Specific diversional therapy activities are carried out within the wing but residents are also encouraged to integrate with the entire home on occasions.

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

The home has an effective system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. Interviews with staff and review of documentation revealed that the physiotherapist assesses all new residents for mobility and dexterity when moving into the home. The physiotherapist is available on a weekly basis and develops an individual program which is then implemented by the care staff. There are processes in place for review and evaluation of the ongoing effectiveness of the programs. There is specialty equipment utilised that includes such things as wheelchairs, mechanical lifters, transfer equipment and walking frames. A handrail is available throughout the facility to assist in mobility needs.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has strategies in place to ensure that the residents' oral and dental health is maintained. The review of clinical documentation showed that the residents' oral hygiene is assessed, documented, regularly reviewed and acted upon. The home ensures that residents have access to a dentist with follow up treatment being noted in the residents' progress notes. Staff interviewed advised that the dentures of residents are marked on moving into the home and are stored in accordance with the resident preferences. Staff demonstrated sound knowledge of oral care and care of dentures. Access to other services such as by a speech pathologist are available on a needs basis.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home has a system in place to identify and effectively manage residents' sensory loss. Interviews with staff and review of clinical documentation revealed that all residents are assessed for identification of sensory loss and needs. All residents who have sensory deficits for example; require glasses or hearing devices have management strategies documented in their care management plans. Glasses and hearing devices are labelled on admission by the staff. Residents reported that staff assist them with the care and maintenance of their glasses and hearing devices.

2.17 Sleep

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

Team's recommendation

Does comply

The home has implemented strategies to assist residents to achieve natural sleep patterns. Interviews with staff and review of clinical documentation reveal that sleep assessments are carried out in the initial assessment period and when the resident's condition changes. Care management plans are developed and are regularly reviewed. Staff advised that aromatherapy is used to assist residents to achieve natural sleep. Sedation is also used in line with local medical officer orders. Residents and/or representatives interviewed advised that the environment was conducive for residents to achieve uninterrupted sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders.

For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities including numerous stakeholder surveys, reviews and audits to measure its performance in relation to all outcomes in Standard Three. A review of the results of these activities indicated that actions are being carried out that are resulting in improvement.

These include:

- December 2008 – the home purchased a weather station and commenced a rain fall chart for male residents as this was identified as an area of interest.
- December 2008 – a scrabble game was commenced weekly to mentally stimulate the residents. This continues to be very popular with the residents.
- April 2009 - Catholic Healthcare introduced a new activities manual to the home. this provides guidance for activity staff and has resulted in new activities being introduced to the home.
- May 2009 – following a resident suggestion the home held a memorial service for deceased residents on 23 June 2009. Invitations were sent to family members and staff was notified about the service on the noticeboard.

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 team’s rationale for finding the home does comply to this expected outcome is based on the home’s regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Three Resident lifestyle. These include:

- Ensuring staff and volunteers sign a confidentiality statement for maintaining confidentiality of resident’s information.
- Providing a residential agreement for signing which includes information in accordance with regulatory requirements.
- The home ensures residents or their representatives give consent to allow staff to collect and use their personal information for the purpose of providing their care.

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

The team's rationale for finding the home does comply with this expected outcome is based on the home's systems to ensure staff have appropriate knowledge and skills referred to in 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 Standard three: Resident Lifestyle that will enable all staff to have the skills to ensure residents retain their basic rights and are assisted to achieve control of their own lives. These include:

- Secret men's business
- Diversional therapy workshop

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

The home has systems in place to ensure residents receive support in adjusting to life in the home as well as on an ongoing basis. Information regarding emotional needs is captured upon admission, noted in care management plans and referenced in progress notes. The home's resident orientation process includes staff spending one-to-one time with residents, providing a tour of the entire facility and introducing new residents to current residents. Ongoing emotional support is provided by care and activity staff, and through visits by the home's pastoral care coordinator. Residents are encouraged to attend activities based upon their interests which include individual playing card meetings. Pain management programs are in place, allied health professionals are consulted as necessary and a palliative care service is accessed as required. Review of resident files confirmed residents' emotional needs are documented and monitored, and that staff provide support to residents who require it. Residents and/or representatives interviewed spoke very highly of staff support and expressed satisfaction with the ways they were assisted to adjust to life in the home and with their ongoing emotional needs. Compliments were also forthcoming from past relatives on how well the staff continued to support them after the discharge of their loved one.

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

The assessment team observed an environment that encourages residents to participate in the life of the community within and outside the home. This includes offering comfortable areas for families and friends to spend private time with residents. Interviews with residents and/or representatives confirmed residents are encouraged to have visitors and that residents may regularly visit family and friends outside the home. Multiple community members visit the home as volunteers including a large contingent who perform hairdressing every Friday. The home has an activities program including exercises to maintain physical strength, quizzes to assist mental ability and bus outings to facilitate community involvement. Residents are assessed and assisted to maintain independence through the care planning process and strategies to assist in maximising independence include the use of mobility and other daily living aids. Review of resident files confirmed residents are actively encouraged to maintain independence in areas such as decision making, personal hygiene and attendance at activities.

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

The home identifies and respects each resident's right to privacy, dignity and confidentiality. This was confirmed by the team's observations and resident feedback during the visit. Staff knocked on doors and asked permission to enter residents' rooms, addressed residents by their preferred name and consulted residents about their desire to participate in activities. All new staff are informed of privacy and confidentiality issues at orientation and sign confidentiality agreements. The admission process involves new residents providing consent for multiple things including disclosure of personal medical information. The team observed residents' clinical files to be stored securely in the nurses stations. There is access to suggestion boxes throughout the home for residents and/or representatives to make confidential comments and complaints.

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

The assessment team noted that recreational activities, in accordance with a well-posted program, are carried out five days a week with occasional activities on the weekend. Residents' individual activities plans are developed according to their interests, assessments and capabilities. Participation at individual activities is recorded and the activity plan is evaluated regularly to ensure continuing suitability. The program includes regular outings, concerts, theme days, craft, one-on-one support and the celebration of special events. Volunteers assist the recreational activity officers with the activity programs. Residents are encouraged to participate in activities but their decision not to do so is respected. Interviews with residents, resident representatives, and documentation demonstrated that residents are encouraged and supported to participate in a wide range of activities of interest 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

Does comply

The home has systems in place to foster residents' cultural and spiritual needs through the identification and communication of residents' individual interests, customs, religions and ethnic backgrounds. The staff pastoral care coordinator visits those residents with special needs to provide friendship, counselling and one to one support services. Weekly devotions and communion are conducted and there is a chapel on site. The chapel also facilitated the conducting of funeral and remembrance services. Ministers from all other denominations are invited and encouraged to provide services and visit residents. There is a general awareness of the multicultural and spiritual needs of all residents regardless of their backgrounds. Staff are aware of interpreter service accessibility if necessary. Significant occasions such as birthdays and anniversaries are acknowledged. Cultural events, including Christmas, Easter, Anzac Day and Australia Day are celebrated. Residents and resident representatives interviewed were satisfied with the care the home provides for the support of residents' cultural and spiritual lives.

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 and resident representatives are able to participate in decisions about resident care and services provided through the consultation processes used to capture residents' personal

preferences and needs on admission. Ongoing opportunities for residents and/or representatives to provide input into decision making include assessment and care planning processes, residents' meetings, case conferences and surveys. Copies of the Charter of Residents' Rights and Responsibilities are prominently displayed in the home and all residents and resident representatives interviewed were satisfied with choices available to them and felt that staff respected their decisions. Provisions are in place for residents wishing to vote at government elections to be supported to do so.

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

The resident's handbook outlines such things as the home's mission statement, services provided at the home, information about admission procedures, rights and responsibilities. Management advised the team that residents and/or their representatives are consulted prior to moving rooms or if a change of accommodation is required. Residents and/or their representatives interviewed expressed awareness of their rights and responsibilities and were satisfied with the manner in which the home manages security of tenure.

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 noted improvements have been made in relation to Standard Four. These include:

- July 2008 – the home’s buzzer system was upgraded to ensure residents have an effective way of alerting staff when they need them.
- February 2009 – two smoking aprons were purchased for residents who smoke to prevent the risk of burns.
- March 2009 – Catholic Healthcare introduced a new emergency procedure manual to the home. The manual is available to all staff for reference.
- May 2009 – the four week rotating menu was reviewed by a dietitian to ensure it met the needs of the residents.
- May 2009 – signage and sanitising gel was provided at the entry to the home to assist with the prevention of influenza.
- May 2009 – a contingency disaster plan was put in place at the home so that staff have access to information if they require it.

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 team’s rationale for finding the home does comply to this expected outcome is based on the home’s regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Four Physical environment and safe systems. These include:

- The home has a current fire safety statement.
- A food safety audit has been completed on the homes catering services to monitor the effectiveness and regulatory compliance of the home’s hazard analysis and critical control practices.
- The home has reviewed the timeframes for testing and tagging of electrical equipment.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The team’s rationale for finding the home does comply with this expected outcome is based on the home’s systems to ensure staff have appropriate knowledge and skills referred to in 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 Standard four: Physical environment and safe systems that assist all staff to maintain or acquire the skills to ensure residents have an enhanced quality of life and live in a safe and comfortable environment. These include:

- Chemical handling and safety
- Staff fire safety
- Safe food handling
- Infection control
- Manual handling

4.4 Living environment

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

Team's recommendation

Does comply

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single bedrooms with ensuite facilities. The home has two lounge areas and a sitting area and craft area. Residents and staff reported that they are satisfied with the facilities in the home, such as individual air conditioning and a pleasant outlook. The team noted management's positive approach to "fix problems" immediately or add additional facilities when the need is identified. The safety and comfort of the home is monitored through comprehensive and regular environmental audits, analysis of accident and incidents, hazard reporting and a well organised, comprehensive corrective and preventative maintenance program. Pest control inspections are conducted six monthly with the last one dated 14 July 2009.

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 occupational health and safety systems in place to identify hazards in the working environment and to manage issues identified through risk control audits, equipment evaluation, accident and incident reporting systems, inspections and discussion at continuous improvement committee meetings. Consultative processes (consistent with regulatory requirements) lead to the election of an OH&S committee. The committee conducts work place inspection surveys three monthly and also reviews the accident forms and these are analysed for trends, which are presented in three monthly reports to the continuous improvement committee. Staff receive regular training in manual handling and other occupational health and safety issues. The team observed staff using various equipment, such as lifters, transferring equipment and personal protective equipment. Residents/representatives, staff interviews and review of documentation demonstrated that the home monitors the safety of the environment and takes corrective action where deficiencies are identified.

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 systems in place to ensure the safety and security of residents and staff. These include regular checks of equipment by the home's fire officer, maintenance person and contractors, security on all external doors and emergency and fire evacuation procedures. In conjunction with Catholic Healthcare the home has developed contingency evacuation plans. The home is fitted with fire alarm and fire fighting equipment, smoke detectors, sprinklers, fire and smoke doors, extinguishers and fire blankets, all of which have been checked and maintained as evidenced in work records and confirmed by an appropriate authority (annual fire safety certificate dated 17 February 2009). The home achieved a pass in the fire safety section of the 1999 Aged care certification instrument dated 31 August 2001. There are documented procedures for detection

and taking action in the event of a fire or other emergency and regular fire and emergency training is given to all staff. Volunteers at the home also received fire and emergency training in 2008. Staff reported to the team that they are aware of the procedures to be followed in the event of a fire and the residents and resident representatives reported that the home provides a secure environment.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program consisting of infection control surveillance, auditing and reporting systems. Education on infection control is provided to all staff and there is a vaccination program for residents and staff alike. Cleaning and maintenance programs are in place, adherence to food safety guidelines occurs and temperatures are monitored. There is dirty and clean separation within the laundry and staff are aware of the requirements for use of spills kits and safe disposal of waste. Policies and procedures for infection control are available to all staff and include outbreak management guidelines. Infection control data is collected and collated. Environmental audits, infection control audits and monitoring of staff practices ensure a safe living and working environment. Staff practices were observed to be consistent with effective infection control and included hand washing, the use of personal protective clothing and colour-coded equipment in all areas. All staff interviewed demonstrated an understanding of, and a commitment to, infection control principles and guidelines.

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

All residents/representatives interviewed by the team stated that they are satisfied with the catering cleaning and laundry services that are provided.

Catering

Food service staff interviewed stated they enhance residents' quality of life by providing choice and variety of food and ensuring they implement work practices that embrace infection control and occupational health and safety. The team noted the four week seasonal rotating menu is reviewed by a dietician in relation to its nutritional value. The team noted there are systems to ensure resident preferences are identified and implemented. Food storage areas are well organised with foods correctly stored, labelled and dated. The home has a food safety manual with associated forms to ensure the home is compliant to regulations of the Food Safety Authority. The home's NSW Food Authority licence expires 13 November 2009.

Cleaning

The home has a planned cleaning program that ensures all public areas and resident rooms are cleaned according to a set schedule and 'spring cleaned' in rotation. Colour coded cleaning mops, buckets and cloths are used in all areas. The team observed equipment for cleaning spills throughout the service and staff that were interviewed demonstrated knowledge of their location and use. Residents/representatives interviewed indicated a high degree of satisfaction with the work of the cleaner.

Laundry

The team interviewed the laundry staff and observed that the pick up and delivery processes operated in accordance with infection control guidelines. Resident's personal clothing and all flat linen are laundered at the home. The laundry has designated clean and dirty areas and sanitising cleaner is used. Chemicals are automatically fed into the washing machine. Hand washing facilities are available and any contaminated linen is placed into dissolving laundry bags and then placed directly into the machine. Residents' representatives interviewed stated the services provided by the home are very satisfactory.