



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Yagoona Nursing Home**

RACS ID 2576  
253 Cooper Road  
YAGOONA NSW 2199

**Approved provider: Milstern Health Care Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 11 May 2017.

We made our decision on 03 April 2014.

The audit was conducted on 25 February 2014 to 27 February 2014. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

<b>Expected outcome</b>	<b>Quality Agency decision</b>
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

## Standard 2: Health and personal care

### Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

## Standard 3: Resident lifestyle

### Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

## Standard 4: Physical environment and safe systems

### Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Yagoona Nursing Home 2576**

**Approved provider: Milstern Health Care Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 25 February 2014 to 27 February 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

### **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 25 February 2014 to 27 February 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

## Assessment team

<b>Team leader:</b>	Margaret McCartney
<b>Team member/s:</b>	Christine Logan

## Approved provider details

<b>Approved provider:</b>	Milstern Health Care Pty Ltd
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## Details of home

<b>Name of home:</b>	Yagoona Nursing Home
<b>RACS ID:</b>	2576

<b>Total number of allocated places:</b>	150
<b>Number of residents during audit:</b>	121
<b>Number of high care residents during audit:</b>	121
<b>Special needs catered for:</b>	Dementia specific unit Polish, Arabic and Vietnamese languages

<b>Street/PO Box:</b>	253 Cooper Road
<b>City/Town:</b>	YAGOONA
<b>State:</b>	NSW
<b>Postcode:</b>	2199
<b>Phone number:</b>	02 9796 8404
<b>Facsimile:</b>	02 9796 4637
<b>E-mail address:</b>	<a href="mailto:don@yagoonanh.com.au">don@yagoonanh.com.au</a>

## Audit trail

The assessment team spent three (3) days on site and gathered information from the following:

### Interviews

Category	Number
Director of nursing	1
Deputy director of nursing	1
Systems manager	1
Continuous quality improvement co-ordinator	1
Nurse unit manager	1
Registered nurses	8
Care staff	11
Maintenance staff	2
Human resource coordinator	1
Residents/representatives	17
Recreational activity officers	2
Continence aid supplier manager	1
Physiotherapist	1
Pharmacist	1
Medical practitioner	1
Catering staff	2
Contract cleaners	4
Laundry staff	1

## Sampled documents

Category	Number
Residents' files (including assessments, care plans, progress notes, medical officers notes and various reports)	9
Aged care funding instrument assessment packages	5
Blood glucose testing charts	16
Wound assessment tools, wound management charts and weekly evaluations	19
Weekly weight charts	9
Enteral feed regime charts	7
Enteral feed dietitian orders	7
Residents' administrative files (including admission forms, resident agreements, admission database, permission forms relating to information, and family conference checklist)	8
Medication charts	12
Drug error forms	4
Authorisation for the continuation of restraint	6
Restraint management charts	6
Resident description forms	4
Bowel charts	11
Personnel files	9

## Other documents reviewed

The team also reviewed:

- Accident and incident reports, statistics and analysis
- Advanced care directive
- Approved supplier lists and safe work method statements
- Behavioural analysis charts
- Catering documentation including dietary preference sheets and lists, four weekly rotating menu, equipment temperature and calibration records, New South Wales (NSW) Food Authority certificate
- Cleaning, laundry and catering schedules and records
- Clinical care documentation including staff communication diaries, doctors folders, handover reports, mini care plans, daily weekly observations folder, blood pressure



management care plans, blood pressure recording charts, family conference checklist, medical officers contact numbers

- Communication systems – newsletters, notices and memoranda
- Community visitors list
- Consolidated register for reporting
- Continence management documentation including continence aid distribution list, distribution list report, continence aid resource folder, continence communication book, additional continence aid use folder
- Cultural and spiritual support documentation including planning special events list, resident birthday list, religious folder, church service list, residents religion list, church group contact details, resource folder
- Education folder including education schedule, induction checklist and program, attendance records, competency assessments
- Environmental Cleaning Policy Directive –NSW Department of Health
- Firefighting and safety equipment test records including fire panel, extinguishers, blankets, hose reels, smoke detectors and emergency and exit lighting
- Human resource management documentation including job descriptions, police check register including volunteers, professional registration register, employee information pack, staff confidentiality statements, staff handbook, staff rosters
- Infection control data including statistics, analysis, influenza vaccination program, outbreak management plan
- Maintenance documentation including corrective maintenance records, preventative maintenance schedules and records including pest control, legionella, thermostatic mixing valves (TMV) checking records
- Medication management documentation including signature registers, nurse initiated drug administration agreements, nurse initiated medication policy, medication identification charts, medication plans, medication refrigerator temperature records, medication management procedure, medication incident database, schedule eight medication register, schedule four medication register, residents' medication pharmacy reviews
- Minutes of meetings
- Mobility and dexterity documentation including manual handling instruction cards, physiotherapy assistant record sheets, physiotherapy assessments and care plans, physiotherapy resource folder, physiotherapy communication book
- Multilingual complaints forms
- New resident orientation checklists
- Nutrition and hydration documentation including monthly weight statistics, special care day charts (including weights), food and fluid charts, monitoring weight care plans

- Pain management documentation including assessments, care plans and pain charts
- Personnel files including orientation schedule, enterprise agreement, immunisation records, confidentiality agreements, national police certificates, appraisals
- Policies and procedures
- Privacy consent forms
- Quality program including continuous improvement plans, audits, surveys and summary of improvements and achievements, resident feedback surveys, improvement logs including comments and complaints
- Recreational activity documentation including diversional therapy assessments and care plans, recreational activity progress notes, combined events list, activity programs, diversional therapy manual, diversional therapy daily activity records, recreation outing records, three monthly evaluations, leisure education activity evaluation sheets photographs for residents participating in activities, diversional therapy one to one register
- Residents' information pack including resident/relative handbook
- Skin care documentation including pressure area chart, podiatry assessments and care plans, and clinical indicator data, outcomes and reports
- Specialised nursing care documentation including percutaneous endoscopic gastrostomy tube changes, catheter changes, blood glucose monitoring care plans, monthly nebuliser mask change record
- Strategic plan for sprinkler installation and building refurbishment, fire sprinkler installation plan
- Wound management resource information, wound record registers

## Observations

The team observed the following:

- Activities in progress
- Charter of Residents' Rights and Responsibilities and mission, vision, values and philosophy on display
- Chemical storage
- Comments and complaints forms (internal and external) and other advocacy brochures available also multilingual brochures
- Daily menu on display
- Emergency evacuation box
- Emergency medication supplies
- Equipment and supply storage areas

- Family members being served lunch
- Fire safety and fighting equipment including fire panel, fire extinguishers, blankets and hose reels, evacuation plans, assembly points, emergency flip charts on display
- Furnishings including fans and heating in rooms, new furniture in use
- Hungarian newspaper for resident
- Infection control facilities and equipment, waste management including clinical waste, outbreak management kit, spill kits, sharps containers
- Interactions between staff, residents and representatives
- Key coded locks
- Living environment – internal and external
- Lunch time meal service and staff assisting residents with meals
- Manual handling and mobility equipment and staff usage
- Medication rounds in progress and medication storage
- Notice boards – residents and staff
- Noticeboards in residents' rooms with turning charts
- NSW Food Authority licence on display
- Nurse call system
- Oxygen cylinder storage
- Palliative care room
- Permanent marker visible on exterior of residents' clothes
- Pressure relieving equipment in use
- Privacy curtains
- Restraint in use
- Secure storage of resident information
- Smoking areas for residents
- Staff work areas including laundry and kitchen
- Visitor sign in/out books
- Water coolers

- Workplace safety equipment and information including; safety data sheets, safety signage, workplace inspections
- Wound care trolleys and equipment

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### **Team's findings**

The home meets this expected outcome

Yagoona Nursing Home has a framework for continuous improvement which is systematically applied across all Accreditation Standards. The planned quality improvement program in place uses a series of audits and surveys to monitor the quality of care and services being provided. Quality activities and improvements are discussed at continuous improvement committee meetings as well as at various other meetings and forums of staff and residents/representatives. Opportunities for improvements are identified through audits, surveys, meetings, improvement logs, the comments and complaints system and analysis of incidents and accidents. Feedback is provided through meetings, notices, newsletters, education and memoranda. Staff and residents/representatives state management are responsive to their comments and suggestions for improvement which was evident in documentation.

Examples of continuous improvement activities undertaken in relation to Accreditation Standard One – Management systems, staffing and organisational development include:

- The director of nursing wanted to improve the public profile of the home. After discussion with the approved provider and management team a website has been developed. The site allows regular updates to be introduced and has multilingual information available. It also allows communication via an email link. The director of nursing is pleased with the website and the number of people who are using it.
- In response to residents' complaints that staff were taking too long to answer their call bells management introduced random daily tests. Three or four call bells are activated by senior staff at different times during the day and the time taken for staff to respond is monitored. The results of these daily tests are discussed during staff handover. Residents advised they rarely have to wait more than a few minutes for staff to respond to their calls.
- The human resource coordinator observed personnel files were over-filled and difficult to access with no dividers in the manila folders. A new filing system was sourced and is being implemented. The coordinator is pencilling in the frontispiece any documentation that may be missing. We found these new files are easily negotiated and the information clearly accessible. The coordinator has also developed a central electronic system for monitoring police certificate and professional registration compliance.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has a system for identifying relevant legislation, regulatory requirements, professional standards and guidelines and has mechanisms for monitoring compliance. The organisation receives notification of directives and changes in policy from NSW Health and the Department of Social Services and other related government and non-government agencies. Management explained Yagoona Nursing Home receives updates and information pertaining to regulatory compliance through from the organisation’s head office and subscribes to government and independent information services. Relevant information is communicated to staff through meetings, education, memoranda and staff notice boards.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard One Management systems, staffing and organisational development include:

- A system to ensure all staff, volunteers and contractors, as necessary, have national criminal history checks and these are monitored for renewal.
- The home maintains records to ensure compliance with the compulsory reporting requirements of the Aged Care Act.

## 1.3 Education and staff development:

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. An orientation program is in place for all new staff to ensure duty of care obligations are met and key information relating to corporate policy, structure and communication channels are covered. Staff are expected to attend compulsory education sessions covering topics such as fire safety, workplace health and safety, infection control, elder abuse and manual handling. There is a system to follow up non-attendance at these sessions. Staff training needs are reviewed annually and on a needs basis. Staff informed us they are encouraged and supported to attend the education and training courses and attendance records are maintained.

Examples of education sessions and activities relating to Accreditation Standard One include:

- Frontline management
- Certificate III and IV assistants in nursing
- Certificate IV – training and assessment

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

There is a system to provide residents/representatives, volunteers and interested parties with access to internal and external complaints mechanisms. Residents/representatives are encouraged to communicate compliments, suggestions, concerns and complaints both verbally and in written form. Improvement logs which are used for comments and complaints and information brochures on the Aged Care Complaints Scheme are readily available in the home in various languages. Documentation showed that complaints are managed appropriately and where necessary confidentially. Feedback is provided to the complainant in a timely manner. Improvement logs received are reported on and discussed at the appropriate committee or meeting. Residents/representatives are satisfied with the way in which concerns have been handled and are confident any other issues raised would be addressed appropriately.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation has documented their vision, mission, goals and objectives and commitment to quality. The home's commitment to quality is evident through its policies, procedures and other documents that guide the practices of management and staff.

Residents/representatives expressed confidence in the leadership of the home and have trust and satisfaction with the current management.

## 1.6 Human resource management

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure there are appropriately qualified and skilled staff to provide services in accordance with these standards and the home's philosophy and objectives. Staff are provided with position descriptions and guidelines to duties that clearly define positions, roles and responsibilities. Staffing requirements are arranged in accordance with resident needs and staff input; and are amended as needs change. Staffing at all levels and from all service areas is monitored through meeting outcomes, comments and complaints and workplace inspections. Staff confirmed these practices and advised there are enough staff rostered to enable them to carry out their roles. Agency staff are never used as there is a

substantial casual pool available. Staff said they felt supported and appreciate the effort management makes to ensure there are adequate staff numbers on all shifts.

Residents/representatives confirm they feel there are sufficient numbers of skilled staff for their needs.

### **1.7 Inventory and equipment**

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

#### ***Team's findings***

The home meets this expected outcome

The home has a system to ensure there are stocks of appropriate goods and equipment available for the delivery of quality services. The system includes: purchasing and assets management procedures; a maintenance program to ensure equipment is safe for use; and a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and/or contamination. New equipment is trialled for purchase as required. Staff confirmed there are satisfactory stocks of goods and equipment available at all times to enable quality service delivery. Residents/representatives generally expressed satisfaction with the goods and stocks and equipment in the home.

### **1.8 Information systems**

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

#### ***Team's findings***

The home meets this expected outcome

There are information management systems in place to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for appropriate care. Computer data is password protected and a system is in place for regular back up of data. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Information is distributed to management and staff through a range of documentation. This includes handbooks, newsletters, memoranda, noticeboards, clinical records, communication books, handover sheets, meetings and associated minutes, education and training and policy and procedure manuals. Residents/representatives receive information when they move into the home and ongoing through meetings, handbooks, notice boards and newsletters. Resident, staff and archived files are securely stored, and in accordance with privacy legislation. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on them.



## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Contractors are selected according to the needs of the home and in keeping with the organisation's philosophies. Service agreements are entered into with contractors for the provision of services and external service providers are required to have current licences, insurances, professional registrations, and comply with relevant legislation and regulatory requirements. There are mechanisms in place to monitor and ensure compliance with the service agreements. Any non-compliance identified is acted upon. Residents/representatives and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system. Examples of recent improvements in relation to Accreditation Standard Two include:

- Following a wound assessment audit it was identified over 50 percent of wound charts in two different areas of the home did not include photographs. Three new cameras were purchased. Staff are expected to photograph any incidents involving skin integrity. We observed photographs were taken of all documented incidents such as excoriations, lesions and pressure area indications. Management is satisfied this helps monitor treatment and allows medical officers to easily assess wound care progress. A medical practitioner said Yagoona Nursing Home has an excellent record for successful treatment of wounds.
- The home did not regard the use of bedrails as restraint. Management wanted to ensure their use followed the guidelines published by the Department of Social Services and reviewed the relevant policy and procedure. A new form was introduced and an associated procedure was developed. Bedrails are now regarded as a form of restraint and are to be assessed and authorised by a medical officer. The resident or their representative has to sign a consent form for their use. Management want to minimise the use of bedrails. They believe this new procedure will assure stakeholders are informed of their risk and all other alternatives are considered.
- Handover includes registered nurses and as many care staff as possible. The director of nursing or a senior staff member attend these sessions and discuss all 'exception reports' which are the current and changed care needs of residents. The director of nursing has introduced short education sessions or 'toolbox talks' into these meetings. This ensures education is given in response to incidents, identified gaps or changing care needs of residents. Staff said they feel these talks are more accessible than separate education sessions and relate directly to the daily care needs of 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 findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Two include:

- The home has a system to monitor and record registered nurses, enrolled nurses and allied health professionals have current authorities to practice. All care staff have a minimum of certificate III in aged care training.
- Registered nurses are appointed for the care planning and assessment processes and specialised nursing services implemented for high care residents.
- Medication administration is managed in accordance with legislative guidelines.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

For details of the home’s system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education sessions and activities relating to Accreditation Standard Two include:

- Medication management
- Oral care
- Sensory loss
- Wound care
- Blood glucose monitoring
- Feeding a resident
- Maintaining skin integrity

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to support residents to receive appropriate clinical care. This includes assessment and care planning processes and medical officers attending the home regularly and on request. Verbal and written communication processes are used to inform nursing staff of residents’ care needs and to inform medical officers of residents’ health issues in need of review. Residents have various observations taken during monthly special care days to monitor their clinical condition. There are procedures for determining the frequency for monitoring residents’ blood glucose levels and blood pressures. Residents and/or their representatives have opportunities for input into the residents’ care delivery through ongoing verbal discussions. A registered nurse reported case conferences are held when there are issues to discuss. The home has a resident accident and incident reporting system from which data is recorded and benchmarked. Residents/representatives expressed satisfaction with the care provided and the access to medical officers.

## 2.5 Specialised nursing care needs

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

### **Team’s findings**

The home meets this expected outcome

The home provides 24 hour registered nurse coverage in each area to identify and meet residents’ specialised nursing care needs. Residents’ specialised nursing care needs currently supported include wound care, urinary catheter care, enteral feeding, stoma care, oxygen therapy and insulin management. A wide range of documentation is maintained to assist with monitoring residents’ specialised nursing care needs and for recording the care provided. For example, records of residents’ blood glucose levels, enteral feeding, and catheter and enteral feed tube changes are maintained. Observations and registered nurse interviews demonstrate they have access to sufficient supplies of equipment to support residents’ specialised nursing care needs. Management also advised of access to a range of clinical nurse consultants through a local hospital for advice if required.

Residents/representatives expressed satisfaction with the knowledge and skills of the nursing staff working in the home and the specialised nursing care provided.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Documentation reviews and interviews demonstrate residents have been seen by other health and related services visiting the home including physiotherapy, podiatry, pharmacy, a psychogeriatrician and pathology services. Management advised of other services available

including a dietitian being organised to visit the home the week of the reaccreditation site audit. Management reported a dental practitioner has also recently commenced attending the home to support residents' denture needs. Residents/representatives expressed satisfaction with the other health and related services which visit the home. Some residents interviewed reported their representatives have assisted them to visit health services outside the home in accordance with their needs and preferences.

## **2.7 Medication management**

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

### **Team's findings**

The home meets this expected outcome

The home has processes for managing residents' medication safely and correctly including the secure storage of medications. Registered nurses administer residents' medications directly from medication containers using documentation to support the safe administration of residents' medications. This includes records of residents' medication allergies, instructions for administration and photographic identification. Nurse initiated medication lists are signed by residents' medical officers. Schedule eight and schedule four medication registers and emergency medication supplies are maintained. Eye drop containers are dated when opened and the temperatures of the refrigerators used for medication storage are monitored. The home has a medication advisory committee and there are processes for monitoring medication incidents and completing medication audits. A pharmacist completes medication monitoring reviews for residents at the request of medical officers. Residents/representatives expressed satisfaction with the administration and management of residents' medications.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

The home has processes for the assessment and care planning of residents' pain management needs to support residents to be as free as possible from pain. This includes assessments for residents' verbal and/or non-verbal indicators of pain. The administration of pain relieving medications including the use of slow release narcotic patches is the primary mode of pain management in the home. Pain charts are maintained to monitor the pain levels of residents receiving regular and/or PRN (as required) narcotic pain relieving medications. Care staff interviews demonstrated they can identify residents' non-verbal indicators of pain and they advised they would report residents identified to be experiencing pain to a registered nurse for review. Residents/representatives interviewed expressed satisfaction with the pain management provided.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to maintain the comfort and dignity of terminally ill residents. The home has an advanced care directive form for offering to residents for completion when the need is identified. Care staff interviews demonstrated they provide care for terminally ill residents through supporting the residents’ physical and emotional needs. This includes ensuring the residents are comfortable, repositioning and providing mouth care. Staff also advised the home has access to various faith representatives to provide spiritual support for residents and/or their representatives when required. Management reported they call on a palliative care team from a nearby hospital for advice on residents’ pain management and palliative care needs as needed. A single room is available to support the privacy and dignity of residents receiving palliative care if desired and representatives are given access to a room nearby to use if required. Staff advised that a notice to remember each deceased resident is put on display. Residents/representatives expressed satisfaction with the care and support provided for residents.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to assess and document residents’ dietary needs and for communicating these needs to the catering staff. Provision is made to support residents who require special diets, texture modified meals, thickened fluids and assistance with meals. The menu provides a range of choices for residents and fresh fruit is served each afternoon. Jugs of water are in residents’ rooms unless contra indicated and residents are provided with drinks at regular intervals to ensure their hydration is maintained. Care staff complete food and fluid charts to monitor residents are receiving adequate nutrition and hydration when indicated. Residents’ weights are recorded each month or weekly when more frequent monitoring is required. Registered nurses were observed administering dietary supplements to a number of residents during medication rounds and residents with enteral feeding needs are supported. Residents/representatives expressed satisfaction with the food and drink the home provides.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

The home has assessment and care planning processes to identify and document residents’ risk of skin integrity break down and related care needs. A podiatrist and hairdresser attend the home and care staff support residents’ nail care as needed. Registered nurses provide residents’ wound care and documentation demonstrates residents’ wounds are healing in a

manner consistent with their general health. Care staff advised of strategies for maintaining residents' skin integrity such as applying an emollient cream, repositioning residents and their use of manual handling equipment. The home has turning clock charts above residents' beds to guide staff on which position to turn residents to, which includes turning residents to their left or right sides at specific times. Observations demonstrate equipment is in use to minimise the risk of skin trauma for residents such as pressure relieving chairs and alternating air flow mattresses. Residents/representatives expressed satisfaction with the support the home provides for residents' skin care.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

Residents' continence is managed through the initial assessment of residents' continence needs, care planning and resident/representative feedback. Representatives from the continence aid supply company are available to provide advice and staff training on residents' continence aid needs when required. There are processes for the distribution of residents' continence aids and folders outlining residents continence aid needs are maintained at each nurse's station to guide staff when needed. Care staff reported they have access to sufficient supplies of continence aids and support residents with toileting according to the resident's individual needs. The home has strategies for residents' bowel management including maintaining bowel charts, fibre in diets and the regular administration of medications for bowel management or as required. Residents/representatives expressed satisfaction with residents' continence management and commented on there never being a malodour.

## **2.13 Behavioural management**

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

### **Team's findings**

The home meets this expected outcome

The home has processes through which the needs of residents with challenging behaviours are managed effectively. This includes initial assessment and care planning processes and referring residents to their medical officers or a psychogeriatrician for review when necessary. The home provides a secure area to support the needs of residents with wandering/absconding behaviours. Resident identification charts are maintained for residents with wandering/absconding behaviours and sighting charts are implemented if necessary.

Restraint authorisations and restraint management charts are completed for residents with physical restraint in use. Staff advised of behavioural management strategies they use to support residents. Recreational activities to support the needs of residents with dementia are held. Resident/representative interviews demonstrated they are satisfied the needs of residents with behaviours of concern are being managed effectively.

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

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

### ***Team’s findings***

The home meets this expected outcome

The home has processes to assist residents to achieve optimum levels of mobility and dexterity including assessment and care planning processes. This includes assessments of residents’ mobility, falls risk, and manual handling and transfer needs. A physiotherapist attends the home each week to complete assessments and develop exercise programs for residents. Residents are supported to complete these exercise programs by physiotherapy aides working in the home seven days a week. We observed residents being walked by the physiotherapy aides and residents commented on enjoying going for walks. Exercise groups are offered through the home’s recreational activity programs. The home has processes for referring residents who fall or have altered mobility to the physiotherapist for a review when needed. Accident and incident reporting includes the monitoring of resident falls.

Residents/representatives expressed satisfaction with the support the home provides for residents’ mobility and dexterity.

## **2.15 Oral and dental care**

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

### ***Team’s findings***

The home meets this expected outcome

The home has processes through which residents’ oral and dental health is maintained including the initial assessment of residents’ needs. Residents’ ongoing oral and dental care needs are monitored through staff observations and resident/representative feedback. A dental practitioner is available to attend the home for residents’ denture needs. Residents needing dental work are required to access dentists externally and management reported there are dentists nearby to whom residents can be referred. Care staff reported they provide residents with oral care including: assistance with denture care; teeth cleaning; and mouth swabs if required. Care staff also reported they change residents’ tooth brushes regularly.

Residents/representatives expressed satisfaction with the support provided by the home for residents’ oral and dental health care.



## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

The home’s initial database assessment includes the identification of residents’ hearing, vision, taste, touch and smell sensory loss needs. Management said an audiology service is available to visit the home to assess and attend to residents’ hearing loss needs.

Management also advised of an optometrist who will attend the home and that external optometry services are available nearby. Care staff advised of strategies they use to assist residents with vision and hearing loss such as cleaning of spectacles and changing the batteries in residents’ hearing aids. No residents are currently identified to require auditory books. The living environment is well lit and free of clutter. Management advised the home has recently held a resident education session on vision loss. Residents/representatives generally expressed satisfaction with the support for residents’ sensory loss needs.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through the assessment and care planning processes. Residents have access to call bells in their rooms to call for staff assistance at night if required. During the night the home is staffed with two registered nurses and seven care staff to complete rounds to support residents. Strategies available to support residents to achieve natural sleep patterns include: warm drinks and/or snacks available at night if required; repositioning of residents; and night sedation as per medical officers’ orders. Commode chairs are placed in residents’ rooms when needed. Residents reported they generally sleep well at night and have a choice in their settling and rising times. Residents’ representatives interviewed did not identify problems with residents’ sleep patterns.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system. Examples of recent improvements in relation to Accreditation Standard Three include:

- Recreational activity officers suggested the celebration of residents’ birthdays could be improved. At the beginning of the month the recreational activity officers record all residents who have birthdays in that month in the communication book. The actual birthday is recorded in the daily diary. On the day of a resident’s birthday a card is given to the resident. Staff said this has been a successful initiative and residents respond positively to the regular greetings they receive on their special day.
- The home has a number of residents with culturally and linguistically diverse backgrounds. Management reported they now monitor the cultural origins of residents and attempt to ensure staff from similar backgrounds are working with these residents. This provides further support for residents with linguistic backgrounds.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Three include:

- All residents are offered a resident agreement which meets legislative requirements.
- Information is provided to residents/representatives in the resident handbook and other material regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of Residents’ Rights and Responsibilities is on display in the home and is documented in the resident agreement and handbook.

### **3.3 Education and staff development**

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

#### ***Team's findings***

The home meets this expected outcome

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education sessions and activities relating to Accreditation Standard Three include:

- Cultural awareness
- Emotional support and maintaining independence
- Resident advocacy
- Needs of grieving individuals
- Certificate IV in leisure and lifestyle

### **3.4 Emotional support**

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

#### ***Team's findings***

The home meets this expected outcome

The home has processes through which each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Processes include providing potential and new residents and/or their representatives with information on the care and services available in the home. Various assessments and care plans are completed for residents on entry to the home through which their support needs are identified. Recreational activity officers complete new resident orientation checklists and offer one to one support for residents. Staff interviewed advised they support new residents through spending time with the residents, reassurance and orientating the residents to the home. The home employs staff who can speak a range of languages to assist in communicating with and supporting residents with Polish, Vietnamese and Arabic cultural and linguistically diverse needs.

Residents/representatives expressed satisfaction with the initial and ongoing emotional support provided.

### **3.5 Independence**

*This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

#### **Team's findings**

The home meets this expected outcome

Residents are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home according to their needs and preferences and as their health condition allows. The home provides an environment in which representatives, school groups and volunteers are welcome to visit. A staff member reported that a local school's children have been visiting the home for 25 years and that community visitors attend the home. Staff also advised of several residents who go on outings with their families and/or friends and of a resident who continues to regularly visit a club. Residents can choose to have radios, televisions and refrigerators in their rooms. A public telephone is available for resident use. Regular bus outings are held and staff said a polling booth is set up in the home for residents to vote during elections. Care staff stated they give time for residents to do as much as they can for themselves during activities of daily living.

Resident/representative interviews demonstrated residents are supported to maintain their independence and friendships and participate in the life of the community within the home.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

The home demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. Assessment processes include identifying residents' preferred names. Residents and/or their representatives are requested to complete privacy consents relating to the use of residents' photographs and birthdays. Staff interviewed described strategies for maintaining respect for residents' privacy, confidentiality and dignity. This includes: closing curtains when providing residents' care; use of dignity gowns; and maintaining the confidentiality of resident information. Resident information is stored securely. Residents/representatives expressed satisfaction with the way staff show respect for residents and support residents' privacy and dignity.

### **3.7 Leisure interests and activities**

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

#### **Team's findings**

The home meets this expected outcome

The home has processes through which residents' interests and activities of interest to them are identified including regular resident review and planning of activities meetings. Each of the four main areas in the home has a separate recreational activity program to support residents,

along with some combined activities held. A recreational activity officer is appointed for each of the four areas to run the programs and encourage residents to attend. Examples of activities provided include: bingo, reminiscence, sing-a-longs, painting, video music, exercises and quizzes. A men's group is held. Residents and their representatives are informed of the activities available through notices, the home's newsletters and activity programs on display. Lists of residents who attend activity groups are maintained and evaluations of these activities are periodically completed. Residents/representatives expressed satisfaction with the activities available. Resident/representative interviews also demonstrated some residents currently prefer doing alternative activities of their choosing in their rooms.

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

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

#### **Team's findings**

The home meets this expected outcome

New residents' individual interests, customs, beliefs and cultural backgrounds are identified and documented. The home demonstrates that special celebrations are held for cultural and religious days such as Luna New Year, Polish National Day, Valentine's Day, ANZAC Day, Mother's Day and Christmas. Residents' birthdays are celebrated during monthly celebrations. A range of church services are held in the home and various church representatives visit to provide support for residents. The home has a number of residents with culturally and linguistically diverse needs and language phrases are documented for staff to use for communicating with residents who do not speak English when necessary.

Residents' cultural dietary preferences are respected. Recreational activity staff advised that a memorial service is held each year to remember deceased residents.

Residents/representatives expressed satisfaction with the support provided for residents' cultural and spiritual needs.

### **3.9 Choice and decision-making**

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

#### ***Team's findings***

The home meets this expected outcome

The home supports each resident and/or their representatives to participate in decisions about the services provided and to exercise choice and control over their lifestyle. The home informs residents/representatives of choices available and their rights through information provided on entry to the home. This includes information in the resident agreement and the resident/relative handbook as well as information on advocacy services available. The Charter of Residents' Rights and Responsibilities is on display. Examples of residents' choices for care and services include: choice of participation in activities; choices in bed times; and choices of meals. Examples of mechanisms through which residents and/or their representatives can have input into the care and services provided include: resident/relative action group meetings, surveys and comments and complaints mechanisms. Management provides an 'open door' policy. Consideration is given for appointing an authorised representative to make decisions or provide consent for residents when necessary.

Residents/representatives expressed satisfaction with their choices and control over the care and services provided for residents within the home.

### **3.10 Resident security of tenure and responsibilities**

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

#### ***Team's findings***

The home meets this expected outcome

The home ensures residents/representatives are provided with information on residents' rights and responsibilities and security of tenure. Prospective residents/representatives are welcomed by the director of nursing where information is explained about agreements, fees and charges, residents' rights and responsibilities, and security of tenure. Information about the complaints mechanism and external advocacy services are also explained. All residents are offered a resident agreement which may be taken away to be discussed with external professionals prior to being signed. If a room change is requested or becomes necessary, discussion is undertaken with all parties concerned prior to the move.

## Standard 4 – Physical environment and safe systems

**Principle:** Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system. Examples of recent improvements in relation to Standard Four include:

- The home has an allocation of 150 places in multi bedded rooms with 121 beds currently occupied. Management reported that new aged care homes being built in the local area is making it difficult to fill the home’s allocation. To ensure financial viability management and the approved provider have reviewed bedding configurations taking into consideration the public’s expectations and preferences. Rooms are being changed to single or double rooms in consultation with residents and families. Fifty-five digital televisions have been purchased and are being installed. A new sitting room with a large- screen television has been created. Management while acknowledging the older style building may not be appealing to some families gave examples of four residents who had returned to the home after moving to more modern homes because they missed the care and sense of community in Yagoona Nursing Home.
- Staff suggested the taps over hand-basins were old and not conducive to good hand hygiene. Sensor taps and sensor paper towels have been installed to improve hygiene and infection control throughout the home.
- After an environmental audit it was identified chairs and lounges in the communal areas were in poor condition and not ergonomically suited to older residents. Higher armchairs and lounges with armrests were sourced and have replaced the old furniture. We observed residents sitting in these chairs and the residents said they found them comfortable.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- A review of records and observations shows fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations. The annual fire safety statement is on display.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The current NSW Food Authority licence is on display in reception and a food safety program has been implemented as required by the NSW Food Safety Authority.
- The home has a sign informing visitors that a fire sprinkler system is not currently installed. The home has building plans developed for installing a fire sprinkler system and this is to be undertaken during 2014.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

For details of the home’s system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education sessions and activities relating to Accreditation Standard Four include:

- Identify risk and risk management
- Uniform and protective apparel use
- Chemical handling and storage
- Food handling



#### **4.4 Living environment**

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

##### **Team's findings**

The home meets this expected outcome

Management is working to provide a safe and comfortable environment consistent with the residents' care needs. Residents are encouraged to personalise their rooms as much as possible. There are a number of communal areas and lounge rooms as well as balconies and courtyards. The living environment is well lit and free of clutter. Rooms have either air conditioners or fans and electric heaters. The home is secure with key pad entry and exit for key areas. There is a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observations by staff. Residents/representatives expressed satisfaction with their living environment saying while it is old and in some areas a little shabby they can see that management tries to keep the home clean and adequately maintained.

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

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

##### **Team's findings**

The home meets this expected outcome

The home is actively working to provide a safe working environment that meets regulatory requirements. Documentation, management and staff and observations show that the system includes processes to identify, assess and rectify hazards. Mandatory education provided to staff during orientation and annually includes workplace health and safety and manual handling. Staff are trained in use and storage of equipment and chemicals. Education on the use of new equipment is also provided. Accidents and incidents are recorded, investigated and analysed and regular workplace inspections are conducted. Staff demonstrated knowledge of workplace health and safety requirements and confirmed they received training and information regarding workplace health and safety issues. There is a workers compensation program in place, which includes injury management and a return to work program.

#### **4.6 Fire, security and other emergencies**

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

##### **Team's findings**

The home meets this expected outcome

The fire and safety systems are maintained and monitored to provide an environment and systems to minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and compulsory training at orientation and annually for staff on fire safety procedures, use of equipment and evacuation drills. Emergency information flip charts located around the home are easily accessible for staff. The flip charts include fire and other emergencies such as bomb threats, medical emergency, internal and external

emergencies. Emergency exits are clearly marked, well lit and kept free from obstruction. Evacuation plans are appropriately positioned. There are nurse call activators in residents' rooms and in communal areas, which are regularly checked by the maintenance staff. Staff follow a lock up procedure each evening. Staff demonstrated knowledge of the location of emergency equipment and emergency procedures and residents said they feel safe and secure in the home.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home has an effective and efficient infection control program in place. The program includes surveillance and reporting processes, hazard risk management, waste management and a food safety program. Preventative measures include orientation and ongoing training, audits and competencies of staff. Cleaning, food safety and vaccination/immunisation programs are in place. Infection control indicators are collected and reported monthly, results are monitored for trends, and systems and practices reviewed as necessary. Documentation, observations and staff confirm the home has an effective infection control program.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's findings**

The home meets this expected outcome

Documentation, observation, staff and residents/representatives confirmed that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Residents are provided with a changing menu of fresh meals cooked in the home. Residents' dietary information and likes and dislikes are recorded on moving into the home, held in the kitchen and updated regularly and as necessary. Feedback on catering, cleaning and laundry is provided through the comments and complaints system, resident meetings and surveys. The kitchen has a food safety program in place. There is a planned program for cleaning. All laundry is undertaken in the home's laundry with clear definition of clean and dirty separation. Residents/representatives are satisfied with the catering, cleaning and laundry services offered by the home.