



Australian Government

Australian Aged Care Quality Agency

The Whiddon Group - Condobolin - Lachlan

RACS ID 0043
Madline Street
Condobolin NSW 2877

Approved provider: The Frank Whiddon Masonic Homes of New South Wales

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 20 October 2019.

We made our decision on 01 September 2016.

The audit was conducted on 25 July 2016 to 28 July 2016. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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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Audit Report

The Whiddon Group - Condobolin - Lachlan 0043

Approved provider: The Frank Whiddon Masonic Homes of New South Wales

Introduction

This is the report of a re-accreditation audit from 25 July 2016 to 28 July 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 July 2016 to 28 July 2016.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Veronica Hunter
Team member/s:	Rodney Offner

Approved provider details

Approved provider:	The Frank Whiddon Masonic Homes of New South Wales
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Details of home

Name of home:	The Whiddon Group - Condobolin - Lachlan
RACS ID:	0043

Total number of allocated places:	40
Number of care recipients during audit:	25
Number of care recipients receiving high care during audit:	16
Special needs catered for:	Nil

Street/PO Box:	Madline Street
City/Town:	Condobolin
State:	NSW
Postcode:	2877
Phone number:	02 6895 6500
Facsimile:	Nil
E-mail address:	j.morriss@whiddon.com.au

Audit trail

The assessment team spent one and half days on site and gathered information from the following:

Interviews

Category	Number
General manager residential care	1
Quality manager	1
Deputy director of care services	1
Registered nurses	3
Endorsed enrolled nurse	1
Care staff	3
Food and beverage manager	1
Catering team leader	1
Physiotherapist	1
Care recipients	10
Representatives	2
Quality manager cleaning and laundry services	1
Service delivery manager cleaning and laundry services	1
Laundry staff	1
Cleaning staff	1
Maintenance officer	1
Administration officer	1
Recreation activities officer	1

Sampled documents

Category	Number
Care recipients files including assessments, care plans, progress notes, charts and forms, case conferences, consultations, referrals, allied health documentation, pathology and associated documentation.	4
Quality improvement logs	15
Complaints	6
External service agreements	3
Maintenance request logs	10

Category	Number
Staff incident reports	8
Risk management process tool forms	4
Medication charts	10
Compliments	8
Personnel files	5
Duty statements	12
Care recipient agreements	2
Hazard report forms	8

Other documents reviewed

The team also reviewed:

- Activity monthly planner, attendance records and evaluations, photographic records of activities
- Cleaning schedules, work instructions and organisational resource information folders
- Clinical workbooks, clinical handover sheets, clinical communication book
- Contractor and visitor sign in/out books
- Education documentation: education planning calendars, education training attendance records, skills assessments, educational resource information, staff mandatory training status report
- Fire safety and emergencies documentation: inspection records, annual fire safety statement, emergency evacuation diagrams, emergency management plan, evacuation details of care recipients, business continuity plan, emergency evacuation signage, emergency response guide flipchart
- Food safety: NSW Food Authority audit form, food safety program, food safety monitoring records, care recipients' dietary requirements and food preference information and menu
- Human resource management documentation: employment documentation, staff roster, duty statements, employee handbook, human resource material, key performance areas for various positions, staff performance appraisals, employee orientation program and workbook
- Infection control documentation including pest control reports, legionella species reports, monthly infection data reports, infection control manual, vaccination folder, handwashing competencies
- Information management: communication books, newsletters, meeting minutes, care recipient information handbook, organisation resource information, contact lists, diaries, survey results, notices and memoranda, care recipient admission and enquiry documentation

- Maintenance documentation: preventative maintenance schedules, maintenance and approved supplier contact lists, maintenance request logs, maintenance service reports and warm water temperature check records
- Medication documentation including medication fridge temperature records, medication ordering sheets, schedule 8 drugs of addiction register, nurse initiated medication charts
- Privacy folder
- Quality management system: mission, philosophy, values, goals, strategic direction, organisational chart, policies and procedures, clinical indicator reports, benchmarking information, quality improvement register, compliments and complaints folder, audit schedule, audit results and reports and survey results
- Regulatory compliance documentation: incident reporting register, staff and volunteers police check records, NSW Food Authority Licence, professional registration records, electrical test and tag register and consent forms for the collection and handling of private information
- Self-assessment for re-accreditation
- Supplier documentation and contact information
- Work health and safety system documentation: incident and hazard reports, work health and safety documentation, chemical documentation and safety data sheets, risk register summary documentation

Observations

The team observed the following:

- Activities in progress, activity programs on display, residents' individual activity equipment availability
- Charter of Care Recipients' Rights and Responsibilities on display
- Complaints information including internal and external mechanisms on display
- Dining environment during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipients' seating arrangements
- Equipment and supplies in use and in storage including manual handling equipment, mobility and pressure relieving equipment, hand rails and clinical and continence supplies
- Fire panel, fire-fighting equipment, emergency exits, emergency evacuation diagrams, emergency response guide flipcharts, annual fire safety statement and fire safety plans
- Infection control items, including hand sanitiser dispensers around the home, infection control notices, general and contaminated waste disposal systems, colour coded cleaning equipment, equipment sanitisers, sharps containers, personal protective equipment, outbreak kits and spills kits
- Interactions between staff and care recipients'/representatives' and other health and related services personnel

- Internal and external complaint forms and compliments, suggestions and complaints box
- Living environment internal and external
- Noticeboards and posters, notices, brochures and forms displayed for care recipients, representatives and staff
- Notices of re-accreditation audit on display
- Nurse call system in operation
- Secure storage of care recipient and staff information
- Staff work areas, staff room with notices, staff work practices and clinical handover

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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home utilises a continuous improvement system which includes a quality management system and performance review mechanisms. Improvements are identified through a number of avenues including care recipient/representative meetings, staff meetings, audits and review of clinical data. The home also utilises surveys, benchmarking, suggestions, incidents and staff performance appraisals. Part of this system includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Care recipients/representatives and staff reported they have opportunities and are encouraged to participate in the home's continuous improvement activities.

Examples of recent improvements in relation to Accreditation Standard One include:

- The organisation undertook an extensive review of the staff roster and a detailed analysis of staff absentee rates was conducted. Following this review staff were given the opportunity to select work shifts that more appropriately met their individual needs and changes to the roster were also made. Management advised following the review staff absentee rates decreased and the roster changes has assisted to ensure that there are appropriate skilled and qualified staff sufficient to ensure that services are delivered in accordance with the accreditation standards and the home's objectives.
- A review of the archiving system was conducted by the Quality Manager which identified that a significant number of hard copy care and administration documents required filing or destroying. Consequently the home engaged additional resources whereby documents could be filed or disposed of. Shredder bins were arranged to be delivered to the home so shredding of documents could occur in an efficient manner. Management advised the archiving of documents has resulted in more efficient access to information by administrative and care staff.
- Management and staff identified the need for additional equipment for improved provision of quality service delivery. Consequently the home purchased additional air chairs, electric beds, additional lifters and scales for weighting care recipients. Management advised this new equipment has assisted with the provision of improved personal and clinical care to care recipients.

- Management identified the need to ensure that all care staff have access to up to date education resources provided by the Aged Care Channel. As such the home purchased additional DVD's and provided staff with individual accounts allowing improved access to educational resources. The outcome of this improvement is to assist to ensure staff have appropriate knowledge and skills to perform their roles effectively.

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 systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through the organisation's subscription to legislative update services and membership with a peak body. The home receives information from government departments and accesses the internet and other sources. Management communicate changes to staff by documentation, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, skills assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conduct reviews of all policies and procedure on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for monitoring police certificates for staff, volunteers and contractors are in place. Interviews and documentation confirmed that these have been completed.
- The organisation and home have a system whereby external contractors' registrations and insurances are checked to ensure they are current.
- Information brochures on the Aged Care Complaints Commissioner are available within the home.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems that ensure staff have appropriate knowledge and skills to perform their roles. Calendars of education sessions are developed which detail mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and many of these packages are skills based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management and staff are supported to attend internal and external courses.

Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home's orientation process and have access to on-going education.

Examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes induction and orientation sessions for new staff.
- Calendars of education sessions have been developed through a consultative needs analysis between management and staff.
- Staff receive training on a wide range of topic areas relating to the Accreditation Standards.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

Information about internal and external complaint mechanisms is provided to care recipients and representatives on the care recipient's entry to the home. This information is contained in the care recipient admission and information enquiry packs. Information is also communicated on a regular basis through care recipient and representative meetings and information on display in the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Feedback forms are available within the home. Brochures about external complaint mechanisms are also on display. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting care recipients to raise issues if necessary. Review of complaints and feedback as well as other relevant documents indicates that issues raised are responded to in an effective and timely manner.

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 home's mission, philosophy and values are available in a number of documents including handbooks for care recipients and staff. The home's purpose, goals and values form a part of the staff induction program and are discussed with staff.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system that aims to ensure there are enough staff with appropriate skills and qualifications to meet care recipients' care and lifestyle needs. The organisation together with the home's management team review staffing requirements to ensure sufficiency of human resources. Recruitment procedures ensure the best possible match between candidates and roles are achieved. Staff are provided with duty statements and there are systems in place for staff orientation, education and performance management. Performance appraisals are conducted and results are fed into the home's human resource management system. Observations, documentation and care recipient interviews showed there is sufficient staff with the appropriate knowledge and skills to perform their roles effectively.

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 stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request reports are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

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

The home has an information management system that provides relevant information to stakeholders. The home's communication system includes meetings, handbooks for staff, information pack for care recipients, newsletters, policies and procedures, noticeboards, staff handovers and a clinical documentation system. The home utilises these communication channels along with management's open door policy to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised staff. Observations demonstrated that care recipient and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Care recipients/representatives stated they are well informed regarding care recipients' needs and all other matters appropriate to 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

The home's externally sourced services are arranged primarily by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references and insurance and criminal history checks are made. All major contracts are reviewed regularly through feedback by the organisation and the home as considered appropriate. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier lists are maintained at the home and updated as required.

Staff are informed of appropriate matters relating to the provision of externally sourced services.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 improvements for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- Management conducted a review of the home's pain management strategies being undertaken for care recipients. The outcome of this review was the implementation of improved care interventions to ensure each care recipient with pain is as free from pain as possible. These interventions included review of the appropriateness of care recipients' medications, use of heat packs and massage as well as education sessions for staff on how to ensure care recipients are as free as possible from pain.
- A review of physiotherapy services provided to the home by management identified that most physiotherapist assessments undertaken for care recipients tended to be reactive. Consequently discussions were held with the physiotherapist with the result that the physiotherapist now assesses all care recipients on a regular basis. Management reported the outcome of this improvement is that proactive strategies for the minimisation of care recipients having falls are now in place.
- A review by management of staff compliance with wound care photographic evidence was not consistent. Consequently management has implemented a procedure whereby there is now closer monitoring of wound care provided to care recipients by staff and required documentation. Also the home has provided education to staff on how to appropriately document wound care strategies and interventions for care recipients. The outcome for care recipients is improved quality of wound care services provided.
- Management identified that the home's continence aid management system required improvement. Consequently a review was undertaken of the system by management in association with the continence aid supplier. The result of this review was that staff received education on how to order continence aids and how to effectively manage care recipients' continence requirements. Management advised the outcome of this improvement has been that care recipients' continence is managed more effectively.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors registered nurses’ registrations.
- The home monitors the registrations of visiting health professional to ensure they are current.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education relating to Accreditation Standard Two include:

- clinical skills
- continence management
- dementia care
- medication management
- oral health
- palliative care
- promoting health and well being
- skin care
- wound care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives reported quality clinical care is provided at the home and individual needs and preferences are respected. A comprehensive program of assessments is undertaken when a care recipient moves into the home and a care plan is developed using the computerised clinical care system. Care plans are reviewed and evaluated regularly.

Medical officers review care recipients regularly and as requested and referrals to specialist medical and allied health services are arranged as required. Care conferences are held annually or as required with appropriate staff for support and involvement of the care recipient and representatives. A range of care based audits, clinical indicators, care recipient surveys, meetings and staff handovers are used to monitor the quality of care. Staff said they receive clinical care training, supervision and have access to appropriate supplies of equipment to ensure quality clinical care is provided for all care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives are satisfied with specialised nursing care at the home. There are systems to ensure care recipients’ specialised nursing care needs are identified and met by registered nurses. Specialised nursing care needs are assessed and documented in care plans when a care recipient moves into the home. A review of documentation including the clinical care system shows changes are documented in progress notes, clinical charts, specialist forms and charts and in care plans. Care plans are reviewed and evaluated on a regular basis. Registered nurses attend care recipients’ specialised care and equipment is supplied as required to meet individual need. Staff said they receive training in specialised nursing care and the use of equipment.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives are consulted when a referral is required and they are assisted to attend specialist appointments as needed. A review of documentation including care recipients’ files and interviews with staff show care recipients are referred to medical specialists and other allied health professionals such as physiotherapist, podiatrist, speech therapist and dietician. Telehealth Services can be used in certain circumstances for medical review. Referrals occur in a timely manner and any changes are incorporated into care

planning. External providers of specialist services visit care recipients in the home when possible and organisations such as audiology services visit the home yearly.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home demonstrates that care recipients medication is managed safely and correctly. There are processes to ensure medication orders are current and care recipient medication needs, including allergies and administration needs are identified and met. Medications are regularly reviewed by the care recipient’s medical officer and changes in medications are communicated and supplied in a timely manner. Medications are ordered, received, stored, administered, documented and discarded safely in line with policies and procedures and regulatory requirements. Medications are monitored by the registered nurses and administered by appropriately qualified staff that are competency tested. The medication management system is monitored, reviewed and improved through regular audits, pharmacy reviews and input from the medication advisory committee. Care recipients and representatives said they are satisfied with the way medications are managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any care recipient identified with pain, including those at risk of pain, is assessed by the registered nurse, referred to the medical officer and has a pain management plan. The plan is monitored and regularly evaluated for effectiveness by the registered nurses and physiotherapist in consultation with the care recipient/representative and healthcare team. Medication and alternative approaches to manage pain are used including massage, the provision of emotional support, exercise, and the use of pain relieving equipment including heat packs. Staff receive education in pain management and staff practice is closely monitored by management. Care recipients and representatives said they are satisfied with the way the care recipients’ pain is managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Management has practices in place to ensure the comfort and dignity of terminally ill care recipients is provided and families are supported. Advanced care directives are discussed with care recipients/representatives as appropriate depending on care needs. Palliative care planning incorporates a multidisciplinary approach with access to palliative care specialists

and specialist equipment. The management ensures that pastoral and spiritual care is available to care recipients and representatives as required and requested. Staff practice is monitored to ensure it is consistent with needs and preferences of care recipients. Care recipients and representatives commented on the caring nature of the management and staff.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration including initial and ongoing assessments of care recipients’ needs and preferences. Care recipients have a choice of food from the seasonal dietician approved rotating menu. Meals are prepared on-site and nutrition supplements and assistance with meals are provided as needed. The registered nurses identify any care recipient at risk of weight loss and malnutrition or excessive weight gain by monitoring regular weight records. Care recipients of concern are reviewed by the local medical officer and/or referred to a dietician. Observation confirmed the daily menu is displayed in the dining area. Hydration is carefully monitored and fluids are freely available to care recipients. Care recipients are satisfied with the catering services provided and any concerns they may have are discussed at care recipient meetings and with staff to ensure their needs are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives are satisfied with the way skin integrity is managed at the home. A review of documentation shows care recipients’ skin integrity is consistent with their general health. Care recipients’ skin integrity is assessed when they move into the home. Care staff monitor care recipients’ skin integrity as part of daily care and report any changes to the registered nurse for review and referral as needed. Complex wound management is carried out by the registered nurses and skin tears and infections are recorded and monitored by the care manager. A podiatrist regularly visits the home, a range of skin protective devices such as massage, skin emollients and protective bandaging are available. Staff receive education in skin care and the registered nurses receive education in complex wound management and refer to specialist services as needed.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home ensures care recipients’ continence is managed effectively and staff are respectful and ensure privacy and dignity is maintained. Care recipients are assessed for their needs

upon entry to the home to preserve dignity and comfort. A resulting care plan ensures that individual strategies are developed and all care recipients' needs and continence requirements are met. The home has sufficient stock of continence aids in appropriate sizes to meet individual need and education in continence management is provided for staff and care recipients as needed. Staff were observed being considerate of care recipient's privacy and dignity at all times. Care recipients and representatives are satisfied with the way continence is managed

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Care recipients and representatives said management and staff ensure a calm environment is maintained at the home and there are strategies to assist care recipients with challenging behaviours. Assessment and monitoring of challenging behaviour is conducted on entry to the home. Triggers that may lead to challenging behaviours are identified and included in individual care plans which are reviewed and evaluated. Care recipients with challenging behaviours are referred to appropriate specialist services as required including psychogeriatric and behavioural specialists. Those living with dementia and those exhibiting challenging behaviours are encouraged and provided with specific recreational activities to engage and calm. Physical restraint is used only when absolutely necessary and after discussion with the care recipients, representatives and the healthcare team. Management monitor staff practice to ensure individual needs are met. Care recipients and representatives said the needs of care recipients with challenging behaviours are managed effectively.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients and representatives are satisfied with the way mobility and dexterity are achieved at the home. Care recipients are assessed on entry by the registered nurses for mobility levels and the physiotherapist visits the home weekly. Care recipients are encouraged and assisted to walk as much as possible. Individual exercise programs documented by the physiotherapist are undertaken by the physiotherapy aide. Interviews with staff and a review of documentation show assessments, care plans, and accidents/incidents including falls are reviewed to ensure optimal levels of mobility and dexterity are achieved and appropriate referrals are made. Staff are educated in manual handling and the use of mobility and transfer equipment. Assistive devices such as mobile walking frames, mechanical lifters and wheelchairs are available and maintained by maintenance staff.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is assessed on entry to the home and Individualised care plans are developed to ensure that care recipients oral and dental health is maintained. Staff monitor oral health during daily care and assist, encourage and remind care recipients’ to maintain satisfactory oral health. Any changes are reported to the registered nurses for follow up. Care recipients are assisted to visit external dentists when necessary.

Care recipients are referred to speech pathologists if any change is noted with swallowing patterns. Management monitor staff practice and care recipients and representatives expressed satisfaction with the oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Each care recipient’s sensory loss is assessed using a variety of assessment strategies on entry to the home. Care plans are reviewed and any changes are communicated to staff.

Management monitors staff practice and staff are trained to report any change or sensory loss to the registered nurse for review. An optometrist and an audiologist are available on request. Information from referrals is followed up and included in care planning in a timely manner. Touch, taste and smell are stimulated by recreational activities. Fresh cooked meals are prepared daily in the home and care recipients participate in cooking sessions with the recreational activities officer. Craft activities and games of care recipients’ choice encourage touch. Care recipients and representatives said and observation confirmed the attention to their sensory loss is appreciated and well managed at the home.

2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Consultation with care recipients and representatives is undertaken to identify care recipients ability to achieve natural sleep patterns. Preferred routines for daytime rests, their patterns for settling at night and any concerns or changes that may interfere with natural sleep patterns are investigated with care recipients, representatives and their health care team.

Pain management is considered if sleep patterns are disturbed, to ensure care recipients are comfortable and free as possible from pain. Care recipients are checked regularly throughout

the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and supported and reassured by the staff.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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 the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- The organisation is creating a new model of person-centred care, the ‘My Life-Care Model’. This model was launched in 2015 and aims to ensure all care recipients experience an enriched quality of life and is a holistic approach whereby integration of the emotional, social and physical aspects occurs. A strong focus of the person-centred care model is having a good knowledge of the needs of care recipients. Management stated the implementation of this model will assist to ensure care recipients retain their personal, civic and consumer rights as well as achieving active control of their lives within the home and in the community.
- A review of the activities program by management and staff has resulted in a number of improvements to the activities program. These improvements include a men’s and ladies bus trip and cooking classes. Activity staff stated care recipients very much enjoy participating in these activities.
- The organisation has supported lifestyle staff in becoming more knowledgeable and skilled in the provision of leisure and lifestyle activities. As such two lifestyle officers have completed the Certificate IV in Leisure and Lifestyle and one officer has been trained as a Play Up worker whilst another has completed a certificate in Play Up work. Management stated the enhanced skills of lifestyle staff has assisted to ensure the home provides a range of activities and programs that are of interest to all care recipients.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The “Charter of Care Recipients’ Rights and Responsibilities” is on display.
- The care recipient agreements outline security of tenure and are based on applicable legislation.
- The home has a system for compulsory reporting according to current legislation.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrate that staff have knowledge and skills relating to care recipient lifestyle.

Examples of education related to Accreditation Standard Three include:

- grief and loss
- leisure and lifestyle
- music therapy
- person centred activities
- protecting clients’ rights
- spirituality in practice

3.4 Emotional support

This expected outcome requires that "each care recipient 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 ensures that care recipients are carefully monitored and emotionally supported as they settle into life at the home. Individual programs are developed for each care recipient and families/representatives are encouraged to participate in planning. Representatives are supported as they adjust to the changes and any concerns are addressed by management with timely feedback. Care recipients are welcomed by management and staff and encouraged and assisted to participate in lifestyle programs of their choice and maintain contact with family and friends. Management monitor staff practice to ensure staff are helpful and caring and are responsive to care recipients' need for emotional support whenever it is required. Staff and management say they are dedicated to ensuring that each care recipient is as happy as possible and care recipients and representatives are very satisfied with the emotional support they receive at the home.

3.5 Independence

This expected outcome requires that "care recipients 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

The home has systems to assist care recipients achieve maximum independence, maintain friendships and participation in the community. The home's environment provides opportunities for care recipients to exercise independence and choice on a daily basis.

Exercise and walking programs are held to assist with maintaining mobility. Leisure activities actively seek the involvement of care recipients and promote independence. Care recipients are encouraged to maintain independence and decision-making regarding personal hygiene, meal choice, voting in elections, lifestyle and attendance at activities. Relatives and friends, social and religious groups are always welcome at the home. Outings enable care recipients to visit and be involved in local community activities. Care recipients and representatives are satisfied care recipients are encouraged and assisted to maintain their independence and friendships.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with care recipients' individual needs. Policies, procedures, feedback mechanisms and the environment support care recipients' right to privacy and dignity. Staff understand each care recipient has a

right to privacy and dignity and sign a confidentiality agreement at the commencement of employment. Staff practices are consistent with policies and procedures. Care recipients' information is securely stored and staff attend to their needs in a respectful and courteous manner. Information on care recipients' rights and responsibilities is given to new care recipients and prominently displayed in the home. Management evaluates the way privacy and dignity is recognised and respected. Care recipients/representatives are satisfied with the way staff respect their right to privacy and dignity.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

There is a comprehensive lifestyle program with group and one on one activities offered to care recipients. The program has a variety of activities including bus trips, creative craft, cognitive stimulation and social interaction and provides care recipients with opportunities to participate in activities within the home and external outings. The program is developed from information obtained from care recipients and representatives about their interests, hobbies, life stories and special life events. There is a recreational activities officer to plan, implement, evaluate and review the lifestyle activities in consultation with care recipients and representatives. Management monitors the effectiveness of the lifestyle program. Care recipients and representatives expressed satisfaction with the lifestyle program.

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

Care recipients' spiritual and cultural needs are fostered through the identification and communication of their individual interests, customs, religions, and ethnic backgrounds during the home's assessment processes. Cultural and spiritual needs are considered when planning clinical care and end of life wishes. Specific cultural days are celebrated with appropriate festivities. Church services are held regularly at the home. Church visitors are welcomed and the recreational activities staff will organise any other visitation from spiritual or religious visitors requested by care recipients. Care recipients' birthdays are celebrated on the day for those who have given their permission. Advocacy services are available to care recipients and the home facilitates this connection. The efforts made by staff to assist in meeting their cultural and spiritual needs are appreciated by care recipients and representatives.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has a system to ensure each care recipient is able to exercise choice and control over their care and lifestyle. Care recipients' specific needs and preferences are regularly assessed and communicated to staff and external health service providers in care plans.

Care recipients, representatives and staff stated care recipients make choices about their meals, personal and health care, health professionals, environment and activities as long as they do not infringe on the rights of other care recipients. Management review practices to ensure care recipients are supported to participate in decision-making. Care recipients and representatives are satisfied with their participation in decision-making and ability to make choices.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients 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 has systems to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and care recipients' rights and responsibilities is provided and discussed with prospective care recipients and their representatives prior to and on entering the home. The care recipient agreement is accompanied by information detailing care and services and care recipients' rights as well as feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representatives.

Ongoing communication with care recipients and representatives is through meetings and correspondence. Care recipients/representatives said care recipients feel secure in their residency at the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 further information relating to the home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- Management and feedback from care recipients identified the need to improve the provision of catering services. Consequently the food and beverage manager introduced a range of improvements aimed at enhancing the dining experience for care recipients. These improvements include training staff on how to appropriately serve care recipients with an emphasis on maintaining dignity; standardising the use of crockery and cutlery and standardising the seasonal menu with specific food choices. Management stated these improvements have enhanced care recipients’ dining experiences as well as levels of satisfaction with catering services provided.
- Following a review of the emergency procedures and business continuity manual by an external consultant a number of changes to the manual were made. Management reported these changes to the manual have assisted to ensure safe systems of work are in place that minimise fire, security and emergency risks.
- Management and staff identified the need to ensure all areas of the home including laundry and service corridors are cleaned to appropriate standards. As such management held discussions with the home’s contract cleaning company’s management and changes to the cleaning schedule were made. Management stated the new schedule has resulted in improved standards of cleaning services being provided throughout the home.

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

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

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has current NSW Food Authority licences and the food safety system has been audited by the NSW Food Authority.
- The home has a current annual fire safety statement on display.
- The home provides material safety data sheets with stored chemicals.

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

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

Examples of education relevant to Accreditation Standard Four include:

- fire safety and evacuation procedures
- hazard identification
- infection control
- manual handling
- work health and safety

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

The home can demonstrate that it is actively working to provide a safe and comfortable environment consistent with care recipients' needs. The home is a single-storey building with various sections comprised of single bedrooms with ensuite bathrooms. It is well illuminated with natural light and has tastefully furnished lounges, dining and communal areas. The home has controlled air conditioning throughout. There is a preventative and reactive maintenance program in place, including recording of warm water temperatures and regular inspections covering the environment are undertaken. Care recipients/representatives stated that they are very satisfied with care recipients' individual rooms and the communal living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home has processes for the identification and addressing of hazards and incidents.

There is manual handling education for all staff. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities, and we observed safe practices in operation.

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 home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire evacuation plans, emergency procedure documentation and exit signs are located throughout the home. Monitoring and maintenance of all fire and alarm equipment is undertaken and reports provided. Fire equipment is located throughout the home. Appropriately responding to emergency training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. Emergency/disaster evacuation documentation is readily available which includes information detailing care recipients' care needs and relevant contact information. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

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 infection control program with systems for managing and minimising infections. The program includes policies, procedures, staff education, audits, and discussion of infection issues at regular meetings. Care recipients are monitored for signs and symptoms of infection, and data about infection rates is collated and reviewed to identify opportunities for improvement. Staff monitor equipment temperatures, food temperatures, medication refrigerators and use colour coded equipment. Hand hygiene resources are available throughout the home. Outbreak boxes are checked regularly and available for use. There are formal cleaning schedules to maintain hygiene levels. Waste is disposed of safely and correctly. Observation and interviews show staff have an understanding of infection control principles and guidelines. The home has access to personal protective equipment and supplies for handling an outbreak or infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients expressed high levels of satisfaction with the hospitality services provided at the home. Comments included "the food is very good", "my room is kept beautifully clean", "and my clothes are returned very clean by laundry staff". Care recipients' dietary needs and choices are assessed and documented on entry to the home and details provided to catering staff. All food is cooked on site. There is a food safety program and the home has a current NSW Food Authority licence. The home has a seasonal menu with input from a dietician. We observed food preparation and service and staff practices are according to the appropriate food safety guidelines, including infection control requirements. Appropriate staff have undertaken training in relation to appropriate food handling and infection control.

The home presents as clean, fresh and well maintained. Cleaning staff perform their duties guided by documented schedules, work instructions and results of inspections. Cleaning equipment is colour coded and chemicals are securely stored. Staff are trained in the use of equipment, infection control, outbreak management procedures and work, health and safety. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals. Laundry services are provided on site. Dirty laundry is collected in appropriate coloured linen bags and transported to the laundry area. There are procedures and work instructions for the collection and handling of linen. Staff described the processes for the collection and transportation of dirty linen and distribution of clean linen to care recipients. Staff confirmed they receive training in infection control and safe work practices.

Should any care recipient wish to wash their own personal clothing items there is a small laundry dedicated for this purpose within the home.