



Aged Care  
Standards and Accreditation Agency Ltd

## **Stanmore Nursing Home**

RACS ID 2524

66 Cambridge Street

STANMORE NSW 2048

Approved provider: DPG Services 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 22 November 2015.

We made our decision on 11 October 2012.

The audit was conducted on 11 September 2012 to 12 September 2012. 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.

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

### 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.

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Stanmore Nursing Home 2524**

**Approved provider: DPG Services Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 11 September 2012 to 12 September 2012 submitted to the Accreditation 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 Accreditation 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

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 September 2012 to 12 September 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

## Assessment team

Team leader:	Greg Foley
Team member/s:	Jennifer Woodman

## Approved provider details

Approved provider:	DPG Services Pty Ltd
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## Details of home

Name of home:	Stanmore Nursing Home
RACS ID:	2524

Total number of allocated places:	69
Number of residents during audit:	68
Number of high care residents during audit:	68
Special needs catered for:	N/A

Street/PO Box:	66 Cambridge Street	State:	NSW
City/Town:	STANMORE	Postcode:	2048
Phone number:	02 9519 3926	Facsimile:	02 9550 2797
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
General manager	1	Residents/representatives	13
Facility manager	1	Administration officer	1
Acting clinical manager	1	Recreation officer	1
Registered nurses	3	Catering staff	1
Care staff	7	Laundry staff	2
Physiotherapist	1	Cleaning staff	2
Pharmacist	1	Maintenance staff	1

### Sampled documents

	Number		Number
Residents' clinical files	10	Personnel files	3
Medication charts	20	Service/supplier agreements	6
Residents' administration files and agreements	5		

### Other documents reviewed

The team also reviewed:

- Activities program and records
- Archives register
- Audit calendar, results and analysis
- Care plan responsibility schedule
- Cleaning schedule
- Comments and complaints log
- Communication diaries, handover sheets, staff memoranda
- Complex pain management records, specialised nursing care directives
- Compulsory reporting procedures, flowchart and log for missing residents
- Consolidated register of alleged and suspected assaults
- Continence program folder and aid allocation, registered nurse folder
- Diabetic management plans and diabetic charts
- Education calendar and records
- Employee handbook and employee pack
- Evacuation folder and critical operations standard operating procedures
- Fire service inspection and maintenance records
- Incident reports and monthly collation data

- Infection control policies, procedures and guidelines
- Infection data and analysis
- Job descriptions
- List of approved suppliers and service providers
- Maintenance log book, records and service reports
- Medication regime reviews, medication system audits, medication refrigerator temperature records, drug registers
- Meeting minutes
- Menu and food safety program and records
- Newsletters
- NSW Food Authority licence and audit report
- Pain monitoring and behaviour monitoring logs
- Physiotherapy assessments, therapy plans and falls risk assessments
- Plan for continuous improvement
- Policy and procedures manuals
- Preventative maintenance schedule
- Re-accreditation self assessment
- Record of professional registrations
- Register of criminal history checks
- Resident consents for exchange of personal information
- Resident observation records including weights, blood glucose levels
- Residents and relatives handbook
- Residents' surveys
- Risk register and safe work procedures
- Special care day sheets
- Specialist and health professional reports, hospital discharge records, pathology reports
- Staff orientation program
- Staff roster
- Vaccination records
- Wound assessments and treatment records

### **Observations**

The team observed the following:

- Activities in progress and theme days photograph album
- Archives
- Charter of residents' rights and responsibilities on display
- Complaints and feedback forms, brochures and notices available
- Equipment and supply storage areas

- Evacuation plans and emergency flipcharts throughout the building
- Fire fighting equipment and warning system
- Infection control resources and facilities available
- Interactions between staff and residents
- Living environment
- Meal serving and staff discreetly assisting residents
- Medication packaging, storage and administration rounds
- Noticeboards for residents and staff
- Nutrition and hydration dot system
- Staff work areas
- Wound photographs



## 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

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

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

- The home has accessed government funding to enable staff to upgrade their qualifications. The opportunity was offered to staff and a total of 19 staff have completed or are currently enrolled in a variety of Certificate IV qualifications including: aged care, frontline management, business administration, leisure and lifestyle, asset management and the Certificate III in laundry operations. The home also has enrolled the assistant clinical manager in a 12 month 'emerging leaders program' run by the organisation. These initiatives have improved the knowledge and skills of staff and enhanced their careers.
- Management identified the need to better capture feedback from residents regarding the care and services provided. To address this education was provided for staff and all staff are encouraged to log any verbal feedback from residents. This has resulted in increased reporting of both positive and negative feedback. Management said they are better able to address residents concerns and are also able to build staff morale by passing on the positive feedback.
- As a result of an internal audit a need to review the system for the maintenance of equipment was identified. An improved system was introduced and a new preventative maintenance schedule implemented. This has resulted in a more systematic and reliable program for the maintenance of equipment.

## **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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments and aged care and health industry organisations. Regulatory compliance at the home is also overseen and monitored by the organisation to which the home belongs. Relevant information is disseminated to staff through updated policies and procedures, regular meetings, memos and ongoing training. Information for residents/representatives is disseminated through residents’ meetings, newsletters, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous quality improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

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

- Criminal history record checks are carried out for all staff.
- Contracts with external service providers confirm their responsibilities under the relevant legislation, regulatory requirements and professional standards, and include criminal history record checks for contractors visiting the home.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the Accreditation Grant Principles 2011.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. There is an education program which includes in-service training by senior staff, training by visiting trainers and suppliers, annual mandatory training days, one to one training on duty, training packages and access to external training and courses. Records of attendance at training are maintained and training is evaluated. The effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

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

- The orientation program covering such topics as: mission, vision and values, structure of the organisation, accreditation, complaints pathways and mechanisms.
- The in-service program which includes such topics as: the organisation's documentation system, accreditation overview, continuous improvement and customer service.
- External courses such as: the Certificate IV in frontline management for three staff, the Certificate IV in business administration for one staff member, the Certificate IV in asset management for one staff member and the organisation's conference for management.

#### **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

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all comments and complaints and we noted issues raised are addressed in a timely manner to the satisfaction of complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives interviewed say they are aware of how to make a comment or complaint and feel confident concerns are addressed appropriately.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Mission and values are an integral part of the orientation program and all staff are required to abide by a code of conduct that is aimed at upholding the rights of residents and the home's vision, values and commitment to quality. The home's commitment to quality is evident through its continuous improvement initiatives, staff education, policies and procedures and other documents that guide the practices of management and staff. Feedback from residents/representatives and staff and observations of staff interaction with residents demonstrated the vision and values of the home underpin the care provided to the residents.

## **1.6 Human resource management**

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

### **Team's findings**

The home meets this expected outcome

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

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

The home demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home uses a list of approved suppliers and enters into service agreements to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery. Responsibility for ordering goods is delegated to key personnel in each department and is overseen by the facility manager. Maintenance records show equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the

necessary information for effective care. A password protected computer system facilitates electronic administration and access to the internet, on-line incident and feedback reporting and e-mail communication. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed report they are kept well informed and consulted about matters that impact on them.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. The home accesses externally sourced services to meet needs across the four Accreditation Standards from a list of service providers who have been approved by the organisation. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing, podiatry and other allied health professionals. The services provided are monitored by management at a local and regional level through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers. Residents/representatives, staff and management interviewed say they are satisfied with the external services provided.

## **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 about the home's system for actively pursuing continuous improvement.

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

- Management identified the need for improved management of the challenging behaviours of residents. In response they provided in-service training in behaviour management to staff. They also accessed a specialist behaviour management advisory service who were able to provide detailed assessments of individual residents and training for staff regarding specific interventions. The facility manager completed a psychiatric first aid course and was subsequently able to provide training to staff regarding this. The result of these initiatives was a greater awareness by staff, better behaviour management, a reduction in challenging behaviours and a more settled environment.
- An internal audit found the system for reviewing the effectiveness of on request (PRN) pain relief medication could be improved. The system for administering and recording the PRN medication was reviewed and further education was provided for staff. This has resulted in a more systematic and consistent approach to administering PRN medication and the effectiveness of the medication is able to be evaluated more easily.
- Due to the increased care needs of residents new specialist equipment has been purchased. This includes new air mattresses for pressure area care and bariatric equipment for a resident with special needs. This has resulted in improved clinical outcomes for residents.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

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

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

- A record is kept of the current registration of registered nurses and other health care professionals.

- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Department of Health and Ageing and industry body resources are available to management and staff on topics relating to health and personal care.
- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these incidents.

## **2.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

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

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

- The orientation program covering such topics as: clinical documentation, behaviour management, use of restraint and medication management with a competency assessment.
- Competency assessments of a range of clinical skills.
- The in-service program covering a broad range of clinical topics presented by guest trainers, suppliers and senior staff.
- The Certificate IV in aged care course accessed for 12 staff.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Stanmore Nursing Home implements a clinical care system which ensures residents receive appropriate clinical care. Registered nurses complete a comprehensive long term care facility assessment for each resident which guides staff on the focused clinical assessments the resident requires. Consultation with residents/representatives, doctors, other health professionals and staff ensure care plans reflect each resident’s care needs and preferences. Special care days completed for each resident on a monthly basis include weight measurement, urinalysis and review of provision of personal care. Case conferences provide an additional opportunity for residents/representatives and staff to provide feedback on care provision. Review of care plans shows they are updated regularly and accurately reflect the care needs and preferences of residents. Residents/representatives say they are satisfied with the clinical care provided for residents.

## **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

Registered nurses initially and regularly assess residents to identify any specialised nursing care needs and document in care plans the care needs and preferences of residents. The home has registered nurses on duty 24 hours a day seven days a week to provide specialised nursing care. This may include diabetes management, oxygen therapy, palliative care, pain management, catheter care, gastric tube feeding and complex wound care. Diabetic management plans denote acceptable blood sugar parameters for individual residents to ensure doctors are notified if changes in a resident’s health status occur. Handover reports detail resident specialised nursing care needs. Staff consult with specialist nurses such as the local palliative care team, a wound consultant and specialist nurses on management of residents with challenging behaviour. Residents/representatives say they are satisfied with the specialised nursing care provided for residents.

## **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

Registered nurses complete assessments which ensure residents’ needs and preferences for referral to specialists and other health professionals are identified and discussed with their doctor. A physiotherapist attends the home twice a week to assess residents on entry to the home and then again on a regular basis or as necessary. Other health professionals who provide assessments at the home include a speech pathologist, a dietician, a podiatrist, an optometrist, dental services and pathology services. Staff assist residents to make external appointments with specialists or health professionals as required. Registered nurses ensure the outcomes of specialist assessments are documented in care plans and systems such as handover between shifts and progress note documentation ensure all relevant staff know about changes in resident care. Residents/representatives say they are satisfied with residents’ access to external specialists and health related services.

## **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

Registered nurses, doctors and a pharmacist oversee the medication system to ensure residents’ medication is managed safely and correctly. A prepacked system of medication is used by the home. Registered nurses undertake medication administration rounds and ensure appropriate stock is always available. Medications are stored safely and correctly in securely locked rooms, cupboards, refrigerators and trolleys. A pharmacist conducts regular medication regime reviews with results provided to the residents’ medical officer and registered nurses for follow up. Staff report medication incidents which are documented on the home’s electronic monitoring system and are followed up by management. A medication advisory committee meets regularly to oversee the medication system including review of audit results, incidents, medication issues and the education requirements of staff.



Residents/representatives say they are satisfied with the way residents' medications are managed.

## **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

Stanmore Nursing Home implements a pain management system which ensures all residents are as free from pain as possible. Registered nurses complete a long term care facility assessment which guides staff on whether a more detailed pain assessment is required. This may include a comprehensive verbal and/or a non-verbal assessment which provides information for care planning. Registered nurses review and update individual pain management plans as required. Complex pain management therapy plans include regular massage by registered nurses and the physiotherapist. Registered nurses consult with residents and review pain monitoring logs and progress note documentation to monitor the effectiveness of pain relief strategies. Doctors review residents who experience ongoing pain and those requiring end of life care are often referred to the palliative care team for additional review and advice. Residents who are able are consulted about their pain management which gives them active control of their pain. Residents say their pain is managed well at the home and is especially relieved by massage.

## **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 provides end of life care for residents which respects their privacy and dignity and ensures their comfort. Registered nurses discuss with residents/representatives during case conferences or at other suitable times the preferences of the resident for end of life care. This information is then included in care planning. Effective interventions for terminally ill residents provided by staff include pain management, nutrition and hydration, mouth care, pressure care and emotional support to ensure they remain comfortable. Family members who wish to stay with their terminally ill relative are made comfortable and refreshments are provided by staff. Religious representatives provide spiritual support for residents, their family and friends according to their wishes. The local palliative care team provides assessment of residents and advice for staff. Interviews and observations show caring staff who provide gentle support for residents. A representative said their relative was "exceptionally well cared for during end of life care".

## **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 identifies residents' diet preferences and special needs related to nutrition and hydration when they first move into the home. Information identified includes special diets, any food allergies, preferences for meal size, food likes/dislikes, thickened fluids, texture

modified meals and requirements for special cutlery or plates. This information is forwarded to the kitchen and included in care planning. Staff provide assistance to residents who require support at meal times. The home provides special diets and nutritional supplements if needed. Health monitoring by staff includes regular weight recording with results reviewed by a registered nurse and followed up as needed. Registered nurses arrange referrals to a resident's doctor, a dietician or a speech pathologist if required which ensures they receive adequate nutrition and hydration. Residents say they like the meals and there is always plenty to eat.

## **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

Registered nurses complete clinical assessments to identify the skin integrity of each resident when they first move into the home. Completion of a long term care facility assessment and focused skin assessments along with consultation with residents/representatives ensures any concerns related to skin care are identified and addressed. Care plans include the regular and specialised skin care residents' require. Registered nurses complete wound assessments and treatments. Review of wound documentation and interviews with staff show assessments and treatments lead to successful wound healing where possible. A specialist nurse is consulted for complex wound management if required. Residents' skin integrity is protected through regular bathing/showering and the use of moisturisers, limb protectors, careful manual handling, regular repositioning and pressure relieving equipment. Residents/representatives say they are satisfied with the wound and skin care provided for residents.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

Continence assessments provide information for individualised toileting and bowel management programs. Consultation is undertaken with each resident to ensure any concerns related to continence are identified, documented in care plans and addressed by staff. The home has appropriate equipment such as raised toilet seats and adequate supplies of continence aids. Bowel management programs include increased fibre intake, fruit, exercise and good hydration. Staff monitor the effectiveness of continence programs on a daily basis with any changes reported to registered nurses for follow up management if necessary. Representatives say the home always smells fresh and residents/representatives say they are satisfied with the continence programs provided for residents.

### **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

Stanmore Nursing Home implements systems which effectively manage residents with difficult and challenging behaviours. Clinical assessments, consultation with residents/representatives and monitoring of behaviours identifies triggers and successful interventions which are included in care planning. Residents with difficult behaviours which require further assessment and intervention are reviewed by specialists or staff of an external specialist behaviour advisory team. The home provided examples of residents who have been assisted with this process resulting in effective behaviour management. The recreation program includes a specialised early evening program which effectively manages residents with anxious, agitated or wandering behaviours at that time of day. Registered nurses review the effectiveness of interventions and refer to the resident’s doctor when needed. Observation of resident and staff interaction shows a patient, gentle and effective approach to behaviour management. Residents/representatives say the needs of residents with challenging behaviour are effectively managed.

### **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

Registered nurses complete initial mobility and transfer assessments. The physiotherapist reviews assessment results and completes additional assessments of strength, balance and movement. Therapy planning includes consideration of the resident’s falls history, medication regime and pain experience. Mobility, locomotion and rehabilitation plans implemented by the physiotherapist, registered nurses and other staff include massage with either a heat rub or moisturising creams, heat packs and exercise. Staff provide gentle exercise during daily care and walk residents where possible. A group exercise session on Fridays conducted by the physiotherapist includes ‘sit to stand’ practice and exercises to improve muscle strength and body movement. Some residents have shown exceptional improvement in their ability to move including walking again after being bed bound. Residents/representatives say the physiotherapy program is very good and the massages relieve residents’ pain.

### **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

Clinical assessments identify the oral and dental needs and preferences of residents which provide information for care planning. Staff assist residents to maintain their dental and oral health through routine cleaning of their teeth and/or dentures. Staff monitor residents’ oral health during daily care provision and report any changes to a registered nurse for follow up. The home provides oral and dental care equipment such as toothbrushes, mouth swabs and denture cleaning/soaking equipment as required. Terminally ill residents receive specialised mouth care to ensure they remain comfortable. Appointments with residents’ doctors or other health professionals such as dentists or denture technicians are arranged as required.

Residents say they are satisfied with the assistance provided by staff for the cleaning and care of their teeth and/or dentures.

## **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 identifies any sensory losses which residents may have when they first move into the home. Consultation with residents/representatives provides additional information for care planning such as the use of glasses or hearing aids and favourite smells and foods. Interventions include assistance with cleaning glasses, application of hearing aids, large print books and large screen televisions. Meals are prepared fresh on site which stimulates residents’ sense of smell. The recreation program includes cooking sessions such as pikelets and donuts which provide stimulation for smell and taste. Residents’ sense of touch is stimulated during daily care provision and through therapy massages. Staff assist residents to make external appointments as necessary and some professionals such as optometrists attend the home to provide assessment. Residents say staff provide assistance as needed for any sensory loss.

## **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

Clinical assessments identify residents’ preferred routines for rising in the morning, naps during the day, retiring at night and any concerns which may interfere with natural sleep patterns. Staff assist residents to rest in bed or in a chair according to their choice throughout the day. Registered nurses review residents who experience sleep disturbance in consultation with their doctor. Night staff check residents regularly throughout the night and provide repositioning, continence care and pain management if required. Evening and night staff provide residents who are unable to settle or sleep with warm drinks or snacks. Residents say the home is reasonably quiet at night and they sleep well.

## **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 about the home's system for actively pursuing continuous improvement.

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

- In response to the needs of residents the sundowners program was revised. A more structured program was implemented which helps to address the individual needs of residents with dementia and those who have challenging behaviours or are inclined to wander. The individual needs and strategies to address these are detailed in the residents' lifestyle care plans. The revised program has reduced challenging behaviours and resulted in residents being more settled in the evenings.
- A review of the recreational activities at the home found the program could be more varied. To address this need two special events have been added to the program each month. The events change each month and include such things as; a chocolate fountain, men's coffee morning, ladies high tea, harmony day, a pyjama party and animal farm. This has resulted in a more varied and interesting activities program and management say the residents appreciate the special events.
- As part of the review of the activities program new equipment was purchased. This includes a new coffee set and china tea set, aromatherapy and massage oils, and new weights for the exercise program. This has enabled the various activities to be more effective.

### **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

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

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

- Information is provided to residents/representatives in the resident handbook and the resident agreement regarding residents' 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 included in the resident handbook and displayed in the home.
- Staff are trained in residents' rights and responsibilities in their orientation program and follow a code of conduct. They also sign a confidentiality agreement to ensure residents' rights to privacy and confidentiality are respected.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents.
- Training has been provided for staff on the mandatory reporting of elder abuse.

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

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

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

The home meets this expected outcome

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

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

- The orientation program covering such topics as; resident rights, privacy and confidentiality, and elder abuse and mandatory reporting.
- Annual compulsory training on the mandatory reporting of elder abuse with a competency assessment.
- The in-service program covering such topics as: grief awareness, cultural diversity in aged care, privacy and dignity, and legal issues in aged care.
- The Certificate IV in leisure and lifestyle accessed for one recreation officer and first aid and cardiopulmonary resuscitation training for all recreation staff.

### **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

Stanmore Nursing Home provides emotional support for new and existing residents. Information on living at the home, a resident/relative handbook and a tour of the home is provided for new residents/representatives prior to entry where possible. Management and staff provide support through introductions to other residents, explanations of daily happenings and emotional support as residents settle into their new environment. The home encourages residents to decorate their space with photographs, mementoes and personal items from their lives which helps them to settle. Recreation staff invite residents to participate in the social program as they feel ready. Church services are held at the home and at other times residents may choose to have religious representatives visit them. Relatives and friends are encouraged to visit freely. Residents say they are happy at the home and a representative said "they go the extra mile and genuinely care".

### **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

The home encourages residents to remain as independent as possible and to maintain their contact with and participation in the local community. Staff complete assessments which identify residents' abilities and choices in relation to lifestyle. Care plans guide staff on residents' day to day needs and preferences for independence and participation in life. Residents enjoy bus outings to parks and local restaurants, and shopping trips may be arranged. The community is invited into the home through the encouragement of visiting family and friends, entertainers and school children visits. The physiotherapy program and exercise sessions promote independence through maintenance or improvement of strength, balance and mobility where possible. Newspapers, television and radio broadcasts keep residents informed of happenings in Australia and around the world. Residents say they enjoy the concerts, bus outings and visitors.

### **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 privacy and dignity of residents and confidentiality of their personal information is maintained and respected by the management and staff of the home. The home provides residents/representatives with information on residents' rights and responsibilities. Residents sign consent forms for release of information to appropriate people and staff understand the importance of confidentiality of resident information. Resident care and personal information is securely stored and only available to appropriate people, staff and health professionals. Computers are password protected. Residents/representatives say staff are polite and staff were observed to treat residents with respect.

### **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

Stanmore Nursing Home provides a recreation program seven days a week which includes an evening program for residents who become restless or anxious at that time of day. Staff gather information on residents' interests, lifestyle and preferences for activities which are included in care planning. Resident choice is respected and participation is optional in the varied and interesting program. Residents enjoy regular theme days which include ladies high tea, men's coffee club, Hawaiian Luaus, a 'coco loco' chocolate fountain, animal farm, sunset sippers and barbecue concerts. Regular activities include reminiscing, puzzles, movies, sensory games, gardening, pet therapy, happy hour and bus outings. Recreation staff provide individual room visits for those residents who are too frail or choose not to attend. Participation is monitored to ensure all residents receive support according to their

choice. Representatives are invited to attend through the newsletter and notices and by provision of a program. Residents say they really enjoy the special days, there is plenty to do and their choice of level of participation is respected.

### **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

The cultural and spiritual preferences of residents are supported and celebrated at the home. The home identifies information related to residents' cultural and spiritual background when they first move into the home which is incorporated into care planning where appropriate. The home has residents from several different cultural backgrounds which are recognised and celebrated. Some staff are multi-lingual, visitors assist with translation and access to interpreters is available if required. The community visitors' scheme is utilised to access support for residents who speak languages other than English. Regular church services are held at the home and religious representatives visit residents according to their choice. Residents who no longer live at the home are recognised during memorial services. Staff plan celebrations of significant cultural days to ensure important events to residents are recognised and respected. Residents' birthdays are celebrated with a card, cake and singing. Residents say they are happy living at the home and feel their beliefs are supported and fostered.

### **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 and encourages residents to exercise choice and control over their lifestyle. Residents decorate their personal space with mementoes from their lives and other items of their choosing in line with the space available. Assessments and consultation identify residents' preferences for routine daily care, meal choices, their choice of doctor and other health services. Feedback on the running of the home is encouraged through survey completion, the suggestion system and during resident/representative meetings. Federal and state voting is by resident choice and may be actioned through assistance from family members, via the mail or if they wish residents may be removed from the roll. Residents say they are satisfied with the choices they are able to make about their care and lifestyle.

### **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 provides residents with information on their security of place and rights and responsibilities prior to moving into the home, during the moving in process and through the resident and relative handbook. Management and administration staff discuss relevant



information about security of tenure, fees, available care and services and residents' rights and responsibilities with residents/representatives. Once settled residents are not moved to different rooms around the home unless thorough consultation has occurred with the resident and their representative. Ongoing communication with residents/representatives is encouraged through case conferences, individual meetings, resident/relative meetings and the suggestion system. Residents/representatives indicated awareness of residents' rights and responsibilities and security of tenure at the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- The front yard of the home has been renovated. The paving has been levelled, the garden has been landscaped and outdoor furniture been repainted. This has resulted in a more attractive and inviting outdoor environment and increased usage by residents. Feedback from residents, relatives and neighbours has been positive.
- Following feedback from an external audit reverse cycle air conditioning was installed throughout the building. This has resulted in a more comfortable living environment and management say the residents appreciate the air conditioning.
- The fire safety system at the home has been upgraded with the installation of a sprinkler system. This provides a more effective means of combating fires.

### **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 about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

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

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display in the home.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The home has a disaster management plan in accordance with the NSW Healthplan as required for all hospitals and health care facilities.
- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- Safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer.

#### **4.3 Education and staff development**

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

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

The home meets this expected outcome

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

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

- The orientation program which includes training in: fire safety, infection control, work health and safety, manual handling, incident reporting and food safety for food handlers.
- Annual mandatory training for all staff including: fire awareness and evacuation procedures, infection control and manual handling, each with competency assessments.
- The in-service program covering topics such as: safe chemical handling and food safety,
- The Certificate III in laundry operations for one staff member.

#### **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 actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has two levels linked by a lift and is a secure facility with keypad exits. Residents are accommodated in shared and single rooms and have personalised their own space. There are a number of communal areas and lounge rooms as well as a courtyard and garden. The living environment is clean, well furnished, well lit, free of clutter and has air conditioning throughout the building. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, audits, resident/representative feedback, incident/accident reports and observation by staff. Residents/representatives interviewed express their satisfaction with the 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

Management has a system to provide a safe working environment that meets regulatory requirements. The work health and safety committee has staff from all departments of the home and has regular meetings to oversee work health and safety within the home. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to ensure safe work practices and there is a maintenance program to ensure the

working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through workplace inspections, audits, risk and hazard assessments, incident and accident reporting and daily observations by the management and staff. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

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

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

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

The home meets this expected outcome

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. A trained fire safety warden oversees fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate fire fighting equipment and warning systems and inspection of the external contractor records and equipment tagging confirms the fire fighting equipment is regularly maintained. The current annual fire safety statement is on display and there is an emergency and disaster plan for the site. Emergency flipcharts and evacuation plans are displayed throughout the home and a current resident list and photographs of all residents is located at the entrance of the home in case of evacuation. The home is a secure facility and there is a lock up procedure at night to maintain security. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff interviewed indicate they know what to do in the event of an emergency and residents interviewed say they feel safe 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 ensures its infection control program is effective through clear policies and procedures, education and an infection surveillance program. An infection control officer coordinates the program in conjunction with the quality committee. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, trend analysis, audits, benchmarking and organisational review.

#### **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

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. There is a rotating menu that provides choice and variety of meals and caters for special diets and for the individual needs and preferences of residents. It has been designed by the chef, approved by the residents and assessed by a nutritionist. Residents make their choice of meals each day and all meals are cooked fresh on site. The home is cleaned daily and includes a scheduled detail clean of each room twice a month. We observed the home to be clean and residents/representatives state they are satisfied with the results. Personal clothing and linen is laundered at the home seven days a week. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives interviewed say they are satisfied with the hospitality services provided.