



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Gertrude Abbott Aged Care**

RACS ID 2710  
180 Albion Street  
Surry Hills NSW 2010

**Approved provider: Catholic Healthcare Limited**

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 06 September 2018.

We made our decision on 24 July 2015.

The audit was conducted on 16 June 2015 to 19 June 2015. 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	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:

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	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: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

**Audit Report**

**Gertrude Abbott Aged Care 2710**

**Approved provider: Catholic Healthcare Limited**

## **Introduction**

This is the report of a re-accreditation audit from 16 June 2015 to 19 June 2015 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 16 June 2015 to 19 June 2015.

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

<b>Team leader:</b>	Helen Ledwidge
<b>Team member/s:</b>	Margaret Dawson

## Approved provider details

<b>Approved provider:</b>	Catholic Healthcare Limited
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## Details of home

<b>Name of home:</b>	Gertrude Abbott Aged Care
<b>RACS ID:</b>	2710

<b>Total number of allocated places:</b>	114
<b>Number of care recipients during audit:</b>	95
<b>Number of care recipients receiving high care during audit:</b>	95
<b>Special needs catered for:</b>	29 place unit for residents diagnosed with dementia

<b>Street/PO Box:</b>	180 Albion Street
<b>City/Town:</b>	Surry Hills
<b>State:</b>	NSW
<b>Postcode:</b>	2010
<b>Phone number:</b>	02 9331 7122
<b>Facsimile:</b>	02 9331 3607
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Residential aged care manager	1
Administration assistants	2
Care manager	1
Registered nurses	4
Registered nurse/ACFI coordinator	1
Care staff	9
Quality systems coordinator (organisational level)	1
Physiotherapy manager/physiotherapy team	4
Maintenance manager and staff	2
Residents/representatives	16
Recreational activities officers	2
Art therapist	1
Pastoral carer	1
Contract catering manager, chef manager and catering staff	3
Contract cleaning and laundry services managing director	1
Contract cleaning area supervisor and staff	3
Laundry staff	2

### Sampled documents

Category	Number
Residents' files	9
Summary/quick reference care plans	9
Wound management charts	8
Medication charts	8
Personnel files	7
Resident agreements	5

## Other documents reviewed

The team also reviewed:

- Accident/incident reports, electronic incident management records
- Audit schedules, audit results, clinical indicators
- Cleaning and laundry manuals, schedules, audits and follow up, communication books
- Clinical documentation including: assessments, plans, directives, charts and records
- Communication books, handover record
- Continuous improvement register, plan for continuous improvement, complaints, compliments, improvement forms
- Education calendars, annual staff training needs analysis, education records including mandatory training, skill assessments, annual staff feedback and development documentation
- Emergency procedures documentation
- Infection control resources and records, including outbreak management program and vaccination records
- Lifestyle documentation including: residents' social profiles, activities program and records
- Medication competencies and medication competent staff list
- Medication registers, reports and records
- Meeting calendar, meeting minutes, memoranda, newsletters
- New employee pack, staff handbook, code of conduct, orientation program, orientation workbook, position descriptions, duty statements
- NSW Food Authority report, dietician's review of menu, food safety documentation, food and equipment temperature records, meal/drink preference lists, menu, dietary profiles, supplements lists
- Organisational charts
- Physiotherapy guidelines, directives and records
- Planned preventative maintenance schedule, records, maintenance requests
- Police record certification list, staff list, professional registrations
- Policies, flowcharts, procedure manuals in hard copy and intranet
- Reportable incident records



- Resident, staff and volunteer handbooks; resident admission pack and information guide for residents and families
- Resident, visitor and contractor sign in/out books
- Satisfaction survey results - residents, staff
- Self-assessment documentation for re-accreditation
- Service reports - pest control, legionella, electrical equipment testing and tagging, fire safety inspections
- Speech pathologist assessments/plans
- Staff rosters
- Temperature monitoring records
- Work Health and Safety (WHS) notices, environmental inspection reports, WHS policies, newsletters

## Observations

The team observed the following:

- Activities in progress and activity programs displayed
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Notices, brochures, posters including advocacy services, internal and external complaints mechanisms (in various languages) and forms available
- Charter of care recipients' rights and responsibilities on display
- Chemical storage, safety data sheets, cleaning trolleys
- Cleaning in progress
- Dining rooms at meal times
- Equipment and supply storage areas
- Feedback/improvement forms, suggestion boxes
- Fire safety instructions, equipment, evacuation plans, emergency evacuation packs, annual fire safety statement, emergency procedures information displayed throughout the home
- Infection control equipment, supplies and signage
- Information on noticeboards (staff, residents), whiteboards and menu boards
- Interactions between staff, residents and visitors
- Laundry in operation

- Living environment
- Manual handling/mobility equipment
- Medication administration rounds
- Menu on display, lunch time meal service, water cooler dispenser in reception area
- Mission, vision, values statements displayed
- NSW Food Authority licence
- Secure storage of resident information including archives
- Security systems including wanderer alert system and CCTV
- Short group observation in dementia specific dining area
- Staff work practices and work areas
- Storage of medications
- Wound management trolley and equipment

## Assessment information

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

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

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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 has a continuous improvement system to identify and implement improvements across the four Accreditation Standards. Residents/representatives and staff use formal and informal mechanisms to provide feedback on all aspects of care and service delivery.

Mechanisms include: audits, legislative changes, surveys, verbal and written comments and complaints and meetings. Continuous improvement matters are captured in a continuous improvement plan and actions logged on the plan are followed up in a timely manner.

Continuous improvement matters are discussed and reported at various meetings. Meetings are held to progress initiatives. Staff are familiar with continuous improvement mechanisms and are aware of recent improvements. Residents/representatives are encouraged to make suggestions and to put forward ideas for improvement using the various feedback mechanisms.

Examples of improvements in relation to Accreditation Standard One, Management systems, staffing and organisational development include:

- In March 2014, management identified the need to review staffing and rostering of the home's care staff. Staff and resident/representative feedback indicated the high level usage of agency staff was impacting on the continuity and quality of care provided to residents. Extensive consultation processes were used to develop different shift hours to match resident care needs. The home's casual staff were also engaged by the home on a permanent part time basis to avoid the need to use agency staff. As a result the use of agency staff has reduced and staff, residents and representatives report the changes have led to improved communication and effectiveness in meeting resident needs.
- In March 2014, the organisation introduced focussed education programs that are delivered to staff in the home each month. The programs include newsletters, posters, factsheets, quizzes and resources to assist senior staff in educating care staff. Monthly topics featured to date this year were falls, infection control, palliative care, skin and wounds, and mental health. Staff are finding the material relevant and helpful in keeping skills and knowledge up to date.

## 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 to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. New and updated legislation policy directives and guidelines are regularly accessed from sources which include the Department of Social Services, corporate communications including subscription to legislative update services and membership of industry peak bodies. Head office staff ensure currency of policies, procedures and forms. Staff demonstrated awareness of current legislation. Relevant information is provided to residents/representatives at meetings, and through information on display in the home. Staff are informed through notices, circulars, memoranda, meetings and education. Audits, quality improvement activities and staff supervision ensure that work practices are consistent and compliant with legislative requirements and professional standards.

Examples of regulatory compliance relating to Accreditation Standard One include:

- A police certificate register is maintained which demonstrated all staff have current police record certification.
- Resident agreements have been updated to reflect legislative change.

## 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 an education program that ensures management and staff have the appropriate knowledge and skills to perform their roles effectively. Staff education includes: orientation, annual compulsory training and a range of internal and external training programs. The organisation also subscribes to an education provider and this includes a library of audio visual resources and assessment materials. Management maintains education records and relevant staff receive training and education across the four Accreditation Standards. An annual education calendar is developed incorporating staff training needs identified through legislative requirements, changes in resident needs, observation of staff practices, consultation with staff and stakeholders, staff performance appraisals and a range of audit data. Education sessions are evaluated and the effectiveness of training and education is assessed. Staff are satisfied with the education programs and opportunities provided. Resident/representative interviews demonstrated they are satisfied staff are skilled and knowledgeable in their delivery of care and services to the residents.

Education topics recently provided by the home relating to Accreditation Standard One include: orientation for new staff, working together, bullying and harassment, code of conduct, continuous improvement workshop. Management staff attended sessions on residential aged care reform changes.

## 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

The home has internal and external feedback and complaint mechanisms available to all residents/representatives. On entry all new residents are made aware of feedback mechanisms and advocacy services in the resident agreement and via the handbook and brochures. Internal feedback forms and brochures for accessing external complaints and advocacy services are also on display, and suggestion boxes are located throughout the home. Satisfaction surveys are conducted and residents' meetings provide forums for feedback and updates on action taken. Meeting minutes are posted on notice boards.

Complaints are handled confidentially and are registered and followed up in a timely manner. Issues are incorporated into the continuous improvement program. Resident/representative and staff interviews demonstrated they are aware of the home's complaints and feedback processes, residents/representatives feel comfortable raising issues of concern and confirmed they are generally satisfied with actions taken.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation's vision, mission and values statements are documented in the staff code of conduct, staff and resident handbooks and values statements are displayed in the home. The home's operations are supported by regional and head office staff and resources.

Documentation and interviews with management and staff confirm a commitment to quality within the home.

## 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 is supported by the organisation's corporate team and has systems to ensure there are sufficient appropriately skilled and qualified staff to deliver care and services in accordance with the Accreditation Standards, the home's philosophy and objectives and the needs of the home's residents. Police record certification is obtained prior to employment and is monitored for renewal. All new staff complete an orientation program and position descriptions, handbook, and policies inform staff of care and service delivery requirements. Staff practices

are monitored through observation, skill assessments, performance appraisals, feedback and audit results. Registered nurses are rostered on each shift and there is flexibility in rostering to ensure the staffing allocation addresses resident needs. Staff absences are replaced using the home's permanent part-time staff and casual staff and agency staff are used to address any further shortfalls. Residents/representatives expressed satisfaction with care provided by staff and residents said they are assisted when necessary in a timely manner.

## **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 an equipment management system to ensure appropriate stocks of goods and equipment are maintained to provide quality service delivery. The organisation and the home have systems to register, replace and purchase equipment. Equipment is well maintained and there is a comprehensive system to manage corrective and preventive maintenance in the home. Staff and residents/representatives confirmed the operation of the system is effective and maintenance requests are actioned in a timely manner. Electrical items are tested and tagged. Staff are familiar with ordering and maintenance systems and have sufficient goods and equipment on an ongoing basis. Resident/representative interviews demonstrated they are satisfied that goods and equipment required for use by residents are well maintained and readily available.

## **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 organisation has an effective information management system which includes policies to support care practices and the delivery of services. Various regular staff and resident/representative meetings are held. The home manages information review through a range of audits and information gathered is analysed, reported on and actioned where required.

Residents/representatives, staff and other stakeholders have access to information through mechanisms such as handbooks, orientation and training sessions, meeting minutes and noticeboards, staff handover discussions and verbal communication. Staff have access to policies. Resident and staff information was observed to be kept secured and staff are aware of their responsibility to keep resident information confidential. The organisation backs up electronic information daily and there is a system for archiving and destruction of confidential resident information. Resident/representative and staff interviews demonstrated they can access information and are kept informed about relevant matters.

## 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 demonstrated it has systems to monitor the quality of work being undertaken by externally sourced services to ensure services are provided in a way that meets the home's needs and service quality goals. Preferred external suppliers are managed by the organisation and the home through service agreements or contracts. Service agreements/contracts include specifications of service delivery, qualifications, insurance, police record certification and registration details as appropriate. Suppliers and contractors are regularly assessed against their service agreement and unsatisfactory service/breach of contract is addressed. Staff and residents/representatives said they are satisfied with the quality of the services currently being provided by external providers and the processes in place to ensure services meet both the home and residents' needs.

## 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 improvement for information regarding the continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Two, Health and personal care include:

- In April 2015, the home's physiotherapy team identified the need to implement a system to ensure heat packs are returned and available for ongoing use. The need for additional heat packs for resident treatments was also identified. Gel heat packs in various sizes were purchased as well as equipment to enable heat packs to be heated easily and safely. The physiotherapy team also improved the system and procedures to ensure consistency of use, storage and availability of heat packs when needed.
- Increasingly residents choose to stay in the home to receive palliative care. In response to these increasing needs for palliative care, the home is providing additional palliative care training to staff. The home also accepted the opportunity to participate in a palliative care project with a special focus on residents with a diagnosis of dementia. Two full days of palliative care training were provided to key staff, and the home's educator provided a full day of training in palliative care to other staff. A new advance care plan was introduced two months ago and has been used with every new family. Staff knowledge and skills continue to develop as a result of ongoing training and access to ongoing advice from community palliative care specialists.



## 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 information regarding the system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care.

Examples of regulatory compliance related to Accreditation Standard Two:

- Registered nurses develop and review resident care plans
- Safe storage, administration and disposal of Schedule eight medications
- Staff who require professional registration hold current registration certificates.

## 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education recently arranged by the home relevant to Accreditation Standard Two includes: dementia, palliative care (end of life care, loss and grief, palliative care approach in residential aged care), diabetes, falls (falls prevention and managing risk), mental health (assessment and diagnosis, delirium and depression, caring for a person with mental illness, depression awareness and support, Cornell scale for depression in dementia), skin care and wounds (skin integrity, preventing pressure ulcers, caring for a person with a skin condition, wound management, preventing skin tears) responding to behaviours, continence management, nutrition and hydration.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes in place to assess, identify, monitor and evaluate residents’ individual care needs to ensure they receive appropriate clinical care. Residents’ clinical care needs are overseen by a clinical care manager in liaison with the registered nurse. After an initial assessment period interim care plans are developed and then care plans

are formulated, reviewed and monitored by a registered nurse every three months and more often if required. Care is planned in consultation with residents/representatives, the residents' medical practitioner and allied health professionals. Clinical assessments are conducted during the admission process and reassessments are conducted if a resident's condition or care needs change. Clinical performance is monitored through audits and staff have a good understanding of the clinical care process. There is a system for recording and reviewing accidents and incidents. The home has appropriate supplies of equipment and resources that are maintained in good working order. Residents/representatives expressed satisfaction with the care that residents receive stating it is appropriate and meets their needs and preferences.

## **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

There are systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified staff. A registered nurse reviews and updates care directives and care plans which document residents' specialised nursing care needs and guide staff in the provision of care. The specialised nursing care needs of residents are identified when they first enter the home through clinical assessments conducted by a registered nurse, review of their medical history and consultation. Staff said they have access to external specialised services using a referral system including wound care and palliative care. Resource materials on specialised nursing care were observed and staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs.

Residents/representatives say they are satisfied with the nursing care provided for residents' specialised needs.

## **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

Clinical assessments, the resident's medical history and consultation with residents/representatives provide information on the resident's needs to access specialists or other health related services. Examples of health specialists visiting the home include podiatry, dietetics, speech pathology and a psycho-geriatrician. Referrals to external appointments are arranged and staff said residents are accompanied by their representative or other transport arrangements are made if required. The residents' care plans and progress notes include health specialists' recommendations and ongoing care interventions. Residents/representatives are satisfied with the access and availability of other health specialists and related services to residents.

## 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 has policies and procedures for the safe and correct management of medication and all staff responsible for administering medications are appropriately trained. Staff complete medication rounds using a pre-packed system of medications supplied by a pharmacy.

Observation identified staff store medications safely and correctly. Staff report medication incidents which are documented, investigated and followed up by management. An external company conducts medication reviews and results are provided to the resident’s medical practitioner for review. Audits of the medication system are undertaken to monitor and ensure safe and correct administration. Residents/representatives said they are satisfied with the home’s management of residents’ medication.

## 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

There are systems to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management plans are developed. Staff use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows staff provide a range of strategies to prevent and manage residents’ pain including clinical and emotional needs. Alternative approaches include massage, heat packs, regular repositioning and use of pressure relieving devices. Staff liaise regularly with medical practitioners and allied health personnel to ensure the effectiveness of pain management interventions are followed up and referrals to other services are arranged as needed. Residents/ representatives expressed satisfaction with residents’ pain management.

## 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

The home provides end of life care for residents which respects their privacy and dignity and ensures their comfort. An assessment and care planning process supports staff to identify the resident’s needs and preferences for end of life care in consultation with the resident/representatives. Strategies and interventions vary depending on residents’ wishes, diagnosis and condition and include spiritual support and pain management. The home discusses end of life care with residents/representatives during case conferences and further discussion takes place when appropriate. Staff receive education about managing the

palliative care needs of residents, have access to a palliative care team for advice and access to specialised equipment as required.

## **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

Residents’ special dietary needs and preferences are identified when they first enter the home and include swallowing difficulties, special diets and individual preferences.

Information about residents’ dietary needs that include food allergies, special diets and food and drink preferences are recorded and available for staff to access. Residents’ weights are monitored and recorded monthly and the registered nurse and team leader liaise with the resident’s medical practitioner, dietician or speech pathologist as needed. Residents were observed being served and assisted with meals and drinks. Staff could discuss the provision of nutritional supplements, special diets and modified food textures used for residents with specific requirements. Residents/representatives interviewed are satisfied with the quality of the meals and choices offered to residents.

## **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

The home has a system to ensure residents’ skin integrity is consistent with their general health through initial and ongoing assessments and care planning. Care staff observe and report changes such as redness, skin tears, pressure areas or bruising to the registered nurse. The registered nurse attends complex wound management and oversees the provision of skin and minor wound care management. Care staff confirmed they assist residents to maintain their skin integrity by using equipment such as pressure relieving devices, repositioning and safe manual handling practices. Podiatry and hairdressing services are available at the home. Monitoring of accidents and incidents including skin tears and bruises occurs through the incident reporting system. Residents/representatives say they are satisfied with the skin care provided to residents.

## **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 continence management system promotes the dignity, comfort and well-being of residents. Continence assessments provide information for care planning including toileting needs, dietary interventions and the use of continence aids and equipment as needed. The effectiveness of the continence and bowel management programs is monitored and recorded

each shift and any anomalies are followed up by the continence link nurse. The home's continence aid supplier can be accessed as required and provides training to staff in continence management and the correct use and fitting of continence aids. Staff confirmed there are adequate supplies of continence aids available. Residents/representatives say they are satisfied with continence management provided to residents.

### **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

Clinical assessments, consultation with residents/representatives and monitoring of behaviour identify triggers and interventions to ensure the needs of residents with challenging behaviours are managed effectively. Individual activities are provided to residents with responsive behaviours and assist with their needs and interests. Acts of resident aggression are reported and reviewed to identify causes and the effectiveness of ongoing treatment strategies.

Documentation shows there are referrals to specialist services to assist with managing challenging behaviours. Staff were observed to be interacting with residents in a calm and patient manner. Residents/representatives generally say the needs of residents with challenging behaviours are effectively managed.

### **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

The home has systems to ensure residents are assisted to maintain optimum mobility and dexterity for as long as possible. The physiotherapist provides assessment and therapy planning for new residents and the review of residents whose condition has changed.

Individual programs are provided by a physiotherapist and include pain management, gentle exercise and massage. Residents' physiotherapy care plans and exercise plans are attended by the physiotherapist, physiotherapy aides and care staff in a team environment. Group and individual exercises are conducted regularly during the week. Documentation shows falls incidents are reviewed, monitored and reported as part of the incident management reporting system. The physiotherapist provides manual handling education to care staff and equipment to assist residents to mobilise is maintained in good working order. Residents/representatives are satisfied with the home's approach to maintaining the mobility and dexterity and rehabilitation of residents.

## 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

The home has a system to ensure residents’ oral and dental health is maintained. Residents’ needs and preferences are assessed and care plans are developed and evaluated on a regular basis and as required. Staff arrange appointments for residents to access dental services at the home or in the community. Swallowing difficulties and pain are referred to the resident’s medical practitioner or allied health services for assessment and review. Oral care products are provided by the home and staff assist residents to maintain oral and dental care in accordance with their needs and preferences. Residents/representatives say they are satisfied with the oral and dental care provided to the residents.

## 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

The home has a system to assess, monitor and evaluate residents’ senses to ensure they are managed effectively. Documentation shows assessments identify deficiencies and consultation with residents/representatives provides additional information for careplanning to effectively manage any sensory losses. Staff are able to explain the necessary care provided to residents who have visual or hearing loss including the cleaning and fitting of glasses and hearing aids. The home supports residents with the use of resources such as talking books, large print books, appropriate activity games and equipment. Residents/representatives say staff are supportive of residents with sensory loss and promote independence and choice as part of daily care.

## 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

Strategies are implemented to assist residents to achieve natural sleep patterns. Clinical assessments identify individual sleep patterns and residents are encouraged to maintain their usual bed time and to rest through the day if they choose. The registered nurse reviews residents who experience sleep disturbances and medications to assist with sleeping are prescribed at the discretion of the resident’s medical practitioner. Residents who are unable to sleep are offered a warm drink, food and relaxation interventions are provided with a quiet environment to help them settle. Residents/representatives say they are satisfied with the way residents’ sleep is managed.

## 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 information regarding the home’s continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Three, Care recipient lifestyle include:

- In recognition of the therapeutic benefits to residents of interacting with pets, the home’s recreational activities staff introduced weekly visits by a therapy dog. Since June 2014 weekly visits of a therapy dog have been a feature of the activities program for residents in the dementia care unit. Residents and their representatives have provided very positive feedback and look forward to the weekly visits of the therapy dog.
- Management, staff and feedback from resident representatives identified the need to appoint a dedicated recreational activities staff member seven days a week in the dementia specific unit of the home. Previously a recreational activities officer (RAO) was shared between two areas of the home and only available on week days. An action plan was developed with the input of consultants and since May 2014 a dedicated RAO has been providing a daily program of individualised activities to residents in the dementia specific unit of the home. Observations and feedback from staff indicate this initiative has been effective in engaging residents in activities of interest to them.

### 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 information regarding the system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care.

Examples of regulatory compliance related to Accreditation Standard Three:

- Mandatory reporting guidelines and training have been implemented by the home in accordance with regulatory requirements.
- Residents/representatives are provided with a resident agreement in line with legislative requirements. Agreements cover security of tenure and residents’ rights and responsibilities.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education recently arranged by the home relevant to Accreditation Standard Three includes: *your care, your choice: wellbeing*, elder abuse, funerals, loss and grief.

### 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 has systems to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. Information regarding residents’ cultural, spiritual and other interests is obtained soon after entry and assists staff to support residents to settle into the home. Visiting families and friends are welcomed, birthdays are celebrated and outings are arranged. Residents are encouraged to decorate their room with personal items to help create a homelike atmosphere. Staff provide residents with emotional support and arrange as required for one to one visits from the pastoral carers, chaplain or religious representatives of their choice. Residents/representatives interviewed are satisfied with the



way residents are assisted to adjust to life at the home and the ongoing caring support they receive.

### **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 residents to achieve maximum independence, maintain friendships and participate in the community. Clinical assessments identify the independence level of residents and the amount of assistance they require on a daily basis to complete their usual activities. A range of individual and general strategies are in place to promote independence including the provision of services and equipment, an activities program and regular mobility and exercise program. Staff assist with mobility and leisure activities that actively seek the involvement of residents and promote mobility and independence. The home welcomes visitors and residents are encouraged to participate in activities outside the home whenever possible. Residents/representatives say they are satisfied with the assistance the home provides in relation to residents' independence and continuing participation in the life of the community within and outside the home.

### **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 residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Permission is sought from residents for the disclosure of personal information and the display of photographs. Staff education promotes privacy and dignity and staff sign confidentiality agreements. Staff handovers and confidential resident information is discussed in private and residents' files are stored securely. There are areas available within the home where residents, relatives and friends can meet privately. We observed staff being respectful of residents' privacy and dignity as they attended to their care needs. Residents/representatives are satisfied with how residents' privacy and dignity is managed at the home.

### **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

The home has systems and encourages and supports residents to participate in a wide range of interests and activities. Residents' activity needs, interests and preferences are assessed

on entering the home and on an ongoing basis. The activities program includes special events, art therapy, bus outings, pet therapy, walking groups, movies, reminiscing, exercises, word games, wheelchair walks and happy hour. There are varied activities programs including specific activities for residents living with dementia. Review of documentation and observation shows the home encourages and supports residents to participate in a wide range of interests and activities of interest to them. Residents who are too frail or choose not to attend activities enjoy individual visits from staff.

Residents/representatives are informed of the activities by receiving an individual program and through display on noticeboards throughout the home, and residents are satisfied with the activities provided.

### **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

Residents' cultural and spiritual needs are fostered through the identification and communication of residents' individual interests, customs, religions, ethnic backgrounds and end of life wishes during the home's assessment processes. The home recognises and celebrates culturally specific days with festivities consistent with the residents residing in the home. Church services are regularly conducted; a priest attends mass services and anointing mass once a week. Pastoral carers attend individualised pastoral care for residents who wish to participate and other religious representatives visit on a regular basis as needed. The home celebrates residents' birthdays and welcomes involvement from families.

Residents say their customs and beliefs are supported and fostered by the home.

### **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 demonstrates that each resident participates in decisions about the services the home provides and is able to exercise choice and control over their lifestyle through consultation about their individual needs and preferences. Documentation demonstrates residents' personal preferences are identified on entering the home. Management has an open door policy to interact with residents/representatives when needed. Processes include one-on-one interviews, discussions with staff and management, completing surveys and other feedback mechanisms. Observation of staff practices and staff interviews demonstrate residents have choices available to them including waking and sleeping times, shower times, meals and activities. Residents and relatives' meetings are conducted to enable them to discuss and provide feedback about the services provided by the home. Residents are able to decorate their own rooms with personal belongings. Residents state they are satisfied with the support from staff with regard to their choice and decision making processes.

### **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

There are processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. The home provides a range of information to residents and their representatives when residents are to enter the home. This includes information regarding residents' security of tenure and residents' rights and responsibilities. The resident agreement contains clauses which identify the circumstances and restrictions for moving the resident from the home and to another room within the home. Resident relocation only occurs following consultation with the resident/representative and in accordance with legislated requirements. Residents/representatives state that the resident's tenure is secure and resident rights are supported through staff practices.

## 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 information regarding the continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Four, Physical environment and safe systems, include:

- In May 2014, the escalating behaviour of residents and feedback from resident representatives identified the need to address the noisy environment in the dementia care unit of the home. In the last year, the main communal area was renovated by installing new curtains, blinds and shutters, adding a fish-tank, reducing the noise by relocating the television into a nearby sitting room, opening up access to the balcony by installing a ramp, and turning an office into a quiet sitting area for residents and visitors. Residents have also been referred to psycho-geriatrician for behaviour management where appropriate. Staff and representatives have provided positive feedback and audits show these measures have been effective in producing a calm environment and reducing the incidence of residents’ challenging behaviours.
- In May 2014, resident/representative feedback identified dissatisfaction with the home’s cleaning and pest control services. Management engaged a new contractor for cleaning and laundry services and also arranged for pest control services to be provided by an alternative company. Residents, representatives and staff expressed satisfaction with the cleaning and pest control services and environmental audits have also confirmed these services are currently provided at the required standard.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

- Annual compulsory education is provided for fire safety and a current fire safety statement is displayed.
- A current NSW Food Authority licence is held.

## 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education and training sessions have been provided to staff in relation to the physical environment and safe systems. Some of the topics include: manual handling, infection control, safe food handling, chemical safety, fire 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 demonstrated it provides residents with a safe and comfortable environment consistent with their needs. Residents are accommodated on two levels of the home in either single rooms with en-suite or two-bedded rooms with shared bathroom facilities. Residents may personalise their living area. The home has a 29 place secure unit for residents diagnosed with dementia. Sitting rooms and quiet areas are available for use with family and friends. Preventative maintenance schedules ensure the safety of the internal and external environment and equipment and maintenance requests are actioned promptly. The safety and comfort of the home is monitored through regular environmental audits, analysis of accidents

and incidents and hazard reporting. All residents have access to nurse call alarms, and neck pendants are also used by some residents as required. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment for residents at the home.

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

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

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

The home meets this expected outcome

The home actively works to provide a safe working environment that meets regulatory requirements. The organisation provides work health and safety policies, procedures and resources and the home manager's role includes coordination of the return to work program. Information regarding work health and safety is included in the home's orientation program, posted on notice boards, and work health and safety matters are included in staff meetings. Audits and environmental inspections are used to monitor workplace safety and the safety of the environment including an accident/incident/ hazard reporting system which highlights areas for improvement. Safety data sheets are available for chemicals at point of use. Staff are provided with annual compulsory training and instructions on residents' manual handling needs and equipment is provided to support safe work practices. Staff are satisfied with the safety of their working environment.

#### **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 systems to ensure an environment and safe systems of work that minimise fire, security and emergency risks to residents and staff. These include regular checks of equipment by staff and external providers. Fire-fighting equipment inspection and testing is current and an annual fire safety statement is held. Fire/emergency/evacuation information is accessible to staff and the evacuation pack contains current resident information.

Compulsory fire training is provided annually for staff to manage emergency situations and staff are aware of the evacuation process should it be necessary. The home is equipped with fire warning and fire-fighting equipment, sprinklers, extinguishers, fire blankets and evacuation plans. Emergency exits are clearly marked and free from obstruction.

#### **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 efficient and effective infection control program in place. The program includes surveillance and reporting processes, hazard risk management, waste management

and a food safety program. Preventative measures include orientation and ongoing training, audits and competencies for staff and the provision of personal protective equipment.

Cleaning, food safety and vaccination programs are in place. Infection control clinical indicators are collected and results are monitored for trends and systems and practices are reviewed as necessary. The main laundry has sanitisers incorporated in the supplied chemicals. An outbreak kit is available, emergency supplies are available on-site and sharps and other contaminated waste are disposed of appropriately. Documentation, observations and staff confirm the home has an effective infection control program.

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

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

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

The home meets this expected outcome

The home has procedures, policies, and duty lists for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Meals are freshly cooked on site by contracted catering staff and the seasonal five week rotating menu has been reviewed by a dietician. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Residents are consulted about menus. There is a food safety program and the home holds a NSW Food Authority licence.

Contract cleaning staff are in attendance seven days a week and follow schedules for residents' rooms and communal areas. Personal items and linen are laundered by contract laundry staff and there is a timely turnaround time. Staff deliver personal items to residents and provide a labelling service. Sufficient supplies of linen were observed.

Feedback about services is given by residents through meetings, surveys and verbally. Residents/representatives stated they are satisfied with hospitality services available for residents.