



Aged Care
Standards and Accreditation Agency Ltd

Gertrude Abbott Nursing Home

RACS ID 2710

180 Albion Street

Surry Hills NSW 2010

Approved provider: St Mary Mackillop Care (NSW)

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 6 September 2015.

We made our decision on 10 August 2012.

The audit was conducted on 3 July 2012 to 6 July 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

Gertrude Abbott Nursing Home 2710

Approved provider: St Mary MacKillop Care (NSW)

Introduction

This is the report of a re-accreditation audit from 3 July 2012 to 6 July 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 3 July 2012 to 6 July 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:	Kathleen McDonagh
Team member:	Rodney Offner

Approved provider details

Approved provider:	St Mary MacKillop Care (NSW)
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Details of home

Name of home:	Gertrude Abbott Nursing Home
RACS ID:	2710

Total number of allocated places:	114
Number of residents during audit:	97
Number of high care residents during audit:	97
Special needs catered for:	31 Bed Secure Unit

Street/PO Box:	180 Albion Street	State:	NSW
City/Town:	Surry Hills	Postcode:	2010
Phone number:	02 9331 7122	Facsimile:	02 9331 3607
E-mail address:	ceo@mackillopcare.com.au		

Audit trail

The assessment team spent 4 days on-site and gathered information from the following:

Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	15
Care services manager	1	Director of Mission	1
Assistant care managers	2	Pastoral care manager	1
Registered nurses	4	Quality compliance manager	1
Care staff	10	Activity co-ordinator	1
Physiotherapists	2	Activity staff	3
Physiotherapy assistants	2	Area manager catering services	1
Dietician	1	Area manager cleaning services	1
Educator	1	Maintenance manager	1
Human resource manager	1	Chef manager	1
Human resource officer	1	Cleaning staff	2
Services support manager	1	Servery staff	1
Ward clerks	2	Laundry staff	3

Sampled documents

	Number		Number
Continuous quality improvement logs	20	Maintenance request logs	15
Contractor agreements	6	Personnel files	6
Resident files (including assessments, progress notes, care and lifestyle plans and associated documentation)	11	Medication charts	11

Other documents reviewed

The team also reviewed:

- Behaviour management including: behaviour assessments, behaviour monitoring charts, behaviour management plans, psychogeriatrician referrals and reports
- Cleaning: cleaning schedules, cleaning manual
- Clinical monitoring records
- Consolidated record of reportable incidents
- Contractor information list and external contractors agreements

- Education records: education folders, education calendar, education records, compulsory competency assessments, staff education needs analysis results and mandatory training requirements
- Fire safety and emergencies documentation: annual fire safety statements, service reports, resident evacuation information, fire equipment testing log records, emergency response flip charts and evacuation signs, visitor and contractor sign in and out registers, emergency procedure manual
- Food safety program: food safety program, food safety monitoring records, food services cleaning and duty schedules, equipment and food temperature checks, NSW Food Authority Report, residents' diet requirements folder, residents' special meal requirements
- Human resource management: personnel files, allied health personnel professional registrations, staff meeting minutes, staff handbook, staff information memos, staff and volunteers orientation documentation and checklist, human resource manual, training attendance records, staff competency assessments, code of conduct
- Infection control: infection control folders, cleaning manuals, outbreak management information, infection control audit results and trends, infection surveillance data
- Information management: meeting minutes, memoranda, policies and procedures, newsletters, nursing handover reports, medical officer folders and communication diaries
- Maintenance records: maintenance schedules, preventative maintenance records, corrective maintenance request books, service reports and pest reports
- Medication management including medication incident reports, medication assessments and management plans, clinical refrigerator monitoring records, drugs of addiction registers and professional signatures register, medication audits, medication reviews and insulin management plans
- Mobility documentation including physiotherapy assessments, mobility assessments, physiotherapy care plans, physiotherapy assistant attendance records, manual handling guide lines and physiotherapy referrals
- Nutrition and hydration management including: dietician reviews, food monitoring diaries, supplements lists, fluid balance charts, food preference lists and weight records
- Pain management including pain assessments, pain management plans and evaluations
- Quality management system: continuous quality improvement register, resident survey results, complaints and feedback mechanisms, accident, incident, complaint, suggestion and compliment logs, reporting sheets for complaints and feedback, quality log documentation, audit results, continuous quality improvement committee meeting minutes, audit schedule and workplace inspection results
- Regulatory compliance: register of compulsory reporting of incidents, register of police certificates, police check records for staff, volunteers as well as contractors, NSW Food Authority Licence, professional registration records, consent forms for the collection and handling of personal information and record retention procedures
- Resident lifestyle documentation including lifestyle assessments, lifestyle care plans, activities calendars, activities attendance records and activities evaluations
- Residents' information brochure, handbook and residential agreements
- Self-assessment for re-accreditation and associated documentation
- Work Health and Safety system including risk assessment methodologies and report, incident and hazard reports, monthly trend analysis reports, audit calendar, safety and environment policy manual, checklists relating to hazards, safe work procedures manual, safety data sheets, incident management assessment reports, maintenance program and workplace inspection results

- Wound management system including wound assessments, wound management plans, photographic wound progress records and skin integrity reporting data

Observations

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display
- Activities in progress, activities calendar on display and activity resources
- Charter of residents' rights and responsibilities displayed
- Comments, complaints, compliment and suggestion forms and multi lingual advocacy brochures on display, suggestion box
- Emergency evacuation backpacks, emergency procedures flip charts located throughout the home
- Equipment and supply storage areas including: chemicals, linen, clinical supplies, continence aids and archive room
- Fire safety systems and equipment: annual fire safety statement, evacuation plans, evacuation kits, exit lights, emergency lighting
- Infection control resources
- Interactions between staff/residents/representatives
- Internal/external living environment
- Medication administration
- Mission, Values, Philosophy of Aged Care displayed
- Mobility equipment including mechanical lifters, transfer belts, wheel chairs and walkers
- NSW Food Authority Licence displayed
- Nursing staff handover
- Resident call bell system
- Residents utilising pressure relieving mattresses, pressure relieving chairs, hip and limb protection equipment
- Secure storage of medications and residents' clinical files
- Staff work areas and staff practices including clinical, lifestyle catering cleaning and laundry
- The dining environment during midday meal service including staff assistance and supervision morning/afternoon tea and additional fluid rounds

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

The home utilises a continuous improvement system including quality management and performance review mechanisms. Improvements are identified through a number of avenues including residents and representatives meetings, staff meetings, audits, surveys, comments, complaints and suggestions, accidents and incidents and staff performance appraisals. Part of this system includes ensuring compliance with the Accreditation Standards through the audit program which covers a significant number of expected outcomes. The home uses these indicators along with input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents and representatives, together with staff, report they have opportunities and are encouraged to make suggestions for improvement through the home's feedback mechanisms. Examples of recent improvements in relation to Accreditation Standard One include:

- The organisation undertook a review of its continuous quality improvement documentation system. The result of this review was the forms used for continuous improvement activities were redesigned and internal audit report formats changed to include clear responsibilities for action and follow up by staff.
- Management identified the need to improve the security arrangements for residents' files as they were not always in a secure location. The home now requires that residents' files are located at central locations in each wing of the nursing home in secure cabinets. The result of this improvement is the residents' files are secure and information in residents' files is kept confidential.
- Management identified staff did not have an adequate supply of slide sheets for the delivery of care services and purchased additional slide sheets. The outcome of this improvement is staff have sufficient slide sheets to assist in the delivery of quality care.
- Management identified staff did not have sufficient equipment for weighing residents in an effective and efficient manner and purchased digital weigh chair scales and two sets of chair scales. The outcome of this improvement is staff have sufficient equipment to weight residents in an effective and efficient manner.
- Staff identified the need to ensure appropriate and adequate recreational resources for staff and consequently a register of activity resources and equipment was compiled. This register assists staff to ensure they have adequate recreational resources available at all times.

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

There are systems to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through subscription to legislative update services, from government departments, attendance at professional meetings and seminars and accessing the internet and other sources. Management communicates changes to staff by memoranda, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, staff appraisals and observations by management. Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of instructional manuals on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- The home has procedures for police checks for staff, volunteers and contractors. Interviews and documentation confirmed these have been completed.
- The home has a system whereby external contractors’ registrations and insurances are checked to ensure they are current.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure staff have appropriate knowledge and skills to perform their roles. A calendar of education sessions is developed which includes mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and some are competency based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management supports staff to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home’s orientation process and have access to on-going education. Examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes orientation sessions for new staff.
- There is a calendar of education sessions which has been developed through a consultative needs analysis between managers and staff.
- Staff received training on the topic areas of elder abuse, bullying and harassment, code of conduct and aged care funding instrument documentation requirements.

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

Information about internal and external complaint mechanisms is provided to residents and/or their representatives on entry to the home through the resident information handbook, in the resident agreement and as part of residents' orientation to the home. Information is also communicated on a regular basis through resident meetings and information displayed throughout the home. Staff are made aware of these mechanisms through instructional documentation and staff meetings. Feedback forms and suggestion box are available in the home. Brochures about the external complaint mechanisms are also displayed. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if necessary. Residents and representatives interviewed are aware of the home's comment and complaint process. Review of comments and complaints as well as other relevant documents indicated issues raised are responded to in an effective and timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission, values and philosophy of care statements are well documented. This information is available in a number of documents including the resident information handbook and other publications by the home. The home's mission, values and philosophy of care statements form a part of the staff orientation program and are discussed at meetings.

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

There is a system to ensure there are enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Management reviews the home's staffing requirements to ensure sufficiency of human resources. Management reports factors considered to ensure the adequacy of the home's staffing levels and skill mix include, but are not limited to, residents' care and lifestyle needs, quality performance indicators, feedback from staff and feedback from residents and representatives. The home has a flexible rostering system responsive to the changes in residents' needs. There are processes for staff orientation, education and performance management. Performance appraisals are conducted and results are fed into the home's human resource management system. There are sufficient and appropriately qualified staff to ensure services are delivered in accordance with the Accreditation Standards and the home's objectives.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

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

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There is an information management system providing relevant information to stakeholders. The home's communication system includes meetings, resident and staff handbooks, noticeboards, orientation and training sessions, staff handover meetings, a clinical documentation system and management's open door policy. The home utilises these communication channels to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has instructional documentation covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised personnel. Backup of the home's electronic information system occurs on a daily basis. Observation demonstrates resident and staff files are stored securely. Staff confirmed they receive and have access to relevant information to perform their roles effectively. Residents and representatives stated they are well informed regarding residents' care and all other matters appropriate to residents.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's externally sourced services are arranged primarily through the organisation by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references, insurance and police checks are made. All major contracts are reviewed regularly through feedback by the home to the organisation's management group and/or the home's senior management team. Contractor non-performance is recorded and actioned immediately if urgent or at the time of

reviewing the contract. To enable staff to contact an appropriate contractor, a list is maintained at the home and updated as required. Staff are kept informed of appropriate matters relating to the provision of services by external contract suppliers.

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 improvements for information about the home's continuous improvement system. Examples of specific improvements relating to Accreditation Standard Two include:

- Management identified the need to ensure all residents are receiving hearing assessments on a regular basis and established a system whereby every six months all residents' hearing is assessed by appropriate health specialists. The outcome is residents' hearing needs are effectively met.
- Management identified the need to ensure all residents are being weighted monthly and appropriate weight assessments being undertaken and as such has introduced a system to ensure this occurs. The outcome of this improvement is residents' weights are being effectively monitored on a monthly basis.
- Through the audit process management and staff identified residents' oral and dental care needed to be more effectively maintained. Consequently an oral care committee was established and an oral and dental care training program for staff was developed. The outcome for residents is residents' oral and dental health is maintained.
- Management identified through audits and incident reports the need to put in place more effective strategies to reduce resident falls and related injuries. Consequently a falls prevention committee was established with the aim to oversee the implementation of fall prevention strategies and practices. It is anticipated there will a reduction of resident falls and related injuries through the work of this committee.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. Examples of regulatory compliance relating to Accreditation Standard Two include:

- The monitoring of nurse registrations to ensure they are current.
- There are instructions and education regarding mandatory reporting and an appropriate reporting register is maintained.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of education relating to Accreditation Standard Two include:

- blood glucose monitoring
- oral hygiene
- medication management
- nutrition and hydration
- palliative and end of life care
- catheter care
- wound management
- effective blood pressure monitoring

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems, processes, policies and procedures to ensure residents receive appropriate clinical care. Review of documentation shows a comprehensive program of assessments are completed when a resident moves into the home. Individualised care plans are formulated, reviewed and monitored by registered nurses on a three monthly basis or more often if required. Care is planned in consultation with the resident and their representative, the resident’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Residents and representatives interviewed are satisfied with the clinical care provided and representatives state they are informed of changes in the resident’s condition and care needs.

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

There are systems to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Twenty four hour registered nursing care is provided and registered nurses coordinate assessments on the residents’ specialised care needs. The

home liaises with external health professionals including the local area health service to ensure residents' specialised nursing care needs are met. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Residents and representatives interviewed are satisfied with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings

The home meets this expected outcome

Documentation including resident files shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a physiotherapist, podiatrist, dietician, pathology services and members of the palliative care and mental health teams. Residents and representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents and representatives interviewed are satisfied with the way referrals are made and the way changes to care are implemented.

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

Management demonstrates resident medication is managed safely and correctly. Registered nurses and team leaders deemed competent, administer medication via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. A photo identification of each resident with their date of birth and clearly defined allergies is on each medication chart. Pharmacy and medical officer protocols have been established in the home and staff practices are consistent with policy and procedures evidenced through audits and training. Regular medication reviews are completed by a consultant pharmacist, medical incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the care services manager. The medication advisory committee meets quarterly to review legislation changes, medication and pharmacy issues. Residents and representatives interviewed are satisfied residents' medications are managed in a safe and correct manner.

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

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 are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage residents' pain include attendance to clinical and emotional needs, analgesia and alternative

approaches including heat, transcutaneous electronic nerve stimulation, laser, massage and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the resident's medical practitioner and other services is organised as needed. Staff regularly liaise with medical practitioners and allied health personnel to ensure effective holistic care planning. Residents and representatives report residents are as free as possible from pain and staff respond in a timely manner to their requests for pain control.

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

There are systems to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of residents are considered in care planning. The home has an on site pastoral care team who provide ongoing pastoral care and emotional support. The home holds palliative case conferences and accesses the services of the palliative care nurse practitioner attached to the area health service hospice. Representatives are informed of the palliation process and the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

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

Documentation demonstrates residents' nutrition and hydration status is assessed on entry to the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and representative and others involved in their care. The seasonal menu is reviewed by a dietician and provides residents with an alternative for the midday and evening meal. Residents are weighed monthly or more often if indicated and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents' preferences and special requirements including thickened fluids, pureed and soft food. Residents and representatives interviewed are happy with the frequency and variety of food and drinks supplied.

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

Residents' skin integrity is assessed on entry to the home through the initial assessment process. Staff monitor residents' skin care as part of daily care and report any changes in

skin integrity to the registered nurses for assessment, review and referral to their medical practitioner or wound consultant as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet residents' needs. Documentation reveals staff receive ongoing training and supervision in skin care and the use of specialist equipment such as lifting devices used to maintain residents' skin integrity. The home's reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Residents have access to a physiotherapist, physiotherapy assistant, podiatrist and other external health professionals. Residents and representatives report staff pay careful attention to residents' individual needs and preferences for skin care. Observation confirms the use of limb protecting and pressure relieving devices.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

There are systems to ensure residents' continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly and monitor residents' skin integrity. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet residents' individual needs. Residents and representatives state they are satisfied with the continence care provided to the 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

The home has systems to effectively manage residents' with challenging behaviours. Documentation and discussions with management and staff show residents' behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has a 31 bed secure unit and the psychogeriatrician and psychologist from the area health service mental health team conduct weekly clinics and also provide staff education at the home. Staff were observed to use a variety of management strategies and resources to effectively manage residents' with challenging behaviours and to ensure the residents' dignity and individual needs were respected at all times. The home uses restraint only as a last resort to ensure resident safety. Resident and representatives interviewed are satisfied with how challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems for ensuring optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. The organisation has a physiotherapist four days a week and two physiotherapy assistants five days. Individual programs are designed by the physiotherapist and implemented by the physiotherapist assistants and are designed to promote optimum levels of mobility and dexterity for all residents. The organisation has a falls prevention committee and falls incidents are analysed and monitored in the quality clinical indicators. Residents and representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, walk belts, mechanical lifters and wheelchairs are available. The home is well lit with handrails on all corridors.

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

There are systems to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home and documented on resident care plans. A dentist and denture technician attend the home and provide basic dental care on site. The organisation has an oral care committee and staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents and representatives interviewed state residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

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

Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents’ care needs are managed effectively. Specialist optometry and audiology days are organised at the home so all residents can access these services. The lifestyle staff have implemented programs and resources to assist residents’ with sensory stimulation including of taste, touch and smell. The library provides a selection of large print books that residents can access and the home subscribes to an on-line system enabling the downloading of daily newspapers and audio books. Staff receive training in sensory loss and specialist equipment is maintained in good working order. Residents and representatives report 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 “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Residents’ sleep patterns, including a history of night sedation, are assessed on entry to the home and sleep care plans are formulated. Lighting and noise is subdued at night.

Residents’ ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Staff report residents who experience sleep disturbances are assisted with toileting, repositioning and fluids as requested and assessed as needed. Residents and representatives are satisfied with the way residents’ sleep is managed.

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 the details of the home’s continuous improvement system. Examples of continuous improvement relating to Accreditation Standard Three include:

- Staff identified moving into the home is a major life event in residents lives and as such developed a welcome program. This program provides residents with a range of support strategies including orientation, resident buddy system and services of a designated recreational activity officer. The result for residents is they receive adequate personal and emotional support in a adjusting to adjusting to life in their new home.
- Staff identified some residents enjoy gardening and to encourage and support residents to participate in gardening activities the home has organised ongoing visits by the members of the local community. The outcome of these visits is residents are supported and encouraged in participate in gardening activities.
- Management identified the need for residents who are receiving palliative care to have access at all times to emotional and spiritual support. As a result the home introduced a 24 hour paging system whereby residents can receive pastoral care support. The outcome for residents is residents receive appropriate emotional and spiritual support at all times.

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 on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. Examples of regulatory compliance relating to Accreditation Standard Three include:

- The Charter of residents’ rights and responsibilities is displayed.
- The resident agreement outlines security of tenure and is based on applicable legislation.
- Department of Health and Aged Care Complaint Scheme information brochures are displayed.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrated staff have knowledge and skills relating to resident lifestyle. Examples of education related to Accreditation Standard Three include:

- dignity in care
- grief and loss
- doll therapy
- art therapy
- emotional support

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has effective systems to ensure each resident receives initial and ongoing emotional support. This includes a formal welcome and orientation program to the home, staff and services for new residents and their families, visits from the pastoral team, resident and relatives meetings, involvement of family in the activity program and a monthly newsletter. Emotional needs are identified through the residents' assessments, case conferencing, one-to-one support and family involvement in planning of care. Residents are encouraged to personalise their living area and visitors, including pets, are encouraged. Residents and representatives interviewed are satisfied with the way residents are assisted to adjust to life at the home and the ongoing support they receive from the home.

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 ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. A range of individual and general strategies is implemented to promote independence including mobility and activities programs and mobility equipment for resident use. Community visitors, volunteers and entertainers are encouraged and arranged. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practice and resident and representative feedback confirms residents are actively encouraged to maintain independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home 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. Information pertaining to privacy, dignity and confidentiality is contained in the resident and staff handbooks. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Staff education promotes privacy and dignity and staff sign a confidentiality agreement. Residents' rooms are managed so residents' privacy is not compromised; privacy screening and lockable storage is available to all residents. Staff handovers and confidential resident information is discussed in private and resident files securely stored. Staff practices respect privacy and dignity of the resident. Residents and representatives are satisfied with how privacy and dignity is managed at the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home demonstrates residents are encouraged and supported to participate in a wide range of interests and activities. Residents' specific needs, interests and preferences are assessed on entry and on an ongoing basis. Gertrude Abbott Nursing Home has a comprehensive activities program and provides integrated and separate activities within the nursing home, the dementia unit and the co-located hostel. The activities program covers seven days a week and includes bus outings, daily exercises, entertainers, bingo, male specific activities, weekly coffee club and cultural celebrations. Ongoing evaluation of the activities program ensures the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Representatives are informed of programs through display of the activities program on noticeboards and the resident and representatives meetings are held monthly. Residents are invited to make suggestions and have input into the activities program. Residents are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm residents are highly satisfied with the activities provided to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home ensures residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Cultural and spiritual needs are assessed when a resident moves into the home. The residents and staff of Gertrude Abbott Nursing Home are supported by the Director of Mission and the pastoral care team. The home has a chapel and while the majority of residents are Catholic, ministers of various denominations visit the home.

Residents are encouraged to maintain cultural and spiritual links in the community. For residents from a culturally and linguistically diverse background, the lifestyle officers ensure communication cards and appropriate activities are available for them. Significant cultural celebrations are held and celebrations include appropriate food, music, digital video discs and national dress. Culturally significant days such as Christmas, Easter, Mothers' Day, Fathers Day, Australia Day, Anzac Day, Melbourne Cup and resident birthdays are also celebrated. Residents and representatives report staff are respectful of residents' spiritual and cultural needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home can demonstrate each resident and/or representative participates in decisions about the services of the home and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. The management have an open door policy resulting in continuous and timely interaction between the management team, resident and representatives. Resident and representative meetings and surveys occur regularly to enable residents to discuss and provide feedback about the services provided by the home. Residents and representatives state they are satisfied with the home's support relative to their choice and decision making processes.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home ensures residents have secure tenure within the residential care service and residents understand their rights and responsibilities. The home manages security of tenure within the framework of St Mary MacKillop Care (NSW) admission and discharge, and accommodation payment, policies and procedures. This ensures all potential and new residents and representatives are provided with current information through a consistent process. A resident agreement is offered to each resident and there is a process for providing updates and changes to information on security of tenure and rights and responsibilities to residents and representatives. The Charter of residents' rights and responsibilities is included in the resident agreement, the resident handbook and displayed in the home. Residents and representatives indicate they are satisfied with the information the home provides regarding residents' security of tenure and their rights and responsibilities.

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 further information relating to the home’s continuous improvement system. Examples of recent improvements in relation to Accreditation Standard Four include:

- The organisation identified the displayed emergency flipchart procedures were not appropriate and required updating. New flipcharts were purchased and displayed at appropriate locations throughout the home. The result of this improvement is regulatory fire compliance standards are maintained and fire, security and emergency risks are minimised.
- The home has reduced the number of beds in shared rooms. The result for residents is the creation of a more comfortable and safe living environment consistent with their care needs.
- Management and staff identified hot water supply tanks in resident common areas had no safety guards on them and this posed a safety risk to residents. Safety guards were attached to all hot water tanks in resident common areas thus reducing the risk to residents of them being burned by hot water.
- Management commissioned a safety risk assessment of equipment with the result a report with specific recommendations on how to improve workplace health and safety was produced. Management is implementing the recommendations of this report with the intended outcome a safe work environment with appropriate staff practices will be maintained at all times.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
- The home has a current fire safety statement displayed.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of education relevant to Accreditation Standard Four include:

- food safety training
- manual handling
- infection control
- fire safety training
- emergency evacuation

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

The home can demonstrate it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is situated close to the Sydney central business district. Residents are accommodated in single and double rooms with en-suite facilities. The home consists of a number of levels which are connected to a central lounge and dining areas. There is a preventative and reactive maintenance program in place, including recording of the warm water system temperatures system and regular workplace inspection audits are undertaken. Residents may personalise their rooms. Residents and representatives stated they are very satisfied with the residents' individual and communal living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular workplace inspection audits. The home takes effective and efficient action to resolve any incidents and hazards. Incidents are rated according to risk criteria assisting to ensure appropriate corrective action is taken. There is compulsory education for all staff in workplace safety including manual handling. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities and observation confirms safe work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are evening lock-up procedures. There is regular testing of external security lighting and alarm systems. Fire evacuation plans, emergency services flip charts and exit signs are located throughout the home. Monitoring and maintenance of all fire equipment is undertaken and reports provided. Fire equipment is located throughout the home and there is evidence this is regularly serviced and tested. Fire safety and evacuation training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. Emergency evacuation backpack kits are maintained including resident identification badges. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has established policies and practices that support an effective infection control program. Staff receive training at orientation and on an ongoing basis. Hand sanitisers and hand washing facilities are located throughout the home. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures and disposal of waste. A vaccination program is in place. The home follows state and federal guidelines for the management of influenza and gastroenteritis outbreaks. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. Information on infections is collected, analysed and discussed with staff. Observation demonstrates staff comply with infection control practices including the use of personal protective equipment.

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

Residents and representatives expressed a high level of satisfaction with the hospitality services provided at the home. Residents' dietary needs and choices are assessed and documented on entry to the home. Catering and servery staff maintain a list of food preferences and special diets, including supplements and modified meals. Food is prepared and cooked on site and served to residents in pleasant dining rooms. The home has a rotating menu with input from a dietician. The home presents as clean, fresh and well maintained and cleaning staff are guided by documented schedules and work practices. There is an on-site laundry and linen and residents' clothes are collected in appropriate coloured linen bags. There are procedures and work practice statements for the collection

and handling of laundry. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.