



Australian Government
Australian Aged Care Quality Agency

Audit Assessment Information

Re-accreditation audit

Name of home: Bethel Lodge

RACS ID: 2054

Approved provider: Ashfield Baptist Homes Ltd

Scope of this document

A re-accreditation audit against the 44 expected outcomes of the Accreditation Standards was conducted from 18 December 2017 to 21 December 2017.

This report outlines the information on which we based the major findings provided at the end of the audit. It gives our findings, the reasons for our findings and supporting information. It may also include suggestions for improvement or details of deficiencies that may need to be addressed.

Next Steps

Please consider the content of this report carefully. If you wish to make a written response, the Quality Agency must receive it within 14 days. It will be considered when the decision is made about re-accreditation for the home.

Please label your response 'Response to Audit assessment information' and send it to your local Quality Agency office –

by email to : nsw_act@aacqa.gov.au

or by facsimile to: 02 9687 0415

or by post to: Australian Aged Care Quality Agency

PO Box 674

Parramatta NSW 2124

Information about the home

| | |
|--|--------------------|
| Total number of allocated places | 76 |
| Number of care recipients during audit | 72 |
| Number of care recipients receiving high care during audit | 69 |
| Special needs catered for | n/a |
| Email address for submission of audit assessment information | lkildey@abh.org.au |

Audit trail

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

Interviews

| Position title | Number |
|--|--------|
| Board Chair | 1 |
| Chief executive | 1 |
| Quality coordinator | 1 |
| Registered nurse | 3 |
| Care staff | 8 |
| Administration assistant | 2 |
| Human resources manager | 1 |
| Roster clerk | 1 |
| Education coordinator | 1 |
| Physiotherapy manager | 1 |
| Physiotherapist | 1 |
| Physiotherapist assistant | 1 |
| Recreational activities coordinator | 1 |
| Recreational activities officers | 3 |
| Catering area manager and catering staff | 4 |
| Care recipients and/or representatives | 21 |

| Position title | Number |
|---|--------|
| Laundry area manager and laundry staff | 3 |
| Cleaning area manager and cleaning staff | 5 |
| Maintenance manager and maintenance staff | 2 |

Sampled documents

| Document type | Number |
|---|--------|
| Care recipients' files | 8 |
| Summary and/or quick reference care plans | 8 |
| Personnel files | 4 |
| Residency agreements | 3 |

Other documents reviewed

The team also reviewed:

- Audit schedule, audits, surveys
- Behaviour management: monitoring charts, behaviour management plans, psychogeriatric referrals and reports, behaviour incident reports, bed rail risk assessments
- Care recipient room listing
- Cleaning and maintenance schedules, Legionella testing records, thermostatic mixing value and testing records, electrical tagging records, pest management service records
- Clinical care: ACFI and nursing care plan schedule, schedule for new admissions, care plan evaluation schedule, bowel charts, blood glucose level monitoring, continence management, meals and drinks, weight monitoring, wound management/dressings, pain charts, incident reports, medical officers' directives of care, advance care plans, restraint authorisations, case conferences and paper based care recipients' files
- Computer-based information systems
- Consent forms including photographs, birthdays and use of personal information
- Continence management: continence aid register and order forms
- Continuous improvement plans and action plans
- Doctors' communication book
- Education calendar, training records, attendance records, competency assessments, staff qualification certificates
- Equipment registers and lists, inventory order forms, lift certification
- Feedback system including comments and complaints register
- Fire and emergency documentation including annual fire safety statement, evacuation plans, fire equipment audits and testing records

- Human resources documentation and online system including HR policies and procedures, staff handbook, staff orientation program, job descriptions, duty statements, staff rosters, day allocation sheets, performance management documentation, privacy and confidentiality statements
- Incident data collation and reporting
- Infection control material including: trend data, outbreak management program, vaccination records
- Medication management documentation: cytotoxic medication register, cytotoxic information, safety data sheets for cytotoxic medication, schedule 8 drug register, medication fridge temperature records, medication advisory meeting minutes, PRN and nurse initiated medication lists
- Meeting minutes – staff, care recipients and others
- Memorandum
- Menu, food preference lists, NSW Food Authority licence and annual audit report, equipment and food temperature records
- Newsletters and other publications
- Physiotherapy documentation: benchmarking physiotherapy information, evaluation charts, physiotherapy lists, physiotherapy assistants and communication book
- Police check register, nurse registrations, statutory declarations, visa documentation
- Policies and procedures
- Recreational activities documentation: yearly planner, photo and name consent list, activity evaluation, weekly activities planner, residents meeting minutes, volunteers police check register, sensory assessments, language resources, communication cards, language pocket guide
- Reportable incidents register
- Resident information package, handbook and agreements, admission checklist
- Self-assessment report for re-accreditation
- Site environmental audits, work health hand safety (WHS) training and toolbox talks
- Supplier portal accessing external service providers contracts and service agreements, certificates of currency (insurances), contract list and service records

Observations

The team observed the following:

- Activities in progress and associated resources and notices
- Care recipients utilising pressure relieving and hip and limb protection equipment
- Charter of care recipients' rights and responsibilities on display
- Chemical storage, chemical dispensing systems, safety data sheets
- Cleaning in progress, staff using colour coded cleaning equipment and wearing appropriate personal protective equipment, trolleys and supplies, wet floor signage in use
- Complaints brochures and comments forms, locked box for feedback forms located at reception

- Dining environment during morning and afternoon tea, midday meal service including staff supervision and assistance
- Electronic and hardcopy record keeping systems – clinical and administration
- Equipment and supplies in use and in storage such as lifting equipment, manual handling aids, mobility equipment, low-low beds, pressure relieving mattresses and aids in use and in storage; linen, clinical stores and continence aids
- Fire safety systems and equipment, fire panel, sprinkler system, evacuation kit, security systems, in/out signing sheets
- Infection control resources including: outbreak supplies, spill kits, sharps disposal containers, hand-washing facilities, waste disposal, hand sanitiser dispensers around the home, general and contaminated waste disposal systems, colour coded cleaning equipment and personal protective equipment
- Interactions between staff, care recipients and representatives including meal service and short group observation in dementia care unit
- Leisure and lifestyle program displayed
- Living environment internal and external, care recipient sitting areas and dining room
- Medical and allied health professionals in attendance
- Medication administration and storage
- Mission and values statements on display
- Mobility equipment in use including mechanical lifters, walk belts, wheel chairs, shower chairs and hand rails in corridors
- Noticeboards for staff, visitors, and care recipients
- Notices advising stakeholders of the dates for the re-accreditation audit on display
- Photographs of care recipients participating in exercise and lifestyle programs
- Sign in/out register
- Staff access to information systems including computers
- Staff handover
- Staff work practices and work areas, including clinical, lifestyle, administration, catering, cleaning, laundry and maintenance

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 services, 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 actively pursues continuous improvement through the implementation of an integrated quality system, which assesses, monitors and evaluates all areas of service provision and care recipient satisfaction. Various meetings at the home provide a mechanism for input and feedback by the range of stakeholders. Examples of other quality activities include care and compliance reviews, the comments complaints and suggestions system, routine audits, surveys, external reviews, hazard and risk reporting, accident and incident reporting, data collection and other monitoring systems. Improvements are recorded in the continuous improvement plan.

Examples of specific improvements relating to Standard 1 Management systems, staffing and organisational development include:

- In response to a care recipient/families' satisfaction survey the home has introduced an information sheet. Families said they were not made sufficiently aware of other services the home provided, such as hairdressing. The home has developed an information sheet, that is now included with all new entrants to the home. The information sheet contains details on hairdressing, physiotherapy, podiatry and other services.
- Following information sent to the home from the Aged Care Complaints Commissioner, the home will now be hosting an information session on complaints. In order to improve the home response to complaints a session is planned for early 2018. The Commissioner will present information on best practices in complaints management to the home's management team. It is expected this session will enhance knowledge for the home's management team.
- As part of the ongoing review of electronic clinical monitoring the home has identified opportunities for improvement within assessment and care planning tools. The electronic care system was last updated by the provider in early 2017. Following this update registered nurses reported errors in the questions answered on assessment tools and the information from those same questions that populated the care plans. As a result, management has undertaken a review of specific assessment tools and changed the way questions are answered, to include a drop-down box. This has enabled easier response to questions and has resulted in clarity of care plan information.

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’s management team has systems in operation to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home monitors the regulatory environment through updates from government and industry bodies, industry conferences, internet access and various other mechanisms. Staff are advised of regulatory requirements and any relevant changes to them through various means including memos, updates to policies, meetings and education. Compliance with regulatory requirements and other standards is monitored through a comprehensive audit program as well as day-to-day supervisory arrangements. We sighted relevant legislation and/or legal documentation displayed in various locations in the home.

Examples of regulatory compliance related to Standard 1 Management systems, staffing and organisational development include:

- ensuring care recipients and representatives were informed of the re-accreditation audit in keeping with legislative requirements
- ensuring care recipients and other stakeholders have access to complaints mechanisms
- ensuring police certificate checks are undertaken for staff and volunteers
- ensuring relevant staff meet statutory declaration and visa requirements
- monitoring external service providers for police certificate checks, applicable insurances, registrations, licences and other necessary regulatory requirements.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an education program, which is based on educational needs identified through a wide range of mechanisms. These include feedback from various meetings, and the quality improvement system. The program is comprehensive and covers a range of functional areas encompassing all four Accreditation Standards. New staff participate in orientation programs. Education is delivered through a range of means including individual, small group and larger sessions. The education program is reinforced by competency assessments in relevant areas. Staff also have access to relevant external educational opportunities and where appropriate are supported to obtain formal qualifications.

Examples of recent education sessions related to Accreditation Standard 1 Management systems, staffing and organisational development include:

- Accreditation process
- documentation and report writing
- aged care funding instrument (ACFI)
- use of equipment

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 policies, procedures and processes to ensure each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Care recipients and representatives and staff are made aware of internal and external complaints mechanisms through the residents' handbook, the residents' agreement, newsletters, complaints forms and residents/relatives' meetings. There is a procedure to ensure any complaints raised are recorded for review, action, follow up and feedback as appropriate. Care recipients/representatives advised they understand how to access complaints processes.

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 has documented its vision, values, philosophy, objectives and commitment to quality. Bethel started in the 1950's caring for 23 care recipients under the auspices of the Ashfield Baptist Church. The new Bethel building was opened in 1997 for 76 care recipients. These elements of history and support are encapsulated in its mission and values statements, which are communicated to all stakeholders in the home. They are published in key documentation including policies and procedures, care recipient and staff handbooks. These statements are prominently displayed throughout the home. In addition, staff are made aware of the home's mission and values through its staff recruitment, orientation and education processes, and other communication.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has in operation a system of human resource policies and procedures. This system ensures appropriate staffing and skills levels for quality service provision, in accordance with the Accreditation Standards and the home's philosophy and objectives. The system includes appropriate recruitment and selection processes, induction, education, and performance management. There are also processes to ensure that staffing levels are sufficient to cater for the mix of care recipients, their changing needs and the demands of the home's daily routine. We noted that many care, and other staff have obtained qualifications and/or attended specific education relevant to their job roles.

Additional information

Personnel working in the home during the week Sunday to Saturday the week before the visit

The following tables exclude volunteers and medical officers.

Personnel are recorded as total hours of personnel.

Morning shift (AM)

| Personnel | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| RN | 9 | 16 | 16 | 16 | 16 | 16 | 16 |
| Care personnel | 109 | 109 | 109 | 109 | 109 | 109 | 109 |
| Other professional personnel * | - | 6 | 14 | 10 | 6 | 6 | - |
| Other personnel ** | 49 | 90 | 90 | 83 | 83 | 79 | 44 |

Afternoon shift (PM)

| Personnel | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|--------|--------|---------|-----------|----------|--------|----------|
| RN | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Care personnel | 68 | 68 | 68 | 68 | 68 | 68 | 68 |

Night shift (PM)

| Personnel | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|--------|--------|---------|-----------|----------|--------|----------|
| RN | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Care personnel | 29 | 29 | 29 | 29 | 29 | 29 | 29 |

* Other professional personnel: Physiotherapist = 38 hrs per week; Podiatry = 4 hrs per week. Total = 42 hrs per week.

** Other personnel: Leisure and lifestyle = 99 hrs per week; Maintenance = 47 hrs per week; Cleaning = 47 hrs per week; Catering = 230 hrs per week; Laundry = 23 hrs per week. Total = 953 hrs per week.

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

There are policies and procedures for ensuring there are stocks of appropriate goods and equipment available for quality service delivery. The home has access to a purchasing system of preferred suppliers designed to ensure desired standards are met. A stock control and ordering system is in operation, with particular staff roles having specific responsibility

for particular areas of inventory monitoring and ordering. The home also has clear procedures for purchasing necessary equipment for use in various functional areas and in response to care recipients' needs. We observed storerooms, staff areas, clinical areas, the kitchen, laundry and other work areas to be well equipped, well stocked and well maintained. Staff advised there were adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in operation that, among other things, ensures equipment is maintained and ready for use.

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

Our observations, document review and interviews indicated effective information management systems are in operation and support the range of functional areas in the home. The care recipient information system includes administration forms, residents' handbook, resident agreements, residents' meetings, newsletters, care recipient assessments, care plans and clinical records. Staff communication systems are in operation to ensure relevant information provision to, and between, staff. These systems include a range of meetings, access to computers, distribution of hardcopy materials, staff noticeboards, induction and training. The home has appropriate security and back up procedures for computer-based information. We observed appropriate security and confidentiality of information. Non-current records are archived, and applicable destruction procedures are followed.

Additional information

- During the site visit we identified that a number of wound charts were not always completed as required. A more detailed review of records and interview with management and staff shows the care has been provided, however the records are not consistent with care provided.
 - For instance, review of Joyce Achurch's wound charts identified that Ms Achurch had a fall on 11 December 2017 which resulted in abrasions on her face, left hand and right arm. Progress notes and an incident report showed that Ms Achurch subsequently went to hospital and returned to the home 19 December 2017. On 21 December the wound chart for Ms Achurch's face was reviewed and it was noted the chart had commenced on 11 December 2017 indicated daily dressings were required however there were no entries for the three days from when she returned home (19 December 2017 to 21 December 2017). Review of the wound charts for Ms Achurch's hand and arm showed that she had been seen by a registered nurse when she returned from hospital as those charts had been updated and updated photos taken. Discussion with the registered nurse who saw Ms Achurch explained that the abrasions on Ms Achurch's face had healed while she was away and all that remained were bruises. The registered nurse went on to explain that it was quite busy when she reviewed Ms Achurch and she hadn't remembered to close the wound chart.
 - Review of a wound chart for Marion Hawgood for a wound on her left ankle which was commenced on 11 October 2017 also showed inconsistencies. Dressing frequency was not consistently recorded on the chart. A two-week gap was noted from 10 November 2017 to 24 November 2017. While the home's policy is to take photos of wounds weekly gaps were also noted in photos. There was a three-week gap between 3 November 2017 and 24 November 2017 and there was a two week gap in photos between 30 November 2017 and 14 December 2017. A clinical nurse

consultant reviewed Ms Hawgood's wound on 1 December 2017 and noted second daily dressing; however, the wound chart showed the dressing was changed 8, 12, 15 and 18 December 2017. Discussions with the care nurse assistant involved with wound care said that the wound had healed around 10 November and reoccurred 24 November. She went on to say that the old chart should have been closed and a new chart started. This discussion also indicated that there was not a strong system for identifying which wounds are due for review of which days.

- As a result; the home has developed and implemented a plan for continuous improvement to review the current wound system. This includes reviewing the chart in place and implementation of a new chart; as well as establishing an overarching system for identifying when wounds are due for review. Management said the system will be strengthened by the revised wound chart making it less confusing for the staff to use.

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 has a system to ensure externally sourced services are provided in a way that meets the home's needs and service quality goals. A range of contractors and external service providers operate within contracts and agreements covering care recipient and care related services, fire systems and various building maintenance and services. Service agreements encompass the home's expectations for quality service provision, relevant insurances and police checks as required. The home's management and staff monitor the performance of external service providers and take appropriate action to ensure that services are provided at the desired level of quality. The home also relies on feedback from care recipients/ representatives to assess the quality of care recipient-related services.

Standard 2 – Health and personal care

Principle:

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 2 Health and personal care.

Examples of specific improvements relating to Standard 2 include:

- In order to improve the overall wellbeing of respite care recipients the home has introduced an updated assessment tool to guide staff. Prior to this respite care recipients received only an interim care plan. Now all respite care recipients receive care assessments such as behaviour, skin, complex care, mobility, dietary and others. Management said this would bring the assessment of respite care recipients into line with permanent care recipients; so, there would be little difference between the two. Overall this is expected to enhance care provided to respite care recipients.
- Based on internal audit findings the home has reviewed wound management oversight. The audit highlighted the sporadic nature of checks being done on wound management. As a result, the home introduced a weekly process whereby the registered nurse oversees and visually checks each wound healing progression. This process has been set up to take place in each area of the home on a specific day of the week. This system will ensure regular and ongoing review of wound management by the registered nurses.
- In response to a registered nurse concern about sleep patterns the electronic care system has been revised. Sleep patterns were previously not included on the care plan. Sleep patterns are now included as part of care plan and care review system. This will ensure that any changes in sleep patterns can be identified and then reviewed as part of the care planning process.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 2 Health and personal care.

Examples of regulatory requirements in relation to Accreditation Standard 2 include:

- having appropriate arrangements in operation to ensure the correct management and administration of medications
- monitoring relevant registrations of nursing and allied health professionals

- having policies and procedures in operation to ensure the Department of Health is notified if care recipients are reported missing without explanation, and the police are notified.

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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 2 Health and personal care.

Examples of recent education sessions related to Standard 2 include:

- medication management
- oral and dental care
- palliative care
- pain management
- diabetes management
- identifying a deteriorating resident
- behaviour management, dementia care
- skin integrity and wound management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients conveyed to the team they are very satisfied with the care provided by the home. Care recipients and representatives interviewed were very complimentary about staff and the compassion demonstrated throughout the home. There are systems in place to ensure that each care recipient receives appropriate clinical care; this includes assessment of individual care needs carried out following moving into the home. Care plans are developed with information collected from the assessments, goals are set, and interventions documented with strategies for meeting the individual needs. Registered nurses review, update and evaluate care plans three monthly and when a change in the care recipient’s condition is identified. Consultation with care recipients and their representatives is undertaken in relation to their care including family conferences which are conducted following moving into the home and as needed thereafter. Consultation with the care recipient’s medical officer of choice and other relevant health care specialists ensures that ongoing needs are met. Relevant documents, care recipient’s, representatives and staff confirmed the above.

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

The home has a system to ensure that care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. When a care recipient is identified as requiring specialised nursing care a registered nurse oversees all aspects of assessment, care planning, provision and review. Links have been established to specialists and specialist advisers within the extended health care team who provide support, equipment and training when required. Observations revealed there is sufficient equipment and supplies to provide specialised nursing care. Staff, care recipients and documentation confirm that care recipients' specialised nursing care needs are met.

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

A system is in place to ensure that care recipients are referred to appropriate health specialists in accordance with their needs and preferences. The need for referral is identified by the registered nurse in consultation with the medical practitioner and/or care recipients/representatives. Care recipients have access to a podiatrist, physiotherapist, speech therapist, dentist, dietician and psycho-geriatrician as required. Care recipients, staff and clinical documentation confirmed the home has an efficient and effective system for referral of care recipients to appropriate health specialists. Staff advised, and care recipients confirmed that the home arranges referrals and transportation with escorts, where required, to appointments as necessary.

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 an efficient and effective system which ensures that each care recipient's medication is managed safely and correctly. Care recipients reported to us they are satisfactorily assisted with their medication requirements. The system includes assessing each care recipient's medication needs following entry to the home, liaising with the medical officer to arrange for medications to be ordered and regularly reviewed and liaising with the pharmacist for the supply of medications. Medication is administered via a blister packaging system by an endorsed enrolled nurse or registered nurse. A consultant pharmacist regularly reviews care recipients' medication. The Chief executive chairs medication advisory committee meetings which are held 4 times per year. These meetings are attended by clinical managers from both A H Orr and Bethel Lodges; registered nurses, a pharmacist and general practitioners also attend. The team observed all medications to be safely stored and appropriately administered.

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

The home has an effective system to assess and manage care recipients' pain. Staff and clinical documentation confirm that a pain management assessment and history of pain is carried out for all care recipients on moving into the home and as necessary, a plan developed and implemented to manage any pain. Interventions are documented and

regularly reviewed. Further assessments are undertaken as required when the level of pain changes or strategies are no longer effective. A registered nurse oversees the assessment and management of care recipients' pain. Regular remedial massage treatments are available as needed. Both pharmaceutical and non-pharmaceutical pain relief is considered when planning pain management. Non-pharmaceutical strategies include repositioning, massage and heat.

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 the opportunity for all care recipients to complete an advance care directive. Decisions regarding the management of end of life care for care recipients are made in consultation with the care recipient, their representative and medical officer. The home has access to a local palliative care team and clinical nurse consultant for advice and clinical support as needed. Care recipients' representatives are kept informed of the care recipient's condition and family are welcome to stay with the care recipient at end of life. Arrangements are made for appropriate visits from ministers of religion on request. Staff demonstrated an awareness of the needs and requirements of the terminally ill to ensure dignity and comfort. A family member interviewed by the team stated one of their parents had died in the home and that it could not have been more peaceful. This family member was very complimentary regarding end of life care in the home.

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

There are systems to ensure care recipients receive adequate levels of nourishment and hydration. Care recipients' nutritional and hydration needs, preferences and allergies are recorded and passed to the kitchen. Care recipients' weights are monitored monthly according to a set schedule. Monitoring is increased, and the care recipient is referred to a dietician if there are nutritional concerns. Special diets and varied consistency of meals, including thickened fluids, are available as required. Nutritional drinks are provided as required as a dietary supplement to assist in reversing weight loss. Staff supervise and assist care recipients with their meals as necessary and adapted crockery and cutlery is also available. Staff and review of documentation confirm that care recipients' nutrition and hydration needs are assessed, documented and regularly reviewed and acted upon.

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 that care recipients' skin integrity is consistent with their general health. Care recipients with skin integrity concerns have care plans with management strategies outlined. Care recipients' skin integrity is monitored daily by staff who report any abrasions, rashes or abnormality to a registered nurse. A range of equipment and practices are utilised to assist in the maintenance of care recipients' skin as necessary.

A wound management chart that documents the dressings required, frequency of treatment, evaluation and progress of healing is commenced for care recipients who have skin tears or wounds. Care recipients and representatives interviewed indicated they are satisfied with care provided to maintain care recipients' skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has a comprehensive system to ensure that care recipients' continence is managed effectively. Clinical documentation showed that the system includes an individual continence assessment when the care recipient moves into the home, the development of a care plan and where needed a toileting program which is regularly reviewed and evaluated. Toileting regimes are maintained for as long as possible. A disposable continence aid system is used for care recipients where necessary and staff confirm there are always adequate supplies of continence aids of varying sizes available for care recipients. Care recipients are assisted to maintain their bowel function in a number of ways, such as through high fibre diet, fresh fruit, extra fluids, exercise and medications, bowel movements are monitored to ensure these interventions are effective.

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

The home has systems to ensure that the needs of care recipients with challenging behaviours are managed effectively. Where challenging behaviours are identified management strategies and appropriate programs are implemented and regularly reviewed. The home has access to specialised services including a psycho-geriatrician and a local adult mental health team. Observations and talks with care recipients and staff indicate that care recipients' behavioural issues are treated with patience and understanding in an effective and efficient manner.

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 an effective system in place to ensure that optimum levels of mobility and dexterity are achieved for all care recipients. Staff interviewed, and documentation reviewed revealed that all new care recipients are assessed by the physiotherapist for mobility, dexterity and manual handling requirements after moving into the home and when necessary. Appropriate care plans are implemented where required. We observed that many care recipients in the home are independently mobile with the assistance of walking frames and the like. There is equipment available for staff to assist moving care recipients safely when necessary. Care recipients stated that they are satisfied with the assistance they receive to maintain or improve their mobility.

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 strategies in place to ensure that care recipients' oral and dental health is maintained. Staff are trained to supply ongoing oral and dental hygiene by observation, prompting or assisting care recipients to clean teeth and/or dentures and to provide mouth care. Referrals to specialist dental services and technicians are made as required. Tooth brushes are provided by the home and replaced regularly. Care recipients confirmed that where necessary staff assist them with the cleaning and care of their teeth and dentures.

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 in place to identify and effectively manage care recipients' sensory losses. Assessments of care recipients' sensory needs are undertaken when moving into the home and when there is a change in the care recipient's condition. Staff and clinical documentation confirm that care recipients are assessed for the identification of their sensory loss and needs. Care recipients who are identified as having sensory deficits, for example, require glasses or hearing devices, have management strategies documented in their care plans and are assisted to access services or equipment that will support them. Clinical documentation reviewed also showed that referrals are made to specialist services as required. Care recipients reported that staff assist them, where necessary, with the care and maintenance of their glasses and hearing devices.

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

The home has strategies in place to assist care recipients to achieve natural sleep patterns. The home identifies the care recipient's usual and preferred sleeping patterns on admission and uses this information to assist in supporting the care recipient to develop a regular sleep pattern. Strategies implemented to assist care recipients achieve natural sleep patterns include management of environmental disturbances, continence management programs and pain management programs. Care recipients advised that the environment is conducive for them to achieve uninterrupted sleep.

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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 3 Care recipient lifestyle.

Examples of recent improvements relating to Standard 3 include:

- As part of the home satisfaction survey for lifestyle activities a query regarding spiritual activities arose. On further review the quality coordinator identified that the question itself and the manner in which it was designed may not be seeking the correct information. As a result, management has redesigned, and created another separate survey on spiritual activities. This survey will commence during 2018. The new survey is designed to focus on spiritual activities separately from other lifestyle activities. Management said this would improve the focus and responses appropriate to spiritual care in the home.
- Based on care recipient feedback, the home is in the process of introducing a ticketing system for the hairdresser. Concerns raised by care recipients regarding the unfair manner in which some care recipients arrive late and enter the hairdresser before them, has caused some upset amongst care recipients. As a result, management is going to introduce a ticketing system, like those provided in the deli counters at large supermarkets. The ticket machine has been ordered. It is expected the ticketing system will provide a fair and less disruptive way for hairdressing appointments to be managed.
- In response to an internal audit result the home has introduced multi-lingual charter of care recipients’ rights and responsibilities. The charter is now made available in the appropriate language for care recipients and their families on entering the home.

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

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 3 Care recipient lifestyle.

Examples in relation to regulatory requirements for Standard 3 include:

- having various arrangements in operation to meet obligations regarding staff and care recipients’ confidentiality and privacy provisions
- ensuring care recipients’ security of tenure and informing care recipients of their rights and responsibilities

- having mechanisms to ensure the appropriate reporting of suspected or alleged incidents of reportable assault.

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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 3 Care recipient lifestyle.

Examples of recent education sessions related to Standard 3 include:

- elder abuse and compulsory reporting
- lifestyle and activities
- grief and loss
- seniors’ rights.

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 a system to ensure care recipients receive support in adjusting to life in the home and on an ongoing basis. Staff and documentation demonstrate support is provided prior to the care recipient moving into the home by conducting an entry consultation with the care recipient and/or their representative. Care recipient files confirmed their emotional needs are documented and monitored and that staff provide support to those who require it. Any special needs a care recipient may have are ascertained through the initial assessment and ongoing process. Observations of staff interactions with care recipients showed warmth, respect, empathy and understanding. Most care recipients and their representatives were very positive during interviews in relation to the emotional support they receive from staff. One care recipient stated they had no need to seek emotional support from staff as they always received such support from visiting family members.

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 an environment that encourages care recipients to maintain independence and friendships and participate in the life of the community within and outside the home. Various community programs come into the home including community visitors and other volunteer programs. Care recipients are supported to go on regular bus trips and independent trips outside the home. Care recipients’ independence is also fostered through having personal items and photographs in their rooms, provision of mobility aids and modified utensils and cutlery, a varied activity program and assistance provided to vote in

government elections. Care recipients told us they are encouraged by the home to maintain their independence and friendships.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has a system that ensures each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff interviews, observation of staff practices and interactions with care recipients demonstrates that staff treat care recipients respectfully and with dignity. The home has a system to gain consent from care recipients or their representative in relation to privacy, for example display or use of photographs. We observed care recipients' clinical files to be stored securely and no information of a private nature was on display in areas where unauthorised persons could access. Care recipients and their representatives confirm staff treat them in a dignified manner and with respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are systems that demonstrate care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. On entry to the home, care recipients are consulted in relation to their past and current leisure interests and activities which assist in the development of the activities program. The recreational activities coordinator develops a monthly program including sensory, cognitive, emotional and physical activities. The program includes visiting entertainers, exercise classes, card games, bus outings, music therapy, pet visits and quizzes. Celebratory themes are held throughout the year. A copy of the activities program is displayed around the home and the recreational activities officers personally inform care recipients of the program and encourage attendance. Activities programs were observed in care recipients' rooms. Care recipients reported they are satisfied with the activities on offer and confirmed participation is encouraged.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' cultural and spiritual needs are fostered through the identification and communication of care recipient's individual interests, customs, beliefs and cultural and ethnic background during the assessment process. Culturally significant days and anniversaries of importance to the care recipients are celebrated with appropriate festivities. The home has visiting ministers from various denominations who provide regular religious services on site. The home celebrates care recipient's birthdays with them in a manner that is agreeable to the care recipient. The home encourages care recipients to complete advance care directives which capture information regarding cultural and spiritual needs at end of life. Care recipients stated they are satisfied with the care the home provides to support their cultural and spiritual lives.

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

There are systems that ensure each care recipient is able to exercise choice and control over their lifestyle. Examples of this are; care recipients being given the choice of their own medical practitioner, being able to participate in decisions about care and services provided through consultation processes, having diet preferences documented and communicated to the catering staff and the activities they participate in. A care recipients' meeting is held every other month where care recipients and their representatives are encouraged to attend to express views about care and service provision. The home provides opportunities and support for care recipients wishing to vote at government elections. Care recipients confirm they are provided with choice and can make decisions about their lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home provides information for care recipients on security of tenure and their rights and responsibilities in the care recipient's agreements and the handbook. In addition, the Charter of Care Recipients Rights and Responsibilities is displayed clearly in the home. Care recipients are provided with information on complaints resolution processes including internal and external complaint mechanisms. Care recipients are encouraged to attend residents' meetings. Care recipients and their representatives told the team they openly consult with management regarding any issues of concern.

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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 4 Physical environment and safe systems.

Examples of improvements relating to Standard 4 include:

- Based on internal audit results, and management observations, the flooring in Bethel will be replaced during the early part of 2018. The home has some flooring which management said was not homelike and inviting. As a result, the flooring will be replaced with suitable homelike flooring during early 2018.
- Following feedback from some care recipients and family members indicating that food services needed improvement, a review of food services was undertaken. As part of this review the contract catering provider introduced a new chef. Results of surveys since this review, and interview with care recipients during this audit shows some improvement in food services is being achieved.
- As a means of improving staff influenza vaccination rates, the home will be introducing a vaccination clinic during 2018. An external provider has already been contracted to provide this service. This means that during March and April 2018 all staff working in the home will have easy access to an on-site vaccination clinic. Management said this will enhance staff uptake of the influenza vaccination, which is paid for by the home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including Standard 4 Physical environment and safe systems.

Examples of regulatory compliance in relation to Standard 4 include:

- displaying relevant regulatory information concerning work health and safety legislation
- appropriate testing for items such as Legionella, thermostatic mixing valves, electrical tagging
- the installation of fire safety systems including sprinklers, displaying the annual fire safety statement in accordance with legislative requirements, and staff undertaking mandatory fire safety training

- various arrangements to ensure the home meets food safety requirements such as those encompassed in the NSW Food Authority's vulnerable person's food safety scheme and its licensing and audit requirements.

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

The home's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 4 Physical environment and safe systems.

Examples of recent education sessions related to Standard 4 include:

- fire safety and evacuation
- manual handling
- infection control
- chemical safety
- food safety/food handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. This is done through such mechanisms as regular environmental safety inspections, cleaning, maintenance and other safety-related checks, and incident and accident reporting. There are also care recipient feedback mechanisms, such as residents and relative's meetings, surveys, and direct discussions with management, in relation to the comfort and safety of the living environment. Care recipients and representatives stated the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data we reviewed.

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

There are effective mechanisms in operation to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The safety system is monitored by the home's work health and safety (WHS) committee and its site safety representatives. The system includes regular staff induction and regular training, regular safety-related audits and inspections, accident and incident reporting and risk assessments. A preventative and routine maintenance program is in operation in the home, which helps ensure the overall safety of the environment and equipment. There have been minimal

incidents relating to staff safety, thereby indicating the effectiveness of the home's approach to work health and safety.

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's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire safety systems in the home include fire detection and alarm systems, a sprinkler system, firefighting equipment, exit signs and evacuation plans. The home has formal, external contractual arrangements for the monitoring and maintenance of all its fire safety equipment and systems. We sighted the annual fire safety statement appropriately displayed; and evacuation kits are maintained. Staff training records confirm staff participate in regular mandatory fire safety training. Staff interviewed are aware of fire safety and emergency procedures. We observed the home provides a secure environment including secured doors, security lighting, lock up procedures and appropriate overnight staffing arrangements.

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 infection control program in place. This includes audits, ongoing monitoring of infection rates, staff education and policy and procedure relating to infection control. Infection data is collected and analysed internally. Infection control procedures such as colour coded equipment; personal protective equipment and monitoring of temperatures were observed. There are processes for the removal of contaminated and cytotoxic waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as the use of personal protective equipment and colour coded equipment.

Additional information

- The home had a gastro outbreak in October 2017. Review of the line list showed that 19 care recipients were affected, and no staff were noted to be affected. The commencement date was 6 October 2017 and the outbreak was resolved 25 October 2017. One care recipient was sent to hospital and there were no deaths associated with the outbreak.
- The home described appropriate outbreak management procedures and documentation review demonstrated that the home maintained close communication with the public health unit during these outbreaks.

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 implemented policies, procedures and appropriate arrangements to ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. The hospitality services are subject to regular monitoring and

audits to ensure they are operating at desired levels. The home prepares all food on site daily, and care recipients can choose what they like from the available menu on the day. The catering system ensures care recipients' preferences are taken into account in the food planning process and appropriate choices and alternatives are offered. Care recipients and representatives have input into menu through meetings, surveys, regular feedback. Interview with care recipients shows the food is generally very nice. A small number of care recipients said the food was not prepared in the same way they had cooked prior to entering the home. The home uses contract cleaning and laundry staff. We noted the cleaning system is well organised and effective, with common areas and each care recipient's room being cleaned regularly. Laundry services are provided effectively. Our interviews indicate care recipients and representatives are satisfied overall with the way in which the home provides hospitality services.