

Decision to Vary Accreditation Calvary Retirement Community Cessnock

Following a review audit the Aged Care Standards and Accreditation Agency Ltd has decided to vary the accreditation of Calvary Retirement Community Cessnock in accordance with the *Accreditation Grant Principles 1999*.

Calvary Retirement Community Cessnock is now accredited until 22 November 2006. Previously, its accreditation was to expire on 22 November 2008.

The Agency has found that the home complies with 22 of the 44 expected outcomes of the Accreditation Standards. This is shown in the "Agency Findings" column appended to the following executive summary of the assessment team's review audit report. The assessment team recommended that the home did not comply with 25 expected outcomes. The Agency found that the home did not comply with 22 expected outcomes. The home provided evidence of systems in place and action taken in relation to expected outcomes 1.7 Inventory and equipment, 2.9 Palliative care and 4.4 Living environment that lead the agency to determine that the home complied with these three expected outcomes. Please check whether these expected outcomes are now compliant? The matrix indicates that 2.9 palliative care is still non-compliant and that 3.4 emotional support is now compliant????

Action taken by the home

In relation to the 22 non-compliant expected outcomes, the home has provided an extensive action plan, and immediately commenced its implementation. This has included a comprehensive review of the clinical care needs of all residents, increased education and a greater deployment of registered nurses.

The Agency is satisfied that the home will undertake continuous improvement measured against the Accreditation Standards.

The approved provider has been advised of a number of matters where improvement must be made to ensure that the home complies with its responsibilities for continuous improvement.

The Agency will undertake support contacts to monitor progress with these improvements and compliance with the Accreditation Standards.

Matters of non-compliance have been referred to the Secretary, Department of Health and Ageing, in accordance with the *Accreditation Grant Principles 1999*.

Victoria Crawford
State Manager
NSW /ACT

Information considered in making an accreditation decision

The Agency has taken into account the following:

- The review audit report; and
- Information (if any) received from the Secretary of Department of Health and Ageing; and
- Information (if any) received from the approved provider; and
- Information (if any) from current or former residents (or their representatives); and

- Any other relevant information.

Service and Approved Provider Details

Service Details

Service Name: Calvary Retirement Community Cessnock
RACS ID: 1474
Number of beds: 216 Number of High Care Residents: 216
Special Needs Group catered for:

Street/PO Box: 19 Wine Country Drive
City: CESSNOCK State: NSW Postcode: 2325
Phone: 02 4993 9000 Facsimile: 02 4993 9106
Email address: danae.jenkins@calvarycessnock.com.au

Approved Provider

Approved Provider: Calvary Retirement Community Cessnock Ltd

Assessment Team

Team Leader: Ms Sophie Holloway
Team Member/s: Mrs Jennifer Woodman
Ms Cornelia Ploeg

Date/s of audit: 27/03/2006 to 31/03/2006

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 1: Management Systems, Staffing and Organisational Development

Expected Outcome	Assessment Team Recommendations
1.1 Continuous improvement	Non-Compliant
1.2 Regulatory compliance	Compliant
1.3 Education and staff development	Non-Compliant
1.4 Comments and complaints	Compliant
1.5 Planning and leadership	Compliant
1.6 Human resource management	Non-Compliant
1.7 Inventory and equipment	Non-Compliant
1.8 Information systems	Non-Compliant
1.9 External services	Compliant

Agency Findings
Non-Compliant
Compliant
Non-Compliant
Compliant
Compliant
Non-Compliant
Compliant
Non-Compliant
Compliant

Standard 2: Health and Personal Care

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

Agency Findings
Non-Compliant
Compliant
Non-Compliant
Non-Compliant
Non-Compliant
Compliant
Compliant
Non-Compliant
Non-Compliant
Non-Compliant
Non-Compliant
Non-Compliant
Compliant
Non-Compliant
Compliant
Compliant

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

Expected Outcome	Assessment Team Recommendations
3.1 Continuous improvement	Non-Compliant
3.2 Regulatory compliance	Compliant
3.3 Education and staff development	Non-Compliant
3.4 Emotional support	Non-Compliant
3.5 Independence	Compliant
3.6 Privacy and dignity	Compliant
3.7 Leisure interests and activities	Non-Compliant
3.8 Cultural and spiritual life	Compliant
3.9 Choice and decision-making	Compliant
3.10 Resident security of tenure and responsibilities	Compliant

Agency Findings
Non-Compliant
Compliant
Non-Compliant
Compliant
Compliant
Compliant
Non-Compliant
Compliant
Compliant
Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Non-Compliant
4.2 Regulatory compliance	Non-Compliant
4.3 Education and staff development	Non-Compliant
4.4 Living environment	Non-Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Non-Compliant

Agency Findings
Non-Compliant
Non-Compliant
Non-Compliant
Compliant
Compliant
Compliant
Compliant
Non-Compliant

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have made findings different from these recommendations.

REVIEW AUDIT REPORT NOT TO REVOKE/TO VARY

Name of Home	Calvary Retirement Community Cessnock
RACS ID	1474

Executive summary

This is the report of a review audit of Calvary Retirement Community Cessnock (1474), 19 Wine Country Drive Cessnock NSW 2325, from 27 March 2006 to 31 March 2006, submitted to the Aged Care Standards and Accreditation Agency Ltd on 3 April 2006.

Assessment team's recommendation regarding compliance

The assessment team considers that the information obtained through the audit of the home indicates that the home complies with:

- 19 expected outcomes

The assessment team considers that the information obtained through the audit of the home indicates that the home does not comply with the following expected outcomes:

- 1.1 Continuous improvement
- 1.3 Education and staff development
- 1.6 Human resource management
- 1.7 Inventory and equipment
- 1.8 Information systems
- 2.1 Continuous improvement
- 2.3 Education and staff development
- 2.4 Clinical care
- 2.5 Specialised nursing care needs
- 2.8 Pain management
- 2.9 Palliative care
- 2.10 Nutrition and hydration
- 2.11 Skin care
- 2.12 Continence management
- 2.13 Behavioural management
- 2.15 Oral and dental care
- 3.1 Continuous improvement
- 3.3 Education and staff development
- 3.4 Emotional support
- 3.7 Leisure interests and activities
- 4.1 Continuous improvement

- 4.2 Regulatory compliance
- 4.3 Education and staff development
- 4.4 Living environment
- 4.8 Catering cleaning and laundry services

Assessment team's recommendation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd not revoke accreditation of Calvary Retirement Community Cessnock.

The assessment team recommends that the period of accreditation be varied

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within one month.

Assessment team's reasons for recommendation

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 19 of the 44 expected outcomes of the Accreditation Standards.

Please note the Agency may have made findings different from these recommendations.

Review Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 27 March 2006 to 31 March 2006.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of three registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the *Quality of Care Principles 1997*.

Assessment team

Team Leader:	Sophie Holloway
Team Member/s:	Jennifer Woodman
	Corrie Ploeg

Approved provider details

Approved provider:	Calvary Retirement Community Cessnock Ltd
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Details of home

Name of home:	Calvary Retirement Community Cessnock
RACS ID:	1474

Total number of allocated places:	216
Number of residents during review audit:	216
Number of high care residents during review audit:	216
Special needs catered for:	Dementia

Street/PO Box:	19 Wine Country Drive	State:	NSW
City/Town:	CESSNOCK	Postcode:	2325

Phone number:	02 4993 9000	Facsimile:	02 4993 9106
E-mail address:			

Assessment team's recommendation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd not revoke accreditation of Calvary Retirement Community Cessnock.

The assessment team recommends that the period of accreditation be varied.

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within one month.

Assessment team's reasons for recommendation

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 19 of the 44 expected outcomes of the Accreditation Standards.

Please note the Agency may have made findings different from these recommendations.

Audit trail

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

Interviews

List types of people eg.	Number		Number
Chief executive officer	1	Residents	18
Executive director of care	1	Resident representatives	10
Director of care	1	Volunteers	2
Deputy directors of care	2	Volunteer supervisor	1
Director of mission	1	Infection control co-ordinator	1
Clerical administration officer – continuous quality improvement (CQI) and medical records	1	Cleaning staff	6
Registered nurses	6	Maintenance staff	2
Assistants in nursing	27	Catering staff	4
Endorsed enrolled nurses	9	Recreational activity officers	4
Hotel services supervisor	1	Pastoral care worker	1
Procurement officer	1	Fire safety officer	1
Administrative assistant (procurement)	1	Electrical contractor	1
Care placement officer	1	Night supervisor	1
Physiotherapist	1	Physiotherapy aides	2

Sampled documents

	Number		Number
Medication charts across all eight lodges.	35	Other Medication charts in relation to files and care plans	12
Sampled clinical documents across all 8 lodges: Paxton, Neath, Rothbury, Greta (general aged care) and Stanford, Elrington, Kalingo and Hebburn (dementia specific).		Residents' files, assessments, care plans, wound charts, treatment charts, bowel charts, monthly reviews, medical notes, allied health notes and progress notes.	22
Residents' files (related to Standard Three) across all lodges	22	Personnel files	17
Volunteers declarations of confidentiality	4	Service agreements	18
Volunteer attendance records	21		

Other documents reviewed

The team also reviewed:

- Accident/incident data – residents and staff 2005 - 2006
- Activities evaluation folders (containing resident activity evaluations)
- After hours report book
- Aged care certification assessment instrument 1997
- Aged care certification assessment instrument 1999
- Assessment folders
- Attendance lists – education 2005 – 2006
- Audit schedule and results 2005
- Audit tool – Housekeeping (dated 7 march 2006)
- Bowel charts, therapy charts
- Buddhist research information package
- Care coordinators' lists
- Cleaners' resource manuals
- Cleaning audit summary (dated 20 march 2006)
- Cleaning audit summary April to June 2005
- Clinical diaries
- Clinical observation folders
- Clinical procedures manual
- Communication books
- Complaints folder 2004 – 2005
- Confidential complaints documentation
- Continuous improvement logs 2005 – 2006
- Continuous improvement plan 2005 – 2006

- Continuous improvement work plan – activities
- Continuous improvement work plan folder
- Continuous improvement/complaints logs 2005 – 2006
- Correspondence – maintenance
- Current assessments
- Customer information kit – catering
- Customer satisfaction survey – catering
- Daily bed return sheet (dated 26 march 2006)
- Diet/supplement request forms
- Director of mission audit tool 2005
- Discussion paper nursing services restructure 2005
- Discussion paper support service staff restructure 2004
- Doctors' books
- Documentation regarding external linen service –correspondence and proposals 2003 – 2006
- Draft duty statements – cleaning, catering periodic duties, cleaning duties list, extra duties cleaning
- Duties lists
- Emergency incident response manual
- Emergency warning and intercommunication system test book 2005
- Environmental round forms – servery areas
- Environmental safety audits
- Evacuation system monthly testing records 2006
- External employee satisfaction survey 2005
- Fire door testing log book 2005 to 2006
- Fire equipment testing records 2006
- Fire service reports 2005
- Fire warning and fire fighting equipment
- Fridge/freezer, food temperature and sanitising charts
- General comments in progress notes lists
- General service officer meeting minutes – February 2006
- Handover sheets
- Human resource action plan 2005
- Infection control folder
- Information page on Gate-ways project
- Information system (document system)
- Interview questions
- Invoices
- Learning and development action plan
- Maintenance continuous improvement plan
- Maintenance work requests 2006

- Management reports – indicator data and trend analyses (wound infections, pressure sores, skin tears, restraint, medication errors, falls, infections) 2005
- Managers meeting minutes 2006
- Mandatory training list – staff to attend
- Medication management policies and procedures manual (to be implemented)
- Medication management policy manual
- Meeting minutes occupational health and safety and infection control committee
- Meeting minutes residents' and friends' forum
- Meeting minutes managers 2006
- Meeting minutes nursing executive committee 2006
- Meeting minutes residents 2006
- Meeting minutes resident/relatives
- Meeting minutes clinical care forum 2006
- Mixing valves service reports 2005 – 2006
- Monthly infection control reports
- Monthly wound reports
- Next in line placement folder
- Nurse initiated medication forms
- Occupational health and safety education session PowerPoint slide printouts
- Order form – new assembly signs March 2006
- Organisational chart – committee/forum
- Organisational staff survey results 2005
- Orientation program checklists
- Planned maintenance schedule
- Policies and procedures (for example, quality management, medication management, privacy and confidentiality, complaints resolution, recruitment)
- Policy manual – clinical care
- Position descriptions
- Procurement database system
- Purchase journals
- Quality care concerns action plans - external consultant 2005 and DAT team 2006
- Quality projects and procedures document
- Registrations – staff and service providers
- Resident admission package
- Resident dietary preference forms
- Resident fire list
- Resident survey 2005 results
- Residents' agreement – high care accommodation
- Residents' and visitors' information directory
- Residents' information handbook
- Residents' meeting minutes – February 2006 and March 2006
- Review of housekeeping audit document (dated 10 march 2006)

- Risk rating matrix and descriptors
- Rosters
- Route cause analyses
- S8 drug books
- Schedule of meetings
- Security network site log book
- Seven step guide to risk management tool
- Staff Handbook
- Staff information folder
- Staff listing – current staff
- Staff memoranda folder
- Staff survey action plan 2005
- Summary and feedback of the continuous improvement logs
- Treatment folders
- Volunteer resident activity records (Rothbury, Greta, Neath and Paxton lodges)
- Volunteers' handbook
- Workplace incident summary 2005
- Wound treatment charts

Observations

The team observed the following:

- Activities in progress
- Activities office/store room
- Behaviour management
- Bethany room – relative sleepover room.
- Cleaners' storerooms
- Continence pad supplies
- Dressing supplies
- Emergency medication cupboard
- Entry and exit of visitors to the home
- Equipment and supply storage areas – stores area and within lodges
- Fire warning and fire fighting equipment
- Interactions between residents and residents and visitors
- Interactions between staff and residents
- Isolation kit
- Living environment – internal and external
- Medication administration
- Medication blister packaging
- Medication storage refrigerator
- Medication trolleys
- Movement sensors in dementia lodges
- Multi-purpose centre

- Noticeboards and wall plaques
- Nutrition supplements
- Provisions of hospitality services
- Random drug expiry dates
- Recreational computer calendar alert system
- Resident laundries
- Residents on their own
- Storage of medications
- Treatment/ wound care trolleys (four)
- Use of protective equipment by staff
- Verbal handovers
- Weekend activity boxes

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 recommendation

Does not comply

The home undertakes a number of continuous improvement activities such as audits, surveys and research projects and identifies areas requiring improvement on action plans. The home is also involved in a national organisational initiative relating to clinical care and is in the process of implementing a new quality system. However, the assessment team (the team) identified deficiencies in a number of areas across the Accreditation Standards, indicating that the home’s system of continuous improvement has not been effective in ensuring the home identifies and rectifies deficiencies in a timely manner, resulting in resident care, safety and comfort being compromised.

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 recommendation

Does comply

The home has systems in place to receive, identify and ensure compliance with relevant legislation, regulatory requirements, standards and guidelines. The organisation is a member of industry associations, and receives information through these avenues and through a variety of government and independent information services. The home’s quality officer regularly reviews relevant websites. Management interviewed stated that information regarding current issues or changes is discussed at management meetings and forwarded to relevant areas and staff. Changes to policies and procedures are communicated to staff through meetings and memoranda. Staff interviewed confirmed the system of forwarding information regarding regulatory issues as noted above.

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to management systems, staffing and organisational development include:

- The home has a system for monitoring that registrations of registered nurses, endorsed enrolled nurses and enrolled nurses are up-to-date.
- Reviewed policies, such as the grievance procedures for staff (updated on 22 February 2006) referred to current legislation.

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 recommendation

Does not comply

While the home has a system in place for management and staff to receive education and training, it has not been effective in ensuring staff have the appropriate knowledge and skills to perform their roles effectively, as evidenced by gaps found in health and personal care, resident lifestyle and physical environment and safe systems. The home has not had a performance appraisal system in place to assist the home to identify training needs. The home has a system to monitor attendance at training and education, including attendance at compulsory sessions. There is an annual training calendar, and a system of competency assessments in some areas.

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 recommendation

Does comply

Interviews with residents and resident representatives demonstrated they are aware of mechanisms through which they may make comment or complaint, and confirmed they would feel able to make a complaint or suggestion if necessary. Staff interviewed confirmed they are aware of comment and complaint mechanisms for residents/resident representatives and for themselves. The team observed suggestion boxes and forms and information regarding internal and external complaints processes throughout all areas of the home. Review of the continuous improvement log/ complaints register and meeting minutes indicated the home generally responds to complaints raised within an acceptable timeframe. Monthly summaries of complaints raised and actions taken are prepared and forwarded to management for review and also to staff memoranda folders for information. The home also has a system for managing confidential complaints. Review of documentation indicated these are managed in an appropriate 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 recommendation

Does comply

The home's vision, mission, values and philosophy are clearly displayed in key areas throughout the home, and are evident in documents such as the staff handbook. A member of the executive management team is responsible for promoting the home's vision, values and philosophy and education regarding these areas is now included in monthly mandatory training sessions.

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 recommendation

Does not comply

The home does not demonstrate it has sufficient appropriately skilled and qualified staff to ensure services are delivered in accordance with the Accreditation Standards, resulting in deficiencies being identified in relation to health and personal care, resident lifestyle and physical environment and safe systems. Staff interviewed stated that there was consistently not enough time to complete required tasks. Through observation of the environment, the assessment team noted that staff were not consistently present to ensure residents' needs could be met promptly, compromising the comfort and safety of residents. The home does not have a consistent system for monitoring staff performance. Residents/resident representatives interviewed expressed concern over staffing levels.

1.7 Inventory and equipment

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

Team's recommendation

Does not comply

The team noted through observation, interviews and document review that the home has a just-in-time system of purchasing and receipt of goods using bar coding, and the team observed that supplies in storage areas were kept at a minimum. Staff interviewed expressed dissatisfaction with the supply of goods and equipment. The team noted that equipment is maintained through an effective reactive maintenance program, and that equipment is trialled prior to purchase. The home has a planned maintenance program in place, but the system for monitoring this is inconsistent.

1.8 Information systems

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

Team's recommendation

Does not comply

The home does not have effective management systems in place. While staff are informed about a variety of issues via meetings at the home and memoranda, systems to ensure all staff are aware of issues of relevance to their work are not consistent. Staff do not always have access to and use of accurate information to assist with the development of resident's assessments, care and lifestyle plans to ensure delivery of appropriate care to residents. The home does not identify and use key information to ensure care provided at the home meets the needs of 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 recommendation

Does comply

Externally sourced services are generally provided in a way to meet the home's needs and goals. Service agreements and contracts are regularly reviewed. The home reviews the registrations of medical and allied health service providers. Performance of external service providers is also monitored via audits and inspections and observation of work practices. Residents, resident representatives and staff interviewed indicated satisfaction with most external services.

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 recommendation

Does not comply

The home does not have an effective system to manage continuous improvement across all the Accreditation Standards, including in relation to health and personal care. Deficiencies have not been identified compromising the health and personal care of resident. Please refer Expected Outcome 1.1 Continuous improvement for additional information relating to this outcome.

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 recommendation

Does comply

Refer to 1.2 Regulatory Compliance for sources of evidence and additional information related to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Two: Health and Personal Care includes:

- Managers meeting minutes of 7 February 2006 refer to an information bulletin relating to the Poisons and Therapeutic Goods Act Withdrawal of Drug Authorities (effective December 2005).

- The home's new medication management policy manual, now due to be implemented the week after the Review Audit, includes references to current legislation and guidelines. The Aged Care Association of Australia "Guidelines to Medication Management in Residential Aged Care Facilities" are referred to in the policies and a copy of them is included in the manual.

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 recommendation

Does not comply

The home's system for providing education and staff development is not effective in ensuring that staff have the appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for further information.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does not comply

The home does not have an effective system in place to ensure residents receive appropriate clinical care. Resident clinical assessments are undertaken when residents move into the home and during annual reviews, however assessments due to changing needs and condition are rarely implemented. Care planning is often undertaken by enrolled nurses and not always reviewed by registered nurses. Clinical care information is not always conveyed to registered nurses, nor is current care always overseen by registered nurses. Care plans do not always include current information and do not always provide individualised details on care to be provided. The clinical care system of the home does not ensure residents receive appropriate clinical care which results in non reporting of clinical issues to medical officers in a timely manner, residents remaining in pain through lack of assessment and referral, skin breakdown, unexplained weight loss, embarrassing continence episodes and residents 'at risk' of dehydration and experiencing dry mouths.

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 recommendation

Does not comply

Registered nurses provide specialised nursing care including assessments when residents are unwell, review of wound management and catheter care. Specialist nursing services provide consultation and assessment for residents in areas such as Parkinson's disease, stoma care, supplementary feeds and mental health. However clinical care issues identified impact on the homes provision of specialised clinical nursing care. This results in residents not being provided with appropriate care, for example poor supplementary feeding and catheter care practices, residents 'at risk' of bowel obstruction and poor diabetic monitoring.

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 recommendation

Does comply

The home has a system in place to ensure residents are referred to appropriate health specialists in accordance with their individual needs and preferences. The system includes identification of residents’ physical or psychological condition that may indicate that a specialist referral is required, and staff management of residents’ referrals to a range of other health and related services. A geriatrician visits the home on a weekly basis. The home has access to a number of allied health professionals including a dietician, physiotherapist, dental technician and clinical pharmacist. Some allied health professionals visit the home. Residents are assisted by staff to access external appointments.

2.7 Medication management

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

Team’s recommendation

Does comply

The home implements a medication management system which ensures residents’ medication administration is managed safely and correctly. The system includes policies, photo identification of each resident, allergy notation, resident medication charts completed by their medical officer, incident reporting and medications stored safely and correctly. Medications are delivered to the home from the pharmacy in individual blister packaging. Medications are administered by registered nurses or endorsed enrolled nurses who have completed medication administration training and who have been assessed as competent to administer medications. Medications are stored safely and correctly. The results of interviews with residents/ resident representatives confirmed satisfaction with the way in which the home manages residents’ medication.

2.8 Pain management

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

Team’s recommendation

Does not comply

The home does not have a system in place to ensure that all residents are as free from pain as possible which results in residents not receiving assessment, follow up care, medical officer referral or pain relief after complaining of pain. Residents experiencing pain are assessed when they move into the home and reassessed annually however if they experience pain at other times reassessment is not always completed. Pain relief in the form of analgesia is recorded in residents’ progress notes on some occasions however the effect is not always documented and the range of pain management interventions used by the home is limited.

2.9 Palliative care

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

Team’s recommendation

Does not comply

The home is sensitive to the needs and preferences of residents and their families during the provision of palliative care for residents. The home has recently had three staff attend an external palliative care training course and an ‘aged care palliative approach pathway’ specific to Calvary retirement communities has been developed but not yet implemented. The home currently accesses medical officers and geriatricians for residents’ pain management. The home has plans to commence a Calvary palliative care volunteers program. Relatives are welcome to stay and are made feel comfortable. Staff are kind, caring and loving. Emotional support is provided for some residents through the pastoral care program at the home. However the home is currently not accessing external palliative care specialists and clinical care provision is not always appropriate, which results in residents in the final stage of life being ‘at risk’ of being in pain but not receiving relief, developing pressure ulcers on their skin, and experiencing weight loss and dehydration, wet continence pads and the uncomfortable feeling of a dry mouth.

2.10 Nutrition and hydration

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

Team’s recommendation

Does not comply

The home does not have a system in place to ensure residents receive adequate nourishment and hydration which impacts on residents by placing them ‘at risk’ of dehydration and fluctuating body weight. Residents’ dietary needs and preferences are identified on admission but not always implemented. The home has a quality assurance program which includes monthly residents’ weight monitoring however the home’s care process is not always followed. Fluctuations in residents’ weights are not always followed up by registered nurses. Care staff are instructed to ‘push fluids’ however residents’ food and fluid intake is not regularly monitored, and when fluid charts are implemented they are not fully completed. Referrals to speech therapists, dentists and dieticians are arranged when required.

2.11 Skin care

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

Team’s recommendation

Does not comply

The home does not have a reliable system in place to maintain residents’ skin integrity consistent with their general health. The home does not ensure that all residents who require it regularly receive appropriate pressure area care resulting in residents being ‘at risk’ of developing pressure ulcers. Wound care is overseen by a designated wound care nurse, however wound care treatment charts are not always reflective of the care provided and resident treatment to maintain skin integrity is not always signed off as having been completed. Residents/ resident representatives

interviewed by the team provided mixed feedback on their satisfaction with the skin care provided by the home.

2.12 Continence management

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

Team’s recommendation

Does not comply

The home does not have a system to ensure that residents’ continence is managed effectively. The home has a continence assessment and care planning system, however this is not always followed resulting in frequent incontinence episodes in bed, constipation for long periods of time putting residents at risk of bowel obstruction, and family members assisting residents to go to the toilet and embarrassing situations.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s recommendation

Does not comply

The home does not provide effective behaviour management for all residents. Comprehensive behaviour assessments are provided in the dementia specific lodges of the home which follow through to care planning, and care staff were observed implementing excellent behaviour management strategies in the dementia specific lodges. However, aggressive incidents and follow up behaviour management in the general aged care lodges of the home does not meet the needs of residents resulting in residents being ‘at risk’ of assault and injury. Restraint is used throughout the home in the form of reclining chairs, bed rails and immovable tables.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

A physiotherapist visits the home providing full assessments for residents in relation to mobility, dexterity and rehabilitation requirements. A priority system has been introduced with all new residents, residents who have sustained falls and those due for their annual reassessment taking priority. Physiotherapy care planning incorporates a continuous care plan philosophy in that all care staff contribute to providing care physical therapy for residents. The home employs four physiotherapy aides who prepare residents for assessment, assist the physiotherapist, implement physiotherapy plans and oversee the passive exercise programs implemented by care staff during daily care provision for residents. Plans are being developed to incorporate graded exercise sessions linked to the activities program which assist in the provision of therapy for residents. Interviews with residents and staff, documents reviewed, and observations during the visit confirmed residents are satisfied with the mobility and dexterity they have achieved while living at the home.

2.15 Oral and dental care

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

Team’s recommendation

Does not comply

The home provides oral and dental assessment for residents on moving into the home, and oral hygiene care plans are developed based on a tick system identifying residents’ requirements for oral and dental care. Provision is available for further information on each resident’s oral hygiene care plan for identified issues, goals and strategies however this is frequently either minimal or absent. Care staff administer dental care however this is not always consistent, which results in poor oral hygiene, neglected gums and teeth, unhygienic denture care and poor mouth care. The team verified that residents are referred to dentists, and dental hygienists and denture mechanics visit the home. Interviews with residents/ resident representatives indicated dissatisfaction with oral and dental care provided at the home.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home identifies residents’ sensory losses when they move into the home and document in resident care plans their needs in relation to visual aids and hearing aids. Interventions may include care of visual aids, care of hearing aids, music playing in recreational areas of the home and provision of large print information and books. New residents are orientated to the home to familiarise them with their new environment. Observations by the team confirmed residents are assisted with sensory loss aids such as glasses and hearing aids, and a review of documentation together with interviews confirmed residents’ sensory losses are managed effectively.

2.17 Sleep

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

Team’s recommendation

Does comply

The home assesses each resident when they move into the home and identify any environmental issues which may disrupt the residents’ natural sleep pattern. Sleep deficiencies are managed through interventions documented in the residents’ care plans which are regularly reviewed following the home’s care planning process. A review of resident documentation by the team indicated caring assistance is provided by night staff to assist restless residents to go back to sleep. Interviews with residents/ resident representatives confirmed residents are satisfied with their sleep patterns achieved at the home.

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 recommendation

Does not comply

The home’s system for continuous improvement has not been effective in identifying and addressing gaps in relation to resident lifestyle, resulting in resident emotional support and participation in leisure interests and activities being compromised. Refer to expected outcome 1.1 Continuous improvement for further information.

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 recommendation

Does comply

Refer to 1.2 Regulatory Compliance for sources of evidence and additional information related to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Three: Resident Lifestyle includes:

- The residence agreement that outlines security of tenure refers to the specified care and services to be provided for residents receiving a high level of residential care.
- The home’s policy regarding residents’ consent to treatment and care has been recently updated and refers to current legislation.

3.3 Education and staff development

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

Team’s recommendation

Does not comply

The home’s system for providing education and staff development is not effective in ensuring that staff have the appropriate knowledge and skills to perform their roles effectively in relation to resident lifestyle. Refer to expected outcome 1.3 Education and staff development for further information.

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 recommendation

Does not comply

The home is able to demonstrate that each resident receives support in adjusting to life in the home, however ongoing support for each resident across the home is not always demonstrated. An assessment of residents' specific needs and preferences is undertaken prior to and on entry to the home and a care plan developed. However, the team observed a number of incomplete assessments and outdated care plans. Recreational activity officers, volunteers and pastoral care workers are also available within the home to provide ongoing emotional support, however documentation review and interviews with staff and resident/representatives indicate that the identification of residents' emotional status and the ability to meet identified residents' individual and ongoing needs does not always occur or is inconsistent.

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 recommendation

Does comply

The home is able to demonstrate that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of residents' needs and preferences is undertaken on entry to the home and on an ongoing basis to assist staff develop appropriate care plans, which also include the level of physical assistance required. Residents are actively encouraged to participate in local community activities. For example, residents/representatives interviewed by the team confirmed the home's involvement in a local window display competition. On-site voting facilities are available as required. The team observed friendships between individual residents and within groups. Residents/representatives interviewed by the team stated independence is encouraged as per residents' physical ability with several examples being provided to the team.

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 recommendation

Does comply

The home is able to demonstrate that each resident's right to privacy, dignity and confidentiality is recognised and respected. All staff and volunteers sign confidentiality agreements at commencement of employment. Residents' accommodation allows for adequate privacy and dignity, including single and twin rooms, with private sitting areas and outdoor areas also available. The team observed staff practice that recognised and respected residents' privacy and dignity. Staff interviewed by the team were able to demonstrate sound understanding of privacy, dignity and confidentiality issues. Residents/representatives interviewed by

the team confirmed that staff respect residents' privacy by knocking on doors prior to entering. Residents/representatives also agreed that staff treat them in a respectful and dignified manner.

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 recommendation

Does not comply

The home is unable to demonstrate that residents across the home are encouraged and supported to participate in a wide range of interests and activities of interest to them. Assessment of residents' specific needs, interests and preferences is inconsistently performed across lodges on entry to the home. Care plans, developed and evaluated/reviewed in most lodges were clearly not evident in some areas of the home. Documentation review and interviews with staff and residents/representatives did not always confirm linkage between residents' individual interests and the activity programs offered by the home. Residents/representatives and staff reported mixed satisfaction with the activities programs provided in some areas of the home.

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 recommendation

Does comply

The home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are/can be fostered. Assessment of residents' specific needs, customs and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held within the home. An internal pastoral care worker and chaplaincy services are also available. Staff have access to individualised communication prompts that may be used to communicate with residents from culturally and linguistically diverse backgrounds. Given the current resident mix is predominantly Anglo-Saxon, cultural days such as Christmas, New Year, Mothers' Day, and Fathers' Day are celebrated. However, the home has also recently introduced a computerised calendar system whereby residents wishing to celebrate specific cultural/religious festivities can be more easily identified and their needs met. Residents/representatives interviewed by the team confirm they are encouraged to continue with their own interests, customs and beliefs.

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 recommendation

Does comply

The home is able to demonstrate that mechanisms are in place that enable each resident (or his or her representative) to participate in decisions about the services they receive and are able to exercise choice and control over their lifestyle while not infringing on the rights of other people. These mechanisms include resident meetings and relative and friend forums, the comments and complaints process and verbal feedback to staff. Residents/representatives and staff interviewed by the team provided sound examples that demonstrate residents are given freedom of choice in their daily lives and able to participate in decision-making forums and activities if they wish.

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 recommendation

Does comply

The home is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is discussed with prospective residents/representatives prior to and on entering the home. The resident agreement outlines the care and services provided at the home and associated costs. A copy of the residents' and visitors' information directory is provided containing the charter of residents' rights and responsibilities, information about the care and services available to residents in the home and information about security of tenure. Residents/representatives interviewed by the team indicated general understanding of the information provided.

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 recommendation

Does not comply

The home’s system for continuous improvement has not been effective in identifying and addressing gaps in relation to physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for further information.

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 recommendation

Does not comply

While the home has a system in place to monitor regulatory compliance it has not been effective in relation to fire safety. The home does not have an annual fire safety statement displayed and is therefore not meeting its regulatory requirements in this area.

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 recommendation

Does not comply

The home’s system for providing education and staff development is not effective in ensuring that staff have the appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for further information.

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 recommendation

Does not comply

The home is a large 216-bed facility comprising two sections, general aged care and dementia care. General aged care is separated into four lodges, Greta, Rothbury, Neath and Paxton. Each lodge has two wings of 15 residents each surrounding a central courtyard. 30 residents reside in each lodge. The secure dementia section comprises four lodges, Hebburn, Kalingo, Elrington and Stanford. 24 residents

reside in each lodge. Each lodge is divided into two, with 12 residents in each. A central nurses station and servery is located between each wing, which are secure. Each wing of the dementia lodges open onto a courtyard. The dementia areas and the general aged care areas face each other, and there are walkways and gardens through the centre of the home. There is a multi purpose centre/chapel located in the middle of the general aged care section, between Neath and Rothbury. The administration main office backs onto the dementia wing. The learning and development centre is located further up the road within the home's grounds, as is the maintenance workshop. The home's environment does not reflect the safety and comfort needs of residents. It does not ensure that indoor and outdoor areas are clean. Residents' behaviour is not effectively managed to ensure the safety of residents. Residents, resident representatives and staff expressed concern over the cleanliness of the 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 recommendation

Does comply

The home is actively working to provide a safe working environment by ensuring accurate and consistent incident/accident reporting and hazard identification systems are monitored and maintained. Regular risk management assessments and data analysis is undertaken and actioned as required. The home participates in a joint occupational health and safety and infection control committee and staff have access to a member of staff who undertakes risk management duties and co-ordinates the return to work program. Mandatory training in occupational health and safety and manual handling is provided on an ongoing basis. Staff interviewed by the team indicated awareness of occupational health and safety principles and their role as it relates to their area of work. Staff also confirmed that management actively works towards ensuring their work environment is safe and training is appropriate to their needs.

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 recommendation

Does comply

Fire, security and emergency risks are minimised in the home by the environment and the safe systems in place. This includes, but it not limited to, access to an internal designated fire officer (level one), the provision of emergency incident response manuals (dated 2003 but currently undergoing review), mandatory fire and evacuation training, appropriately placed and maintained evacuation procedures, fire warning and fire fighting equipment, electrical tagging and security protocols that include sign in sign out books, nightly lock-up procedures and externally contracted security patrols. The building, under the 1999 Certification Assessment Instrument, received a fire score of 23.00 out of 25 for fire safety. Staff interviewed by the team demonstrated sound knowledge of procedures relating to fire, security and other emergencies.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program to identify and manage potential and actual sources of infection and infection risk. The program includes participation in a combined occupational health and safety and infection control committee, infection control policies and procedures, infection control surveillance and reporting, appropriate waste disposal and safe food handling practices. A designated internal infection control co-ordinator and part-time infection control consultant undertake regular review and evaluation and are available as a resource as required. Educational opportunities to enhance and monitor knowledge of infection control issues are offered to staff in addition to the provision of appropriate equipment to minimise infection risk. A vaccination/immunisation program is also available. Staff interviewed by the team demonstrated sound understanding of infection control issues relating to their area of work.

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 recommendation

Does not comply

The home is unable to demonstrate that all hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.

Catering

The home has a system in place to identify residents' initial and ongoing meal requirements and preferences. The service has eight serveries offering a dietician reviewed four-week rotating cook-chilled menu. Food is delivered from an off-site cook-chill provider. There are mechanisms in place to ensure residents/representatives have input and provide feedback about the catering services. Residents/representatives interviewed by the team generally expressed satisfaction with the meals including choice, quantity and quality.

Cleaning

Internal staff cleaning services were unable to demonstrate that all public areas and resident rooms are cleaned according to a schedule that includes spring-cleaning at regular intervals. Many areas of the home were not observed to be clean and fresh throughout the Review Audit. Many residents/representatives and staff interviewed by the team reported dissatisfaction with the cleaning services provided by the home.

Laundry

The onsite but externally operated laundry service undertakes the laundering of residents' personal clothing and linen. Four internal laundries are also available throughout the home for the washing of resident's delicate clothing items and staff equipment. A cloth name tagging system is also in place. Residents/representatives and staff interviewed by the team reported mixed levels of satisfaction with laundry services including sufficiency of linen and towels and laundry of personal items.