Great Lakes Nursing Home

RACS ID 2780
27-31 Crawford Street
BULAHDELAH NSW 2423

Approved provider: Great Lakes Nursing Home Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 January 2018.

We made our decision on 08 December 2014.

The audit was conducted on 18 November 2014 to 19 November 2014. The assessment team’s report is attached.

We will continue to monitor the performance of the home including through unannounced visits.
Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
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</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
</tr>
<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
</tr>
<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
</tr>
<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
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</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
Standard 3: Resident lifestyle

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

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

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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Introduction

This is the report of a re-accreditation audit from 18 November 2014 to 19 November 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team’s findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes
Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 18 November 2014 to 19 November 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Kristine Hodyl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Jillian Kidd</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | Great Lakes Nursing Home Ltd |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Great Lakes Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>2780</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of allocated places:</th>
<th>57</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of care recipients during audit:</td>
<td>55</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>38</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street/PO Box:</th>
<th>27-31 Crawford Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
<td>BULAHDELAH</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2423</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 4997 4122</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 4997 4130</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:kfreihaut@glnhome.com.au">kfreihaut@glnhome.com.au</a></td>
</tr>
</tbody>
</table>

Home name: Great Lakes Nursing Home
RACS ID: 2780
Dates of audit: 18 November 2014 to 19 November 2014
Audit trail

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

**Interviews**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of nursing</td>
<td>1</td>
</tr>
<tr>
<td>Deputy director of nursing</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>2</td>
</tr>
<tr>
<td>Care staff</td>
<td>8</td>
</tr>
<tr>
<td>Office manager</td>
<td>1</td>
</tr>
<tr>
<td>Administration assistant</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>15</td>
</tr>
<tr>
<td>Catering staff</td>
<td>2</td>
</tr>
<tr>
<td>Laundry/cleaning staff</td>
<td>2</td>
</tr>
<tr>
<td>Lifestyle and leisure staff</td>
<td>1</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>1</td>
</tr>
</tbody>
</table>

**Sampled documents**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients' files</td>
<td>15</td>
</tr>
<tr>
<td>Residential agreements</td>
<td>4</td>
</tr>
<tr>
<td>Medication charts</td>
<td>9</td>
</tr>
<tr>
<td>Staff files</td>
<td>4</td>
</tr>
</tbody>
</table>

**Other documents reviewed**

The team also reviewed:

- Cleaning schedules and completion records
- Compulsory reporting register and associated records
- Comments, complaints and suggestions register and associated forms
- Continuous improvement documentation including action plans, audits, clinical indicator data, surveys and continuous improvement plans
- Contractor/supplier handbook and contractor files
• Fire and emergency documentation including current annual fire safety statement, counter disaster plan, emergency procedures folder and flipcharts, emergency evacuation resident list and fire equipment service records

• Food documentation including current NSW Food Authority Licence and audit records, kitchen cleaning schedules, menus, menu choice forms, resident diet plan forms and temperature record checks

• Human resource documentation including staff handbook, nurse registration listing, orientation program, job descriptions and duty lists, and rosters

• Infection control monitoring program, incidence summary, infection reports and outbreak management folder

• Laundry duty list and procedures manual

• Letter to residents and representatives regarding upcoming re-accreditation audit and associated notice

• Maintenance program records including preventative maintenance schedule, service reports, hazard register and pest control reports

• Medication documentation including medication management reviews, medication self-administration assessments, and nurse initiated medication lists signed by medical officer

• Meeting minutes

• Police certificate registers for staff, volunteers, board members, contractors and allied health professionals

• Policies and procedures

• Resident clinical care documentation including accident/incident records; allied health and specialist referrals and consultation notation; restraint risk assessments/monitoring logs and consent forms; syringe driver observations checklist; wanderers’ alarm bracelet checks and location check charts; weight monitoring charts and wound care monitoring forms

• Resident consent forms

• Resident handbook and admission information pack

• Resident leisure and lifestyle documentation including activity calendars; attendance lists; lifestyle assessments and care plans; cultural day photographs and life story books

• Staff communication books, handover information and memorandums

• Staff learning and development documentation including attendance lists, competency assessment records, orientation program and training resources

• Work health and safety documentation including environmental audits, meeting minutes, notices, safe work method statements and workplace inspections.
Observations
The team observed the following:

- Activities in progress and associated resources
- Chemical storage and safety data sheets
- Cleaning in progress, associated equipment, supplies and storage
- Communal resident telephones with enhanced hearing capacity
- Displayed notices including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, Charter of residents’ rights and responsibilities, and organisation’s philosophy and mission statement
- Equipment and supply storage areas
- Feedback forms and suggestion boxes available for use
- Fire safety equipment, fire panel and evacuation maps on display
- Handovers in progress
- Infection control resources including supplies of personal protective equipment, hand washing stations, sanitising gel dispensers and spill kits
- Kitchen
- Laundry
- Living environment
- Manual handling and mobility equipment and assistive devices
- Meals in progress
- Medication administration and storage
- Nurse stations and additional computer consoles throughout home
- Palliative care room and adjoining suite for family members
- Short group observation of residents in the top floor dining room
- Staff interactions with residents/representatives
- Staff room.
Assessment information

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

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Great Lakes Nursing Home has a continuous improvement system which supports the identification, implementation and review of improvement opportunities across all four Accreditation Standards. Opportunities for improvement are identified through a range of mechanisms including audits, feedback and suggestion cards, surveys and staff and resident meetings. Clinical data - such as infections, accident and incident data - as well as relevant information from peak bodies and government agencies is also considered. The home has a continuous quality improvement committee comprising management and staff representation which meets quarterly. Information about continuous improvement is made available to stakeholders through discussion at meetings, meeting minutes, memoranda and notices.

Residents, representatives and staff said they have opportunities to make suggestions for improvement and that management is responsive to their input.

Examples of improvement activities implemented at the home over the last 12 months relating to Standard 1 Management systems, staffing and organisational development include:

- To improve resident and family awareness of the home’s feedback processes, the home created a ‘compliment and complaint support’ statement in July 2014 which was distributed to all residents and included in the admission information package for new residents. An additional information brochure entitled ‘Help us improve our service’ was developed in September 2014. Copies of this brochure are now located near suggestion boxes throughout the home.

- Management reviewed staff responsibilities in June 2014 to nominate a specific registered nurse to be responsible for palliative care provision at the home. This nurse is responsible for discussing advanced care directives with residents and their families and for monitoring equipment in the palliative care box. Management reported the nurse has also provided an extra educational resource for staff and that the number of completed advanced care directives has increased.

- The home purchased an additional module for its electronic resident accounts management system in early 2014. The additional module generates receipts and banking deposit slips and provides quick access to resident account balances. Staff
reported it has eliminated the need for hand written receipts and significantly improved the efficiency of processing resident transactions.

- In response to a staff suggestion, a shredder was purchased in August 2014 to manage the secure disposal of handover sheets and handwritten notes. It is located in the care management office and has helped to ensure confidentiality of resident care 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

Great Lakes Nursing Home has processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Information on these matters is sourced from an industry peak body, a legislation alert service and through material received from government departments and agencies. Relevant information is communicated to staff through meetings, notices and education sessions and associated policies and procedures are amended and updated as required. Compliance is monitored through audits and monitoring of staff practice. Management and staff demonstrated awareness of legislation and guidelines relevant to their roles.

Examples of regulatory compliance relevant to Standard 1 Management systems, staffing and organisational development are listed below:

- Residents and representatives were informed in writing about the current re-accreditation audit 21 days prior to the audit. Notices were also on display to advise residents, representatives and staff that the re-accreditation audit was taking place.

- The home has a system to monitor police certificates for staff, volunteers and relevant contractors.

- There is also a system to monitor current nursing registrations of relevant staff.

- Information is provided to residents, their representatives and staff about internal and external complaints mechanisms.

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 at the home have appropriate knowledge and skills to perform their roles. The education program covers topics across the four Accreditation Standards and is provided through educational DVDs, in-service sessions and external training professionals. New staff attend an orientation program and undertake ‘buddy shifts’ in which they are supervised by a senior staff member. Annual mandatory training sessions for all staff cover
manual handling, fire safety, infection control and compulsory reporting requirements and relevant staff attend compulsory food safety education. Other non-mandatory training needs are identified through staff feedback, incident reports, observation of staff practice and audit results. Staff stated they are encouraged to attend education relevant to their roles.

Residents and representatives expressed satisfaction with the knowledge and skills of staff.

Examples of recent education and staff development topics relevant to this Standard are listed below:

- assessing the accreditation standards
- teamwork
- understanding workers’ compensation
- key employment legal issues in aged care.

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 a system which ensures residents and their representatives have access to internal and external complaints processes. Information on feedback mechanisms is provided at pre-entry meetings and described in the resident handbook. Feedback and suggestion cards and suggestion boxes are available in multiple locations in the home.

Regular resident meetings also provide residents with a forum to raise concerns. Management is responsible for ensuring complaints are investigated, appropriate action taken and feedback provided to stakeholders. Residents and representatives are generally aware of the home’s formal complaint mechanisms, although they reported being comfortable in discussing any concerns directly with management and staff as required.

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 a philosophy and mission statement and documented objectives. These are displayed in the home and included in the resident and staff handbooks.
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

Great Lakes Nursing Home has a system to ensure there are sufficient staff with appropriate skills and qualifications to meet residents’ care and lifestyle needs. Staffing requirements are reviewed by management to ensure human resources are responsive to changes in residents’ needs. There are processes for staff recruitment, orientation, ongoing education and performance assessment. The home’s part-time and casual staff are used to fill any vacant shifts and a registered nurse is on-site 24 hours, seven days per week. Human resource management is monitored through analysis of audits, clinical indicators and stakeholder feedback. Staff advised that they were busy but had enough time to complete their essential duties. Residents and representatives provided positive feedback regarding the manner and skills of staff and are satisfied with the responsiveness and availability of staff.

1.7 Inventory and equipment

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

Team’s findings

The home meets this expected outcome

The home has sufficient and appropriate stocks of goods and equipment to support quality service delivery. Designated staff are responsible for maintaining adequate stock levels and ensuring such stock meets required quality standards. Appropriate storage is provided to guarantee the integrity of stock and supplies are rotated as required. Assets and equipment are maintained according to preventative program maintenance schedules and external contractors are used for specialised equipment service and repair. There are reporting systems for maintenance requests and hazard notification and environmental audits and inspections are undertaken. Residents, representatives and staff stated there are sufficient supplies of goods and equipment - including food, continence and medical supplies, linen and cleaning chemicals - available for use in the home.

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

A wide range of methods is used to provide all stakeholders with access to timely information about the processes and activities of the home. Staff receive information through meetings and associated minutes, memoranda, handover sessions, care documentation, communication books and noticeboards. Residents and their representatives receive information through meetings and associated minutes, notices, correspondence and in direct communication with staff and management. Residents’ personal and clinical information is stored securely and staff sign a confidentiality certificate as part of their employment
agreement. The home has processes for the back-up, archival and destruction of information as appropriate. Staff, residents and their representatives expressed satisfaction with the communication systems at the home.

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

Great Lakes Nursing Home has a system to ensure that externally sourced services meet the care needs of residents. External service contractors currently provide fire safety, pest control, hairdressing, allied health and trade services at the home and are required to have current police checks, insurances and licences as necessary. Management monitors the quality of external services through audits and stakeholder feedback and suppliers/service providers are changed if they do not meet quality requirements. Staff, residents and their representatives said they are satisfied with the services being provided by external contractors.
**Standard 2 – Health and personal care**

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

2.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

Refer to Expected Outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. Examples of improvement activities implemented at the home over the last 12 months relating to Standard 2 Health and personal care include:

- The home joined a local area health service partnership involving the provision of aged care emergency (ACE) services in 2014. The ACE program has a designated officer in the area health service who provides expert advice to the home’s staff about the management of resident care needs. As part of the program, management and key staff received training in related referral processes. Management reported the home’s involvement in the partnership has led to better outcomes for residents, especially in accessing after-hours expert clinical advice and in facilitating smoother transfers to and from hospitals.

- After receiving information from clinical product suppliers, the home conducted trials of new products in 2014:

  - New skin care products – including a soap replacement and moisturiser – were introduced in mid 2014. Improvements were subsequently noted in the condition of residents’ skin and in resident satisfaction.

  - A trial of new fluid thickener commenced in late 2014. Management reported the new product is easier to prepare, more consistent and has an improved texture which residents prefer.

Both products are now in place for ongoing use.

- In response to a staff suggestion, a new pathology tracking form was developed in October 2014. The form includes details on the date pathology specimens are sent for testing, the results received and any required actions. Staff reported the new form has resulted in better tracking and follow up of pathology results.

- To acquire the services of a second medical officer for the home, management approached the existing doctor of a new resident to see whether they would work with other residents at the home. The doctor consented and has been providing services for most of 2014. Management said having a second doctor has provided residents with improved access to care.
2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for an overview of the home’s processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 2 Health and personal care are listed below:

- There are procedures for the notification of any unexplained resident absences.
- Medication management audits are conducted to ensure compliance with regulations.
- Registered nurses supervise residents’ specialised nursing care needs.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- continence management
- wound management
- maintaining mobility
- diabetes 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

Great Lakes Nursing Home has systems and processes to ensure residents receive appropriate clinical care. Clinical care requirements are assessed on entry to the home and care plans developed in consultation with residents/representatives, nursing and other professionals as required. This process is managed by registered nurses and is regularly reviewed as the needs of residents change. Clinical care practices are monitored through the home’s auditing program, staff meetings, staff appraisals and competencies, resident...
satisfaction surveys and observation of staff practices. Residents and representatives said they are satisfied with the clinical care provided at the home.

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 systems to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. A suite of assessments is utilised to identify specialised care requirements and plans are developed to guide staff. Registered nurses consult with residents/representatives, enrolled nurses and specialist health professionals in developing care plans. Registered and enrolled nurses are supported to attend education across a range of clinical areas to ensure care provided is contemporary in practice.

Specialised care needs include diabetes, chronic pain, complex wounds and symptoms related to end of life care. Residents and representatives reported they are satisfied with the specialised nursing care provided.

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

Interviews with residents, representatives and staff and a review of clinical documentation confirmed the home has a system for referring to appropriate health specialists in accordance with residents’ needs and preferences. A range of health specialists either visit the home or are accessed in the wider community. Staff and resident interviews and review of clinical records identify that residents have accessed specialist services including optometry, dental, dietetics, physiotherapy, speech pathology and mental health services. Reports from specialists are reviewed by the resident’s health care team and relevant changes are implemented and recorded in care documentation. Residents and representatives are satisfied that referrals to appropriate health specialists are made in accordance with their needs and preferences.

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

Great Lakes Nursing Home has systems and processes to ensure residents’ medication is managed safely and correctly. Medication needs are assessed on entry to the home and reviewed regularly by the care team, resident’s medical officer, and both the supplying and accredited pharmacists. The home utilises an electronic medication management system that
enhances staff practices in administering medication. There is a process to ensure safe management of those residents who wish to remain independent with administering their medications. Staff administering medications complete education and competency assessment that is monitored by management. Internal auditing and monitoring of incidents ensure a continual review of the effectiveness of the system. Observations confirmed medications are stored and administered safely. Residents and representatives stated they are satisfied with the management of medications.

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 systems to ensure all residents remain as free as possible from pain. Pain assessments are completed by registered nurses on entry to the home and are reviewed as resident needs change. Plans of care are developed and interventions identified by various members of the health care team. Referrals are made to external specialists such as the community palliative care network as required. Staff identified a range of pain management interventions available such as massage and hydrotherapy baths, paraffin wax treatments and use of heat packs. Documentation provides evidence of ongoing review and management of pain. Staff expressed an understanding of alternative and complementary therapies used to manage residents’ pain. Residents and representatives said they are satisfied with the management of pain.

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 has systems to support staff in the provision of palliative care that maintains the comfort and dignity of residents. End of life care wishes are identified through discussion with the resident and/or representatives and documented in care files. Assessment of existing and changing care needs occurs through case conferencing with families and registered staff. Staff demonstrated an awareness of the needs of residents receiving palliative care, have been provided with ongoing education and support and have resources to assist in the provision of palliative care. Representatives were complimentary of the care provided to their relatives during the palliative stage.

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

The home has systems to ensure residents receive adequate nourishment and hydration. On entry to the home, nutrition and hydration needs and dietary requirements and preferences are
assessed and a plan of care developed. Allergies, cultural and religious requirements and aids to assist with independence are also identified and supplied. Weights are monitored and tracked monthly and, where variance is noted, the deputy director of nursing will modify diets, introduce supplements and refer residents to a dietician for reassessment and review. The menu offers residents choice and variety and caters for specialised dietary requirements. Observation at meal times showed staff support residents as required and that assistive devices are available. Residents and representatives provided favourable feedback about the food services.

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 clinical systems that assist in directing care so residents’ skin integrity is consistent with their general health. The skin integrity of residents is assessed on entry to the home and observed daily. Assessment involves consultation with residents/representatives and the health care team and plans of care are developed that identify a range of interventions. Registered nurses provide clinical oversight of wound care management with enrolled nurses and care staff skilled in wound management attending to wound care.

External specialists are consulted, such as community nurses and dieticians, to provide additional support and advice to manage wounds and skin care. Specialised equipment and products are utilised by staff to support and maintain resident skin integrity. Staff are aware of interventions and aids that can be used to promote good skin care. Residents and representatives are satisfied with the management of skin care.

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 systems to ensure residents’ continence needs are managed effectively. Residents are assessed for their continence needs on entry to the home and plans of care developed. The registered nurses and deputy director of nursing liaise with care staff in relation to the individual needs of the residents. Residents are encouraged and assisted to maintain an adequate fluid intake and high fibre diets to assist with continence. Staff stated there is sufficient supply of continence aids to meet residents’ needs. Residents expressed satisfaction with the way their continence is managed.
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

Great Lakes Nursing Home has systems to manage the needs of residents with challenging behaviours. All residents are assessed on entry to the home, any behaviours identified and strategies implemented. Behaviour monitoring occurs to identify trends and triggers in residents' behaviour. Referrals to behaviour management specialists are utilised to assist staff to manage and implement strategies for behaviour that is challenging. Staff demonstrated an awareness of residents’ needs and strategies implemented to engage with residents. If required, referrals are made to local mental health services and psychiatrists in consultation with residents' medical officers and representatives. Residents and representatives generally expressed satisfaction about the way staff manage the needs of residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

**Team’s findings**

The home meets this expected outcome

The home has systems to maintain mobility and dexterity for residents. Mobility and manual handing assessments are attended by registered nurses when residents enter the home and care plans developed to direct mobility and therapy requirements. Daily opportunities for exercise are provided by care and lifestyle staff and a designated therapy assistant attends to individual exercise programs that include massage and gentle stretching. Non slip surfaces, adequate lighting and mobility aids are available throughout the home. Incidents such as falls are monitored with reports generated and monthly analysis. Residents said staff are responsive to a change in their mobility and are very satisfied with the support provided.

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 systems to ensure residents’ oral and dental health needs are maintained. This includes assessment on entry to the home and development of a plan to care for oral health. Ongoing assessment occurs through staff observation and the home arranges visits to local dentists. Where able, residents are assisted to continue visiting their preferred dentist in the community. Aids for oral and dental care are provided at the home, including tooth brushes and toothpaste. Staff demonstrated an understanding of oral and dental care practices used in residents’ care. Residents stated they are supported by staff to maintain their dental care independently or are assisted by care staff as required.
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 systems to identify and effectively manage residents’ sensory losses. Assessment is completed when a resident moves into the home and a care plan developed. Observation, review of care documentation and discussion with residents indicated staff assist residents to manage aids and equipment such as hearing aids and glasses. The home supports residents to maximise their sensory abilities through aids such as large print books, information displayed in large font and large playing cards/equipment. Where specialist support is required, referrals are made to optometrists and audiologists. Staff are aware of residents who have limited sensory abilities. Residents and representatives stated they are satisfied with the home’s approach to sensory loss.

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 systems to assist residents to achieve natural sleep patterns. On entry to the home residents’ sleep patterns are assessed and strategies to be implemented recorded in the resident’s sleep care plan. Residents stated they are generally able to have a good night’s sleep and that night staff are attentive to their needs. A range of strategies such as the offering of refreshments, assistance with continence needs, pain management and reassurance are used to assist residents to 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

Refer to Expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. Examples of improvement activities implemented at the home over the last 12 months relating to Standard 3 Resident lifestyle include:

- In response to staff feedback, the home commenced the development of ‘The Story of My Life’ booklets for residents in late 2014. These booklets are being created by the home’s lifestyle and leisure coordinator in consultation with the residents and their families. The booklets include details about the resident’s life and are located in specific holders in the resident’s room. Management reported staff use the information to improve their engagement with residents. Ten booklets have been created to date and residents have enjoyed the process of having their stories recorded.

- Four wall mounted television sets were installed in a shared residents’ room in the high care Alum wing in early 2014. The television sets are very helpful for residents with vision impairments because the residents can easily move the screens closer to their eyes. The sets also come with head phones which assist residents with hearing loss and also prevent other residents from being disturbed by the noise. The home has acquired extra sets which will soon be installed in a neighbouring room.

- The local area has poor television reception and ‘free to air’ stations cannot be viewed at times due to excessive pixilation on the screens. As a result, the home installed new satellite technology in early 2014 and residents now have constant access to at least two digital stations.

- After gaining grant funding, a new ‘touch screen’ computer was purchased in April 2014 for the use of residents. Management reported it is very popular with some residents, especially for playing card games.
3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for an overview of the home’s processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 3 Resident lifestyle are listed below:

- Residents and their representatives are informed about the Charter of residents’ rights and responsibilities in information provided at the time of the resident’s arrival and as displayed in the home.
- Residents’ right to security of tenure is upheld. All residents are offered a residential agreement which provides information on accommodation costs, the care and services to be provided, and other related information.
- There is a system to meet regulatory obligations regarding mandatory reporting requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- compulsory reporting
- cultural competence in palliative care
- privacy policy changes
- dementia support skill set.
3.4 Emotional support

_This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis"._

**Team’s findings**

The home meets this expected outcome

The home has systems to provide each resident with support prior to arrival, on entry to the home and on an ongoing basis. Designated staff will initially meet with prospective residents and representatives prior to them entering the home. They escort residents/representatives on a pre-entry tour and support them in their decision making prior to entry. On entering the home, residents are orientated to the environment and supported in making friendships.

Residents are encouraged and assisted to maintain their involvement in the local community, supported by members of the local township. Residents are encouraged to bring in personal items to help create a familiar environment. Residents and representatives expressed satisfaction with the way they are assisted to adjust to life at the home and the ongoing emotional support provided.

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 strategies to provide assistance to residents to maintain maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents are encouraged to achieve optimal independence in activities of daily living, health choices and lifestyle activities. The team observed staff and management welcome visits by representatives, family, and community members. Private lounges and sitting areas outside the home are freely available for residents and families to utilise. Staff stated residents are assisted to retain their independence as much as possible. Residents and representatives are satisfied with the support offered by staff to maintain their independence and foster community involvement.

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

Staff within the home demonstrated they recognise and respect each resident’s rights to privacy, dignity and confidentiality. A review of documentation indicated that residents’ personal, cultural and spiritual needs are identified on entry to the home. Staff are provided with information about residents’ rights to privacy, dignity and confidentiality at orientation, and residents/representatives are provided information on how their personal information will be protected. Residents’ files are stored in locked areas and computer files are protected by a
password system. We noted staff demonstrated an awareness of privacy, dignity and confidentiality in their daily practices. Residents and representatives said they are satisfied with the way in which privacy, dignity and confidentiality is managed at the home.

3.7 Leisure interests and activities

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

**Team’s findings**

The home meets this expected outcome

Great Lakes Nursing Home has processes to encourage and support residents to participate in a range of activities. Residents’ specific needs, interests and preferences are identified on entry to the home. A plan of care is developed by the lifestyle coordinator and overseen by a registered nurse. A range of group and individualised activities are provided and support is given by community volunteers. Programs include cognitive, physical, sensory and social activities. Monthly cultural days are a highlight of the program, celebrating days of significance such as Melbourne Cup, Halloween and Christmas. The home maintains strong relationships with the local community as evidenced through photographs displayed around the home and in resident feedback. Residents and representatives are satisfied with the leisure programs offered.

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

On entry to the home, each resident’s cultural background, religious and spiritual beliefs are identified. Care plans are developed that include specific cultural and religious requests. Staff assist residents to celebrate and be involved in special national, cultural and spiritual days. Religious leaders make regular visits to the home and are available to support residents as requested. For residents unable to participate in larger religious services, individual room visits are made. Residents and representatives said they are satisfied with the support provided for their spiritual and cultural needs.

3.9 Choice and decision-making

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

**Team’s findings**

The home meets this expected outcome

The home has processes to obtain and record resident preferences in relation to their care, activities, routines and meals. Residents are able to provide input to decisions about the care,
services and the environment through informal case conferencing, residents’ meetings, the formal comments and complaints process, and verbally to staff and management.

Documentation reviewed identified residents are encouraged to participate in their care and lifestyle choices and make choices about services provided. Residents and representatives said they are able to make their own choices and are satisfied with management’s response to requests made.

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 has processes to ensure residents have secure tenure and are assisted to understand their rights and responsibilities. Designated staff officers discuss security of tenure and rights and responsibilities with residents and/or representatives prior to entry to ensure their awareness of these issues. Documentation provided to all new residents and/or representatives includes an information package, handbook and a residential agreement.

This agreement explains the services provided by the home, resident rights and responsibilities, conditions of occupancy and payable fees. Management holds discussions with residents and/or representatives in the event of residents requiring a room change. The Charter of residents’ rights and responsibilities is displayed in the home and also included in the resident handbook and residential agreement. Residents and representatives are satisfied with the information provided regarding residents’ rights and responsibilities.
Standard 4 – Physical environment and safe systems

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

**4.1 Continuous improvement**

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

**Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. Examples of improvement activities implemented at the home over the last 12 months relating to Standard 4 Physical environment and safe systems include:

- The home’s fire protection system was upgraded during February and March 2014. This program included the installation of a fire sprinkler system, replacing and upgrading the fire alarm and mimic panels, and the installation of an increased capacity water supply inlet. Residents and relatives were kept informed about the works and management reported the plumbing contractors engaged very positively and flexibly with the residents’ needs. As a result of their performance, the plumbers have been added to the home’s preferred contractor list.

- A project is underway to refurbish all bathrooms in the Myall wing of the home. This refurbishment includes the installation of new waterproof membranes, flooring, wall surfaces, vanity units and toilets. The program commenced in October 2014 and is expected to be completed in early 2015. Residents and relatives have been kept informed of the project and are pleased about the upgrade of their bathrooms.

- The appearance and comfort of the home’s high care courtyard area has been improved with the acquisition of two new outdoor tables and sets of chairs in November 2014. The shade sails are also scheduled to be replaced in early 2015 after sustaining some damage in a hail storm. Management said residents and relatives have commented favourably on the new furniture and it is expected the improvements will encourage more residents and their families to use the area.

- The staff security system was upgraded in mid 2014. During the day, a duress alarm pendant is worn by one staff member in each of the different wings of the home; at night, each staff member wears a personal alarm. The alarms are linked to an external security company who will contact the home in the event of an alarm being activated. An associated staff emergency protocol has been developed. Management stated the new system has helped staff to feel safer in the home, especially at night.
4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for an overview of the home's processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 4 Physical environment and safe systems are listed below:

- The home has a current annual fire safety statement.
- The home has a current NSW Food Authority licence and a food safety system.
- There is a staff work health and safety committee which ensures relevant work safety issues are raised.
- Chemicals are stored securely and safety data sheet information is available.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- food safety training
- infection control
- fire safety
- manual 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

Great Lakes Nursing Home provides residents with a secure and well maintained internal and external environment. The home is comprised of four wings over two floors and residents are accommodated in single, two or four bed rooms with shared bathroom or ensuite facilities. The home has communal dining rooms and lounge areas and residents also have access to an outdoor courtyard, garden and balcony areas. All areas within the home have safe access, adequate lighting, and comfortable temperature and ventilation levels. There are security measures and maintenance programs to promote residents’ safety and comfort. In addition, call bells are installed in resident rooms and handrails are located in corridors and along ramps. Management monitors and maintains the internal and external living environment through audits, inspections and hazard reporting mechanisms. Residents said they are encouraged to personalise their rooms and are satisfied with the safety, cleanliness and comfort of the living environment.

4.5 Occupational health and safety

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

Team’s findings

The home meets this expected outcome

The home has a range of work health and safety processes to monitor risk including hazard identification, audits and accident and incident monitoring. There is a work health and safety (WHS) committee with representation from different staff groups. The committee has regular meetings and discusses incidents, accidents and hazards. Chemicals are safely stored and safety data sheets are accessible to staff in areas where chemicals are in use. Hand washing basins and personal protective equipment are located throughout the home and easily accessible to staff. Identified risks are recorded in the hazard register, prioritised for repair and actioned in a timely manner. Staff stated that management is responsive to staff feedback regarding WHS issues and reported they feel safe working in the home.

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

Great Lakes Nursing Home has procedures for detecting and acting upon fire risk, breaches in security and other emergencies. Mechanisms include a sprinkler system, fire detectors, smoke and fire doors, fire-fighting equipment and emergency procedures. Evacuation maps with designated assembly points are prominently located around the home and all detection and fire management equipment is regularly maintained and checked. Emergency procedures are
discussed in the staff orientation program and during annual mandatory education sessions. Resident evacuation information - including details of residents’ mobility status and emergency contacts - is regularly updated and kept in the main nurses’ station.

Security measures include camera surveillance and intercom systems, evening lockup procedures and keypad access points. Staff are aware of their role in dealing with an emergency and residents stated they feel safe living in the home.

4.7 Infection control

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

Team’s findings

The home meets this expected outcome

The home has an effective infection control program with a system for identifying, managing and minimising infections. This includes staff education, audits, use of colour coded and personal protective equipment and provision of sufficient hand washing facilities. The infection control system also includes outbreak management plans, a food safety program, a vaccination program for residents and staff, pest control and waste management processes. Staff attend mandatory training in infection control. Staff said they are given ongoing education on infection control and have access to sufficient stocks of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team’s findings

The home meets this expected outcome

Residents of Great Lakes Nursing Home and their representatives reported general satisfaction with the catering, cleaning and laundry services provided at the home. There are processes to identify residents’ dietary preferences and requirements on their arrival at the home and to review this information on an ongoing basis. Meals are prepared fresh on site seven days a week by the home’s staff using a four week rotating menu. Any special dietary requirements are catered for and residents are also provided with alternative meal options. Cleaning services are undertaken by the home’s staff in accordance with scheduled routines. Residents’ personal clothing and linen is laundered on-site with clothing being labelled to minimise any losses. Management monitors the hospitality services and staff practises through regular audits, surveys, meetings and other feedback mechanisms.