



**Australian Government**

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**Australian Aged Care Quality Agency**

**Adventist Nursing Home**

RACS ID 2562  
56 ELSOM Road  
KINGS LANGLEY NSW 2147

**Approved provider: Seventh-day Adventist Aged Care (Greater Sydney) 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 05 September 2018.

We made our decision on 13 July 2015.

The audit was conducted on 10 June 2015 to 11 June 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Adventist Nursing Home 2562**

**Approved provider: Seventh-day Adventist Aged Care (Greater Sydney) Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 10 June 2015 to 11 June 2015 submitted to the Quality Agency.

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

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

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

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

### **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 10 June 2015 to 11 June 2015.

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

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

## Assessment team

<b>Team leader:</b>	Philippa Clarke
<b>Team member/s:</b>	Martin Todorovitch Trudy Van Dam

## Approved provider details

<b>Approved provider:</b>	Seventh-day Adventist Aged Care (Greater Sydney) Ltd
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## Details of home

<b>Name of home:</b>	Adventist Nursing Home
<b>RACS ID:</b>	2562

<b>Total number of allocated places:</b>	87
<b>Number of care recipients during audit:</b>	82
<b>Number of care recipients receiving high care during audit:</b>	69
<b>Special needs catered for:</b>	nil

<b>Street/PO Box:</b>	56 ELSOM Road
<b>City/Town:</b>	KINGS LANGLEY
<b>State:</b>	NSW
<b>Postcode:</b>	2147
<b>Phone number:</b>	02 8834 6100
<b>Facsimile:</b>	02 9621 3842
<b>E-mail address:</b>	<a href="mailto:juliechapple@adventist.org.au">juliechapple@adventist.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Executive director of care	1
Assistant director of care	1
Continuous quality improvement officer	1
Operations manager	1
Administration assistant	2
Care staff	7
Endorsed enrolled nurse	1
Trainer and assessor	1
Infection control officer	1
Human resource assistant	1
Residents/representatives	17
Volunteers	1
Physiotherapist	1
Recreational activities coordinator	1
Chaplin	1
Catering staff	2
Laundry staff	2
Cleaning staff	2
Maintenance staff	1

### Sampled documents

Category	Number
Clinical resident files	11
Resident files	7
Medication charts	15
Personnel files	6

## Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Agency nurse folder
- Allied health contractor handbook, contract/agreements, contractor list, insurances, police checks, safety induction checklists, contractor identification badges
- Residents lifestyle assessments and evaluations including choice and decision making, cultural and spiritual preferences, emotional support, independence, leisure and lifestyle activities, privacy and dignity
- Catering, nutritional requirements, residents' dietary information, menu, menu preference lists, delivery monitoring records, temperature monitoring records, audits and results, kitchen cleaning schedule, food sanitising logs, incoming good log, duty lists
- Cleaning and laundry including room and task cleaning schedules, work procedures, protocols for infection control and daily procedures, training records
- Clinical documentation: assessment check list, treatment and monitoring charts, communication diary, doctors and allied health communication folders, pharmacy request folder, restraint authorisation folder, wound treatment allocation sheet, continence aid book, physiotherapy treatment sheets
- Comments/complaints register
- Daily cleaning logs
- Drugs of addiction register
- Education folder, training calendar, training matrix, training attendance records, questionnaire results, competencies, certificates, lesson plans
- Fire safety records including Annual Fire Statement for 2015, fire training attendance records, equipment inspection and testing reports, fire panel inspection and maintenance records, emergency evacuation lists for fire and other emergencies
- Human resource management: position descriptions, performance appraisals, rosters, professional registrations, team member handbook, employee assistance program brochures
- Infection control records including infection and antibiotic usage graphs, vaccination records, staff competency observations
- Information processes: electronic communication systems including clinical care, meeting schedule and meeting minutes,, staff and residents' handbooks, newsletters, notices, handover sheets, diaries and communication books
- Manual handling/mobility profiles
- Minutes of meetings - various



- Organisational annual report
- Policies and procedures
- Purpose vision and values, organisational chart
- Quality improvement plan
- Regulatory compliance: reaccreditation self-assessment, police checks, NSW Food Authority license, compulsory reporting register
- Residential handbook, residents' information package, residential care admission checklist, residents' surveys, resident agreements, privacy information for residents, resident bed list
- Staff roster, annual leave calendar, staff and volunteers police checks certificate matrix, professional registrations register, duty lists and procedure instructions for staff, position descriptions, staff induction pack
- Washing machine temperature logs

## Observations

The team observed the following:

- Activities in progress, residents' leisure and lifestyle calendar and resources
- Resident lifestyle resources and equipment - various
- Residents participating in lifestyle and leisure activities
- Charter of Care Recipients' Rights and Responsibilities displayed
- Chemical storage, material safety data sheets
- Cleaning trolleys and colour coded equipment in use and in storage
- Communication systems
- Complaints information including internal and external mechanisms on display including culturally and linguistically diverse brochures and forms including feedback and advocacy
- Diet preferences and special requirements listed on noticeboard in kitchen, other records of nutritional information used by staff to check residents' needs and preferences
- Emergency procedures flip charts located throughout the home
- Equipment in use, supplies and storage areas containing adequate and appropriate equipment in good condition
- Evacuation egresses unobstructed, evacuation maps suitably located and oriented
- Firefighting equipment and evacuation pack

- Hairdressing salon
- Hand washing sinks, hand hygiene dispensers around the home and staff personal dispensers
- Handover
- Information on noticeboards for residents visitors and staff including resident activity calendar, menus on display, Quality Care Agency Re-accreditation notices, activity programs, education calendars and menus, work health and safety
- Interactions between staff and residents/representatives
- Laundry collection
- Living environment
- Lunch time meals in progress with staff assisting residents
- Maintenance storage and workshop area
- Manual handling equipment, mobility equipment including mechanical lifters and walkers.
- Medication round in progress
- Mobility aids
- Nurse call system and response by staff
- Organisational chart
- Residents utilising pressure relieving mattresses, bed rail protectors, hip and limb protection equipment
- Safe chemical storage areas including personal protective equipment available and material safety data sheets displayed
- Secure storage of medications and medication trolleys, medication fridge
- Secure storage of resident information
- Short group observation in level two lounge room
- Staff work areas including care stations, clinical and other utility rooms, staff room, reception and offices, kitchen and laundry
- Visitor sign and out book, volunteer sign and out book, resident sign in and out books and contractor register
- Waste management system including general, contaminated and recycled
- Wound management trolley

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home works to actively pursue continuous improvement across all four Accreditation Standards. The system includes a range of inputs that drive continuous improvement activities including audit results and clinical indicators across the four Accreditation Standards, direct input from residents, surveys results, case conferences, outcomes of regularly scheduled residents' and staff meetings and informal discussions with all stakeholders. Information collected is reviewed at various committee meetings.

Residents/representatives confirmed they are aware of how to provide feedback to the home and are aware of recent improvement activities.

Recent improvements relevant to Accreditation Standard One include:

- To encourage staff attendance at mandatory training sessions, the home held a single full day course rather than the usual multiple session format. Attendance was noticeably higher with staff reporting the full day course allowed them to focus on learning. Before holding the course, a training needs analysis was conducted and as a result two additional topics were added to the course structure; one on communication and another on behavioural management. Staff reported the additional topics will assist them to continue to provide appropriate care to the residents.
- Due to the difficulties in arranging for all registered nurses to attend a meeting at the same time, the home now compiles a monthly newsletter for registered nurses to read at their leisure. The newsletter is emailed to relevant staff and allows them to keep up to date with regards to what is happening in the home, along with any legislative or procedural changes. Feedback from nurses, indicates the document has improved communication in the home, most notably with staff that work part time, nightshifts or return from leave.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. The organisation’s executive management team notifies the home of changes and updates relating to regulatory compliance through scheduled meetings and emails. Management receives information from an aged care specialist organisation, government departments and agencies. Stake holders are informed of regulatory requirements and changes to legislation through meetings, handbooks, memorandum, notice boards and staff handovers.

Examples relating to Accreditation Standard One include:

- A system is in place for managing criminal record checks for all staff and volunteers.
- A system is in place for securely storing resident and staff information.

## 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

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education sessions covering the four Accreditation Standards both internally and externally. The annual training calendar is developed and displayed for staff. Training needs are assessed based on compulsory training requirements, staff development needs, resident care and lifestyle needs, legislative changes, audit results and analysis of key performance indicators. The home has a large screen monitor enabling staff to participate in online interactive training sessions and audio visual sessions. Training attendance is recorded and evaluated through feedback and questionnaires. Staff informed us they are consulted regarding their training needs and are supported to attend certificate training and career development programs.

Examples of training and education sessions relating to Accreditation Standard One include: Elder abuse, communication, reporting and assessments, aged care funding instrument.

## 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

Information about internal and external complaint mechanisms is provided to residents and/or their representatives on entry to the home through the resident information handbook, in the resident agreement and as part of residents' orientation to the home. Information is also communicated on a regular basis through resident meetings and information displayed throughout the home. A review of the complaints register and associated documentation demonstrates that issues are investigated, analysed and responded to in a timely manner.

There is a system for making confidential complaints. Residents, their representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions can be made.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home's vision and values are displayed throughout the home and the commitment to quality is expressed through the statements. The resident handbook also includes the organisation's philosophy and objectives and the quality statement. Observations and document review demonstrates the home's vision and values are available to all stakeholders in printed format including through staff handbooks and organisational newsletters. Interviews with residents/representatives and our observations showed management and staff model behaviours consistent with the organisation's vision and values.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has a system in place to ensure there are sufficient appropriately skilled and qualified staff members. The facility manager informed us residents' care needs are key indicators identifying the staffing level needs in the home. The organisation ensures police checks are current before the new staff member commences duty. A system is in place to ensure new staff are formally orientated and partnered with experienced staff. A compulsory education and orientation program is in place which is aimed at ensuring staff have the appropriate skills to care for residents. Residents/representatives expressed satisfaction with the care provided by the 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 ensures there are stocks of appropriate goods and equipment to provide a quality service through systems of monitoring stock supply, maintenance and purchasing.

Residents/representatives and staff said that they are satisfied with the provision of stock and the maintenance of equipment. Audits and regular stocktaking processes assist in monitoring stock supply. A routine and preventative maintenance program ensures that all equipment is regularly checked and serviced.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home has systems to manage the creation, usage, storage of information and where required its destruction. There are mechanisms in place to record and disseminate information. These include meeting minutes, memorandums, handover and noticeboards. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Management keep all staff and resident records locked to ensure security of access and maintain confidentiality of information. Residents and their representatives receive information when they come to the home through meetings, case conferencing and newsletters. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff, residents and representatives interviewed said they are kept well informed 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

There are systems and processes to ensure external services are provided to meet organisational and site-specific quality requirements. Management has access to an organisational approved supplier/contractor listing. Service agreements with a range of external providers and service suppliers are established at a corporate level and are reviewed regularly. External service contractors provide maintenance, fire safety, pest control, allied health, cleaning and a range of other trade services at the home. All work performed is monitored for quality and effectiveness of service through inspection, audits and feedback. Residents, representatives and staff reported satisfaction with the external services currently provided at the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Two include:

- To improve the management of antipsychotic medication the clinical care coordinator consulted with the home's clinical pharmacist who assisted with identifying best practice in the area. The home now encourages the use of an antipsychotic monitoring tool and review checklist. A spreadsheet has also been created to prompt nurses to remind the general practitioner or specialist to conduct the review during their visits. The use of these tools is assisting the home to manage residents' antipsychotic medication appropriately.
- To improve residents' oral care a nurse was elected 'oral care angel'. The oral care angel was sent to external education in oral care for the aged, and is now replacing and labelling all residents' toothbrushes on a three month rotational basis. Due to the success of the oral care angel, a specific nurse was selected to be the skin integrity specialist. This nurse was also sent to external education and now supports and mentors staff to provide care ensuring residents skin integrity. As a result of the focus on skin integrity, repositioning and regular moisturising have increased, and residents' general skin integrity is improving.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Two include:

- The home has a system to monitor and record registered nurses’ registration.
- Medications are stored and managed in line with NSW state legislation requirements.

## 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 education provided relating to Accreditation Standard Two include: Medication management, pain management, behaviour management first aide, wound care, continence 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

The home has systems and processes in place to assess, identify, monitor and evaluate residents’ individual care needs to ensure they receive appropriate clinical care. After an initial assessment period comprehensive care plans are formulated, reviewed and monitored by a registered nurse every three months and more often if required. Care is planned in consultation with the resident/representative, the resident’s general practitioner and allied health professionals. Clinical assessments are conducted during the admission process and as needed. Policy and procedures are available to guide clinical care and staff are kept informed of changes to care and treatments through a structured daily handover process.

Staff demonstrate an sound knowledge of individual care requirements and clinical procedures. Residents/representatives confirm the care residents receive is appropriate to



their needs and is in accordance with their preferences and expressed satisfaction with the care that residents receive stating it is appropriate and meets their needs and preferences.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

### **Team’s findings**

The home meets this expected outcome

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

## **2.6 Other health and related services**

*This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Clinical assessments, the resident’s medical history and consultation with the resident/representative provides information on the resident’s needs for other health related services. The home employs a physiotherapist and other health specialists visiting the home include podiatrist, dietitian, speech pathologist and psychogeriatricians. Referrals to external appointments are arranged as needed and staff said residents are accompanied by their representative or other transport arrangements are made if required. Residents’ care plans and progress notes include health specialists’ recommendations and ongoing care interventions. Residents/representatives are satisfied with the access and availability of other health specialists and related services.

## **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

Residents’ medication is managed safely and correctly by using systems to ensure medication orders are current, residents’ medications are reviewed and the medication management system is monitored. Medication audits are conducted, medication incidents are reviewed, and corrective action is taken as required. The supplying pharmacist provides a timely service with regular and emergency deliveries. Medications are stored, administered and disposed of safely

and in accordance with regulatory requirements. Suitably qualified staff administer medications and competency assessments are conducted regularly.

Residents/representatives said residents' medication is managed safely and correctly.

## **2.8 Pain management**

*This expected outcome requires that "all care recipients are as free as possible from pain".*

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

The home meets this expected outcome

There are systems to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management plans are developed. Staff use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows staff provide a range of strategies to prevent and manage residents' pain. Alternative approaches include massage, heat packs, regular repositioning and use of pressure relieving devices.

Staff liaise regularly with the general practitioner and allied health personnel to ensure the effectiveness of pain management interventions are followed up and referrals to other services are arranged as needed. Residents/representatives expressed satisfaction with pain management.

## **2.9 Palliative care**

*This expected outcome requires that "the comfort and dignity of terminally ill care recipients is maintained".*

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

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill residents is maintained and emotional support is provided for the residents/representatives. The home's staff are available to provide emotional support to residents/representatives and arrangements are also made for pastoral care visits in accordance with the resident's preferences. Visiting hours are flexible to accommodate the wishes of resident representatives. Wishes in relation to end of life care are sought from the residents/representatives. The home's multidisciplinary team, with support and assistance from doctors, allied health professionals and external palliative care services provide end of life care. Residents/representatives confirm the home's practices maintain residents' comfort and dignity.

## 2.10 Nutrition and hydration

*This expected outcome requires that “care recipients receive adequate nourishment and hydration”.*

### **Team’s findings**

The home meets this expected outcome

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

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

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health through initial and ongoing assessments and care planning. Care staff observe and report changes such as redness, skin tears, pressure areas or bruising to the registered nurse. The registered nurse oversees the provision of skin and wound care management. Care staff confirmed they assist residents to maintain their skin integrity by using equipment such as pressure relieving devices, repositioning and safe manual handling practices.

Podiatry and hairdressing services are available at the home. Monitoring of accidents and incidents including wounds, skin tears and bruises occurs through the incident reporting system. Residents/representatives say they are satisfied with the skin care provided at the home.

## 2.12 Continence management

*This expected outcome requires that “care recipients’ continence is managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of residents. Continence assessments provide information for care planning including toileting needs, dietary interventions and the use of continence aids and equipment as needed. The effectiveness of the continence and bowel management programs is monitored and recorded each shift and any anomalies are followed up by the registered nurse. The home’s continence aid supplier can be accessed as required and provides training to staff in continence

management and the correct use and fitting of continence aids. Staff confirmed there are adequate supplies of continence aids available. Residents/representatives say they are satisfied with continence management provided by the home.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

Clinical assessments, consultation with residents/representatives and monitoring of behaviour identifies triggers and interventions to ensure the needs of residents with responsive behaviours are managed effectively. Individual activities are provided to residents with responsive behaviours and assists with their needs and interests. Acts of resident aggression are reported and reviewed to identify causes and the effectiveness of ongoing treatment strategies. If required, nursing staff liaise with specialists such as a psycho-geriatrician to ensure intervention strategies documented in behaviour care plans meet the needs of individual residents. Residents/representatives expressed satisfaction with the care provided.

### **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 processes in place to ensure optimum levels of mobility and dexterity are achieved for each resident. All residents are assessed by the physiotherapist on entry to the home and in response to changes in the resident’s condition as needed. Residents are encouraged to mobilise and they have an individualised mobility plan in place. Exercise classes are conducted and residents are encouraged to walk and use assistive devices as needed to assist mobilisation. Residents/representatives confirm that staff encourage and as needed assist them to mobilise.

### **2.15 Oral and dental care**

*This expected outcome requires that “care recipients’ oral and dental health is maintained”.*

#### **Team’s findings**

The home meets this expected outcome

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

## **2.16 Sensory loss**

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

### ***Team’s findings***

The home meets this expected outcome

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

## **2.17 Sleep**

*This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.*

### ***Team’s findings***

The home meets this expected outcome

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

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Three include:

- A local hardware company contributed the materials for residents to make a mosaic. Six residents together with the recreational activities officers spent several months completing a mosaic of the home’s logo. The newspaper published a story and photograph of the residents and their completed art work which now hangs in the home. Residents advised they were proud of their accomplishment, enjoyed working together, and appreciated the opportunity to reminisce about past hobbies and interests.
- After hearing of the benefits of pet therapy, two hand tamed cockatiels were introduced into the home. The cockatiels are able to be held by the residents who enjoy relaxing with them. Due to the success of the program the home is currently training two budgies for the same purpose.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Three include:

- The charter of residents’ rights and responsibilities is displayed in the home.
- The resident agreement outlines security of tenure and is based on applicable 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 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 education provided relating to Accreditation Standard Three include: Pastoral care, privacy and dignity during care, leisure and lifestyle.

### **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 provides initial and ongoing support to each resident in adjusting to their new life in the home. An initial assessment process identifies their need for emotional support with results used to develop a personalised plan of care that is regularly reviewed, evaluated and updated. Residents' emotional needs are assessed on an individual basis with consideration for their background, family dynamics, physical and mental health. Other support services available include new residents being introduced to and welcomed by other residents, newsletters, resident representative meetings, a volunteer visiting program, and as desired, visits from pastoral and religious clergy. We observed staff providing support to residents in participating in life at the home whilst respecting their right to refuse.

Residents/representatives are satisfied with the emotional support offered when a resident first enters the home and said the support is ongoing.

### **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

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. A range of initial and ongoing assessments identify the resident's needs and preferences for independence.

Results including the need for assistive devices are integrated into a regularly evaluated care plan to assist them in achieving and maintaining their independence. The home encourages the involvement of family and friends and a volunteers visitors' program is available to residents as desired. Staff discussion and access to the home's newsletters, activity schedule

and to local newspapers assist residents with knowing about their community within and outside of their home. Residents/representatives confirmed residents are encouraged and assisted by staff to access and participate in a wide variety of community activities inside and outside the home.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Each resident's right to privacy, dignity and confidentiality is recognised and respected. Confidential and private information is obtained with the prior consent of the resident and/or their representatives and is securely stored. Staff said they sign a confidentiality agreement on commencing at the home. Staff confirmed they receive ongoing training and monitoring on supporting each resident's privacy, dignity and confidentiality including secure use and storage of their information. Our observations of staff attending residents in a respectful and courteous manner show their awareness of each resident's right to privacy, dignity and confidentiality. We observed and residents/representatives said residents live their lives at the home with privacy and dignity.

### **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

A series of recreational and leisure interest assessments are conducted on a resident's initial entry to the home. The results are used to develop and regularly review an individualised plan supporting a personalised approach for encouraging residents' participation in a range of preferred interests and activities. A resident's level of participation and their feedback assist staff in the ongoing development and review of the person-centred plan including group and one-on-one activities. Group activities offered include bus outings, craft, Broad Band for seniors, knitting club, cooking club, art club, quizzes, table and floor games, movie viewing on large screen monitor, and gentle exercise programs. Other group activities enjoyed by residents include birthday celebrations, and bingo. One-on-one activities enjoyed by residents include daily "meet and greet" conversations with lifestyle staff, pet therapy and gentle massage. Residents/representatives said residents participate in a wide range of activities of interest to them and confirmed their right to refuse is respected.



### **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

Preferences and requirements for residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified, valued and fostered. An initial cultural and spiritual assessment including information provided by the resident and/or their family is used to develop and regularly review a personalised plan of care. Cultural and spiritual needs are also considered when planning clinical care and end of life wishes. The home uses comprehensive information and communication aids that assist staff in identifying, supporting and meeting the needs and preferences of residents from culturally and linguistically diverse backgrounds. We observed and residents/representatives confirmed residents are encouraged to use photographs and other visual displays of their cultural and spiritual heritage. Cultural, international, national and other celebratory days are observed at the home including Christmas day, ANZAC day, Easter, Australia Day, Biggest Morning tea in May, Saint Patrick's day, Mother's day and Father's day. Residents/representatives confirmed residents can choose to attend on-site services as desired. The home has a Chaplain available 6 days per week for residents/representatives that may need emotional/spiritual support. Residents/representatives are satisfied with the range of individual interests, and cultural and spiritual support available and provided to residents.

### **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

Each resident (or his or her representative) participates in decisions about the care and services a resident receives on their entry to the home. Residents and/or their representatives decide on a range of care and services available including choice of meals and participation in leisure interests and activities. Information packages and the offer of a residency agreement ensure each resident (or his or her representative) are aware of choices available to resident. We observed information regarding residents' rights, complaints mechanisms and advocacy services displayed around the home and documented in entry packages, information handbooks and the residency agreement. Residents are aware of the need to not infringe on the rights of other residents. Residents/representatives expressed satisfaction with the encouragement and support provided in making choices and decisions about the care and services received by residents.

### **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

Residents/representatives advise they are provided with information and understand their rights, responsibilities and security of tenure. A handbook and agreement including information about security of tenure provisions and residents' rights and responsibilities is provided to each new resident/representative on entry to the home. The Charter of Residents' Rights and Responsibilities is on display in the home. Room moves occur after consultation with the resident/representative and with their consent. There are consultation processes to assist residents/representatives to find suitable alternative accommodation should this be necessary.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Four include:

- In response to industry discussion on the importance of disaster management and emergency evacuation, management held an unannounced fire drill. The fire brigade were contacted and alerted a drill would be held. A drill was held and staff were required to utilise their education and training to respond appropriately to the mock situation. A debrief was held shortly after to discuss with staff their reactions and any areas for improvement. Another drill was held a week later to allow different staff to experience the situation and put into practice the learnings from the initial drill. Residents and staff praised the drill scenarios, with residents advising they know exactly what to do if they hear an alarm and feel safe in the knowledge that staff have had practice.
- The evacuation pack which would be utilised in an emergency evacuation was audited and discussed at a health and safety committee meeting. To improve the packs the home decided to place photographs of residents in the packs to assist with identification outside of the home. To ensure the resident list held within the pack is always current, alerts were added to electronic forms used within the home to notify reception to update the list each time there is resident movement into or out of the home.
- Feedback from residents at a resident meeting, highlighted that residents would prefer more meals with spice. On further investigation the home established that many residents had grown up with certain spices which were not included in the menu. The menu was reviewed and discussed by the food committee and as a result several new dishes have been incorporated into the menu using the specific requested spices. Feedback from residents has been positive.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

- The home has a current certificate from the New South Wales Food Authority.
- The home has a current fire safety certificate, meeting legislated requirements.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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 education provided relating to Accreditation Standard Four include: Hydration and nutrition, emergency response and fire training, infection control and hand hygiene, food safety, health and safety representative training.

## 4.4 Living environment

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to assess and ensure management is actively working to provide a safe and comfortable environment consistent with resident care needs. The home was observed to be well-lit, clean, odour free, and presenting with a calm environment. There are many common areas in the home for the use of residents and their visitors and these were observed to be furnished in varying styles and all presenting as attractive and appropriate to the needs of residents. External courtyards and gardens were observed to be accessible to residents and attractive and well maintained. Residents reported that they are comfortable in their rooms and that they may have personal items including some furniture where this can be safely accommodated. A program of planned and corrective maintenance is in place as is a

hazard reporting system, and it was noted that maintenance requests and reported hazards were addressed in a timely and appropriate manner to preserve a safe environment. Regular audits are conducted including room and cleaning audits, and residents' surveys give opportunity to residents and representatives to comment on the home's environment.

Residents/representatives interviewed expressed their satisfaction with the home's 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 demonstrated that they actively work to provide a safe working environment that meets regulatory requirements. The home's work health and safety system uses a risk management approach to identify hazards in the working environment and manage issues identified through environment audits, incident and hazard reporting systems, repair and maintenance logs and staff discussion at meetings. Documentation reviewed showed that there is a well-developed preventative and corrective maintenance program that includes the carrying out of regular work place inspections, risk assessment of both major maintenance requirements and of new equipment prior to purchase. The work health and safety (WH&S) committee meets regularly to review safety systems in the home and all committee members have received requisite training. Staff receive orientation and training in work health and safety and confirmed they receive regular training in manual handling, and that their skills are assessed annually. The home has an effective workplace injury and return to work program. The team observed staff using various safety equipment such as transferring aids and personal protective equipment. The home showed evidence that management monitor the safety of the environment and take preventative and/or corrective action where risks or hazards are identified.

#### **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

Interviews with staff, review of documentation and observations in the home confirm that management and staff are actively working to provide an environment with safe systems of work that minimises fire, security and emergency risks. The home has a risk management program together with a hazard reporting system, and actions are taken to address identified concerns. Systems assess and ensure that policies and procedures, mandatory fire and evacuation training for all staff, emergency equipment and lighting, and emergency flip charts are checked and serviced regularly. An external provider checks fire systems and equipment to a regular schedule and this was confirmed with twice yearly date marked tags on all equipment sighted. Monitoring of systems includes completion of audits to ensure standards are maintained. Records of staff training in fire safety and evacuation were sighted and staff interviewed stated they received training in fire safety. The home has on site security via closed circuit television and out of hours and lock up procedure in place both for the home and grounds to ensure the safety of staff and residents. The home meets the prescribed building

certification requirements, holds a current annual fire safety statement, and both these documents were sighted.

#### **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 to assess and ensure the safety of both residents and staff. The program includes audits, surveillance and reporting processes, ongoing staff education, outbreak management, cleaning programs, maintenance and food safety programs. Personal protective equipment was observed to be in place in appropriate areas being used by staff, including kitchen, laundry and cleaning staff. There are facilities throughout the home for hand washing and/or cleansing. Hand sanitisers are also located throughout the home. Responsibilities and accountabilities have been identified for all staff. Resident infections are "mapped" which allows for tracking if an outbreak occurs, and reported and included in the organisational benchmarking indicators. The home has vaccination programs for both residents and staff and these are monitored. Waste disposal practices are evidenced within the home to be appropriate. The industrial washing machine in the laundry is able to be programmed to wash contaminated linen.

#### **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

Through review of documentation, interviews with staff, residents and representatives and observations made throughout the home, the assessment team was able to confirm that the home demonstrated that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.

##### **Catering**

The home prepares all meals on site according to rotating seasonal menus which have been developed in consultation with residents and a dietician. Catering staff have implemented hazard analysis critical control point (HACCP) principles in the kitchen and the home currently has an 'A' rating with the NSW Food safety Authority. Catering staff are advised of the specific dietary requirements of residents and there is a system to regularly update this information. Food storage, refrigeration and preparation areas are well organised with foods correctly stored, labelled and dated. Food delivery, storage, cooking and cooked, temperatures are monitored and recorded. There are systems to order, quality check, store and identify food in accordance with the home's policies.

##### **Cleaning**

Residents interviewed expressed satisfaction with the cleaning services provided at the home. The team observed the home to be clean and free of odour. All cleaning is done according to cleaning schedules and protocols and all cleaning equipment is appropriately stored in

designated and secure cleaning storerooms. Staff were observed using cleaning equipment according to infection control principles.

## **Laundry**

All laundry is done on site. There is designated 'dirty' to 'clean' flow of linen and clothing in the laundry in line with infection control principles and Laundry Standard 4146. There is a system to return personal clothing to residents. Laundry equipment is regularly serviced by external contractors. Laundry staff interviewed were cognisant of laundry processes and machinery use.