



Australian Government

Australian Aged Care Quality Agency

Arrunga

RACS ID 0838
334 Kissing Point Road
Ermington NSW 2115

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 January 2019.

We made our decision on 27 November 2015.

The audit was conducted on 13 October 2015 to 15 October 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 care recipients, 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:

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.

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

Standard 3: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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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Audit Report

Arrunga 0838

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 13 October 2015 to 15 October 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 13 October 2015 to 15 October 2015.

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

Team leader:	Barbara Knight
Team member:	Richard Scott

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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Details of home

Name of home:	Arrunga
RACS ID:	0838

Total number of allocated places:	96
Number of care recipients during audit:	93
Number of care recipients receiving high care during audit:	88
Special needs catered for:	Those living with dementia

Street/PO Box:	334 Kissing Point Road
City/Town:	Ermington
State:	NSW
Postcode:	2115
Phone number:	02 9811 0300
Facsimile:	02 9811 0399
E-mail address:	claverty@unitingcarenswact.org.au

Audit trail

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

Interviews

Category	Number
Service manager	1
Deputy service manager/ infection control officer	1
Continuous quality improvement coordinator	1
Registered nurses	1
Care coordinator/team leader	1
Care staff	10
Physiotherapist	1
Physiotherapy aide	1
Health, safety well-being business partner	1
Senior human resource consultant	1
Human resource consultant	2
Learning and development facilitator	1
Nurse educator	1
Care recipients/representatives	18
Chaplaincy coordinator	1
Leisure and lifestyle coordinator	1
Recreational activities officers	2
Laundry staff	1
Cleaning staff	3
Maintenance manager	1
Maintenance staff	1
Contracts procurement coordinator	1
Hotel services manager	1
Chef	1
Catering staff	2

Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes	10
Resident agreements	10
Personnel files	4
Medication charts including primary and nurse initiated medications (hard copy) and electronic administration records	10
Wound assessment and management charts and photographs	6

Other documents reviewed

The team also reviewed:

- 35 day care assessment checklist
- Accidents and incidents (online)
- Audit schedules, clinical indicators, benchmarking, summary reports
- Care recipient admission package including: privacy consent, collection statement, resident handbook, resident agreement, information brochures
- Cleaning folder including schedule, logs, cleaning equipment register
- Clinical indicator data and action plans to address any identified issues
- Code of conduct manual
- Comments, complaints and compliments (online)
- Completed staff competency assessments 2015
- Continence product order form and product comparison records
- Continuous improvement plan, logs
- Contractor maintenance folders including pan sanitisers, pest management register, work, health and safety folder
- Contractor records of service folder 2015 including calendar, invoices and reports
- Contractors service agreements and related documentation
- Diabetic management plans
- Education folders including: attendances, evaluations, calendars, orientation records, mandatory training
- Environmental audits and calendar

- Facility contractors police checks and insurance
- Family conference records
- Fire and evacuation manual, contingency plans, fire safety inspection records, fire training records
- Health, safety and wellbeing manual and calendar
- Human resources documentation including employee induction checklist, personal development plan, rosters, professional registrations, confidentiality statement, statutory declarations, criminal records checks
- Infection control policy, infection control audits, resident and staff vaccinations folder
- Position descriptions and duty statements
- Laundry documentation including cleaning schedules, policies, procedures, infection control, logs
- Leisure and lifestyle documentation including participation records
- Maintenance staff folder 2015 including calendar, reports and logs
- Mandatory reporting register
- Meeting minutes including clinical team, staff, residents, family members, medication advisory
- Memoranda folder
- NSW Food Authority audit report, food and equipment temperature records, food safety program, resident dietary preference and needs forms, resident meal/drink preference lists, menu and dietician review, training, food satisfaction surveys
- Observations including weight, blood pressure, blood glucose levels
- Pain management records
- Pastoral care awareness packs, bereavement support packs
- Police record checks register
- Preventative maintenance folders 2014/2015
- Quality environment health and safety folder including cleaning procedures and policies, employee handbook, approved chemicals register, infection control, incident & hazard reports, education list, duty statement, schedules, areas cleaned/frequency, quality inspection reports
- Recruitment policies and procedures (online)
- Restraint authorisation and consent register
- Schedule eight drug register

- Self-medication assessments
- Service learning plan – Arrunga 2015
- Service reports – pest control, legionella, thermostatic mixing valves
- Vaccine refrigerator temperature logs
- Weekly activities calendar
- Welcome pack for new care recipients
- Work health and safety folders 2015
- Work, health and safety manual

Observations

The team observed the following:

- Activities in progress and lifestyle resources and equipment
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Chapel and dedicated reflection areas
- Charter of Care Recipients' Rights and Responsibilities on display
- Chemical storage with applicable safety data sheets
- Cleaning in progress with appropriate signage
- Daily menu on display
- Dining rooms at meal times (the serving and transport of meals, staff assisting care recipients with meals and beverages, seating, assistive devices for meals and nutritional supplements)
- Electronic and hardcopy record keeping systems-clinical and administration
- Equipment and supply storage areas and equipment in use
- Fire detecting and firefighting equipment, annual fire safety statement, fire security instructions, evacuation plans, emergency procedures flipcharts
- Infection control resources - hand sanitisers, personal protective equipment, colour coded equipment, outbreak kit, sharps containers, spill kits, waste management
- Information noticeboards and brochures displayed
- Interactions between staff, care recipients, family members
- Living environment internal and external
- Medication administration round and storage of medications

- NSW food authority licence displayed
- Nurse call bell system, including response by staff
- Secure storage of care recipient and staff files
- Staff handover at change of shift
- Security of access and closed circuit television cameras and monitor
- Vision, purpose, and values on display

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 organisation actively pursues continuous improvement through a system of quality management across the four Accreditation Standards. The home is part of a larger organisation that supports management in the implementation and development of continuous improvement systems and processes. This includes the monitoring of clinical indicators, audits and surveys, meetings, comments and complaints, or through management and staff observations. Strategies are developed and documented in the continuous improvement system. The management team evaluate improvements once completed, to ensure the actions taken have been effective. Staff are aware of systems for continuous improvement and confirm they are involved in continuous improvement activities such as audits and they contribute to suggestions for improvement through meetings and surveys.

Examples of recent improvement relating to Accreditation Standard One, Management systems, staffing and organisational development include the following:

- Care recipient feedback to the recreation activity officer team regarding activities at the weekend prompted management to review staff hours. Activity officer hours have now been extended and now also include attendance during weekends. This has relieved pressure on care staff allowing them to focus more on the clinical care needs of care recipients. This has resulted in increased engagement between staff and care recipients in a positive way.
- Clinical staff feedback regarding the age and status of several items of clinical monitoring equipment held by the home, resulted in a business proposal to replace and update the homes clinical equipment. With the aid of the organisations procurement team, staff identified and purchased several new items of clinical monitoring equipment. This has resulted in staff improving their clinical monitoring processes.
- During a clinical committee meeting discussing the success of the pain management clinic introduced in the home, staffing hours associated with extending the pain management clinics operating hours were considered. Management concurred and submitted a business proposal to increase staffing hours of the physiotherapy aide

and associated registered nurse. As a result there are appropriately skilled and qualified staff to provide greater access to pain relief treatments for care recipients.

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

Arrunga’s management has systems to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. Management subscribes to a number of government information services and is a member of an industry body which provides ongoing information about industry issues and regulatory changes. The management team monitor the adherence to regulatory requirements through audit processes and observation of staff practice and ensure resulting changes in policy and procedure are communicated to staff via meetings, memos, notice boards and staff education programs.

Examples of regulatory compliance relating to Accreditation Standard One, Management systems, staffing and organisational development include:

- Care recipients, representatives and staff were informed of the upcoming re-accreditation audit by posters, letter and at meetings.
- The organisation monitors and ensures currency of criminal history checks for staff and other personnel.

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

Arrunga has systems to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Staff have an orientation program on commencement of employment and ongoing education in a range of subjects. Mandatory education is given to staff and monitored to ensure all staff have attended. Education needs are identified through an annual education needs analysis, staff appraisals and surveys, audits, observation and feedback. An education calendar is prepared prior to the start of each year, addressing each of these inputs. Throughout the year education sessions are added to the education calendar as needs and opportunities arise and are identified. Training and education is offered on-site in groups, one-on-one and through electronic and audio visual learning programs. At the conclusion of each session staff are encouraged to complete evaluation forms. All sessions are advertised internally to encourage participation and records of staff attendance are maintained. Staff are supported to attend external education, and encouraged to take responsibility for their development. Staff confirmed they have education to ensure they perform their jobs

effectively. Care recipients/representatives expressed satisfaction with the knowledge and skills of staff.

Examples of education for staff and management in relation to Accreditation Standard One, Management systems, staffing and organisational development include:

- Code of conduct and code of ethical behaviour training
- Preventing bullying and harassment
- Mentor training
- Frontline management

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

There are systems to ensure all care recipients, their representatives and other interested parties have access to internal and external complaints mechanisms. Posters and brochures are displayed as reminders. Care recipients are reminded of the complaints mechanisms at meetings and improvement forms are accessible with suggestion boxes. Management have an open door policy to encourage care recipients and representatives to raise issues.

Management maintain a record of issues raised through the continuous improvement process and feedback is offered individually. Management and staff monitor trends in complaints and discuss outcomes at relevant meetings. Care recipients/representatives say they feel comfortable making suggestions or complaints and are satisfied they were considered.

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 vision, purpose and values of the home are on display. This information is also documented in the 'residents' handbook and included in the staff handbook and part of their orientation program. Staff consistently identified that they have good leadership in the home and this is in line with the values contained in the homes strategic plan and in line with best practice and the delivery of quality services.

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

Arrunga has systems and processes to ensure that sufficient, suitably skilled and qualified staff are available to provide services to care recipients in accordance with the Accreditation Standards and the values and objectives of the home. The home has processes for recruitment and orientation including a 'buddy system' for new staff. When staff are not able to work, replacements are found using part time or casual staff, or extending shifts and occasionally agency staff, as evidenced through the review of rosters and staff interviews.

Management report they adjust staffing levels based upon care recipient care needs and staff and care recipient feedback. Management are committed to providing ongoing education to all staff as evidenced by the planned education program. Staff state they are confident they have the relevant knowledge and skills to carry out their work. Care recipients are very positive about the staff and the skills they demonstrate in the provision of care. Care recipients state staff come promptly when called, are responsive to care recipients' needs and have a caring attitude towards the care recipients.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are stocks of goods and equipment to support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has appropriate storage to ensure the integrity of the stock and stock is rotated as required. Equipment is purchased or replaced in response to identified needs. The home has preventative and reactive maintenance programs. Requests for maintenance are registered in a maintenance fix-it folder centrally located in the home, and action is taken in an efficient and effective manner. External contracts are in place for the maintenance of specialised equipment. Equipment undergoes a trial prior to purchase if appropriate and staff are educated on the use of new equipment. Staff state there are sufficient amounts of supplies and equipment available to ensure the provision of quality care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems for the creation, storage, archiving and destruction of documentation within the home. We observed confidential information such as care recipient and staff files are stored securely. There are processes to consult with care recipients and/or their representatives and to keep them informed of activities within the home. Information is disseminated through meetings, email, organisation's intranet, notice boards, newsletters, memoranda, communication books and diaries, handover reports and informal lines of communication. The computers at the home are password protected and the system is backed up regularly. There is a system of surveys and audits to provide information regarding care recipient and staff needs and the quality of care provided at the home. Care recipients and staff state they are kept well informed and are consulted on matters that may impact them through the display of information such as minutes of various committee meetings, notices, memos, newsletters, policies and procedures, and at various meetings and informal discussions.

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

Arrunga has systems to ensure all externally sourced services are provided in ways which meet the needs of care recipients and supports the delivery of quality care and services. A maintenance officer oversees maintenance requirements and consults with management to organise preferred contractors as needed. Contractors are supervised on site and staff have access to after-hours numbers for services required with urgency. All work performed is monitored for quality and effectiveness of service through inspection, audits and feedback. Care recipients/representatives and staff feedback expressed satisfaction with the external services provided.

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 home's system for actively pursuing continuous improvement.

Examples of recent improvements relating to Accreditation Standard Two: Health and personal care include:

- As part of the review into the pain management clinic, it was decided to improve the ambiance for care recipients seeking treatment, by providing a more welcoming space. New furniture, television, and stereo for music therapy, were purchased along with additional therapy and exercise equipment. This has been a positive result for care recipients' pain management.
- To help promote skin integrity within the home, the deputy service manager introduced pH-neutral moisturising cream dispensers in all care recipient bathrooms. These dispensers are maintained by cleaning staff, and are handy to care staff attending to care recipient needs, as well as for those that are independent to look after their skin. Since implementation there has been a decrease in skin tears for care recipients in the home.
- With the home transitioning progressively to a household model of care, management introduced a 24 hour food service. This service includes fruit, sandwiches and drinks available throughout the home for care recipients to enjoy at their leisure. Care recipients have commented favourably regarding this new initiative.
- As a result of an increase in falls from audit data, a falls management and prevention program was initiated. A multi-disciplinary team has been created including the service manager, physiotherapist, physiotherapy aide, and care coordinator to analyse clinical data surrounding falls, and develop strategies to minimise and prevent further incidents. The physiotherapist has also introduced a tagging program which identifies all care recipients at high risk of falls, as well as those care recipients with a history of frequent falls. These strategies have seen a decrease in care recipient falls.

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 information about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Accreditation Standard Two: Health and personal care include:

- The home has a system to monitor and record registered nurses’ authorities to practice.
- There is a system to manage unexplained absences of care recipients in accordance with regulatory 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 information on how the home ensures management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of recent education and training relevant to Accreditation Standard Two: Health and personal care include:

- Continence management
- Dysphagia
- Behaviour management
- Wound management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems and processes at Arrunga to ensure that care recipients receive appropriate clinical care. Care information is obtained pre entry and on entry to the home and initial care needs are identified. A comprehensive suite of assessments is undertaken and a care plan developed in consultation with the care recipient and family members. Care plans are reviewed on a regular basis and/or as care needs change. Review of care recipient files and discussions with staff demonstrate that all dimensions of care recipient need are identified during the assessment period and strategies implemented to ensure individual wishes and preferences are recognised and respected. General medical practitioners visit regularly and/or on request. Care recipients/representatives interviewed state they are satisfied with the care provided and feel involved in decisions made regarding appropriate clinical care to meet individual need.

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

At Arrunga care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show care recipients’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Specialised needs such as diabetic management, oxygen therapy, wound care, stoma care, management of indwelling catheters and percutaneous endoscopic gastrostomy (PEG) feeding, are overseen by the registered nurses. Care recipients may be referred to specialist care services for advice and support in the management of their particular needs. Care recipients/representatives are satisfied that specialised nursing care needs are met.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Documentation and staff and care recipient/representative interviews demonstrate that appropriate referrals are made to medical and allied health practitioners, such as physiotherapist, dietician, podiatrist, wound consultants, speech pathologist, mental health and palliative care teams. Referrals are made in consultation with the care recipient, family members and the general medical practitioner. Care recipients/representatives advise there is access to specialised services as required.

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

Arrunga has systems and processes to manage care recipients’ medication. This includes the prescription, dispensing, storage and administration of medications. The home uses an electronic medication management system. Medications are administered by staff who undertake regular competency assessments. Care recipients who may wish to self-medicate are assessed for their ability to do so. Observation of medication administration rounds demonstrate staff carry out appropriate checking procedures in accordance with medication management policy. Staff are aware of, and respond to individual need such as time to ingest, or breaking/crushing of medications. Medication incidents and errors are reviewed and discussed at appropriate meetings. Medications are stored within a secure environment. Care recipients/representatives interviewed expressed satisfaction 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

Care recipients at Arrunga are assessed at entry and on an ongoing basis to ensure they are as free from pain as possible. Verbal and non-verbal indicators of pain are considered and interventions are monitored and evaluated on a regular basis. Alternatives to analgesia such as gentle exercise, heat packs, transcutaneous electronic neural stimulation (TENS) machines and massage assist in pain management. A regular pain clinic is managed by the physiotherapist and physiotherapy aide in consultation with nursing staff. Care recipients were observed attending the pain clinic and taking the opportunity to socialise with each other in a calm and peaceful environment. Care recipients advise staff are aware of and understand their individual pain management issues and provide analgesia and other therapies to keep them as free from pain as possible.

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

Care recipients who are terminally ill are enabled to remain at the home so that their comfort and dignity can be maintained in familiar surroundings. On entry to the home care recipients and family members are provided with information regarding advanced health care planning, and are given the opportunity to indicate any specific instructions in relation to palliative and terminal wishes. The Chaplain and pastoral care team support care recipients and family members at this time. Staff are aware of and respect the differing cultural perceptions on end of life wishes among their care recipient community. Staff

interviewed display understanding of, and empathy with care recipient and family end of life wishes.

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

Care recipients’ nutrition and hydration status is assessed on initial entry to the home to ensure their intake needs will be adequately met. Documentation demonstrates that assessments include the need for special diets, food preferences, physical limitations such as swallowing difficulties, oral and dental deficiencies, sensory loss and dexterity issues.

Care recipients are referred to the dietician and/or speech pathologist as indicated. Care recipient needs and preferences are identified and communicated to the catering staff, as are any changes. Care recipients’ weights are monitored regularly and significant loss or gain is addressed. Use of dietary supplements, thickened fluids and other modifications to food and fluid intake are actioned as recommended. Fresh fruit, finger food and drinks are always available. Care recipients are satisfied that their nutritional needs are met.

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

Care recipients’ skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor skin integrity as part of daily care practices and report any changes. Repositioning, pressure relieving devices and limb protectors are available to support those care recipients with decreased mobility who may be at risk of breaches of skin integrity. Wound management is overseen by the registered nurses. Care recipients may be referred to external consultants and/or wound clinics for expert support. Incidence of skin tears and pressure ulcers is monitored and reported and care plans adjusted as necessary.

There is access to podiatry services and a hairdresser. Care recipients report they are satisfied that their skin care needs are met.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Arrunga demonstrates that its processes ensure care recipients’ continence is managed effectively. The continence program is managed by a care coordinator who also oversees the ordering, storage and availability of continence products. Initial and ongoing

assessments are undertaken and individualised care plans developed. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections, and bowel management strategies which include daily monitoring. Staff ensure care recipients have access to regular fluids, appropriate diet and medications as ordered to assist continence. Care recipients are satisfied that their continence is well managed and representatives interviewed confirm that the privacy and dignity of their family members is maintained.

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

There are systems and processes to effectively manage the needs of care recipients with behaviours of concern. There is a secure unit for those care recipients who may be at risk of leaving the facility. The unit has an outside area with raised garden beds and walking paths. Awnings provide shade for care recipients who wish to sit outside. Initial and ongoing assessments identify care recipient behaviour management needs and comprehensive care plans are developed. Care plans include the triggers for and strategies to address behaviours and successful interventions are documented. Care plans are regularly reviewed and updated as care needs change. Strategies include validation of care recipients past lifestyle as identified, and engagement with distractive interventions. There is a dedicated activities officer for the unit but care recipients are included in the main programs should they wish to attend. Staff are aware of any underlying causes of behaviour management concerns, such as pain, urinary tract infections and bowel management issues. Care recipients may be referred to a psychogeriatrician and/or the Dementia Behaviour Management Advisory Services (DBMAS) for expert advice and support. Staff interviewed display good knowledge of individual care recipients’ behavioural issues and gave examples of the strategies they may use to manage these issues and noted that the use of restraint has been minimised.

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

Care recipients are assessed on entry to Arrunga and regularly thereafter and management plans developed to ensure optimum levels of mobility and dexterity are achieved and maintained. The physiotherapist assesses care recipients on entry, when any changes occur, following a fall and/or on return from hospital. The physiotherapy aide undertakes exercise and walking programs as directed by the physiotherapist. Daily gentle exercise classes are conducted by recreational activities staff. There is a falls prevention and management program in place. Assistive devices such as walking frames and specialised crockery and cutlery enable care recipients to maintain their independence. Care recipients/ representatives are satisfied that mobility needs are understood and met.

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

There are strategies to ensure care recipients’ oral and dental health is maintained. Documentation demonstrates that care recipients’ oral and dental health is assessed when they move to the home and care plans developed. Staff assist care recipients to maintain oral and dental health through mouth and denture care and observe any associated pain and/or discomfort. Diet and fluids are provided in line with the care recipients’ oral and dental health needs and preferences. Care recipients may choose to visit their own dentist and/or the mobile dental service which visits the home. Care recipients/representatives advise they are satisfied with the oral and dental care provided.

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

On entry to the home care recipients’ sensory losses are identified and included in the care planning process. Referrals are made as necessary to specialist services including speech pathologist, optical and audiology services. Staff ensure that care recipients’ sensory aids are well maintained. The activities program includes pursuits that promote the use of all five senses including touch, taste and smell. Aids and strategies to support sensory losses include large print books and playing cards. Sensory aprons and “fiddle boards” are available to promote tactile stimulation. Care recipients /representatives are satisfied that care recipients’ sensory needs are met.

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

Care recipient sleep patterns are assessed on entry to the home including preferred sleeping times, previous social history that may affect sleep and any history of night sedation. Barriers to natural sleep including pain, continence, hunger, emotional state are taken into account when planning care. Alternatives to sedation such as warm drinks and snacks and attention to environmental issues, such as light and noise are considered. As care recipients are accommodated in single rooms with ensuite bathrooms, disturbance by others in the home is minimal. Care recipients/representatives are satisfied that attention to individual needs enables care recipients to achieve normal sleep patterns.

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 home’s system for actively pursuing continuous improvement.

Examples of recent improvements relating to Accreditation Standard Three: Care recipient lifestyle include:

- An organisational initiative to support the LGBTI community by achieving the rainbow tick and meeting the LGBTI accreditation standards; has seen a number of new training opportunities made available for staff. A LGBTI quality plan has also been developed. Staff are being encouraged to complete new LGBTI modules on the learning management system, and also participate in new associated toolbox talks. These strategies are being implemented to ensure management and staff provide an inclusive and supportive service that recognises care recipients needs in a culturally safe environment.
- To assist in a care recipient’s transition to the home, management have introduced new welcome packs. These packs include several items, including general information, chocolates, activity calendar and complimentary toiletries. Care recipients have provided positive feedback regarding the new packs.
- Recreation activity officers have introduced a new intergenerational program, called “The Friendship Circle”. Local school children, accompanied by teachers and principal, visit the home every week to enjoy activities with the care recipients. These activities are planned in conjunction with the school, and include board games, reminiscing and sharing special occasions. The friendship circle has become an activity eagerly anticipated by both care recipients and the students.

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 information about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Accreditation Standard Three: Care recipient lifestyle include:

- The Charter of Care Recipients’ Rights and Responsibilities is on display in the home, and included in the ‘residents’ handbook which is given to care recipients on entry to the home.
- 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 information on how the home ensures management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of recent examples of education and training relevant to Accreditation Standard Three: Care recipient lifestyle include:

- Aboriginal and Torres Strait islander cultural appreciation
- LGBTI: Celebrating inclusivity and diversity
- Person centred care
- Privacy and dignity

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

Arrunga demonstrates that care recipients are supported in adjusting to life in the new environment and that their emotional status and needs are identified and met on an ongoing basis. On entry care recipients are welcomed into the home, a "welcome pack" containing general information, chocolates, the activities calendar and toiletries is provided. They are introduced to staff and other care recipients, advised of activities they may enjoy and of the opportunities to maintain their links with the community. The lifestyle program offers opportunities through one to one interaction with staff, for care recipients' emotional needs to be identified and addressed. Pastoral care staff support care recipients and family members. Observation and interviews demonstrates that staff are empathetic with, and supportive of care recipients' emotional needs. Representatives interviewed are satisfied with the way in which both they and their family members are supported during the initial settling in period for care recipients, and on an on-going basis.

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

Processes at Arrunga ensure care recipients are assisted to maintain their independence and participate in community life. Care recipients are supported to be as independent as possible with their activities of daily living. Equipment such as walking aids, and modified cutlery and crockery assist care recipients to maintain or improve their mobility and dexterity and retain independence. Care recipients are encouraged to maintain their family and social networks and are assisted to attend external activities such as church services, clubs and shopping trips. Arrangements are made for care recipients to continue voting in elections should they wish to do so. Care recipients are satisfied with the opportunities provided to maintain their independence.

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

Care recipients rights to privacy, dignity and confidentiality are recognised and respected. Information regarding care recipients rights and responsibilities is included in pre entry and entry information and care recipients give consent for disclosure of personal information and for the taking of photographs. Staff receive education regarding respecting care

recipients' rights to privacy and dignity and the need to maintain their confidentiality. Observation and interviews demonstrate that staff understand and are respectful of care recipients' privacy and dignity, knocking on doors before entering and calling them by their preferred name.

Care recipients' information is securely stored and appropriately archived. Access to computerised information is password protected. Care recipients/representatives interviewed state care is provided in a manner that respects their 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

Arrunga ensures care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Care recipients' social profile identifies past interests, social, cultural and spiritual preferences. A comprehensive weekly program is developed based on care recipients' identified preferences and on feedback received through resident/representative meetings, surveys and individual evaluations. Observation, interviews and review of documentation identified a variety of individual and group activities including games, church services, happy hour, outings and bus trips, culturally significant and special event celebrations. The coffee shop run by volunteers is very popular, and the regular appearance of the ice cream trolley (built by members of the men's shed) is much appreciated. A "friendship circle" has been introduced in which children from the local school visit Arrunga every week and participate in activities such as board games, reminiscing and sharing special occasions. This is proving very successful and is enjoyed by both care recipients and children. Care recipients are very satisfied with the activities provided and commented that their wishes not to participate are 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

Arrunga demonstrates that each care recipient's interests, customs, beliefs and cultural background is valued and fostered. Cultural and spiritual preferences are identified on entry and documented in the care plan. The Chaplain and pastoral care staff are available to support staff, care recipients and family members and conduct regular church services.

Uniting Church and Catholic services are held weekly, and the chaplaincy services will organise other religious requests. Care recipients and family members are encouraged to develop an advanced care plan so their wishes for end of life care and cultural and spiritual requirements are known. Culturally specific dishes are included in the menu. Staff have education on cultural appreciation and diversity in aged care. Care recipients interviewed are satisfied that their cultural and spiritual needs are met.

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 care recipient at Arrunga is encouraged to exercise choice and control over their lifestyle. Care recipients and their families receive information pre entry and on entry to the home regarding their rights and responsibilities and on the choices available to them. Care recipient preferences are identified during the assessment processes and documented in the care plan. Case conferences are conducted to ensure that decisions regarding care and lifestyle issues are made collaboratively. The activities staff ensure those care recipients who wish to remain on the electoral roll can exercise their civic responsibilities. Care recipients have the opportunity to provide feedback on any issues through the suggestion forms, surveys and meetings. Care recipients/representatives report that they are informed of choices and involved in decisions regarding care issues and referrals to specialist services. Care recipients interviewed state they are satisfied that their decisions and choices regarding care and lifestyle issues are respected.

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

Arrunga has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and care recipients' rights is discussed with care recipients and/or their representative prior to, when possible, and on entering the home. All care recipients are offered a resident agreement and handbook which outline care and services, care recipients' rights and complaints resolution processes. Room moves only occur with prior consultation and consent from the care recipients and/or their representative. The Charter of Care

Recipients' Rights and Responsibilities is on display in the home. Care recipients and representatives interviewed expressed awareness of their rights and responsibilities and are satisfied with the manner in which the home manages security of tenure.

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 home’s system for actively pursuing continuous improvement.

Examples of recent improvements relating to Accreditation Standard Four: Physical environment and safe systems include:

- As part of a management initiative to improve nutrition and hydration for care recipients in the home, a number of strategies and improvements have been implemented. All dining rooms have been revamped with matching tablecloths, buffet benches and food trolleys. Flower centrepieces have been placed on dining tables for a more homelike feeling. The Café has been refurbished to improve ambiance, and opening hours increased for care recipients to enjoy with family members. A new drinks machine has also been installed to provide refreshment for care recipients and their visitors between meals. This has been a positive result for care recipients.
- A suggestion from a family member about the outside gardens and awnings/umbrellas has seen management purchase several awnings and garden umbrellas to offer shade for care recipients and their visitors when enjoying the outdoor gardens. A new vertical raised herb garden has been installed outside Topaz dining room. A new rose garden has also been planted by care recipients with assistance from the activity team for the enjoyment of care recipients and their guests.

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 information about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Accreditation Standard Four: Physical environment and safe systems include:

- Arrunga meets compliance with fire safety regulations and has a current annual fire safety statement.
- Arrunga achieved an A rating from the New South Wales Food Authority audit.

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 information on how the home ensures management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of recent education and training relevant to Accreditation Standard Four: Physical environment and safe systems include:

- Food hygiene
- Fire and evacuation training
- Hand hygiene and infection control
- Work, health and safety committee 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

Arrunga has systems to provide a safe and comfortable environment consistent with care recipients' care needs. The facility has two floors and care recipients are accommodated in single rooms with ensuite. Care recipients can personalise their rooms and all rooms are fitted with nurse call alarms, which are checked on a regular basis. There is a variety of large activity rooms and dining rooms and also quiet lounges throughout the facility. Maintenance requests are actioned and preventative maintenance schedules ensure the safety of the internal environment, outside areas and equipment. Regular audits and workplace inspections monitor the internal and external environments, risk assessments are conducted and safe work procedures are available for all areas. Care recipients' rooms are monitored for clutter and walkways are fitted with handrails. Care recipients/representatives stated they are satisfied with the maintenance and comfort of the environment provided for care recipients.

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

Arrunga has systems to minimise risks and provide a safe working environment. A Health, safety and wellbeing business partner assists the residential service manager to provide a safe and supportive environment. The organisations intranet has a health, safety and wellbeing portal with resources available for all staff. Statistical data on hazards, accidents and incidents is reviewed and investigated to identify possible causes that can be prevented. Environmental audits are conducted to identify problems and hazards and ensure regulatory requirements and the home's quality and safety standards are met. Safety is a standing agenda item on all staff/team meetings for staff to raise and discuss safety issues. Staff members report any workplace incidents and these are followed up by management with a focus on injury prevention. A return to work program is developed organisationally for staff members as needed. Personal protective equipment is readily available for staff. Staff undertake regular training in fire safety, hand hygiene and manual handling. Staff said work, health and safety is discussed at orientation and is a regular topic on the education program.

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

There are systems to ensure the safety and security of care recipients and staff. Regular checks of equipment by external contractors, audits and fire and emergency evacuation procedures are in place. Staff wear identification badges and there is a sign in and sign out register for care recipients and visitors. Fire evacuation maps are correctly orientated and emergency evacuation folders in place to ensure vital information is available to staff. The home is fitted with fire warning devices, smoke detectors and emergency lighting. There is firefighting equipment such as extinguishers, sprinklers, and fire blankets. All these are checked and maintained according to the home's policy. There are a variety of security systems including closed circuit television cameras, care recipient call bells, a system for monitoring contractors and an evening lock up procedure. Each care recipient room has access to the call bell system. Care recipients and staff state they feel safe and secure 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

Arrunga has an effective infection control program with systems for managing and minimising infections. The program includes policies, procedures, staff education, audits, and discussion of infection issues at regular meetings. Care recipients are monitored for signs and symptoms of infection, and data about infection rates is collated and reviewed to identify opportunities for improvement. Staff monitor equipment temperatures, food temperatures, medication refrigerators and use colour coded equipment. Hand hygiene is available throughout the home. There are formal cleaning schedules to maintain hygiene levels. Waste is disposed of safely and correctly. Observation and interviews show staff have an understanding of infection control principles and guidelines. The home has access to personal protective equipment and supplies for handling an outbreak or infection.

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

There are systems to identify care recipients' meal requirements and preferences on care recipients' entry into the home and as their needs change. A dietician has reviewed the four-week rotating menu which is cooked freshly on site by a catering contracting company. The home has a food safety program and a current food authority certificate with an "A" rating.

Self-service kitchens are available on both levels, providing a variety of fresh food at all hours for care recipients and their visitors. Cleaning is provided by an external contract cleaning company, and there are systems to monitor the effectiveness of cleaning in the home. Observations showed care recipient rooms and common areas were clean during the re-accreditation audit. All personal laundry is washed on site, with linen laundered off-site by a contractor. There is a system for the sorting and return of care recipients' personal laundry for care recipients who send their clothes to the laundry. Care recipients/representatives expressed satisfaction with the hospitality services provided by the home.