



Australian Government

Australian Aged Care Quality Agency

Aveo Minkara Aged Care Facility

RACS ID 2813
10 A Minkara Road
BAYVIEW NSW 2104

Approved provider: Australian Retirement Homes (No2) Pty 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 29 September 2018.

We made our decision on 17 August 2015.

The audit was conducted on 14 July 2015 to 15 July 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.

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: 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Aveo Minkara Aged Care Facility 2813

Approved provider: Australian Retirement Homes (No2) Pty Ltd

Introduction

This is the report of a re-accreditation audit from 14 July 2015 to 15 July 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 14 July 2015 to 15 July 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:	Colleen Fox
Team member/s:	Anne Ericsson

Approved provider details

Approved provider:	Australian Retirement Homes (No2) Pty Ltd
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Details of home

Name of home:	Aveo Minkara Aged Care Facility
RACS ID:	2813

Total number of allocated places:	51
Number of care recipients during audit:	46
Number of care recipients receiving high care during audit:	46
Special needs catered for:	N/A

Street/PO Box:	10 A Minkara Road
City/Town:	BAYVIEW
State:	NSW
Postcode:	2104
Phone number:	02 9979 9066
Facsimile:	02 9979 9104
E-mail address:	michelle.burgess@aveo.com.au

Audit trail

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

Interviews

Category	Number
Director of Nursing	1
Deputy Director of Nursing	1
Clinical support registered nurse (RN)	1
Registered nurses	3
Care staff	8
Physiotherapist	1
Continence representative	1
Medical officer	1
Recreational activity officer	1
Care recipients	6
Representatives	5
Catering staff	1
Laundry staff	1
Contract cleaning area manager and staff	2
Maintenance staff	1
Hairdresser	1
Administration assistant	1

Sampled documents

Category	Number
Care recipients' files	5
Wound charts	8
Medication charts	6
Dietary assessment forms	10
Personnel files	5
Residential agreements	5
Service agreements/contracts	5

Other documents reviewed

The team also reviewed:

- Accident/ incident documentation, including medication incidents
- Advance care directives
- Audit schedule, audit results, clinical indicators
- Care recipient and staff vaccination registers
- Care recipient pre-admission pack, resident handbook, newsletter
- Charts: behaviour, extraordinary observations, resident restraint,
- Cleaning and laundry manuals, schedules, inspection reports
- Communication documentation: care diary, 24 hour handover reports (red and blue), memoranda, newsletters
- Continuous improvement plan
- Education and training calendars, education records, including for mandatory education, competency assessments, care recipient focus group records
- Fire safety inspection records, fire training records, annual fire safety statement, emergency procedures manual, business continuity plan
- Folders: focus day, medical officer, case conference, pressure area care, resident care, treatment directives and signature log RN/Allied Health, challenging behaviour resource folder
- Improvement logs register, suggestion/feedback forms
- Infection documentation, infection control manual
- Mandatory reporting log, records
- Manual handling instruction cards and mobility charts in care recipients' rooms
- Medication fridge temperature records
- Meeting schedule, meeting minutes
- New employee orientation package, orientation checklists, position descriptions, duty statements, staff confidentiality agreements
- NSW Food Authority audit, food safety plan, food and equipment temperature records, kitchen cleaning schedules, meal/drink preference lists, menu and dietician review, supplement list
- Police certificate register, staff visa register, professional staff registrations
- Policy and procedure manuals

- Preventative maintenance schedules, maintenance register, preferred supplier list
- Privacy collection statements, resident consent forms
- Recreational activity officer weekly/monthly planner, daily activity records and surveys
- Satisfaction surveys – ‘residents’, staff
- Self-assessment report for re-accreditation
- Service reports - pest control service, legionella, electrical test and tag
- Staff handbook, code of conduct
- Staff rosters, roster report
- Water temperature monitoring records
- Work, Health and Safety (WHS) notices, health and safety audit, workplace inspection reports, risk assessments, safe work method statements

Observations

The team observed the following:

- Activity calendar, activities in progress, activities’ resources
- Archive storage
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Brochures and posters - external complaints and advocacy services, various others
- Call bell system and staff responding promptly
- Charter of care recipients’ rights and responsibilities
- Chemical storage area, safety data sheets
- Cleaning trolley and cleaning in progress
- Comment and complaint information displayed
- Dining room environment during midday meal service including the meal presentation, staff assistance and supervision
- Dressing trolleys and wound care supplies
- Feedback forms, suggestion box
- Fire safety equipment, evacuation plans, emergency procedure flipcharts, emergency evacuation kit
- Hairdressing salon

- Infection control resources - outbreak kit, spills kits, contaminated waste bin, personal protective equipment, colour coded equipment, sharps containers, sanitising gel, hand washing facilities
- Interactions between staff, care recipients and visitors
- Living environment - internal (personalised rooms, communal areas) and external
- Medication round and secure medication storage
- Mobile radiology services
- Mobility and lifting equipment including lifters, slings, walking belts
- Noticeboards, whiteboards – care recipients/relatives, staff
- Organisational chart; Philosophy, mission and vision displayed
- Oxygen and suction equipment
- Privacy screens in use
- Public phone
- Quiet room
- Secure storage of care recipient and staff information
- Short group observation in a communal area
- Sign in/out books for visitors and care recipients
- Staff practices, staff handover
- Staff work areas
- Supplies and storage areas, including clinical
- Weighing chair

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 has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery.

Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Continuous improvement plans are developed to action improvements identified at the home and by the organisation. Activities which support continuous improvement include regular care recipient, relative and staff meetings, internal and external audit programs and trend analyses of clinical indicators. All stakeholders are provided with feedback on improvement actions taken as appropriate.

- Following a review of documentation the organisation made the decision to purchase policy and procedure manuals from a peak body organisation. Key management staff have reviewed and modified the policies and procedures to ensure relevance for the home's requirements. An ongoing review process in place provides staff with access to current and best practice information for the delivery of quality care to care recipients.
- The manager experienced difficulty in recruiting a suitable person as an additional Deputy Director of Nursing. A role of clinical support registered nurse was trialled with an existing staff member. This has been successful and the role has been introduced on a permanent basis resulting in an increase of clinical support hours. The staff member is able to assist the Deputy Director of Nursing and provide additional clinical care guidance to staff on the floor.
- An organisational incident/accident form has been developed that is in line with corporate requirements. The form is more relevant and user friendly and its use enables internal benchmarking across the organisation to better monitor care recipient incident trends.

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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Head office staff, peak body email alerts, legislative updates, networking groups and Department of Social Services information ensures management receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual mandatory education sessions. Updated information is made available through staff memos, meetings and education sessions. Key management staff ensure currency of policies, procedures and forms. Monitoring of compliance includes scheduled audits, staff competency assessments and observation of staff practices. Staff demonstrated awareness of current legislation.

Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have current national police certification.
- A review and update of policies in response to legislative changes, such as for privacy and for reportable incidents, have been completed and are current.

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 programs internally and externally covering the four Accreditation Standards. Competency assessments are conducted at orientation and a selection conducted annually. Staff development and training needs are established and an education calendar is planned to include mandatory topics, staff skill requirements and staff feedback. In-service and on-the-spot sessions are developed in response to care recipient care needs, legislative changes, audit results and analyses of clinical indicators. Staff development is supported through certificate program education. Training and education is offered on site in small groups, one-on-one, and through self-directed audio-visual learning packages. Staff participation is monitored and recorded and programs are evaluated. Care recipients/representatives interviewed are satisfied staff are providing appropriate care for care recipients’ needs.

Examples of education and training attended over the last year in relation to Accreditation Standard One include: conflict management, communication, aged care funding instrument (ACFI), documentation, teamwork and leadership.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home has internal and external feedback and complaint mechanisms available to all care recipients/representatives. On entry all new care recipients are made aware of feedback mechanisms and advocacy services outlined in the resident handbook, the agreement and brochures. Feedback forms and brochures for accessing external complaints and advocacy services are readily available, and a suggestion box is centrally located. The manager has an open door policy and reports most issues are raised face-to-face. Satisfaction surveys are conducted and care recipient/representative meetings provide forums for feedback and updates on actions taken in relation to care recipient initiated issues. Complaints are minimal and those reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Complaints are handled confidentially, and if appropriate, issues are transferred to the continuous improvement program. Staff demonstrated awareness of complaint procedures. Care recipients/representatives said if they have any concerns they do not hesitate to raise them with staff and are satisfied with resolutions.

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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisational philosophy, mission and vision are on display and are included in staff and resident handbooks and in the staff code of conduct. The Charter of care recipients' rights and responsibilities is displayed and is included in care recipient documentation received on entry. The home's operations are supported by state and head office management staff. This support, combined with the continuous improvement program, ensures an ongoing commitment to quality care for care recipients.

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 skilled and qualified staff sufficient to deliver appropriate levels of care to care recipients. Staff are recruited in consideration of care recipient needs and a minimum certificate III qualification is preferred for care staff. The home is supported by the human resources department if required and police check certification is obtained prior to employment and is monitored for renewal. All new staff complete a comprehensive orientation program and

work buddy shifts. Staff sign confidentiality agreements. Position descriptions, duty lists, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, competency assessments, annual performance appraisals, feedback and audit results. Staff rosters are adjusted according to workloads and registered nurses are rostered on all shifts. Part time staff cover most staff leave requirements with use made of employment agency staff if necessary. Staff interviewed said they enjoy working at the home, they work as a team and have sufficient time to complete shift duties. Care recipients/representatives expressed satisfaction with care provided by staff and care recipients said they are assisted when necessary in a timely manner.

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 systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and identifying replacement needs. For any new equipment training of staff is conducted. Staff and care recipients interviewed said there are adequate supplies of goods and equipment available for use.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, position descriptions and duty statements and have access to current policies, flowcharts, procedures and forms. Updated information for staff is available through verbal handover, care documentation, staff memos, noticeboards and meetings. Key staff have access to management electronic systems. A residential agreement, information packs and handbook inform care recipients and representatives and updated information is provided through meetings, noticeboards and verbal communication. Care recipients/representatives interviewed believe they are kept informed and up to date. There are policies and procedures for confidential storage, electronic back up and appropriate management of all records in 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

The home has systems and processes to ensure external services are provided to meet the care and service needs of care recipients. Preferred external suppliers are managed with service agreements or contracts for the organisation through an external company. Some are managed directly by the home. All service agreements/contracts include specifications of service delivery, qualifications, insurance, police check certification and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Staff are satisfied with the quality of services provided by external suppliers and the processes in place to ensure services meet both the home and care recipients' needs.

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 regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of care recipient incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- Management recognised staff required increased support for managing care recipients with behaviours of concern. Increased use of behaviour management specialists visiting the home has resulted in guidance and support for staff. This has enabled staff to better manage the needs of care recipients and assist in maintaining their well-being.
- An opportunity to visit other aged care facilities was provided for the Director of Nursing to learn about external systems and processes. This has increased awareness and enabled the development of networks to ensure best possible clinical care and practices are available in the home. In addition, visits to the organisation's interstate homes has resulted in uniform clinical care practices across the organisation. Networks and consultation processes are ongoing.
- To increase awareness and develop networks the Deputy Director of Nursing has attended extensive palliative care training. This has improved the management and understanding of the palliative care process for care recipients. A syringe driver has also been purchased and staff trained in its use. These initiatives have increased services offered to care recipients for comfort during end of life care.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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:

- Medication storage and medication administration staff practices are monitored for compliance.
- 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care.

Some of the topics include: dementia, delirium and depression, sleep disorders, oral health, sensory loss, falls management, enteral feeding, continence management, behaviour management, nutrition and hydration, palliative care, pain management and wound care. All care staff and registered nurses complete annual competency assessments. For care staff these include personal care, clinical skills and safe manual handling. Registered nurses complete competency assessments for medication administration and advanced clinical skills.

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 a system to ensure appropriate clinical care is provided for care recipients. Information collected prior to entry and from the assessment process is used to generate care plans which contain specific interventions for each care recipient. Any changes to care recipients’ condition or care needs are communicated to staff by verbal handovers, communication diaries, progress notes and care plan updates. Resident focus days are

attended monthly to discuss care and care plans are regularly evaluated for effectiveness. The home has established networks with clinical support services in the community. Care recipients have a choice of local medical officers who visit the home and arrangements are in place to ensure care recipients have access to after-hours medical treatment or transfer to hospital. Clinical care practices are monitored through internal audits, staff competencies and care recipient satisfaction surveys. Care staff demonstrated positive attitudes toward their work, a good understanding of the tasks required of them and the importance of the care of care recipients. Care recipients/representatives are satisfied with the care provided by staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The specialised nursing care needs of care recipients are identified when they move into the home. Systems ensure care recipients’ specialised nursing care needs are met by appropriately qualified nursing staff, supported by the medical officer. Current specialised nursing care includes management of pain, complex wounds, diabetes and catheter care.

Systems ensure appropriate stock is available and equipment is checked regularly. Staff access the services of specialists and use resources from local area health professionals as necessary. Staff demonstrated knowledge and understanding of care recipients’ specific needs and said they are provided with education. Competency and skills audits assessments are in place. Care recipients/representatives stated staff are skilled in providing and managing care recipients’ specialised nursing care 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

The home has an efficient and effective system for the referral of care recipients to appropriate health specialists. The system showed referrals to other health and related services are planned and consistent with care recipients’ ongoing needs and preferences. A number of health related services will visit the home. These include the services of a dietician, podiatrist, speech therapist, dental, hearing and mobile radiology service. Other services are accessible from the local area health network. Care recipients’ care plans are updated to reflect changes or recommendations in care delivery following referrals and care is monitored to ensure changes are effective. Care recipients/representatives confirmed they are assisted with appointments and transportation requirements to external providers and are satisfied with the arrangements.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients’ medication is managed safely and correctly with regular pharmacy deliveries, secure storage of medications and internal/external audits. Staff deemed competent administer medication using a blister packed medications system. Registered nurses oversee the home’s medication management system and administer controlled drugs in accordance with legislated guidelines and regulatory compliance. Medication management, policies and procedures, and a system for reporting medication incidents are in place to ensure medication orders are current and reviewed regularly by medical officers and pharmacists. Medication incidents are monitored through the incident reporting system. Care recipients/representatives said they are satisfied with the home’s management of the care recipients’ medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has an effective system to assess and manage care recipients’ pain. The physiotherapist and registered nurses assess each care recipient’s history of pain and care recipients’ experiencing acute or chronic episodes of pain are commenced on ongoing pain assessments. Strategies to manage pain involve a multidisciplinary approach and both pharmaceutical and non-pharmaceutical pain relief are considered when planning pain management. Interventions include massage, heat therapy, repositioning and passive exercise. Staff interviewed demonstrate knowledge of specific pain management interventions for care recipients and monitor and document the efficacy of pain management strategies. Care recipients are satisfied their pain is managed effectively and say staff are responsive to their changing needs.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a suitable environment and culture to ensure the comfort and dignity of terminally ill care recipients. Staff provide the opportunity for all care recipients/representatives to make choices about care when faced with a terminal illness. Decisions regarding management of terminally ill care recipients are made in consultation with the care recipients/representatives and their medical officer. Advanced care directives are discussed to enable staff to implement the care recipients’ wishes and care requirements. The home has access to external palliative care services who will assist with providing specialised end of life

care to ensure care recipient comfort. There are specialised clinical and comfort devices at the home for use to maintain care recipient palliation needs and preferences.

Pastoral care is offered and provided in the home for care recipient/representatives. Staff demonstrated an awareness of the needs and emotional support requirements of care recipients who have a terminal illness.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients receive adequate nourishment and hydration. When a care recipient enters the home an assessment is completed and the relevant information regarding nutrition and hydration is provided to the kitchen. Care recipients’ dietary needs, preferences and allergies are recorded and communicated to the kitchen staff and special diets are catered for. Care recipients are encouraged to eat all their meals in the dining room and we observed staff assisting care recipients with their meals and snacks.

Weights are recorded monthly. A dietician will visit the home and nutritional supplements are available for care recipients who require extra nutritional support. A speech pathologist will also visit the home for care recipients who display swallowing difficulties. Care recipients/representatives said they are very satisfied with the meals and drinks provided at the home.

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

There are systems to ensure care recipients’ skin integrity is consistent with their general health status including assessments on entry to the home and as necessary. Care recipients identified as at risk have skin integrity care plans with management strategies outlined.

Pressure relieving equipment and limb protectors are available for use as required. Care staff state they monitor skin integrity daily, apply emollient creams to care recipients’ skin following showering and report any changes to the registered nurse. Care recipients who have wounds have a wound assessment and wound care is attended by the registered nurse. Ongoing education on wound care is provided for staff at the home. Care recipients/representatives state they are satisfied with the management of care recipients’ skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure that care recipients’ continence is managed effectively. Care recipients’ continence status is assessed on entry to the home, regularly reviewed and evaluated. Toileting regimes are maintained for as long as possible. Care plans identify strategies to assist in managing care recipients’ continence and bowel regimes. A disposable continence aid system is in use in the home for care recipients with intractable incontinence. Staff interviewed informed us there are always adequate supplies of continence aids available to match the individual needs of the care recipients. Continence management is included in regular education sessions for staff at the home. Care recipients/representatives expressed satisfaction with the management care recipients’ continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure the needs of care recipients with challenging behaviours are managed effectively. All care recipients are assessed on entry, behaviours of concern are identified and strategies to manage the behaviours are developed. Care recipients/representatives and medical officers are involved in care planning with staff. The home has access to the dementia behaviour management advisory service and a psycho-geriatrician. Following appropriate assessment, referrals are made to manage any change in the care recipients’ behavioural care needs. An activity program is in place at the home and staff at the home were observed to interact with care recipients in a caring and calming manner. Care recipients/representatives confirm care recipients with challenging behaviours are monitored by staff and identified strategies are implemented as required.

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

There are processes to optimise care recipients’ levels of mobility and dexterity. Care recipients’ mobility and dexterity is assessed by the physiotherapist, and/or the registered nurse on entry to the home and on a needs basis. The physiotherapist, assisted by the physiotherapy aide provide individual programs for care recipients. The accident and incident reporting system includes analysis of incidents to identify trends and strategies to be implemented to reduce the incidence of falls care recipients incur. The home has a range of mobility and exercise equipment. Exercise programs are provided to optimise care recipients’ mobility and dexterity. Staff interviewed showed an understanding of their responsibilities in

relation to optimising care recipients' mobility and dexterity. Care recipients/representatives expressed satisfaction with the home's mobility program and the allied health team support.

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's system for ensuring care recipients' oral and dental health needs are identified on entry to the home and are regularly maintained includes consultation with the care recipient/representatives. Care recipients' with their own teeth are encouraged, prompted and supported to undertake oral hygiene and teeth brushing. Staff demonstrated knowledge of policy and practice in relation to the oral and dental care provided at the home, including the cleaning of teeth and oral health care. Dental assessment services visit the home and care recipients are assisted to access local dental services in the community. Care recipients/representatives indicated satisfaction with the care and services provided in relation to dental care.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' communication requirements and sensory losses are identified through the assessment and care planning process. Care recipients who have sensory deficits, for example who require glasses or hearing devices, have management strategies documented in their care plans. Care recipients are assisted to access services or equipment that will support them and referrals are made to specialist services as required. Staff demonstrated the knowledge and skills to manage care recipients' needs. Care recipients/representatives stated they are satisfied with the care staff provide in relation to sensory losses and care recipients also indicated satisfaction with the care and services.

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 in place to assist care recipients achieve natural sleep patterns. On entry to the home a past history of care recipients sleep routines is obtained from the care recipient and/or their representative. Interventions to support care recipients' sleep include offering of warm drinks or snacks, appropriate continence management, pain management and sedation if ordered by the medical officer. Specialised pressure relieving mattresses are available to assist with care recipients' comfort. Staff stated and reviewed care plans demonstrated the various ways in which care recipients are supported to maintain their preferred sleep routines.

Care recipients stated the environment is quiet at night and staff use a range of strategies to assist them to achieve natural 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 regarding the continuous improvement system which exists in the home. Care recipient/representative meetings, surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Care recipient lifestyle. Some examples of recent improvements include:

- A review of the quality of the activity program delivered in the home has been conducted with suggestions made for the introduction of new activities. Increased care recipient involvement activities have been introduced such as one-to-one interaction and cooking. Care recipients assist activity staff to cook items and this is being enjoyed by them very much. Additional activities are planned.
- A memorial service for deceased care recipients has been introduced. This allows care recipients to grieve and brings closure for the loss of their friends. Care recipients have expressed their appreciation for these services.
- To increase cultural awareness selected staff have attended an external workshop on cultural diversity. This has enabled staff to better meet the needs of care recipients and families especially in relation to palliative care.

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:

- All new care recipients receive a residential agreement and handbook which include information about security of tenure, residency rights and financial payment options.
- There is a system for compulsory reporting in accordance with regulatory 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to care recipient lifestyle. Some of the topics include: cultural diversity in ageing, cultural and spiritual diversity, caring for the care giver, grief and loss, sexuality and the older person and caring for forgotten Australians. Care recipient focus groups are conducted with a wide range of topics in relation to the Accreditation Standards.

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

Staff at the home recognise the importance of providing emotional support for new and existing care recipients. Care recipients’ emotional needs are assessed on entry to the home and care recipients/representatives are invited to participate in initial care plan formulation and ongoing reviews to ensure care recipients’ needs are met. A review of care plans and staff interviews demonstrated a clear understanding of each care recipients individual needs in relation to emotional support. Management has an open door policy and meetings with care recipients and family can be initiated at any time. Observations of staff interactions with care recipients showed warmth, respect, empathy and understanding. Care recipients/

representatives provided positive comments regarding the ongoing support they receive at the home.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

The home has processes which encourage care recipients' independence and participation in community life. Care recipients' level of independence and their need for assistance are assessed on entry to the home and reviewed as needed. Exercise programs are provided to optimise care recipients' mobility and dexterity. The home promotes care recipients' links with the external community through bus trips and through providing opportunities for care recipients' interaction with volunteers and visitors. Care recipients' friends and families are encouraged to share special events with care recipients and to participate in their life within the home. Care recipients' independence is promoted by arranging attendance of electoral officers at election times. Care recipients/representatives stated they are satisfied with the home's processes to maximise care recipients' independence and to foster their community involvement.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has a comprehensive system that ensures each care recipients' right to privacy, dignity and confidentiality is recognised and respected. Systems and processes ensure care recipients' personal information is stored securely. Information on rights and responsibilities is provided to care recipients/representatives and staff. A system to gain consent from care recipients/representatives to display or publish photographs, celebrate birthdays and/or disclose any personal information is in place. Staff were observed knocking on doors, waiting for an invitation before entering care recipients' rooms and using privacy screens in multi-bedded rooms. Care recipients/representatives confirm staff care for care them in a dignified manner and with respect.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has a range of activities available for care recipient participation. Systems and processes are in place to capture information for planning leisure interests and activities. Personal interest information is gathered on entry to the home to compile a social profile. This

information is incorporated in the care plan. The activity calendar is displayed at the home. Activities include bus outings, visiting entertainers, movies, music, themed days, games and exercise classes. Staff were observed to assist and support care recipients to participate in group activities and one-to-one time during the re-accreditation audit. Case conferencing, the manager's open door policy and care recipients' meetings enable care recipients/representatives to provide feedback. Care recipients/representatives are satisfied with the activities provided at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' cultural and spiritual needs are fostered through the identification and communication of care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds during the assessment processes. The home recognises and incorporates care recipients' individual interests, customs and beliefs into the home's day-to-day activities. Pastoral visitors of various denominations regularly visit and regular religious services are held at the home. Days of cultural, religious and personal significance are celebrated at the home. Care recipients/relatives confirmed care recipients are encouraged and supported to continue with their own interests. Care recipients/representatives confirm care recipients' cultural and spiritual needs are being 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

Interviews with care recipients/representatives identified care recipients are satisfied with the choices available to them. The systems in the home offer care recipients choice and control over their lifestyles through case conferencing, one-to-one feedback, care plan reviews and care recipient/representatives meetings. Information is also provided in the care recipient handbook. Care recipients/representatives are supported and encouraged to participate in decisions regarding personal care, meals, cultural and spiritual life and health care. Care recipients can choose to participate in activities of their choice and furnish their rooms with their own belongings. Care recipients/representatives confirm staff actively support care recipients to participate in individual lifestyle choices and decisions. Care recipients choice not to participate in activities and events is also 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

There are processes to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. The receptionist and manager discuss relevant information about security of tenure, fees, care, services and care recipients' rights with care recipients and/or their representative prior to and on entering the home. If able, prospective care recipients are given a tour of the home and receive an information pack. On entry care recipients receive a residential agreement, handbook and brochures which outline care and services, care recipients' rights and complaints resolution processes. New care recipients are orientated by staff to the services provided by the home and ongoing communication with care recipients and representatives is encouraged through scheduled and individual meetings. Care recipient/representative interviews demonstrate satisfaction with communication and security of tenure, and care recipients said staff practices support care recipients' rights.

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 regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and care recipient/representative feedback. Some examples of recent improvements include:

- As the home is in a bushland setting management identified the need to reduce all fire risks. Additional fire awareness training has been given to staff and trees in the nearby vicinity have been removed in accordance with legislation. A fire sprinkler system has been installed and emergency evacuation plans updated accordingly. These measures ensure the home has taken necessary steps to increase awareness and to minimise the risk of fire.
- The gardens and courtyard were observed to be in need of improvement. Landscape designs were developed and work completed in the garden and courtyard area improving safety as well as the appearance. Care recipients have given positive feedback about the neater and more pleasant outside areas now available for them to enjoy.
- The home’s ongoing refurbishment program has included the replacement of all mattresses, bedside cupboards and most bedside comfortable chairs to enhance the care recipient’s living environment. In addition, damaged over-bed tables identified during an environment audit have been removed and replaced.

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:

- Annual compulsory education is provided for fire safety and a current fire safety statement is held.
- A food safety plan and NSW Food Authority licence for vulnerable persons are held.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems.

Some of the topics include: stress management, assessing risk, safe food handling, chemical handling, fire safety and sprinkler system, cardiopulmonary resuscitation (CPR), manual handling and infection control. Handwashing and manual handling competency assessments are completed annually for all staff.

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 provide a safe and comfortable environment consistent with care recipients’ care needs. Care recipients are accommodated in single and multi-bedded rooms with ensuites and they may personalise their area. All care recipients have access to nurse call alarms. There is a communal dining room and lounge areas for use with family and friends. An internal courtyard garden and outside balconies are accessible to care recipients. A comprehensive preventative maintenance schedule and reactive maintenance ensure the

safety of the environment and equipment. Monthly environmental audits monitor care recipients' rooms and the workplace environment. Outside paved and garden areas were observed to be well maintained. Care recipients/representatives stated they are satisfied with the maintenance and comfort of the environment provided at the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff work together to provide a safe working environment that meets regulatory requirements. Corporate Work, Health and safety (WHS) staff support the home and the system involves audits, inspections, accident and hazard reporting procedures and risk assessments. WHS training is given to all staff during orientation and annually and WHS is a standing agenda item for staff meetings.

Incident/accident results are discussed at monthly meetings. Policies, procedures and notices inform staff and preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. An employee assistance program and return to work program are available. An external supplier provides chemicals and chemical safety education is given. Safe work procedures and practices were observed and staff said they have attended relevant education and demonstrated awareness of WHS practices.

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

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company and internal audits. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. An emergency procedure manual is available and includes business continuity and disaster plans. Resident identification data, emergency evacuation kit, evacuation plans, notices, signage and emergency exits free from obstruction were observed. Fire-fighting equipment inspection and testing is current and a fire safety statement is held. A fire sprinkler system has been installed. Staff interviewed are aware of procedures and have attended compulsory fire training. Preventative processes include environmental audits and appropriate electrical appliance testing. Security measures for the home include lock up procedures and external lighting.

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 prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and are conducted annually, and staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for care recipients and staff.

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

Procedures, policies, and duty lists are in place for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by care recipients through surveys, meetings and verbally. Care recipients/representatives stated they are satisfied with hospitality services available for care recipients. Catering staff provide freshly cooked meals using a four week seasonal rotational menu that is reviewed by a dietician. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Care recipients are consulted about menus and their preferred menu choices. There is a food safety program and the home received and 'A' rating from a recent NSW Food Authority audit. Contract cleaning staff are in attendance seven days a week and follow schedules for care recipients' rooms and communal areas. All areas were observed to be clean. All personal items and linen are laundered on site seven days a week. Staff deliver personal items to care recipients and a labelling service is available if required. Appropriate storage and sufficient supplies of linen were observed.