



Australian Government

Australian Aged Care Quality Agency

Estia Health Mona Vale

RACS ID 2831
50 Golf Avenue
MONA VALE NSW 2103

Approved provider: Estia Investments 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 10 October 2018.

We made our decision on 28 August 2015.

The audit was conducted on 22 July 2015 to 23 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

Estia Health Mona Vale 2831

Approved provider: Estia Investments Pty Ltd

Introduction

This is the report of a re-accreditation audit from 22 July 2015 to 23 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 22 July 2015 to 23 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:	Richard Scott
Team member:	Anne Ericsson

Approved provider details

Approved provider:	Estia Investments Pty Ltd
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Details of home

Name of home:	Estia Health Mona Vale
RACS ID:	2831

Total number of allocated places:	54
Number of care recipients during audit:	49
Number of care recipients receiving high care during audit:	49
Special needs catered for:	nil

Street/PO Box:	50 Golf Avenue
City/Town:	MONA VALE
State:	NSW
Postcode:	2103
Phone number:	02 9997 5986
Facsimile:	02 9979 8791
E-mail address:	monavale@estiahealth.com.au

Audit trail

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

Interviews

Category	Number
Executive director	1
Care director	1
Administration officer	1
Registered nurses	5
Care staff	6
Physiotherapist	1
Physiotherapy aide	1
Cleaner	1
Laundry staff	1
Care recipients	10
Representatives	3
Recreational activity officers	2
NSW clinical manager physiotherapy	1
NSW operations manager	1
NSW property services manager	1
Maintenance officer	1
Chef	1
Kitchen staff	2

Sampled documents

Category	Number
Care recipients' files including assessments, progress notes, medical officers and allied health notes and associated documentation	5
Wound charts	10
Personnel files	5
Medication charts	10
Summary care plans	10
Resident agreements	7

Other documents reviewed

The team also reviewed:

- Accident and incident forms, collated and benchmarked incident data
- Audits and clinical indicator reports
- Care recipients' care records including, dietary needs, thickened fluids, blood glucose level monitoring, pain management, wound management, shower records, bowel records, behaviour monitoring logs, bedrail and restraint consents, weight monitoring, physiotherapy and podiatry records
- Care recipients' lifestyle records including, 'About me' profiles, lifestyle care plans, participation records, activity evaluations
- Cleaning schedules, procedures
- Comments, complaints, and compliments folder
- Consolidated mandatory reporting register and associated records
- Continuous improvement plan, logs
- Contractors' service agreements and related documentation
- Education folders including: attendances, evaluations, calendars, orientation records, mandatory training, staff competencies - hand washing, manual handling, food safety
- Emergency procedure manual
- Estia Health Re-accreditation audit self-assessment documentation
- Fire service logbooks
- Food safety folders, fridge, dishwasher and food temperature logs, receiving goods folder, calibration data, dietary profile sheets, allergies, kitchen cleaning schedules and logs
- Infection control documentation
- Job descriptions and duty statements
- Laundry folders including, daily cleaning schedule, linen service forms, reject lists, stocktakes
- Maintenance documentation including, maintenance folder, logs, service records, schedules, and calendar
- Medical officers' consultation folders
- Medication records including drugs of addiction registers
- Meeting minutes including, medication advisory committee, care recipients/representatives, work, health and safety, staff

- Organisational chart
- Pest control folder
- Policies, procedures and flowcharts
- Police check register
- Recruitment folder
- Registered nurse registrations
- Staff memoranda including handover and communication diaries
- Resident information handbook
- Staff rosters, qualifications, performance appraisals
- Supplier handbook
- Survey – residents
- Work, health and safety folder

Observations

The team observed the following:

- Activities in progress, activity calendar and group activities displayed, diversional therapy resources
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Brochures and posters - external complaint and advocacy services, various others
- Care recipients using pressure relieving mattresses, limb protection equipment
- 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
- Designated smoking area
- Dining room environment during midday meal service including the meal presentation, staff assistance and supervision
- Dressing trolley and wound care supplies; oxygen, suction equipment
- Electronic and hardcopy record keeping systems-clinical and administration
- Emergency flipcharts

- Filtered water dispenser
- Fire security instructions, evacuation plans, emergency procedures flipcharts
- Fire detecting and firefighting equipment, annual fire safety statement
- Fire sprinkler notice
- Infection control resources - hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, spill kits, , outbreak cupboard, waste management
- Living environment - internal (personalised rooms, communal areas) and external
- Manual handling equipment in use and storage
- Manual handling instruction cards and mobility charts in care recipients' rooms
- Medication round and secure medication storage
- Mission, vision and values on display
- Newsletter
- Newspapers
- Noticeboards and posters, notices, brochures and forms displayed for care recipients, representatives and staff
- NSW food authority licence displayed
- Outbreak management room
- Physiotherapy aide trolley and resources
- Short group observation in a communal area
- Staff practices, staff handover, interactions between care recipients, representatives and staff
- Staff work areas
- Supplies and storage areas

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:

- Due to the purchase of the organisation, several projects have been introduced to align the home's management, policies and processes to those of the new parent organisation. One of these projects includes the electrical payroll system. This new system enables management to create and manage rosters, adjust/manage timesheets, and process leave requests. Automated replacements of shifts can also be delivered to staff via the short messaging service. A staff kiosk allows staff to login and out via fingerprint scanner, confirm availability for shifts, request leave, and view rosters. Staff confirm since the transition was completed, the new system is now easier to use.
- During March 2015, a new human resource project was initiated, delivering an extensive review of the human resource system. Through the review all staff records were evaluated against a framework consisting of qualifications, work rights, legislative requirements, duty statements and job descriptions. It has enabled management to be fully cognisant of staff abilities, skills, and roles, while also allowing the organisation to alert management and staff of future requirements. Information gathered supports the payroll and human resource systems.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation 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. With support from the organisation’s support services, any changes are communicated directly to the home. 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

The organisation 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:

- Electronic systems
- Communication skills and strategies
- Importance of continuous improvement
- Mission, vision, values and philosophy

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 organisation has 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 organisation and home's mission, vision and values are displayed at the home. 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 organisation's mission statement 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

The home 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 philosophy 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 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 stated 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

The home has 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 folder 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 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 maintained by the corporate office. 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

The home 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 homes transition to the new organisation's systems, the previous paper based care and assessment clinical documentation system within the home has been replaced by a new electronic care system. An integration plan was presented to ensure a seamless transition to the new system. Various information sessions with management and staff were organised, and staff were surveyed and trained based on their existing computer skills and knowledge. Care recipient information was fully reviewed prior to it being entered prior to the new system going live. The new system has introduced better uniformity and inter-connectivity of care documentation, tools, documents, and forms, enabling management and care staff to generate meaningful reports to assist staff to meet care recipient's needs.
- As a result of staff feedback regarding the benefit of the physiotherapist to effective pain management, management retendered the contract as they increased physiotherapist availability from one day a week, to four days a week. The new physiotherapist now supervises the pain management program in the home with assistance from the registered nurses and physio aide.

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:

- Bowel management
- Nutrition and hydration
- Behaviour management
- Skin integrity

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 care recipients. Any changes to care recipients' condition or care needs are communicated to staff by verbal handovers, communication diaries, progress notes and care plan updates. 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 provided very complimentary remarks about 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

Complex and specialised nursing care at the home is delivered by registered nurses. Registered nurses are on site twenty four hours each day to provide care for care recipients with specialised nursing care needs and to participate in the development and review of care plans. Care recipients are referred to their medical officer and allied health professionals and changes to care requirements are documented in progress notes and care plans, and communicated to relevant staff in a timely manner. The home consults with recognised clinical experts to ensure the care provided meets the standard required. Staff receive education and have access to resources and equipment to enable care recipients' specialised nursing care needs to be met. Care recipients/representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Referrals to other health and related services are planned and consistent with care recipients' ongoing needs and preferences. Care recipients are able to access a range of allied health professionals, many of whom will visit the home. These include acute post - acute service (APAC), speech pathology, dietetic, psychogeriatric, dental, podiatry, radiology and pathology services. Registered nurses arrange referrals for care recipients to other health and related services and monitor care to ensure changes are effective. Care recipients' care plans are updated to reflect changes or recommendations in care delivery.

Interviews with care recipients/representatives and staff, and a review of clinical documentation, confirm the home has a prompt and responsive system for referral of care recipients to appropriate health specialists. Care recipients/representatives said 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. Registered nurses administer medication using a blister packed medications system. Controlled drugs are administered 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 recipients history of pain, and care recipients’ experiencing acute or chronic episodes of pain are commenced on ongoing pain assessments. The pain management program is formulated by the physiotherapist.

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 exercises. 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 an external palliative care team who assist with providing specialised end of life care

to ensure care recipient comfort. 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

The home demonstrates a system to ensure care recipients’ nutrition and hydration needs are assessed, documented and regularly reviewed. 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 their meals in dining rooms and care recipients’ nutrition is monitored by supervision and observation. Care recipients’ weights are recorded monthly and food charts are in place for monitoring care recipients who have lost weight. Care recipients have a choice of meal and are encouraged to maintain hydration, with drinks provided at and between mealtimes. Supplements are provided when a nutritional deficit is identified. The daily menu is displayed and care recipients/representatives said they are happy with the food.

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 management is attended by the registered nurse. Ongoing education on wound care is provided for staff in 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 of 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. Staff at the home were observed interacting 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. Regular exercise classes are held for care recipients to cater for care recipients with varying capacities including a new elastic banding device similar to the parachute program. 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. Staff interviewed showed an understanding of their responsibilities in relation to optimising care recipients' mobility and dexterity. Care recipients/representatives expressed satisfaction with the homes 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 that 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. 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. Care recipients’ with their own teeth are encouraged, prompted and supported to undertake oral hygiene and teeth brushing. 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 are identified as having 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 many of whom who will visit the home. Staff demonstrated the knowledge and skills to manage care recipients’ needs. Care recipients/representatives stated that they are satisfied with the care they receive from staff in relation to their sensory losses.

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 about the home’s system for actively pursuing continuous improvement.

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

- Care recipient feedback regarding male specific activities prompted the recreation activities officer to implement a men’s shed. The men’s shed program is specifically targeted for males at the home to explore common interests, travel on outings together, and engage in other male orientated activities. Male care recipients stated they enjoy the men’s shed program.
- To boost mobility, flexibility and fitness amongst the care recipients, the recreation activities officer introduced several new activities. These activities include several new walking groups, and a new elastic exercise device that allows up to nine people to exercise at once. The new walking groups have seen a surge in participants, with some groups even setting off on weekend walks around the area. Care recipients interviewed, said they enjoy the new activities.

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 client handbook which is given to care recipients on entry to the home.
- The organisation has a system to report and record alleged and suspected assaults. Staff and management are aware of their obligations in regard to reporting assaults.

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:

- Grief counselling
- Emotional support
- Mindful care giving
- Elder abuse/mandatory reporting

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 provides a welcome environment for visiting care recipient representatives and community groups. Care recipients are assisted to achieve maximum independence, maintain friendships and participate in community life within and outside the home. The home has systems and processes to promote a program of planned activities and events that encourage the involvement of family, friends and the community. Care recipients who are able, are actively encouraged to maintain independence in areas such as decision making, personal hygiene and attendance at activities. Areas are available at the home for care recipients to entertain family and friends. Documentation, observation, staff practices and care recipient/representative interviews confirm care recipients are actively encouraged to maintain 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

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 curtains in multi-bedded rooms. Care recipients/representatives confirm staff care for care recipients 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 wide range of activities available for consenting care recipients' participation. Personal interest information gathered on entry to the home in the 'about me' document is used to compile a social profile. This information is incorporated in the care plan. There are systems and processes in place to capture information for planning leisure interests and activities of interest to the care recipients including care recipient/representative feedback, care recipient surveys and care recipient' meetings. The monthly activity calendar is displayed in the home. The lifestyle program includes visiting entertainers, games, movies, music, art and exercise classes. Staff were observed to assist and support care recipients to participate in group activities and provide one-to-one time during the visit. Care recipients/representatives said they enjoy the activities and celebrations for special days and expressed a high level of satisfaction with the activities provided.

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

The home has systems to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and care recipients' rights and responsibilities is provided and discussed with prospective care recipients and their representatives prior to and on entering the home. The resident agreement is accompanied by an information package including a handbook which provides information about care and services, care recipients' rights and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representatives. Ongoing communication with care recipients and representatives is through meetings and correspondence. Care recipients/representatives said care recipients feel secure in their residency at the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for 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:

- Taking advantage of a transfer of bed licenses to another site, management reviewed their shared room accommodation and conducted a refurbishment program updating several rooms and bathrooms. Several shared rooms were updated to reduce the care recipients in each room, enabling more space for personalisation. Having more space has been a positive change for care recipients involved.
- A new work, health and safety project was introduced, reviewing policies, processes and training. Training for new work, health and safety committee members has also been conducted. A new electronic monitoring system was introduced along with training, allowing instant reporting of accidents and incidents on site. The new system also allows staff to add pictures to the electronic forms. All stakeholders immediately see the reports, including head office. Staff incidents are processed to ensure appropriate health care is provided, insurance data collected, and return to work program initiated.

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:

- The home meets compliance with fire safety regulations and has a current annual fire safety statement.
- The home achieved a pass from the recent 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:

- Hand washing and food safety
- Fire and evacuation training
- Chemical training
- Work, health and safety training

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems to provide a safe and comfortable environment consistent with care recipients' care needs. Care recipients are accommodated in shared rooms and some single rooms with shared facilities. Care recipients can personalise their rooms and all rooms are fitted with nurse call alarms, which are checked on a regular basis, and shared rooms have privacy curtains. There are several communal areas throughout the home where care recipients can relax or entertain their visitors. 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

The home has systems to minimise risks and provide a safe working environment. Work, health and safety issues are discussed at regular meetings, as a standard agenda item. 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. 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 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, fire blankets and fire hoses. All these are checked and maintained according to the home's policy. There are a variety of security systems including 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.

There is a no smoking policy in the buildings and a designated smoking area is available for care recipients. 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

The home 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 interview 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 seasonal menu which is cooked on site by a chef. The home has a food safety program and a current food authority certificate with an "A" rating. Cleaning staff provide cleaning services to the home 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 laundry is washed on site. 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.