



**Australian Government**

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**Australian Aged Care Quality Agency**

**Fairlea Aged Care @Harris Park**

RACS ID 0579  
7-11 Crown Street  
HARRIS PARK NSW 2150

**Approved provider: Trinity Aged Care 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 13 February 2018.

We made our decision on 10 December 2014.

The audit was conducted on 05 November 2014 to 06 November 2014. The assessment team's report is attached.

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

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Fairlea Aged Care @Harris Park 0579**

**Approved provider: Trinity Aged Care Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 05 November 2014 to 06 November 2014 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 05 November 2014 to 06 November 2014.

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

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

## Assessment team

<b>Team leader:</b>	Maria Toman
<b>Team member/s:</b>	Aileen Moerig

## Approved provider details

<b>Approved provider:</b>	Trinity Aged Care Pty Ltd
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## Details of home

<b>Name of home:</b>	Fairlea Aged Care @Harris Park
<b>RACS ID:</b>	0579

<b>Total number of allocated places:</b>	50
<b>Number of care recipients during audit:</b>	49
<b>Number of care recipients receiving high care during audit:</b>	15
<b>Special needs catered for:</b>	n/a

<b>Street/PO Box:</b>	7-11 Crown Street
<b>City/Town:</b>	HARRIS PARK
<b>State:</b>	NSW
<b>Postcode:</b>	2150
<b>Phone number:</b>	02 9637 8480
<b>Facsimile:</b>	02 9637 8487
<b>E-mail address:</b>	<a href="mailto:diana.gan@garrisonash.com">diana.gan@garrisonash.com</a>

## Audit trail

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

### Interviews

Category	Number
Acting facility director	1
Facility director	1
Registered nurses	2
Care staff	5
Physiotherapist	1
Administration assistant	1
Catering staff	4
Care recipients/representatives	10
Volunteer	1
Pharmacist	1
Medical officer	1
Pastoral care worker	1
Cleaning contract staff	2
Maintenance contract staff	1

### Sampled documents

Category	Number
Care recipients' files and care plans	8
Restraint authority	8
Comments and complaints records	3
Medication charts	6
Personnel files	6
Residency agreements	6

### Other documents reviewed

The team also reviewed:

- Catering, cleaning and laundry: cleaning schedules, cleaning inspection reports, four week rotating menu, menu review documents, food safety program, dietary preferences and profiles, daily meal preference forms

- Clinical care assessment and documentation: initial and ongoing resident care needs and preferences such as resident dietary and menu choices, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health; accidents and incidents, observation charts, weights, specialised nursing, handover documents and others
- Comments and complaints register, feedback forms
- Continuous improvement: plan for continuous improvement, satisfaction survey results, audit results, audit schedule, improvement logs, lost property records
- Education: education needs analysis survey results, attendance records, education calendar
- External services: supplier contracts, certificates of currency, reports and invoices
- Fire, security and other emergencies: evacuation plans and evacuation bag, fire equipment testing books, annual fire safety statement, letter from council re: fire safety statement, emergency management manual, visitors register
- Human resource management: staff database, job descriptions, duty lists, competency assessments, performance appraisals, performance management records, rosters, staff handbook, staff confidentiality agreements, staff code of conduct, staff interview tools
- Infection control: evidence of resident vaccination, outbreak management documentation, pest control records, infection data analysis
- Information systems: chart of organisational structure, policies and procedures, meeting minutes, newsletters, memoranda, incident data collation
- Inventory and equipment: preferred supplier data base, plant and equipment register
- Lifestyle and leisure: assessment tools, activity program, residents meeting minutes
- Living environment: thermostatic mixing valve records including pathology testing, preventative and routine maintenance schedules and records, backflow prevention certificate
- Medication management: medication management information and schedule eight drug records, medication policy and procedure
- Occupational health and safety: material safety data sheets, hazard forms, accident and incident reports, work health and safety site inspection reports
- Physiotherapy assessment and documentation
- Planning and leadership: vision, mission and values statements
- Regulatory compliance: reaccreditation self-assessment, NSW Food Authority license and audit, police certificate database, register of professional certifications, mandatory reporting register, notice of re-accreditation site audit posted around the home, email communications, ANSTAT
- Security of tenure: resident information book, residential agreements.



## Observations

The team observed the following:

- Activities in progress; residents attending a bus outing during the re-accreditation site audit
- Archive storage
- Charter of residents' rights and responsibilities, in two languages, on display around the home
- Equipment and supply storage areas, oxygen cylinders and medical supplies, continence aids. Hairdressing salon
- Fire monitoring and firefighting equipment and signage
- Infection control signage and systems, personal protective equipment, outbreak kit supplies, spills kit supplies, infectious waste bin, sharps disposal containers, hand-washing facilities, equipment sanitiser, colour coded dirty linen trolleys, colour coded cleaning equipment, hand gel available around the home and in use
- Interactions between staff, residents and visitors; assistance provided to residents at meal times, staff answering call bells in a timely manner, meal service and staff assisting residents with meals and drinks
- Internal and external complaints forms and information on display, suggestion box
- Living environment internal and external
- Manual handling and mobility equipment in use and in storage
- Medication administration and secure storage of medications
- Notice boards for staff and residents with menu, meeting minutes, activity calendars, re-accreditation site audit notices and other documents displayed
- Physiotherapy and other allied health professionals in attendance
- Secure storage of resident information
- Security systems, visitors register
- SOFI observation in dementia secure unit
- Staff work practices and work areas, handover between staff at the change of shift
- Storage of medications
- Visitors, contractors and residents sign in/out register.

## 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

Fairlea aged care @ Harris Park has systems and processes to enable pursuit of continuous improvement and monitoring of the home's performance with the Accreditation Standards.

Opportunities for improvement are identified through staff, management and resident/representative meetings, surveys, the complaints process, reporting of accidents and incidents, audit results, clinical data, and verbal feedback. Strategies are developed and documented in the plan for continuous improvement. Interviews with residents/representatives and staff confirms satisfaction with management response to feedback provided and improvements implemented.

The home has made planned improvements in relation to Accreditation Standard One - Management systems, staffing and organisational development, including:

- The home has standardised the staff interview process including questions asked. As a result of the corporate group identifying that all of the homes utilised different interview strategies; a standardised model has been developed. The staff interview tool includes interview questions and how to identify suitable applicants. The home has a stable permanent and replacement workforce.
- Following poor performance of the previous maintenance contractor a new team has been engaged by the home. As a result of this review revised maintenance schedules and duties have been implemented. Feedback from all stakeholders confirms the home is well maintained.

## 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

Fairlea aged care @ Harris Park has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information about industry issues and regulatory changes through their head office. The corporate group have a designated project officer who has a role in policy development in response to changes in legislation and professional guidelines. The home’s manager implements and monitors changes and policies and procedures to ensure compliance with regulatory requirements. Staff receive communication regarding changes through meeting forums and memoranda.

Examples of compliance with regulatory requirements specific to Accreditation Standard One

- Management systems, staffing and organisational development include:

- Systems and processes in place to ensure all staff, contractors and volunteers have current criminal history certificates.
- Provision of information about internal and external complaint mechanisms to all stakeholders.

## 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 and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Review of documents and staff interviews demonstrate training needs are identified and supported. Mandatory training, competency testing and regular provision of training opportunities ensure staff have the necessary knowledge and skills to meet the needs of the residents in their care. External education presenters, internal experienced staff, and staff returning from industry education establish a variety of training opportunities. There are recruitment processes and orientation procedures for new staff. Staff interviews and review of documents confirms staff have received orientation and have access to regular education opportunities.

Review of the attendance records and interviews confirmed education has been provided in relation to Accreditation Standard One. Examples include: mandatory reporting and elder abuse, incident reporting, and accreditation.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

There are internal and external mechanisms for residents/representatives and other interested parties to provide feedback. External and internal complaints information is accessible to residents and visitors around the home in various languages. There is a secure suggestion box for the confidential lodgement of feedback forms. Interviews and review of meeting minutes confirms resident/representative and staff meeting forums provide an opportunity to raise comments, suggestions and complaints with management.

Residents/representatives stated they prefer to speak directly with the registered nurse as they recognise them as an important figure in their care and lifestyle.

Residents/representatives and staff interviews confirm awareness of the home's feedback system; satisfaction with the resolution of any issue raised.

## 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

Observations and document review confirm Fairlea aged care @ Harris Park's vision, mission and values are available to all stakeholders. The organisation's vision, mission and values are documented. The commitment to quality is expressed through these statements and supplier agreements. Interviews with residents/representatives and our observations showed management and staff model behaviours consistent with the organisation's vision, mission and values.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the organisation's vision, mission and values. The home has processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Rostering processes ensure all shifts are filled with suitably qualified staff. Management report they adjust staffing levels based upon resident care needs and resident/representative feedback. Staff stated they are confident they

have the relevant knowledge and skills to carry out their work. Interviews with residents/representatives demonstrate confidence in staff and their provision of care.

### **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

Staff stated they have access to appropriate and adequate goods and equipment to ensure delivery of care. The management team have responsibility for the purchasing and receipt of goods and equipment. Equipment needs are identified through audits and input from staff and residents/representatives. Staff are involved in the trial of new equipment and receive training in the use of new equipment. There is a corrective and preventative maintenance program to ensure equipment operates safely and is cleaned regularly. Observation showed sufficient stocks of appropriate goods and equipment throughout the home.

### **1.8 Information systems**

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

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

The home meets this expected outcome

There are systems for the creation, storage and archiving of documents within the home. We observed that confidential information such as resident and staff files are stored securely.

Processes are in place to consult with residents/representatives and to keep them informed of activities within the home. Information is disseminated through meetings, notice boards, communication books, handover reports, newsletters, meeting minutes, emails, and informal lines of communication. Computers at the home are password protected. There are systems and processes to identify the need for review of policies and practices. Staff interviews confirm staff are kept informed about matters relevant to their area of work.

### **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

Feedback from management, staff and residents/representatives demonstrates satisfaction across the home with the goods and services provided by external suppliers and contractors. The home negotiates and manages all contracts with suppliers and service providers. There are systems for ensuring contractors have the relevant insurances, licences and criminal history checks. The home monitors the quality of goods and services provided by external service providers through observation, audits and feedback from residents and staff. Staff and resident/representative interviews confirm satisfaction with current external services.

## **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 a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard Two – Health and personal care, including:

- As a result of feedback from nursing staff the home has purchased a portable oxygen saturation device. Due to a change in medical condition some residents require the application of oxygen therapy. The home now has access to the portable oxygen saturation device that is used prior to the application of oxygen therapy.
- As a result of feedback from residents/representatives the home now has a visiting dental service. Feedback received suggested difficulties experienced accessing external dental facilities with wheelchair access. As a result management sought an external dental support organisation to assist. The home now has scheduled visits from the local general hospital dental clinic.

### **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 a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Two - Health and personal care include:

- The home has procedures and process in place for appropriate notification of any unexplained resident absences.
- The home maintains a record of professional registrations for registered nurses and attending allied health professionals.

## **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 monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of attendance records and interviews confirm education relating to Accreditation Standard Two - Health and personal care has been provided for management and staff. Examples include: dental and oral care, continence management, and falls reduction.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and policies to ensure residents receive clinical care appropriate to their needs. The initial assessment information forms the basis of the care needs of the residents. Care plans are developed and reviewed by the registered nurse three monthly. Regular ongoing monitoring of the residents’ changing clinical needs is documented into the care plan by staff as required. Case conferences are conducted by the manager and registered nurses for residents involving the family and the resident. Staff interviews demonstrate they are knowledgeable about the care requirements of individual residents and procedures related to clinical care. Residents/representatives are satisfied with the clinical care they receive.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

The home has effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by nursing staff. Staff have access to up to date resources and education from supply providers. Specialist medical practitioners and clinical nurse consultants are accessed on a regular basis to review and provide assistance to the staff when managing residents with specialised nursing needs. Interviews confirm residents/representatives are satisfied with the assessment and management of specialised nursing care needs of residents.

## 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 effective system to refer residents to a range of health services including their choice of doctor, allied health services and other relevant clinical specialist providers to meet the residents’ needs and preferences. Residents’ clinical notes indicate residents are referred to other health professionals of their choice when necessary. The staff document changes to the residents care as a result of these referrals. Resident/representative interviews and clinical records show that residents have accessed specialists’ services including audiology, dental, dementia behaviour management advisory services, dieticians, speech pathologists, and ophthalmology, podiatry, geriatric, and pathology services.

Residents/representatives are satisfied that referrals to appropriate health specialists are in accordance with their needs and preferences.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

Residents/representatives are satisfied with the management of their medication requirements. Medications are administered to the residents by registered nurses or medication nurses who are assessed as competent in medication administration. The administration of medications was observed and residents were identified and medications given to residents in an appropriate manner with ingestion observed. Medications are stored according to legislative requirements. An accredited pharmacist reviews residents’ medication regimes on regular referral from medical practitioners. The pharmacist conducts a regular auditing process that complements the homes medication incident reporting system to ensure medication is managed safely and correctly.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to ensure residents’ pain management needs are regularly assessed, monitored, reviewed and documented. Initial pain assessment is completed when a resident enters the home and ongoing monitoring occurs as required by the individual residents. Individual pain needs are considered to ensure the most appropriate method of pain relief is used for each resident. Appropriate and up to date resources are available for all the staff to access. Staff demonstrate an ability to recognise and evaluate pain, including nonverbal and behavioural signs of pain among residents with communication and cognitive deficits. Alternative strategies to medication interventions for the management of



pain are provided. Residents/representatives are satisfied with the pain management provided.

## **2.9 Palliative care**

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

### ***Team’s findings***

The home meets this expected outcome

The home has systems and processes to ensure that the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives. Consultation with visiting medical practitioners and relevant specialist providers ensure regular reviews of treatments and interventions. Analgesia and other pain relief measures, such as massage and aromatherapy, are available to minimise resident distress. Spiritual support for residents and their representatives is available if required and advance care directives are included. The staff have an understanding of the home’s mission and values when caring for the residents and their families especially with palliative care residents and their families. Residents/representatives confirm the home’s practices maintain residents’ comfort and dignity.

## **2.10 Nutrition and hydration**

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

### ***Team’s findings***

The home meets this expected outcome

The home’s systems ensure that residents are provided with adequate nutrition and hydration. Initial and ongoing assessment of residents’ dietary preferences and requirements occurs and this is communicated to the kitchen and care staff. A rotating menu is provided and residents/representatives are involved in the choice of meals. Staff confirm that residents’ special dietary needs are catered for and this includes special diets, pureed meals, thickened fluids, and protein supplement drinks. Residents with swallowing difficulties are assessed by a speech pathologist. We observed residents during the lunchtime meal and they were provided with foods of cultural preference, variety and different textures. Residents expressed satisfaction with the food service including the opportunity to have regular fluids of their choice. The dietician has input into the dietary requirements of the residents and all meals are cooked onsite. Resident’s weight is monitored monthly or as required and referral to the appropriate health professional is made. Residents/representatives confirm they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

The home has practices and processes to ensure the skin integrity of residents is maintained in a state consistent with their general health status. Skin care needs are assessed, monitored and evaluated on an ongoing basis in consultation with the resident and/or representative, medical practitioner and other health professionals where appropriate.

Podiatry and hairdressing services are available at the home and care staff provide regular fingernail and hand care. Residents/representatives confirm they are satisfied with the care provided in relation to residents’ skin integrity.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure that residents’ continence needs are managed effectively. Residents have an assessment completed on entry to the home and ongoing needs are assessed and documented. Individual toileting programs are implemented where appropriate and these are reviewed as necessary. Continence and mobility aids are available to assist residents and staff to manage continence needs. Staff confirm and observations show there are adequate supplies of continence aids available for residents’ needs. The external product supplier provides education and training in continence management. Interviews confirm residents/representatives are satisfied with the continence care provided to residents.

## 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 systems and processes to identify and effectively manage residents with challenging behaviours. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs that includes triggers and strategies to develop and implement care plans. Staff monitor and review the care plan regularly to assess its effectiveness, and make changes if indicated. There is minimal use of restraints and restraints in use are consistent with relevant authorisations. Documentation shows referrals to specialist medical and allied health teams are made as necessary. Documented strategies are implemented and interventions are successful in maintaining a calm environment.

Residents/representatives are satisfied with the way staff manage residents’ behaviour in the home.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system of assessment and evaluation to ensure residents’ level of mobility and dexterity is optimised. An initial mobility assessment is completed on a resident’s entry to the home. The physiotherapist visits the home weekly and is assisted by the care and activity staff to implement the customised mobility and exercise programs for residents. Manual handling equipment is available to the staff who receive training in the safe and appropriate use of the equipment. Residents were observed accessing all living areas of the home safely, with appropriate mobility aids and assisted by staff when required. Residents/representatives are satisfied with the home’s approach to mobility and dexterity issues and staff confirm they assist with maintaining residents’ mobility.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system for the initial and ongoing assessment, management and evaluation of residents to maintain their oral and dental health. This includes making arrangements for access to dentists/dental clinics. Staff assess residents’ oral hygiene and document in care plans that are regularly reviewed. Staff are provided with education on oral and dental health for residents and they assist residents to maintain oral hygiene. Residents/representatives are satisfied that the resident’s oral and dental health is maintained.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to assess, monitor and evaluate residents’ sensory losses to ensure that they are identified and managed effectively. Residents’ sense of taste, touch, smell, sight and hearing are assessed by medical, allied health and nursing staff as appropriate. A review of clinical documentation and care plans confirmed that staff liaise with providers of ophthalmic and audiometry services to ensure that residents’ sensory needs are identified and addressed. Care staff assist in the maintenance of visual and auditory aids and recreational staff provide regular sensory stimulation activities to ensure sensory loss is minimised where possible. Residents/representatives are satisfied that the resident’s sensory losses are identified and managed effectively.

## **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

Residents’ sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the resident’s preferred sleeping times and history of night sedation. Staff document the resident’s sleep needs and preferences in the care plan which is regularly reviewed. Staff identify and address barriers to natural sleep including pain, continence, hunger, lack of exercise and emotional state when planning care. Care staff provide alternatives to sedation such as massage, aromatherapy, warm drinks and snacks to assist residents to sleep.

Reduced noise, low lighting and other environmental factors are considered to assist residents achieve natural sleep. Residents/representatives stated the resident sleeps well.

## **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 a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard Three - Resident lifestyle, including:

- As a result of feedback received through relatives forums the home has responded with an increase in lifestyle hours. Feedback evident through meeting minutes show concern raised regarding the lack of available staff for dedicated lifestyle activities on weekends. The home has now employed an activity officer on the weekend to provide dedicated lifestyle activities for the residents. Feedback from residents/representatives regarding lifestyle activities was positive.
- As a result of feedback received through relative forums the CEO of the corporate group will be attending meetings commencing 2015. Review of meeting minutes confirms a request for management to be present at the relative forum. The acting facility director discussed this with the corporate group CEO. The CEO then advised they would be present for future relative forums.

### **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 a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Three - Resident lifestyle include:

- The Charter of Residents’ Rights and Responsibilities is displayed in the home and is included in documents which are provided to all residents.
- There is a policy and staff training for the reporting of alleged or suspected resident assault.

### **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 monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of attendance records and interviews confirm education relating to Accreditation Standard Three - Resident lifestyle has been provided for staff. Examples include: loss and grief, lifestyle activities and security of tenure.

### **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

Residents and representatives are satisfied with the ways in which staff provided information to assist the resident to adjust to life within the home and for their ongoing emotional support. There are systems to ensure each resident receives initial and ongoing emotional support through the care review processes. These include the provision of a residents' handbook, assessment of individual linguistic, cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Each room has a phone that can be used by residents to maintain contact with their family and friends. Staff, many who are bilingual, support the residents as they adjust to their new home. Families and friends are encouraged to visit and made to feel welcome in the home. Residents are encouraged to personalise their room to help create a homelike atmosphere by bringing personal items and photographs. Staff provide residents with emotional support, such as the provision of one-to-one interaction by care staff and recreational activities staff and pastoral care workers.

### **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

Strategies to enable residents' independence to be maximised are identified and added to the individual resident's record. Residents' preferences and abilities in relation to a range of activities of daily living and lifestyle are identified, documented in care plans and acted upon. The activities program is designed to promote independence and community participation as well as encouraging friendships between residents. The home welcomes visits from resident representatives, volunteers and community groups; resident bus trips are regularly scheduled and residents are encouraged to participate in life outside the home. Staff also assist and

encourage residents to participate in decision-making in relation to health care choices and their personal care. Arrangements are made to enable residents to vote at elections. Bi-Lingual (Chinese and English) noticeboards, newspapers, radio and television stations are accessible to residents and residents were observed making use of these.

Residents and resident representatives said residents are encouraged to maintain their independence and supported in this by staff on a daily basis.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Staff gain consent from residents for all interactions and procedures. Residents' signed consent is obtained to disclose certain information within the home and to other relevant authorities. Staff recognise and respect each resident's privacy, dignity and confidentiality as demonstrated in observation of daily work practice. Examples include addressing residents by their preferred names, using privacy curtains, knocking prior to entering resident rooms and storing confidential resident records and belongings securely. There are areas of the home where residents can be with their friends and relatives in private. Interview confirms residents/representatives are satisfied that the resident's right to privacy, dignity and confidentiality is recognised and respected.

### **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 systems to encourage and support residents to participate in a range of activities of interest to them. Staff assess the resident's leisure and lifestyle preferences in consultation with the resident/representative. Activities staff develop an individualised care plan in keeping with residents' cognitive abilities and special needs to address their preferred lifestyle, physical, mental, cultural and spiritual preferences. The care plan is regularly reviewed and resident feedback sought to address changing needs and preferences. The home's activities calendar is based on resident interests and feedback and is displayed on noticeboards around the home. The activities officers provide group and individual activities and residents' participation is recorded for evaluation purposes. Popular activities include bus outings, musical entertainment events, cultural activities days, themed food lunches, pet and music therapy, celebrations of special events; a specific program for residents with special cognitive needs, and individual visits for residents who do not wish to participate in group sessions. Residents/representatives are satisfied that resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

### **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

Management and staff ensure residents' cultural and spiritual customs, beliefs and preferences are recognised, valued and fostered. Residents' cultural and spiritual needs and preferences are identified soon after entry, documented in the resident's care plan and reviewed regularly. The home has residents who are mainly Chinese and Australian but also has residents from other cultures. A significant number of staff are fluent in Mandarin and or Cantonese and are able to converse well with residents of Chinese origin. A broad range of Cultural and religious events are organised and customised to reflect the multicultural environment. These include the homes' new vision concept of 'Bringing family/friends together through food' Four main food events are scheduled annually and aim to share and reflect the different cultural experiences between the residents /family and friends.

Residents/representatives are satisfied with the homes approach and support given to residents.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

Residents' personal preferences, needs and choices are identified on entry to the home, and reviewed regularly using a comprehensive range of assessments and consultation with health care professionals, residents and/or their representatives. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as case conferences, surveys, resident meetings and other feedback mechanisms.

Information on residents' rights and responsibilities is included in the resident handbook, residents' agreement and displayed in the home. Residents are encouraged to exercise choice and control regarding all aspects of their care and their decisions are respected. Residents/representatives are generally satisfied with the homes' approach to choice and decision making for residents in the home.



### **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

New residents and/or their representative are provided with an information package on entry to the home. This includes a resident handbook that contains information on security of tenure, their rights and responsibilities and choices available in care and services. A resident agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling and their security of tenure. Residents said they felt their tenure in the home to be secure.

## **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 a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard Four - Physical environment and safe systems, including:

- Staff in the home have identified residents wandering into the staff room. As part of ongoing maintenance of the home a lock has been placed on the door so staff can ensure resident safety at all times. Observations of practices during the site visit confirm residents are unable to access the staff room.
- In response to information from peak bodies the home has upgraded the maintenance program. Information received suggested a risk with balustrades around balconies. In response the home added routine and regular checking of the balustrades to the maintenance program.

### **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 a description of the overall system related to this outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Four - Physical environment and safe systems include:

- There is a system for the regular checking and maintenance of fire safety equipment and a current fire safety statement is on display.
- There is a current New South Wales Food Authority license on display. The food safety system is regularly audited by the NSW Food Authority and meets the legislated requirements for food safety.
- Monitoring is carried out on thermostatic mixing valves to ensure safe operating temperatures are maintained.

### **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 monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of attendance records and interviews confirm education relating to Accreditation Standard Four - Physical environment and safe systems has been provided for management and staff. Examples include: fire and emergency procedures, food safety and outbreak management.

### **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 provides accommodation for residents in single and two bedded rooms with shared bathrooms. There are a number of lounge/activity rooms and dining areas. Residents are able to personalise their rooms. Accommodation for residents with a dementia diagnosis is secure with access to gardens available. We observed all areas of the home are well maintained; with measures for maintaining comfortable room temperatures throughout the year. Regular environmental audits are carried out to identify maintenance issues or hazards and to monitor cleanliness. There are systems for preventative and reactive maintenance.

Observation of the home and feedback from residents/representatives and staff show management provides a safe and comfortable environment in line with residents' needs.

### **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's management team actively work to provide a safe working environment that meets regulatory requirements. There are work health and safety representatives who collaborate with management to ensure the living environment is safe for residents. Audits and inspections ensure the staff work environment is safe. Staff identify risks and hazards through the hazard, maintenance and accident and incident reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff. Staff members receive education in manual handling during orientation and manual handling is part of the annual education program. We observed staff working safely.

#### **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 promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as maintenance checks of all fire equipment and systems. Staff interviews demonstrated staff are familiar with the fire safety equipment and procedures and staff confirmed they attend fire safety training. Resident information is organised to ensure vital information is available to staff in an emergency and an emergency response plan is in place. There are security procedures to ensure the building is secure at night. There is a no smoking procedure in the buildings and grounds.

Residents 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 systems for identifying, managing and minimising infection. There is an effective infection control program which includes the offering of influenza vaccination for residents and staff, waste management, cleaning, laundry and a food safety program.

Registered nurses monitor residents' infections and management collate and analyse infection surveillance information to identify and address matters related to infection control. Education is provided to staff and information is provided to residents/representatives and others visiting the home to prevent or address infectious outbreaks. Staff practices are monitored and staff said they have access to sufficient supplies of appropriate infection control equipment including personal protection equipment, spills kits, sharps disposal and clinical waste bins. Our observations confirm the availability of equipment and supplies for managing an infectious outbreak.

#### **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 residents' meal requirements and preferences on entry to the home and as residents' needs change. All meals are cooked on site using a four-week rotating menu. Residents are able to provide feedback regarding the menu. Food is used to celebrate special occasions such as culturally significant days and special occasions. Staff cater to individual resident meal preferences and dietary needs as required. The kitchen is clean and orderly with systems to ensure food is prepared safely. The home contracts cleaning services which work according to a pre-arranged schedule and there are processes to ensure the

building is maintained in a clean and tidy condition. There are systems for the effective provision of laundry services. Residents/representatives expressed satisfaction with the variety, quantity and quality of the meals, the cleanliness of the environment and the laundry services provided.