



**Australian Government**

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**Australian Aged Care Quality Agency**

**Flinders Court**

RACS ID 0413  
Clarke Drive  
CASTLE HILL NSW 2154

**Approved provider: Anglican Retirement Villages**

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 07 October 2018.

We made our decision on 28 August 2015.

The audit was conducted on 21 July 2015 to 22 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.

<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



**Australian Government**  
**Australian Aged Care Quality Agency**

# **Audit Report**

**Flinders Court 0413**

**Approved provider: Anglican Retirement Villages**

## **Introduction**

This is the report of a re-accreditation audit from 21 July 2015 to 22 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 21 July 2015 to 22 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

<b>Team leader:</b>	Janice Stewart
<b>Team member/s:</b>	Mark Chapman

## Approved provider details

<b>Approved provider:</b>	Anglican Retirement Villages
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## Details of home

<b>Name of home:</b>	Flinders Court
<b>RACS ID:</b>	0413

<b>Total number of allocated places:</b>	128
<b>Number of care recipients during audit:</b>	72
<b>Number of care recipients receiving high care during audit:</b>	57
<b>Special needs catered for:</b>	Dementia

<b>Street/PO Box:</b>	Clarke Drive
<b>City/Town:</b>	CASTLE HILL
<b>State:</b>	NSW
<b>Postcode:</b>	2154
<b>Phone number:</b>	02 8820 2961
<b>Facsimile:</b>	NA
<b>E-mail address:</b>	<a href="mailto:karen.Savage@arv.org.au">karen.Savage@arv.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Manager	1
Registered nurses	5
Care staff	9
Chaplain	1
Lifestyle staff	2
Administration services co-ordinator	1
Laundry staff	1
Catering staff	1
Residents/representatives	13
Physiotherapists	2
Physiotherapy aid	1
Clinical leader	1
Workplace trainer	1
Maintenance staff	1
Cleaning staff	3

### Sampled documents

Category	Number
Residents' files	12
Summary/quick reference care plans	8
Observation charts	20
Medication charts	8
Personnel files	4

### Other documents reviewed

The team also reviewed:

- Accident/incident documentation: incident reports, indicator monthly benchmarking reports and data analysis, incident summary registers
- Care recipient lists, handbook, information package, newsletters and meeting minutes

- Clinical charts and schedules
- Continence management program
- Education calendar and education records
- Evacuation maps, fire and emergency manual and fire equipment checking records
- Hazard alert folder
- Hospitality: food safety program, temperature records and cleaning, laundry and kitchen schedules
- Human resource management documentation: job descriptions, duty lists, staff handbook and staff rosters
- Infection control folder and monthly infection surveillance reports, infection data summaries and analysis.
- Leisure and lifestyle: social profile assessments and care plans, activity program, evaluations, photos and newsletters.
- Maintenance service reports from external contractors, maintenance log and preventative maintenance program
- Medication: medication reviews, PRN, NIM and fridge temperature charts.
- Nutrition and hydration: care recipients' dietary requirement and preference sheets, menus and weight records.
- Physiotherapy documentation: assessments, interventions, falls risk assessments and falls management program.
- Privacy consent forms, media consent forms and privacy collection statements
- Quality management system documentation: policies, procedures, comments and complaints, care recipients survey, plan for continuous improvement and audit folders including schedules and results
- Regulatory compliance documentation: registered nurse registrations, police check register and records of reportable and non-reportable assaults
- Self-assessment for re-accreditation
- Staff communication: handbook, memoranda, electronic notice board, diaries, meeting minutes, handover sheets and notice boards

## Observations

The team observed the following:

- Activity program on display, care recipients participating in activities and lifestyle resources



- Annual fire safety statement on display, emergency and fire fighting equipment, evacuation pack and sprinkler systems
- Duty statements available to staff
- Equipment and supplies and storage areas including chemical supplies and safety data sheets
- Handrails in corridors and bathrooms
- Infection control support: personal protective equipment (PPE) and infection control practices in place, sharps containers, general and contaminated waste disposal systems, outbreak kits and spill kits, hand washing equipment and facilities throughout the home
- Information on display: Aged Care Quality Agency re-accreditation site audit, vision and values, comments and complaints, internal feedback mechanisms, advocacy services and charter of care recipients' rights and responsibilities.
- Interactions between care recipients, representatives, volunteers and staff
- Living environment and security system
- Manual handling charts on display
- Meals and drink services and menu displayed
- Medications: storage and administration
- New South Wales Food Authority Licence on display
- Notice boards – care recipient and staff areas
- Policies and procedures available to staff
- Secure storage of care recipient and staff information
- Staff practices and work areas
- Visiting medical officers

## **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

Management at Flinders Court actively pursues continuous improvement across the four Accreditation Standards. The home’s quality program identifies improvement opportunities including feedback and complaint mechanisms, scheduled audits, surveys, incident and clinical indicator reporting and feedback from meetings. The effectiveness of the continuous improvement system is monitored through the home’s quality and other committee meetings by reviewing data from audits, incidents and clinical indicators and through feedback. Care recipients/representatives and staff stated they have opportunities to make suggestions for improvement and are aware of improvements undertaken in the home.

Examples of recent improvements implemented in relation to Accreditation Standard One include:

- In response to care recipient feedback concerning changes to times and locations for activities at the home an updated information booklet for care recipients has been introduced. The booklet will increase awareness for care recipients of new locations and times for activities being held at the home and encourages participation with all available services. Feedback from care recipients has been positive since the information booklets were introduced.
- Staff feedback identified the need to improve communication for new and casual catering staff concerning special dietary requirements of care recipients. A new procedure including care recipient photos and diet descriptions has been introduced. The procedure now provides a readily available source of information and has been well received by staff.
- As a consequence of ongoing building refurbishment there has been a reduction in care recipient numbers at the home. Accordingly care staff hours and positions have also reduced. In order to retain existing staff a program of consultation with staff has been undertaken to provide employment alternatives within the organisation. Once the building refurbishment has been completed and care recipient numbers increased the staff can return to the home. Staff feedback has been positive with the redeployment program introduced by the organisation.
- In order to ensure effective communication for care recipients, relatives and staff concerning the building refurbishment program a regular newsletter “Refresh” has been introduced. Along with information flyers and presentations the “Refresh” newsletter will keep care recipients/representatives and staff up to date with the building works. Feedback from care recipients/representatives and staff has been positive since the newsletter was introduced.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to an independent information service and is a member of an industry body, which provides ongoing information about industry issues and regulatory changes. The management team monitors the home’s adherence to regulatory requirements through audit processes, competency assessments and observation of staff practices. Changes in policies and procedures are communicated to staff via meetings, memoranda, notice boards and staff education programs.

Examples of regulatory requirement undertaken in relation to Accreditation Standard One include:

- Procedures to monitor criminal history checks for staff, volunteers and contractors.
- Procedures to ensure any staff working at the home are holding current visas.
- Procedures to check the currency of external contractors’ registrations and insurances.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process clearly identifies the knowledge, skills and education required for each position. There is an orientation program for all new staff. The education program, including topics covering the four Accreditation Standards, is developed with reference to management assessment of training needs, performance appraisals and staff input. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff reported they are supported to attend relevant internal and external education and training. Care recipients/representatives interviewed were of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and development attended by management and staff in relation to Accreditation Standard One include:

- Handling comments and complaints
- Effective communication
- Managing reportable incidents.

### 1.4 Comments and complaints

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

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

The home meets this expected outcome

The home has a policy and procedures for complaints management. All stakeholders are encouraged to provide feedback on the services provided through meetings, brochures, notices and surveys. Care recipients and/or their representatives are informed of the internal and external complaints mechanisms on entry to the home. This is documented in the handbook provided. Feedback forms for comments, complaints and suggestions are accessible for stakeholders. Information on the external complaints scheme and advocacy services are on display. Care recipients/representatives and staff stated management is approachable and responsive regarding any issues or concerns.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home has documented its vision, values, philosophy, objectives and commitment to quality. This documentation has been made available and communicated to all stakeholders in the home through policies and procedures manuals, care recipient and staff handbooks and is on display in the home. In addition, staff are made aware of the home's vision, values, philosophy, objectives and commitment to quality through staff recruitment, induction and education processes, staff meetings and other communication.

## 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 home to have skilled and qualified staff, to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. The home has processes for recruitment and orientation for new staff, training and staff development, supervision, performance appraisals and a range of competency skills assessments. Management reported they adjust staffing levels based upon care recipient needs, reviewing clinical indicators, observations and staff and care recipient feedback. Management are committed to providing ongoing education to all staff as evidenced by the education program. Care recipients/representatives expressed satisfaction about the staff, the care they provide and that they are knowledgeable 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 purchasing systems and stocks of goods and equipment appropriate for quality service delivery. The majority of goods in regular use are ordered through established approved service suppliers. Stock levels are managed and maintained by designated staff.

The maintenance officer oversees corrective and planned preventative programs and testing and tagging of electrical equipment is undertaken annually. Management monitors the inventory and equipment system through inspections, review of incident and hazard forms, audits and requests from stakeholders. Care recipients/representatives and staff generally

stated and observations indicated there are adequate supplies of goods and equipment available for use in 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, archiving and destruction of documentation within the home. We observed that confidential information such as resident and staff files are stored securely. Information is disseminated through emails, meetings, notice boards, newsletters, memoranda, diaries, handover reports and informal lines of communication. The computers at the home are password protected and there is a process for backing up the system. The home has a system of internal audits to ensure compliance with their policies and procedures. Staff are positive about the quality and quantity of information they receive which keeps them informed and up to date with daily activities at the home. Care recipients/representatives stated they receive sufficient information when they enter the home and are satisfied with the ongoing information provided.

### **1.9 External services**

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

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

The home meets this expected outcome

There are systems and processes to ensure external services are provided to meet the home's care and service needs and quality goals. Service contracts with a range of external providers and service suppliers are established and are regularly reviewed. The home has an approved supplier/contractor listing available for staff. External suppliers of goods and services are required to provide evidence of their insurance, workplace health and safety obligations, license or business registration details and criminal history certificate as required. Contractors sign a register when working at the home and are overseen by the maintenance officer. All work performed is monitored for quality and effectiveness of service through inspections, audits, surveys and feedback. A range of allied health professionals provides on-site care and services for residents. Care recipients/representatives and staff are satisfied with external services provided at the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Two include:

- A review of existing pressure-relieving devices available to meet the increasing care needs of care recipients has been undertaken. As a result a non-powered air mattress has been successfully trialled. The mattress provides no movement or noise and has resulted in increased comfort and safety for care recipients. Care recipient/representative feedback following the introduction of the new air mattress has been positive.
- Following feedback from care staff a care recipient movement program offering physiotherapy services has been increased from three to five times a week. The program has provided interventions identified as benefitting care recipients with chronic and/or complex pain. The results from the program will be subject to ongoing evaluation.
- As a result of management review a program of random medication trolley audits has been introduced to ensure medications, supplies and equipment is current and up to date. The audits will be subject to on-going evaluation.
- In response to feedback from care staff care recipient walking aids have been labelled with the care recipients name and room number for easy identification. The walking aids have also been colour coded to clearly identify each care recipient's requirements for care staff supervision whilst using the walking aid such as close supervision and use of a transfer belt. Staff gave positive feedback regarding the introduction of the labelling and colour coding system.



## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Two include:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained.

## 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Two.

Examples of recent education and training attended by staff in relation to Accreditation Two include:

- Medication management
- Palliative care
- Pressure ulcers and skin tears.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

There is a system to assess, implement, evaluate and communicate care recipients’ clinical care needs and preferences. Staff complete assessments and care plans in consultation with care recipients/representatives and the relevant health professionals. Care plans are reviewed regularly and updated if residents’ needs and preferences change. Staff use validated assessment tools and evidence based interventions to meet the ongoing needs of care recipients. Staff have the knowledge and skills to deliver clinical care consistent with care

recipients' care plans and the home's policies. Management regularly evaluate and improve assessment tools, care planning, care delivery and staff practices. Care recipients/representatives are satisfied with the clinical 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

Care recipients' specialised nursing care needs are identified, managed and evaluated by appropriately qualified staff. There are processes for staff to consult on best practice assessment and care with internal resource staff and external specialists and services. There are processes to monitor assessment tools and staff practices and management provide education on specialised nursing care. Care recipients/representatives are satisfied with the specialised nursing care provided at the home.

## **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 care recipients to medical practitioners and allied health services to meet their needs and preferences. Care recipients' needs are assessed on entry and at regular intervals and referrals are planned, documented, communicated and followed up by staff. Staff demonstrated a good understanding of the referral process and the procedure to assist care recipients to access appointments with external health and related services. There is a process to monitor staff practices and referral mechanisms. Care recipients/representatives stated staff inform and support them to access health specialists of their choice and they are satisfied with the referral process to other health and related services.

## **2.7 Medication management**

*This expected outcome requires that "care recipients' medication is managed safely and correctly".*

### **Team's findings**

The home meets this expected outcome

There is a system to manage care recipients' medications safely and correctly. Staff have access to policies, procedures and ongoing appropriate education. Medications are reviewed regularly and adjusted accordingly in consultation with care recipients/representatives and the relevant health professionals. We observed an effective medication administration process, safe storage of medications and appropriate qualified staff to manage medications. Staff confirmed practices are consistent with policies and procedures and incidents are reported, followed up and linked into the continuous improvement system. Care recipients/representatives are satisfied with medication management.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

There is a system to assess and monitor care recipients’ pain and develop care plans to manage their pain. The physiotherapy team and registered nurses co-ordinate medication and/or non-medication interventions to support optimal pain management for care recipients. Staff have a sound understanding of care recipients’ pain requirements and best practice pain management interventions. Staff receive regular education on pain management from internal and external resources. Care recipients/representatives are satisfied with the approach to pain management

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home has policies and procedures to guide staff in the provision of best practice palliative care. Staff document care recipients’ end of life preferences and wishes and develop palliative care plans when care recipients reach the end of life stage. There is a multidisciplinary approach to support care recipients’ physical, emotional, cultural and spiritual end of life needs and preferences. Staff have the knowledge and skills to manage palliative care for care recipients and have access to palliative care expertise and resources. Management regularly evaluate and review palliative care services. Care recipients/representatives are satisfied with the comfort and dignity provided to care recipients during end of life care.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

There is a system to regularly assess, monitor and update care recipients’ nutritional and hydration status. This includes specific needs and preferences such as awareness of cultural, religious, allergies and medical requirements. Nutritional and hydration care plans are developed with a multidisciplinary approach and linked to the general care process.

Management regularly evaluate and review staff practices and assessment tools. Care recipients/representatives are satisfied with the meals and drinks service provided to care recipients.

## 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 policies and procedures to maintain care recipients’ skin integrity consistent with their health. The care recipients’ skin care needs are assessed on entry to the home and at regular intervals. This information is communicated in care recipients’ care plans and these are regularly evaluated and updated. The assessment and care plan process is completed in consultation with care recipients/representatives, medical practitioners and other relevant health professionals. There is a wound care program, managed by registered nurses. There are procedures to identify residents at risk of impairment to skin integrity and interventions and aids to protect their skin integrity. Staff assist care recipients to care for their skin, monitor and record skin irregularities and report incidents. Care recipients/representatives are satisfied with the skin care provided at the home.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

There is a system to ensure care recipients’ continence needs are managed effectively. Continence is managed through initial and ongoing assessments and individualised care plans with input from the care recipients/representatives and other appropriate health professionals. Care recipients’ continence interventions are regularly monitored and evaluated for effectiveness and changes communicated to staff. There is a designated position to co-ordinate the home’s continence program and staff have an understanding of care recipients’ continence needs and preferences. Staff have access to internal resource staff and external continence specialist services. Care recipients/representatives are satisfied with the continence management program.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

There are appropriate programs and interventions to meet the needs of care recipients with challenging behaviours. Care recipients’ behavioural needs are assessed on entry to the home and at regular intervals in consultation with care recipients/representatives and other relevant health professionals. Care plans are developed and regularly updated. Staff consult with external services about best practice models of care to support care recipients’ behavioural needs. Staff have the knowledge and skills to implement behavioural management strategies and report incidents. Management evaluate and review behavioural management practices. Care recipients/representatives are satisfied with the management of care recipients with challenging behaviours.

## **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 policies, practices and activities to support care recipients to maintain an optimum level of mobility and dexterity. The physiotherapist assesses care recipients’ mobility and dexterity and with the support of physiotherapy assistant implements and monitors care recipients’ mobility care plans. The mobility plans are reviewed regularly with care recipients/representatives and appropriate health professionals. There is a falls prevention and protection program and adequate mobility equipment and independent living aids. The effectiveness of the program is assessed through audits, monitoring of staff practices, regular review of care plans and falls incident reporting. Care recipients/representatives are satisfied with the care provided to maintain and enhance mobility and dexterity.

## **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 oral and dental health of care recipients is assessed on entry to the home in consultation with care recipients/representatives and other appropriate health professionals. An individualised care plan is developed to meet care recipients’ needs and preferences. There are policies and processes to regularly monitor and review ongoing oral and dental health needs and facilitate referrals to appropriate health professionals. Staff have the knowledge and skills to deliver care consistent with the care recipients’ oral and dental health needs and preferences. Care recipients/representatives are satisfied with the oral and dental care provided at the home.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

There is a system to ensure care recipients’ sensory losses are identified and managed in consultation with the appropriate external health professionals and services. Care recipients’ senses are assessed on entry to the home, reviewed regularly and care plans are developed to communicate their needs and preferences. Staff have the knowledge and skills to manage the care recipients’ sensory losses. The activity program supports and assists care recipients’ with sensory deficits. Sensory therapies and activities are monitored and evaluated to ensure they meet the needs and preferences of care recipients. Care recipients/representatives are satisfied with the management of care recipients’ sensory needs.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ sleep patterns are assessed regularly with consideration for related pain and behavioural management issues. Care plans are developed and regularly updated to communicate the sleep patterns and interventions to assist care recipients who have difficulty sleeping. Management evaluate and review the effectiveness of practices in meeting care recipients’ sleep needs. Care recipients/representatives are satisfied with the approach to achieving 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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Three include:

- Care staff have introduced resources to enable care recipients to be active and reduce disruptive behaviours in response to the building refurbishment. The resources include a number of items that enable care recipients to feel useful and engage in various activities of their own choice. The new resources have led to a reduction in disruptive behaviours by care recipients.
- As part of a corporate initiative “Meaning and Memory” packs have been created for each care recipient. The packs, for use by staff, families and volunteers contain special resources that relate to the care recipient as well as generic pictures that relate more to an era appropriate to the care recipient. Conversation questions are written on the back of each picture. The resources can be used to engage with the care recipient if they are unsettled or appear anxious. The use of the “Meaning and Memory” packs has led to a reduction in unsettled or disruptive behaviours by care recipients.
- Following a suggestion from care staff to involve care recipients during the refurbishment of the home to create a homelike environment, care recipients have participated in painting murals and a “Wall of Hands” on internal hoarding walls within the home. The project has proved to be very popular with care recipients and has led to increased socialisation and interaction between care recipients and staff.
- In response to a suggestion from care staff regular morning tea “Chat Times” have been introduced in the dining room to enable care recipients from different areas of the home to meet and socialise. “Chat Time” has been well patronised and has promoted increased socialisation and interaction between care recipients and representatives.

### **3.2 Regulatory compliance**

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

#### ***Team’s findings***

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Three include:

- Updating of care recipient agreements when any changes to relevant legislation is identified.
- Providing a system for the compulsory reporting and recording of alleged or suspected care recipients assaults in accordance with regulatory requirements.
- All staff sign a confidentiality statement on orientation to the home.

### **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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Three.

Examples of recent education and development attended by staff in relation to Accreditation Standard Three include:

- Elder abuse and mandatory reporting
- Cultural diversity
- Privacy for ‘residents’.



### **3.4 Emotional support**

*This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".*

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

The home meets this expected outcome

The home has a system to support care recipients to adjust to life in the new environment and during their stay at the home. The care recipients' social, cultural and spiritual history, and support needs are documented. This information is used to develop an individualised care plan with strategies to support each care recipient's emotional needs. The pastoral care and lifestyle programs offer additional emotional support for new care recipients and all care recipients on an ongoing basis. Management evaluate and review the way emotional support is delivered. Care recipients/representatives are satisfied with the emotional support provided 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

There is a system to assist care recipients to maintain their independence and links with their friends and the community. On entry to the home care recipients are assessed for what independence means to them and how this can be achieved in relation to physical, emotional, cultural, social, and financial aspects of their lives. This information and the agreed strategies to promote independence are communicated in an individualised care plan and this is regularly evaluated and revised. The home provides equipment, aids, qualified staff and programs to assist care recipients with mobility, communication and cognitive needs. Management evaluate and review the way independence is promoted and supported. Care recipients/representatives are satisfied with the support staff give to care recipients to achieve optimal 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 policies, feedback mechanisms and an environment that supports care recipients' right to privacy and dignity. Staff understand each care recipient has a right to privacy and dignity and practices are consistent with policies and procedures. Care recipients' information is securely stored and we observed staff attending to care recipients' needs in a respectful and courteous manner. Information on care recipients' rights and responsibilities is given to new care recipients and prominently displayed in the home.

Management evaluate the way privacy and dignity is recognised and respected. Care recipients/representatives are satisfied with the way staff respect their right to privacy and dignity.

### **3.7 Leisure interests and activities**

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

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

The home meets this expected outcome

There is a comprehensive lifestyle program with group and one on one activities offered to care recipients. The program has a variety of activities and provides care recipients with opportunities to participate in activities within the home and external outings. The program is developed from information obtained from care recipients/representatives about their interests, hobbies, life stories and special life events. There is a lifestyle team to plan, implement, evaluate and review the lifestyle activities in consultation with care recipients/representatives. The lifestyle leader and management monitor the effectiveness of the lifestyle program. Care recipients/representatives are satisfied with the lifestyle program.

### **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

There is a system to promote care recipients' individual interests and to ensure their customs, beliefs and cultural backgrounds are fostered and respected. On entry to the home each care recipient's cultural and spiritual needs are identified and documented. The lifestyle team and pastoral care program facilitate religious services and visits to meet the needs and preferences of care recipients. Staff know and understand the needs of care recipients from other cultures. The lifestyle program incorporated activities, events and celebrations in consultation with the relevant care recipients to value their cultural and spiritual needs.

Management evaluates the effectiveness of practices to foster care recipients' cultural and spiritual needs. Care recipients/representatives are satisfied with the way staff value and support their cultural and spiritual needs.

### **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

The home has a system to ensure each care recipient is able to exercise choice and control over their care and lifestyle. Care recipients' specific needs and preferences are regularly assessed and communicated to staff and external health service providers in care plans.

Care recipients/representative and staff stated care recipients make choices about their meals, personal and health care, health professionals, environment and activities as long as they do not infringe on the rights of other care recipients. Management review practices to ensure care recipients are supported to participate in decision-making. Care recipients/representatives are satisfied with their participation in decision-making and ability to make choices.

### **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 processes ensuring potential and new care recipients and representatives are provided with information on security of tenure, their rights and responsibilities and the choices available to them for care and services. A care recipient agreement is given to each care recipient and representative to formalise occupancy arrangements. The agreement includes information for care recipients about their rights and responsibilities, care and services

provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients and representatives are advised to seek independent legal and/or financial advice prior to signing the agreement.

Care recipients/ representatives reported they are satisfied with the information the home provides regarding security of tenure and 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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Four include:

- The outside area of the dementia unit has been landscaped with plants, seating and a pathway to provide care recipients/representatives with an area to relax and enjoy the outdoors. Care recipients/representatives expressed their satisfaction with the improvements made to the outside area.
- The introduction of additional lounge areas including electric fireplaces has been undertaken at the home. The changes have improved the safety, aesthetics and environment for all care recipients.
- A review of the fire and emergency documentation at the home has been conducted as a result of the on-going refurbishment/construction work at the home. In response to findings fire and emergency manuals have been updated and current training provided to all staff. The review ensures the home complies with industry standards and regulatory requirements.
- Following a review by catering staff breakfast has been increased to a two-hour window to improve care recipient access to the dining room for breakfast. The breakfast menu choices have also been increased. The changes have resulted in an improved service and dining experience for all care recipients. Care recipient feedback following these changes has been very positive.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

- A current fire safety statement meets regulatory requirements.
- The home has a food safety program audited by the NSW Food Authority and a current NSW Food Authority licence for vulnerable persons is on display.
- Chemicals are securely stored and safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer in accordance with work health and safety legislation.

## 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Four.

Examples of recent education attended by staff in relation to Accreditation Standard Four include:

- Fire equipment and evacuation procedures
- Infection control
- Manual handling

#### **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 ensure management is actively working to provide a safe and comfortable environment consistent with care recipients' needs. Care recipients' rooms are personalised with personal furnishings and mementos. The safety and comfort needs of the care recipients are addressed through its provision of safe access to communal indoor and outdoor areas, appropriate furnishings, handrails and sufficient ventilation, cooling, heating and lighting. The home monitors its environment through the internal audit program and the continuous improvement team meetings. A work health and safety system and preventative and corrective maintenance program ensures that the physical environment is maintained in a safe manner. Care recipients/representatives stated they are satisfied with the environment of the home.

#### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

The home provides a safe working environment consistent with workplace, health and safety (WHS) policy and regulatory requirements. There is a system to record, analyse and review staff incidents and identified hazards. The home has a WHS committee with trained members representing different designations in the home. Staff receive WHS education on orientation and on an annual mandatory basis. Management monitors the WHS system through regular inspections, incident and hazard reporting, audits and feedback. New equipment is risk assessed for safety considerations and staff training is provided as required. Safe work practices were observed on site and staff stated they receive relevant education.

#### **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

The home has systems to promote the safety and security of care recipients, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire indicator panel and other fire safety equipment by an authorised contractor. Staff attend annual mandatory fire awareness, equipment and evacuation procedure training. Fire safety and emergency flip charts are situated in close proximity to telephones. Fire evacuation signs and diagrams are displayed and the home has an emergency management plan. There is an evacuation bag with a current care recipient evacuation list and photographic identity.

Staff stated they have received training and know how to respond in the event of the fire alarm sounding. Care recipients/representatives stated 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 system for preventing, identifying, managing and minimising infections. The system includes policies and procedures, signage around the workplace, infection prevention strategies and surveillance and reporting processes. There are also procedures for hazard risk management, waste management and a food safety program. The home collects and analyses infection control data and the results are used to improve clinical outcomes for care recipients. The kitchen, cleaning and laundry areas have effective infection control measures in place and interviews with staff demonstrated a commitment to, and understanding of, infection control principles and guidelines. All work areas provide sufficient and appropriate equipment to minimise infection risk. Staff interviews confirmed that they have a working knowledge of outbreak procedures.

#### **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 entry to the home and as care recipients' needs change. Texture modified diets are provided based on assessed needs. The kitchen servery is clean and orderly with systems in place to ensure food safety. Cleaning of the home occurs according to a documented schedule and in response to need. There are systems for the effective provision of laundry services and a clothing labelling service is provided. Care recipients/representatives stated they are satisfied with the variety, quality and quantity of food provided. Care recipients/representatives also expressed satisfaction with the cleanliness of the living environment and the laundry services provided.