



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Greenwood Nursing Home**

RACS ID 2509  
9-17 Hinemoa Avenue  
NORMANHURST NSW 2076

**Approved provider: Allity 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 01 April 2019.

We made our decision on 01 April 2016.

The audit was conducted on 22 March 2016 to 22 March 2016. The assessment team's report is attached.

Greenwood Nursing Home has been closed for rebuilding for the last two years. The audit was conducted was limited to an on-site assessment of their management systems and processes and this included interviews with management and staff, review of documentation including policies and procedures, and we reviewed the living environment.

There were no residents at the time of the audit because the building had only just been completed.

So we went back on 19 April 2016, once residents had started to arrive, and spoke to a sample of four residents about their satisfaction with the care and services being provided. We also spoke to two resident representatives.

All four residents and two representatives provided positive feedback about the care and services the home delivers to residents.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

<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:

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.

<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: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Audit Report**

**Greenwood Nursing Home 2509**

**Approved provider: Allity Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 22 March 2016 to 22 March 2016 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:

- 20 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 22 March 2016 to 22 March 2016.

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>	Helen Ledwidge
<b>Team member/s:</b>	Leah Asensio

## Approved provider details

<b>Approved provider:</b>	Allity Pty Ltd
---------------------------	----------------

## Details of home

<b>Name of home:</b>	Greenwood Nursing Home
<b>RACS ID:</b>	2509

<b>Total number of allocated places:</b>	55
<b>Number of care recipients during audit:</b>	0
<b>Number of care recipients receiving high care during audit:</b>	0
<b>Special needs catered for:</b>	N/A

<b>Street/PO Box:</b>	9-17 Hinemoa Avenue
<b>City/Town:</b>	NORMANHURST
<b>State:</b>	NSW
<b>Postcode:</b>	2076
<b>Phone number:</b>	02 9372 3700
<b>Facsimile:</b>	02 9372 3799
<b>E-mail address:</b>	<a href="mailto:sean.gibbs@allity.com.au">sean.gibbs@allity.com.au</a>

## Audit trail

The assessment team spent one day on site and gathered information from the following:

### Interviews

Category	Number
General manager	1
Care manager	1
Operations manager	1
Support general manager from interstate	1
National hospitality manager	1
Maintenance staff	2
Chef	1

### Sampled documents

Category	Number
Care recipients' files	N/A
Personnel files	5

### Other documents reviewed

The team also reviewed:

- Admission checklists and associated documents including resident agreements
- Audit schedule
- Care recipient electronic clinical records system, advance care directive form
- Cleaning manual including guidelines and audits
- Clinical indicators
- Complaint register
- Education: on-line system
- Emergency evacuation diagrams
- Emergency manual
- Hazard reporting flowcharts and associated forms
- Infection control manual

- Laundry manual including guidelines and audits
- Maintenance logs, schedules, induction forms, guidelines for contractors
- Medication manual, medication management documentation
- Meeting schedule, terms of reference for meetings including set agendas
- Memo folder
- Menu
- Orientation pack
- Policy and procedures on the intranet system
- Position descriptions
- Preferred supplier register
- Quality improvement documentation including logs, comments and complaints through the electronic system
- Re-accreditation self-assessment document
- Recruitment policies and procedures
- Resident handbook and associated welcome pack
- Risk assessment forms
- Service agreements
- Staff and resident newsletters
- Staff handbook, staff confidentiality agreement
- Training schedule and associated education program resources

## **Observations**

The team observed the following:

- Air-conditioning throughout including individual room temperature controls
- Archive room
- Brochures on internal and external complaints mechanisms, feedback forms displayed
- Café
- Care concierge stations, nurse call annunciator screen and digital enhanced cordless telecommunications (DECT) equipment
- Charter of care recipients' rights and responsibilities on display



- Chemical storage room, safety data sheets
- Cinema with hearing loop equipment
- Colour coded equipment, hand basins and hand sanitiser dispensers, infection control reference flip chart (wall mounted) for cleaning staff, spill kit, infectious outbreak kits
- Computer on wheels equipment, call bell system
- Courtyards including outdoor rooftop sheltered area with BBQ equipment, outdoor sitting areas including raised garden beds
- Digital display monitors to provide information to care recipients such as the day's activities and menu
- Equipment and supply storage areas
- Fire detection/fighting equipment and clearly marked exits
- Dining areas, and formal dining room available to care recipients to book for personal events
- Hairdressing salon and spa room
- Internet kiosk and library for care recipient use
- Large screen televisions, baby grand piano
- Living environment and service areas eg kitchen, laundry, equipment
- Memory boxes at the entry to care recipient rooms, door knockers on care recipient doors, king-single beds in all care recipient rooms
- Movement alert sensor system in memory support unit, wanderer alert system, secured memory support unit, sign in/out register, raised height seat-angle-adjustable recliner chairs
- Secure lockable storage of medications including for Schedule 8 medications and lockable drawers in bedrooms for self-medicating care recipients
- Staff orientation in progress
- Staff room notice boards with meeting schedule, complaints handling, education program and work health and safety information displayed
- Stocks and equipment including designated facility bus, mechanical lifters, weigh chair
- Vision and values on display

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home has an effective system to actively pursue continuous improvement across all four standards. The home will use a range of internal audits, organisational benchmarking, and feedback from stakeholders to identify areas for improvement. A quality committee will be created to monitor and evaluate the effectiveness of improvements. There will be processes for encouraging opportunities for improvement from staff, care recipients and their representatives. Care recipients/representatives and staff can fill in forms that are placed around the home and attend meetings to encourage suggestions.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples include:

- Before rebuilding the home Allity engaged feedback from consumers. Focus groups were run by an external consultant and questions were asked about what they as consumers would like to see in an aged care facility. This has assisted the organisation to build a home that is going to meet the needs of the community. As a result the home is equipped with Foxtel TV, Apple TV and Wi-Fi throughout. In addition to these services there is a spa room, hairdressing salon, fine dining options and a movie theatre. This improvement has yet to be evaluated however a high interest from prospective care recipients has been encouraging to date.
- Two Computers on Wheels (COW) have been purchased for each of the home's five neighbourhood sections of the home. The intended result is to assist the registered nurses and care staff to document assessments in real time whilst in care recipient rooms. This has been successfully implemented in other Allity homes and has increased staff's availability to document essential information at the same time as conducting assessments.

## 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 a system for identifying relevant legislation, regulations and guidelines in relation to the Accreditation Standards. Changes in legislation, guidelines or standards are identified through subscription services, key personnel and correspondence from the Department of Health. These updates will be communicated to the relevant stakeholders through memoranda, newsletters, noticeboards and staff meetings and any action required will be taken. The home will monitor compliance through a series of audits, meetings, education and surveys.

Examples of regulatory compliance with Accreditation Standard One include:

- Criminal history record checks are carried out for all staff.
- Contracts with external service providers include criminal history record checks for contractors visiting the home.

## 1.3 Education and staff development

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

### **Team's findings**

The home meets this expected outcome

The home demonstrates there is a system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive orientation program that includes mandatory education, the values and vision of the organisation and site specific training. A staff survey will be used to undertake a training needs analysis in addition to performance appraisals, audits, meetings and feedback. Staff are able to access e-learning modules throughout the year to keep up their skills. A training calendar has been created for 2016 and will be modified where changes are required to meet the needs of the staff and care recipients. The effectiveness of the training will be monitored through feedback, competency assessments and observation of staff practice.

## 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 demonstrates that information about internal and external complaints mechanisms is accessible to each care recipient and/or their representative. Information about complaints mechanisms is included in the resident handbook and on brochures and forms available around the home. Care recipients/representatives and staff are encouraged to make comments and complaints through these methods, through regular meetings and the

manager's open door policy. Management use an electronic system to capture and follow up on feedback in line with the organisation's policy and procedures.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation's vision, values and commitment to quality is documented in the resident handbook and staff handbook in addition to being displayed around the home. Staff are made aware of the vision and values through the handbooks and orientation process.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home demonstrates that there is a system to ensure there will be appropriately skilled and qualified staff. There are recruitment policies and procedures so new staff are appropriately skilled and qualified in line with company requirements. Position descriptions, staff handbooks and policy and procedures will guide staff practice. Legislative requirements such as criminal history checks are carried out before staff commence. Staffing levels and rosters will be determined by care recipient needs and will be monitored and adjusted as new care recipients move in to the home. Performance of staff will be evaluated through a number of ways including competency assessments and observation.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

There are processes in place to check on the quality of goods. Management and staff who receive goods and equipment will review their stocks to ensure they are appropriate and sufficient. The home will assess and monitor the quality of goods and make changes where necessary. There is an asset register which details all new equipment including warranty information. A preventative maintenance program is in place to ensure equipment is in working order and safe to use. Feedback from staff and care recipients on the availability and appropriateness of goods and equipment will be encouraged.

## **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

The organisation uses a wide range of methods to ensure that all stakeholders have access to current information on the processes and general activities and events of the home. These include newsletters, memoranda and minutes of meetings. Management and staff have access to accurate and appropriate information to help them perform their roles including in relation to management systems, health and personal care, care recipient lifestyle and their maintenance of a safe environment. Information is stored appropriately for its purpose, including files requiring confidentiality, and is retrievable in a timely manner suitable for use.

## **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

Management demonstrates external services are provided at a standard that meets the home's needs and services quality goals. Processes are in place to ensure that all relevant individuals from external companies have current police checks. The performance of external services is evaluated by seeking feedback from care recipients/representatives, staff and any other relevant stakeholders. Changes are made if the review of the external services is unsatisfactory or in response to the changing needs of care recipients.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and examples include:

- In the memory support unit a wanders alert system has been introduced. The sensor based system is able to be individualised for the sixteen care recipients who will live there. Nurses will be alerted when there is movement within the room and lights will automatically be turned on when the care recipients get out of bed to direct them to the bathroom and back. This system is yet to be evaluated but the result the home is aiming for is to increase safety for the care recipients and decrease the number of falls.
- In November 2015 Allity's leadership and risk compliance team identified there were gaps across the organisation's homes in relation to clinical care documentation. Specifically, there were sometimes gaps in care recipient assessments and care plans were not always reviewed on time in accordance with policy. As a result the organisation introduced a system to monitor these processes centrally and provides alerts to each home identifying assessment gaps and missed care plan review deadlines for follow up. Care managers within the organisation have provided positive feedback as the new alert system is helpful in identifying areas needing to be addressed. Management also report there are now fewer gaps in care recipient assessments and compliance with care plan review deadlines has improved.

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

Examples of regulatory compliance with Accreditation Standard Two include:

- The home has a policy and procedures for the notification of unexplained absences of care recipients and maintains a register for recording these absences in accordance with legislation.

## 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 details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

## 2.4 Clinical care

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

### **Team’s findings**

The home has systems and processes to ensure care recipients will receive appropriate clinical care. On entry to the home, care recipients will be reviewed by a medical practitioner of their choice. Clinical care will be provided by registered nurses and care staff overseen by the general manager and care manager. Staff will use the organisation’s computerised record system to record assessments, care plans and various clinical data. A clinical assessment program will identify care recipients’ initial and ongoing care needs with results used to develop a care plan reflecting their individual clinical needs and preferences. Care recipients’ care will be recorded regularly in progress notes. Registered nurses will review care plans regularly and as needed in consultation with care recipients and their representative (as appropriate) in accordance with the organisation’s policies. Regular consultation processes will include case conferences with members of the health care team, the care recipient and/or their representative.

## 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**

Care recipients’ specialised nursing care needs will be identified and met by appropriately qualified nursing staff. The care manager and registered nurses will assess, plan, action and evaluate care recipients’ specialised nursing care needs in consultation with care recipients and/or their representative and medical practitioner. The home will liaise with external health professionals including clinical nurse consultants and other specialists within local health services to ensure care recipients’ specialised nursing care needs are met. We observed equipment, supplies and resources are available to meet specialised nursing care needs.

Management advised additional equipment and supplies will be acquired as needed to match the specialised nursing needs of care recipients who are to live in 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 has systems to facilitate the referral of care recipients to appropriate health specialists in accordance with their needs and preferences. Referrals to specialist health and related services for care recipients will include dietitians, physiotherapists, podiatrists, speech pathologists and behaviour management specialists. Care recipients will also be referred by their medical practitioner to specialist physicians and surgeons and to qualified audiology, dental and optometry services personnel as required.

## 2.7 Medication management

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

### **Team’s findings**

The home has systems and processes to ensure care recipients’ medication will be managed safely and correctly including for care recipients who choose to self-administer their medications. Care recipients wishing to self-administer their medications will be assessed to ensure safe practice. The home has lockable drawers suitable for medication storage in each care recipient bedroom. Secure storage areas in accordance with regulatory requirements are also available for Schedule 8 and regular medications to be administered by staff.

Registered nurses and suitably trained care staff will administer medications and competency assessments will be conducted regularly. Medication audits will also be conducted regularly, medication incidents will be addressed and reviewed and a medication advisory committee will monitor the home’s medication management system. The supplying pharmacy will provide a timely service with regular and after-hours deliveries. Medications will be administered using a sachet dispensing system.



## **2.8 Pain management**

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

### **Team’s findings**

Care recipients will be assessed for acute and chronic pain on their entry to the home and as required. Assessment and review of each care recipient’s pain will be carried out by medical practitioners and registered nurses in consultation with care recipients and their representatives. Care recipients will be provided with a holistic approach to pain relief conducted by registered nurses and the physiotherapist. Alternative therapies will include therapeutic massage and exercise programs. Relief mechanisms used by staff will include prescribed analgesia, repositioning and emotional support. The home’s beds are electronic and of king single size to facilitate repositioning and comfort. Management advised pressure relieving equipment will also be available as needed to optimise care recipient comfort.

## **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 has systems to ensure the comfort and dignity of terminally ill care recipients. Staff will request information about each care recipient’s end of life and funeral wishes on entry to the home. Care recipient advance care directives will be reviewed regularly thereafter regarding the level of clinical intervention preferred. Regular liaison will occur with medical practitioners, the wider health care team, external consultants and care recipients and representatives as needed. Management described a range of interventions they would employ when caring for terminally ill care recipients to ensure their pain is managed and their comfort and dignity maintained. Visiting hours are unlimited and care recipient representatives may stay overnight if desired.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home will provide care recipients with adequate nourishment and hydration. Care recipients’ initial dietary requirements will be assessed by registered nurses who will advise catering staff accordingly. Care recipients will be weighed regularly and significant weight variations followed up by their medical practitioner in consultation with other health practitioners as appropriate. Care recipients’ assessments and weight monitoring data will be reviewed regularly by visiting dietitians and interventions implemented as needed. Referrals to dietitians, speech pathologists and dentists will also be used to identify oral or dental needs including swallowing difficulties or the need for special diets or equipment.

## 2.11 Skin care

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

### **Team’s findings**

The home will ensure care recipients’ skin integrity is consistent with their general health. The assessment, planning and actioning of care recipients’ initial and ongoing skin care needs will be carried out by registered nurses in consultation with the care recipient and their representative, medical practitioner and podiatrist. Changes in skin care will be identified through reassessment of the care recipient’s skin integrity, mobility, manual handling, nutrition and hydration, continence and wound care needs. Clinical incidents including falls and skin tears will also be reviewed regularly to optimise care recipients’ skin integrity.

Registered nurses will provide wound care, overseen by the care manager, in consultation with the care recipient’s medical practitioner and other specialists. Management advised pressure relief equipment and devices are available. We observed wound care supplies, skin care equipment and products are available.

## 2.12 Continence management

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

### **Team’s findings**

The home has systems and processes to ensure care recipients’ continence is managed effectively. The care manager and registered nurses will manage the continence program in liaison with the home’s contracted continence care provider and provide support for care staff on issues associated with care recipients’ continence needs. Staff are trained in continence management and the use and fitting of continence aids. Individualised programs will support continence management. Continence care supplies and aids will be made available to assist staff in effectively managing each care recipient’s individual continence needs.

## 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 has processes to ensure the needs of care recipients with challenging behaviours will be managed effectively. Results of relevant care recipients’ initial and ongoing assessments will be used to develop, then review and update behavioural management care plans as required. Behaviour incidents will be recorded, addressed, reviewed and evaluated in a timely manner. A care recipient’s need for review or assessment by mental health and behaviour management specialists will occur in consultation with their representative through referral by their medical practitioner in consultation with the care manager and registered nurses. The home provides a secure environment and also has a secure memory support unit for cognitively impaired care recipients.

## **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 will have a mobility program tailored to individual care recipients’ needs and preferences, ensuring optimal levels of mobility and dexterity are achieved. Initial and ongoing mobility assessments will be undertaken by a registered nurse and the results used to develop a care plan. The physiotherapist will visit the home weekly to also assess care recipients and develop physiotherapy care plans and manual handling directives for care staff to implement. Care recipients’ mobility needs will be regularly reviewed by the registered nurses and physiotherapist and care plans updated as needed. Mobility incidents including falls will be monitored and reviewed to maximise care recipients’ safety and minimise their risk of injury.

## **2.15 Oral and dental care**

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

### ***Team’s findings***

The home has processes to ensure care recipients’ oral and dental health will be maintained. The home’s approach will include initial and ongoing assessment and review of oral and dental care needs. Assessments will be carried out by registered nurses and referrals to dentists or dental technicians will be arranged as required. Management advised the home is aiming to provide care recipients with access to onsite dental services.

## **2.16 Sensory loss**

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

### ***Team’s findings***

The home has systems to ensure care recipients’ sensory losses will be identified and effectively managed. The identification of sensory impairment is included in initial and ongoing assessments covering communication, sight and hearing, and the senses of touch, smell and taste will also be assessed. Clinical and lifestyle programs are planned to feature sensory stimulation including exercise programs, therapeutic massage and sensory based lifestyle activities.

## **2.17 Sleep**

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

### ***Team’s findings***

Care recipients will be assisted to achieve natural sleeping patterns. The home has systems of initial and ongoing identification and review of night care requirements that encourage natural sleeping patterns. Sleep strategies will include flexible retiring times, offering a warm drink, gentle massage, one-to-one time, and prescribed night sedation and/or pain relief medication as required.

## Standard 3 – Care recipient lifestyle

**Principle:** Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples include:

- The Arts Health institute will be a part of the home’s regular activity schedule. Care recipients will be consulted to identify activities of interest to them. A broad range of activities will be offered to care recipients for consideration including music, art, theatre, dancing, singing, poetry reading and writing activities. Arts Health Institute activities will be offered twice each week and timetabled within the activities program following consultation with care recipients. The success of the program will be evaluated on an ongoing basis using feedback from care recipients.
- All care recipient room doors have had a door knocker attached. The inclusion of the door knocker adds a home-like appearance to the entry door of care recipient rooms. The door knockers are also expected to increase staff awareness of the need to respect care recipient privacy. Management welcomed the addition of this feature and will invite feedback from care recipients regarding the door knockers.

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

Examples of regulatory compliance with Accreditation Standard Three include:

- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a consolidated register of these incidents.
- The Charter of Care Recipients’ Rights and Responsibilities is displayed in 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

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

### **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 will provide initial and ongoing support to each care recipient in adjusting to their new life in the home. Initial assessment will include identification of emotional support needs. Care recipients' emotional needs will be assessed on an individual basis in consideration of their personal and private needs, cultural background and physical and mental health.

Support services will include welcome packs and meetings.

### **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**

Care recipients will be assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. A range of initial assessments will identify the care recipient's preferences and scope for independence and will be integrated into a care plan to assist them in achieving and maintaining their independence. The home will encourage involvement of family and friends. The home's information systems will assist staff in providing care recipients with information about the community within and outside the home. The home's bus will provide community access with bus trips to areas of local interest and shopping outings.

### **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**

Each care recipient's right to privacy, dignity and confidentiality will be recognised and respected. Confidential and private information is obtained with the prior consent of the care recipients and/or representatives and used accordingly. Single bedrooms with ensuite bathrooms and numerous sitting areas will facilitate care recipient privacy. Staff sign a

confidentiality agreement on commencement of employment and staff training is being provided to ensure care recipient privacy and dignity is 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**

Leisure and lifestyle assessments will be conducted when a care recipient initially enters the home and will be reviewed and evaluated regularly. Plans of care supporting an individual approach and encouraging participation in a wide range of interests and activities will be developed. A six day per week program will provide mental stimulation, interests and outings, companionship and emotional support for care recipients, with group and individualised activities planned.

### **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**

Preferences and requirements for care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds will be identified, valued and fostered. Initial cultural and spiritual assessment including information provided by the care recipient and their representative will be used to develop a care plan which will be reviewed and updated as needed. Identified cultural and spiritual needs will be incorporated into planning end of life wishes as desired. Cultural, international, national and other celebratory days will be observed at the home. Care recipients will have access to religious clergy in accordance with their wishes and management advised the home aims to arrange a regular on-site church service.

### **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**

Each care recipient and/or their representative (if appropriate) will participate in decisions about the care and services a care recipient receives on their entry to the home. Information packages and the provision of a resident agreement will ensure each care recipient and/or their representatives are aware of choices available to care recipients. We observed information regarding care recipients' rights and complaints mechanisms displayed around the home and documented in entry packs, the resident handbook and the resident agreement document.

### **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 has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. All care recipients are to be provided with a resident agreement and handbook which outline security of tenure, fees and charges, care and services, care recipients' rights and complaints resolution processes. They will also have the opportunity to discuss these documents with administration and management staff.

Management informed us any room changes within the home will be discussed and agreement reached in accordance with legislative requirements prior to any moves being undertaken.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples include:

- Input from audits, feedback from staff and observation highlighted that there was some confusion by cleaning staff with one coloured disposal bag and its use. The National hospitality manager reviewed the cleaning manual and identified that it can be improved so the different uses are clearer. The manual now includes a colour coded pictorial diagram. The result has yet to be evaluated but feedback from staff, audits and observation will be used to evaluate the effectiveness of this improvement.
- The home is Allity’s first ‘Signature home’. The focus and philosophy implemented by management and staff will be one of care recipient wellbeing and enablement. The environment has been designed to make the building homelike. For example, handwashing basins are hidden from corridors and nurses’ stations are purposely discreet. Visitors will be able to make use of the onsite café, a la carte dining and outdoor areas with children’s equipment. Feedback from care recipients, staff and visitors will be sought on this new direction and the results evaluated.

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

Examples of regulatory compliance with Accreditation Standard Four include:

- The home has a food safety program which will be audited by the NSW Food Health Authority in April 2016.



### **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 details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

### **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 has 107 rooms all with en-suite bathrooms. There is a number of indoor and outdoor communal spaces for care recipients and visitors to enjoy. There is a rooftop BBQ area and dining room in addition to the café which will be open seven days a week. There are processes in place to ensure the environment is clean and safe, for example a maintenance prevention program, cleaning schedule and access to call bells. The home will regularly monitor the environment to ensure it is consistent with care recipients' care needs through audits and feedback. Additional features of the home include a doctors' consulting room, a movie room, exercise room, spa room and a large hairdressing salon. Air conditioning is throughout the common areas of home and rooms have individual units to ensure adequate temperature control.

### **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

Management can demonstrate it is working to provide a safe environment that meets regulatory requirements. The home has systems in place to regularly monitor and improve health and safety, for example, risk assessments and the use of incident and hazard forms. Training and information is provided to all staff including contractors to ensure that safe practices are conducted. A work health and safety meeting will be held regularly to ensure hazards are acted upon in a timely manner.

#### **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 procedures in place for detecting and acting on fire, security and other emergency risks. The home has emergency and fire evacuation procedures and is equipped with an emergency warning and intercommunication system, firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained by external contractors. Staff were observed attending compulsory fire safety training. The home minimises the risk of fire, security and other emergency risks by a variety of methods such as audits, regular meetings and staff competencies.

#### **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

There is an effective infection control program in place. The home has a central point of responsibility for the program and an infection control policy manual to guide staff in all areas of infection control. Training will be provided for all staff at orientation and on a regular basis. Hand washing and spill kit facilities are available on all floors to assist staff to maintain appropriate measures to reduce the chance of infections. The home has a food safety program in place. Laundry and cleaning schedules have been created to guide staff.

Infection control audits, clinical indicators and the analysis will be carried out to monitor the effectiveness of the program.

#### **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 has policies and procedures in place to ensure that hospitality services are provided in a way that enhances the quality of life of care recipients and the staffs' working environment. The home offers a choice in menus and will take into account care recipient preferences and needs. Laundry of personal items of clothing and linen will be conducted on site and will be delivered to care recipients' rooms. There will be a regular cleaning schedule in place to ensure all areas of the home are routinely cleaned. Infection control systems ensure that all hospitality services are of a good standard. Surveys and audits will allow the home to monitor their hospitality services to provide the best possible outcome for care recipients, staff and visitors.