



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Homewood Gardens**

RACS ID 0967  
68 Regent St  
Bexley NSW 2207

**Approved provider: Homewood Care Pty Limited**

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 22 June 2018.

We made our decision on 20 April 2015.

The audit was conducted on 17 March 2015 to 18 March 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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Homewood Gardens 0967**

**Approved provider: Homewood Care Pty Limited**

### **Introduction**

This is the report of a re-accreditation audit from 17 March 2015 to 18 March 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 17 March 2015 to 18 March 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>	Delia Cole
<b>Team member/s:</b>	Robyn Draper

## Approved provider details

<b>Approved provider:</b>	Homewood Care Pty Limited
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## Details of home

<b>Name of home:</b>	Homewood Gardens
<b>RACS ID:</b>	0967

<b>Total number of allocated places:</b>	42
<b>Number of care recipients during audit:</b>	38
<b>Number of care recipients receiving high care during audit:</b>	8
<b>Special needs catered for:</b>	N/A

<b>Street/PO Box:</b>	68 Regent St
<b>City/Town:</b>	Bexley
<b>State:</b>	NSW
<b>Postcode:</b>	2207
<b>Phone number:</b>	02 9503 1800
<b>Facsimile:</b>	02 9503 1851
<b>E-mail address:</b>	Nil

## Audit trail

The assessment team spent 2 days on site and gathered information from the following:

### Interviews

Category	Number
Chief Executive Officer	1
Care Manager	1
Care staff	3
Administration assistant	1
Catering staff	1
Hairdresser/beautician	1
Hairdresser/beautician	1
Care recipients/representatives	15
Activities officer/events coordinator	2
Laundry staff	1
Cleaning staff	1
Maintenance staff	1
Activities officer/events coordinator	2

### Sampled documents

Category	Number
Care recipients' files	17
Summary/quick reference care plans	5
Medication charts	15

### Other documents reviewed

The team also reviewed:

- Activities documentation including assessments, programs and evaluations
- Audit schedules, results and reports
- Care recipients' handbook and information package including residential care agreement
- Catering services records
- Cleaning tasks and cleaning logs

- Clinical charts
- Clinical indicators, adverse incident reports, audit schedule and results
- Communication books
- Complaints and compliments records
- Continuous quality improvement plans
- Contractor agreements records including contracts, insurance records and service reports
- Criminal history check records for staff and other personnel
- Dietary information including dietician reports and care recipients preferences
- External service provider records including major provider service agreements
- Fire Safety and Emergency information
- Human resources documentation including recruitment information, orientation program, staff handbook, position descriptions, performance reviews, visa requirement checks
- Infection control records including data collection and summary reports
- Information management including: meeting minutes, memoranda, registered nurse communication book, communication diary, daily handover reports and newsletter
- Maintenance documentation including repair requisitions, preventative maintenance program, electrical and fire safety inspections
- Mandatory reporting records
- Medication management documents including medication incident reports, medication directives, signing registers, dangerous drug register, primary medication and signing charts
- Meeting minutes including care recipient, staff, work safety and quality committee, medication advisory committee
- Memos and notices
- Mission, vision and philosophy statements, organisational charts, risk management documents
- NSW Food Authority registration certificate,
- Organisation chart
- Policies, procedures and process manuals
- Self assessment report prior to re-accreditation
- Staff competency assessment documentation



- Staff records for registrations of nurses and health/allied personnel
- Staff training records including calendar, attendance records, evaluations, induction
- Survey of care recipient satisfaction
- Visitor sign in book

## **Observations**

The team observed the following:

- Activities in progress, activity resources
- Annual fire safety statement, fire detection and fire fighting equipment
- Brochures including external and internal complaints mechanisms, advocacy information leaflets
- Charter of residents' rights and responsibilities displayed
- Cleaning in progress including use of equipment, trolleys and wet floor signage boards
- Computers at the nurses' stations and in offices
- Equipment, supply, storage and delivery areas
- Feedback forms and suggestion box
- Hairdressing room
- Infection control resources
- Interactions between staff and care recipients
- Living environment (internal and external)
- Lunchtime meal service
- Medication round and storage of medications
- Mission, Values and Vision displayed
- Mobility and manual handling equipment in use and in storage
- Notice boards containing care recipient activity programs and notices, menus, memos, staff and care recipient information
- Notice of Re-accreditation site audit
- On display, advocacy brochures, internal and external complaints mechanisms', Accreditation certificate
- Secure storage of care files and other documents

- Security systems (including phones, care recipient call bells, external lighting and numeric key coded door locks)
- Short observation in dining room
- Staff handover
- Staff practices and interactions with care recipients, visitors and other staff
- Staff work areas including clinic/treatment/staff rooms, utility rooms, reception and offices
- Stocks of goods and equipment

## 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 a quality framework which enables the pursuit of continuous improvement and the monitoring of the home's performance against the Accreditation Standards. Areas for improvement are identified through care recipient, staff and management meetings, surveys, the complaints process, results of audits, internal reviews, clinical data, observation and verbal feedback. Matters raised are registered, actioned and communicated to all relevant stakeholders. Staff and care recipients are able to contribute to suggestions for improvement through approaching senior staff, attending meetings, completing feedback forms and care recipient surveys. Interviews with care recipients and representatives confirmed their satisfaction with management's response to any feedback they provide. The home has made planned improvements in relation to Accreditation Standard One - Management systems, staffing and organisational development, including:

- The home has recently implemented a computer based documentation system which compiles a continuous quality improvement plan from audit activities. Following a trial of this system, the home has now introduced this system for all future continuous improvement activities and plans. Management stated that both management and staff are very happy with this system as it is easier to read and understand.
- The home recently changed computer service provider and purchased a new server. The services now include an off-site computer back up system. Following a recent event, this new system proved itself with reinstatement of the computer service within one day. Management are very happy with this improvement.

## 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 that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through subscription to a legislative update service, from government departments, membership of an industry representative body, attendance at professional meetings and seminars, participating in an external key performance indicator audit and subscription to journals. Management communicates changes to staff by memoranda, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, competency assessments, staff appraisals and observations by management.

Examples of regulatory compliance relevant to Accreditation Standard One include:

- Care recipients and representatives were informed of the upcoming accreditation audit by posters, by mail and at meetings.
- Management monitors and ensures currency of criminal history checks for staff and other personnel.
- Management ensures all care recipients, staff and visitors to the home have access to internal and external comments and complaints mechanisms.

## 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 has an education and training program to ensure staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate training needs are identified. Mandatory training and programmed training opportunities ensure staff have the necessary knowledge and skills to meet the needs of the care recipients in their care. Qualified staff, competency assessments and external education opportunities are used to ensure a variety of training is provided. There is an orientation process for new staff. All staff interviewed reported they have access to education on a regular basis. Review of the education program, attendance records and interviews confirmed education has been provided in relation to Accreditation Standard One. Examples include: the home’s mission and vision, dealing with complaints, team work and bullying and harassment in the workplace.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

There are internal and external mechanisms for care recipients, representatives and other interested parties to provide feedback about comments and complaints. External and internal complaints information is accessible to care recipients and visitors. Complaints are registered and the home ensures complaints are actioned and feedback is provided to the complainant in a timely manner. Information concerning staff complaint avenues and grievance procedures is documented in the staff handbook. Comments and complaints are discussed at the home's staff meetings. Care recipients and staff interviewed are aware of the home's feedback system and expressed satisfaction with the resolution of any concern they raised.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home's vision, mission, philosophy and commitment to quality was observed on display in the home. The vision, mission, philosophy and commitment to quality was also observed in printed material including the policy, procedures and process manuals, in the handbooks for care recipients and staff, and in staff orientation training. Interviews with care recipients and representatives and our observations show management and staff model behaviours consistent with the organisation's vision, mission and philosophy.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's philosophy, vision, mission and values. The home has processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Staffing levels are usually maintained at all times and there are procedures to ensure vacant shifts are filled. Management stated the home increases staff numbers and/or registered staff as care recipients' needs increase.

Registers are maintained to monitor staff criminal history checks as well as staff professional registrations. Staff stated that they enjoy working at the home and they express a commitment to care recipients. Care recipients and representatives stated staff are knowledgeable, are responsive to care recipients' needs and have a helpful and caring attitude.

## 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

Interviews with staff and documentation showed the home has systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home and all storage areas viewed showed there are adequate supplies, there is a stock rotation policy, and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and replacement needs are identified. Staff and care recipients interviewed said there are adequate supplies of goods and equipment available for use.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home has processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, care recipient and personnel files, locking of storage areas and offices and restricted password access to computers. Clinical information is updated to guide care delivery needs of care recipients with back-up systems in place to prevent loss of information. Information is communicated to staff through meetings, memoranda, notice boards, handover processes and care recipients' clinical files. Staff have position limited access to electronic information. Management communicate with care recipients/representatives via newsletters, care recipient meetings, email and one-to-one discussions. Care recipients/representatives and staff are satisfied with information which management provides.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home has effective systems and processes to ensure all externally sourced services are provided in a way that meets the care recipients' needs and quality goals. Preferred major external suppliers are managed using service agreements or contracts which include specifications of service delivery. Documentation reviewed included appropriate qualifications, insurance and registration details. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services with consideration given to services provided on an ongoing basis. Changes are made when services received do not meet expected requirements. Staff said they are satisfied with the quality of services provided

by external suppliers and there are processes to ensure services meet both the home and care recipients' needs.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. Care recipient and representative feedback indicates satisfaction with care provision. Recent continuous improvement initiatives in relation to Accreditation Standard Two include the following examples:

- During regular reviews of clinical documentation management identified that family consultations on individual care were not always being documented by staff. The home implemented strategies for improvement and audits indicate a 50% improvement in documentation.
- In 2014, the home created a new position of senior care manager with a focus on clinical governance. Improvements have been reported in various clinical activities including diabetes management, wound management, medication management and clinical documentation. Management reported that care recipients and staff are very happy with this improvement.

### **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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Two: Health and personal care include:

- The home has a system to monitor and record registered nurses, allied health professionals and medication practitioner’s professional registrations.
- The home ensures care recipients are provided with services, supplies and equipment as required under 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

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care. Examples of education and training attended by staff in relation to Accreditation Standard Two include: urinary incontinence, care planning, wound management, managing difficult behaviours and oral health.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure care recipients receive appropriate clinical care. A comprehensive assessment of the care recipient is undertaken on entry to the home. Care plans are formulated based on the assessment information by the care manager, registered nurses, physiotherapist, activity and care staff in consultation with care recipients/representatives. These care plans are reviewed and updated every three months and as needed. We observed staff providing care consistent with the care recipients’ care plans and daily observations of care recipients and any changes in their condition are noted in the care recipients’ files. Care recipients’ files show doctors and other relevant health care specialists regularly visit and review the care recipients’ condition. Clinical care is monitored through daily observations, handover and analysis of clinical data and is overseen by the care manager and registered nurses. Care recipients/representatives interviewed confirm they are fully informed about the clinical care required and are very satisfied with the care provided.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and meet care recipients’ specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with care recipients and medical/allied health professionals, as appropriate. The care manager oversees specialised care needs which are attended by registered nurses and senior carers. There is access to medical and allied health specialists as required. Staff are provided with education and support to ensure they appropriately manage care recipients’ complex and specialised care needs. Care recipients are satisfied with the management of specialised care needs.

## 2.6 Other health and related services

*This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

The care recipients are able to access appropriate health specialists through referrals from their medical practitioner or registered nurses. A number of health care specialists visit the home on a regular basis and as required. Other specialist health services can be accessed in the community and through the local hospitals and the local area health service. The home employs a physiotherapist who attends the home weekly. Records of visits to specialists are kept in resident files and relevant advice from these specialists included in care recipients’ care plans. Staff advised and care recipients/representatives confirm the home assists in the arrangement of appointments to health specialists and transportation to appointments as necessary.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

The home has clear policies and procedures for the safe and correct management of medication. The medication needs of a care recipient are assessed when they come to the home in consultation with care recipients/representatives and their medical officer.

Medications are delivered from blister packs which we observed are stored securely. All staff responsible for administering medication are appropriately trained and have their competencies assessed and we observed them using safe and correct procedures. Medical practitioners review care recipients medication needs every three months, or as needed and an external provider conducts a review of all care recipients’ medication annually. Care recipients, if assessed and approved by the medical practitioner, can self medicate all, or some of their medications. Medication incidents are reported, documented and appropriately addressed. There is a medication advisory committee with attendees including medical officers and pharmacist, local hospitals and other local homes. This committee meets every three months to oversee medication management, including policies and legislation. Care recipients/representatives interviewed report care recipients are assisted with their medication requirements and express satisfaction with the administration of medications.

## 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

Care recipients are assessed for any pain management needs when they come to the home and on an on-going basis. Individual pain management strategies are prepared by the physiotherapist and registered nurses, in consultation with care recipients/representatives and

their medical practitioners, for all care recipients identified as experiencing pain. Staff administer medication for pain relief as prescribed and also provide alternatives to medication interventions such as heat packs, therapeutic massage, TENS therapy and exercise programs. The home also has access to clinical nurse specialists from the local area health service and pain clinics at local hospitals to assist in managing care recipients' pain if required. Feedback is sought from care recipients/representatives as to the effectiveness of pain management strategies and specialised assessment tools are used to assess care recipients with communication and/or cognitive deficits. Care recipients/representatives interviewed confirm care recipients are maintained as free from pain as possible and that pain relief can be accessed as required.

## **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

When it is identified that care recipients require palliative care the home reviews the care needs and strategies are put in place to support the care recipient in a way that respects their wishes. If required, the palliative care team from the local area health service can be consulted and will visit the home. Together with the care recipient and their family a palliative care plan is developed and end of life wishes are established, or reviewed. Advanced care directives, or similar, are encouraged to be completed to ensure that the care recipients wishes are known and respected. Palliative care, including pain management, is provided by staff and arrangements are made for transfer to a nursing home or hospice if the care recipient/representative wishes. Care recipients reside in single rooms with en-suite bathrooms, which ensures privacy and dignity for the resident and their family. The local ministers of religion visit the home and are contacted on the request of care recipients and/or their families to provide pastoral care. Care recipients/representatives interviewed confirm they are satisfied their wishes will be respected and care recipients' comfort and dignity will be maintained at the end of life.

## **2.10 Nutrition and hydration**

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

### **Team's findings**

The home meets this expected outcome

The home has a system to assess, monitor and evaluate the needs of care recipients to ensure they receive adequate nourishment and hydration. Care recipients are assessed on entering the home for dietary needs and preferences and these are documented in a care plan that is reviewed at least every three months. The care recipients are offered a varied and well balanced diet and special diets and dietary supplements are available as needed. Care recipients are weighed each month and the home has access to a dietician and a speech therapist when eating or swallowing difficulties are identified. Staff assist care recipients with their meals as required and provide care recipients with fluids at meals and regularly throughout the day. Care recipients/representatives interviewed confirm care recipients are served food that meets their preferences and dietary requirements.

## 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

Care recipients’ skin integrity is assessed on admission to the home with skin care needs identified and incorporated into care plans that are evaluated on a regular basis. Staff monitor care recipients’ skin integrity daily, provide moisturiser for care recipients after showering and encourage care recipients to keep up their fluid intake. All skin tears are reported on incident forms and reviewed by the registered nurses and care manager. Simple dressings for wound care are carried out by care staff under the supervision of the registered nurse and the home has access to clinical nurse specialists from the local area health service to assist with complex wound care, if required. A podiatrist visits the home regularly to provide foot care as needed. Care recipients/representatives interviewed confirm they are satisfied with the care provided.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

All care recipients have continence assessment on entry to the home and care plans are developed and regularly reviewed and evaluated. Care recipients have ready access to toilets both in their ensuite bathrooms and throughout the home and access to a call bell system when physical assistance is required. Toileting programs are established for care recipients who require regular assistance and supervision and staff monitor and document the continence of care recipients in daily charts and progress notes. Prescribed aperients and dietary interventions are also used to support continence management, if required.

There are adequate supplies of disposable continence aids of varying sizes available and staff are trained in the use of these products. Care recipients/representatives interviewed confirm care recipients are satisfied with the care provided and that continence is managed effectively.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrated the needs of care recipients with challenging behaviours are managed effectively. Behavioural assessments are carried out on entry to the home and any known triggers and strategies to deal with challenging behaviours are set out in care plans, which are reviewed regularly. All behavioural incidents are recorded on incident reports and reviewed by the registered nurse and care manager. Psychogeriatric and dementia specialists from the local area health service are available for referrals, consultation and training of staff. Staff are provided with education in behavioural management and were observed interacting

appropriately with care recipients with behavioural problems. Care recipients/representatives confirm they are satisfied with the care and the way any challenging behaviours are managed.

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

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

### **Team’s findings**

The home meets this expected outcome

The mobility and dexterity of care recipients is assessed on entry to the home and on an ongoing basis by the physiotherapist who provides a care plan, pain management plan, falls risk assessment and manual handling directions, if needed, as well as individual and group exercise programs for care recipients. The manual handling needs of care recipients are also assessed to identify the need for equipment and assistance by staff and mobility aids and independent living aids are available to all care recipients. A physiotherapy aide is rostered five days a week to assist care recipients with their individual exercise and pain management programs. The living environment is well lit and uncluttered and there is a nurse call system to alert the staff if care recipients need assistance. The effectiveness of strategies to achieve optimum mobility and dexterity is monitored by review of clinical data and regular case reviews by the care team. Care recipients/representatives interviewed say they are satisfied with the assistance provided to care recipients to achieve optimum levels of 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 home demonstrated that care recipients’ oral and dental health is maintained. Care recipients’ oral and dental care needs and preferences are identified on entry to the home, documented on care plans and monitored in an ongoing manner. Staff assist care recipients with oral hygiene daily as outlined in the care plan and any needs or problems are noted and referred for specialist service. Care recipients with their own teeth are encouraged and supported to maintain their independence in terms of oral and dental hygiene. The home has access to a dental service which will visit the home to provide annual assessments, follow up treatment and referrals for oral and dental care. Care recipients/representatives interviewed said care recipients are assisted with oral hygiene when necessary and are satisfied with the care provided.

## **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

Assessments of care recipients’ sensory loss are undertaken on entry to the home and strategies to cater for sensory needs are documented in care recipients’ care plans. Staff assist care recipients with fitting and cleaning glasses and hearing aids as part of the care

recipients' daily hygiene routine and we observed staff interacting sensitively with care recipients with sensory loss. An optometrist visits the home periodically and an audiologist can be accessed to visit the home as needed. The home provides a safe, hazard free environment and aids to assist those with sensory loss such as large print books, enlarged activity programs calendars and games and quizzes in enlarged formats. Care recipients/representatives interviewed indicate they are satisfied with the management of sensory loss.

## **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 needs and preferences are assessed on entry to the home and strategies to ensure care recipients are able to achieve natural sleep patterns are documented in the care recipients' care plans. Each resident has their own room which provides an environment where there is minimum disruption to care recipients' sleep and care recipients choose their own retiring and waking times. Strategies to assist care recipients achieve a natural sleep pattern include, pain and continence management, heat packs, warm drinks and medication where prescribed. There is a nurse call system to alert staff to any night time difficulty that care recipients may encounter. Care recipients/representatives interviewed confirm that the environment is quiet at night and care recipients are satisfied with strategies to assist them if they have difficulty sleeping.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Standard Three over the last year include:

- The home recently reviewed the activities program and identified a need for additional focus on cultural and spiritual activities. They developed and implemented aids and staff training to assist staff in communicating with care recipients of Greek culture. They home also introduced an additional religious service to the activities calendar. Care recipients are very happy with these initiatives.
- The home identified that an increase in diagnoses of depression and have developed links to a psychology service to provide advice to staff. In addition, three staff have completed a certificate IV course in mental health. Staff are very happy with this initiative and advised the team that they are now better equipped to assist care recipients in their daily activities.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Three: Care recipient lifestyle, include:

- Offering an agreement to care recipients for signing on entry to the home that meets the requirements of legislation.
- The home has a system for the compulsory reporting and recording of allegations or suspected care recipient assault in accordance with regulatory requirements.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Three: Care recipient lifestyle. Examples of education and development attended by staff in relation to Accreditation Standard Three include: understanding cultural diversity, grief and loss and understanding the aged care rights service.

### **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

Care recipients and representatives interviewed expressed satisfaction with the assistance provided by staff to meet their initial and ongoing emotional needs. The home has systems to assess emotional needs of the care recipients through consultation with the care recipient and their representatives. Family and friends are encouraged to visit and are included in activities. Information is collected on entry and specific information is documented, which reflects care recipient wishes, interests and emotional needs. Information in relation to feedback from care recipients and representatives is gained through individual discussions, family conferences (as required), clinical assessments and care recipient meetings.

Birthdays and special occasions are celebrated. Care recipients state they are happy living at the home and the staff are kind and caring. Observations of staff interactions with care recipients during the re-accreditation audit showed warmth and respect.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home provides a welcome environment for visiting care recipient representatives and community groups, with care recipients being encouraged to participate in life outside the home whenever possible. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for care recipient use and a leisure activity program. Care recipients' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon and programs are displayed in communal areas to facilitate independence. Participation in the local community is promoted through bus trips, shopping outings, visits to cafes and clubs, and visiting entertainers. Care



recipients say they are encouraged to maintain their independence and contact with the local community.

### **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

Management and staff of the home protect the privacy and dignity of care recipients and ensure the confidentiality of care recipients' personal information. Staff handovers and confidential care recipient information is discussed in private and care recipients' files and computer records are stored securely. Staff demonstrate an awareness of practices which promote the privacy and dignity of care recipients. These include closing care recipient doors and window curtains when providing personal care. Care recipients who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Care recipients say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

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

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

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

The home meets this expected outcome

The home provides a varied lifestyle program and is developed in consultation with care recipients. The individual interests and preferred activities of care recipients are identified on admission. Information obtained from care recipient meetings and one-on-one discussions is also used to plan suitable group and individual activities. Recreational activities officers provide activity programs five days a week and weekend activities are also available. Activity programs are displayed and include physical exercise, mental stimulation, general social interaction and special events. Care recipients are informed of recreational activities available through the activity calendars in addition to verbal prompts about the activities of the day. Care recipients told us there are a variety of activities and outings provided and whilst they are encouraged to participate their decision not to do so is respected.

### **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

All care recipients and their representatives interviewed stated they were satisfied that care recipients' cultural and spiritual backgrounds are valued. The home's system identifies care recipients' social, cultural and spiritual needs on entry to the home in consultation with them and their representatives. Specific cultural days are commemorated such as Australia day and Easter and involvement from families and friends is encouraged. Church services are held

onsite. The home has access to ministers from different denominations available to visit. Care recipients say they are happy with the cultural and spiritual support provided.

### **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 encourages care recipients to exercise choice and control over their lifestyle through participation in decisions about the services each care recipient receives. Care recipients are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes choice of participation in activities, choice of personal items in rooms, input into care delivery, and a choice from a selection of meals. All care recipients are provided with a handbook that details the services available and are able to decorate their own rooms with personal belongings. The care recipient meetings provide a forum to discuss the running of the home including catering, activities and any issues arising. Staff were observed providing care recipients with choice in a range of activities of daily living. Care recipients say they are happy with the choices available to them and that their decisions are respected.

### **3.10 Care recipient security of tenure and responsibilities**

*This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".*

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

The home meets this expected outcome

All care recipients/representatives are provided with a copy of the care recipient handbook and the care recipients' agreement on entry to the home. These documents contain information regarding resident's rights and responsibilities, security of tenure and fees and charges. Consultation occurs with the care recipient and or their representative if any change in security of tenure is considered by the home. Care recipients/representatives report satisfaction with the security of tenure offered by the home and they confirmed they understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Standard Four over the last year include:

- The management team observed that staff training sessions for fire and evacuation were very large and observed that some staff were not always gaining full benefit from each training event. The home has implemented smaller training groups and requested the training provider to provide tools for training evaluation to assist in achieving training outcomes. The home also introduced a questionnaire/activity which is used following the training. Management are very pleased with this improvement and reported that all staff are confident in demonstrating their understanding of fire and emergency systems.
- The home has recently purchased new coffee/tea mugs. The previous tea cups were high quality china however they did not retain their appearance from frequent cleaning in a dishwasher. The new mugs were chosen for their attractive appearance and handles which are very easy to use. Care recipients and staff are very pleased with this improvement.

### 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 guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Four: Physical environment and safe systems include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is displayed.
- A current NSW Food Authority licence is displayed and a food safety program has been implemented as required by the NSW Food Safety Authority.

### **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 that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Four: Physical environment and safe systems. Examples of education attended by staff in relation to Accreditation Standard Four include: fire awareness and evacuation, manual handling, incident reporting, hazard identification and management, and workplace health and safety.

### **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

Management is actively working to provide a safe and comfortable environment according to the needs of care recipients. We observed the home to be clean, free from clutter, homelike in furnishing and domestic in scale and design in each of the three levels of the home. There is elevator access to all floors for ease of access. The lower floor has the cinema, day spa, hairdressing and resident laundry. The ground and first floor is where the care recipient rooms are located. There is adequate and appropriate furniture for communal indoor and outdoor courtyard areas. The internal temperatures are kept at a comfortable level and there is adequate ventilation and natural lighting. We noted the environment to be secure with key pad entry for added security. All care recipients are accommodated in single rooms and all have individual ensuites in each room. The home has two larger rooms that can accommodate couples. The home has a preventative and reactive maintenance program in place to ensure the environment is safe and well maintained. Safety and comfort of the home is monitored through feedback from care recipients, observations from staff, accident/incident reports, hazard logs and environmental audits. Care recipients/representatives describe the home as meeting the needs of care recipients very well.

### **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 is actively working to provide a safe working environment through policies and procedures, hazard identification and risk management plans, environmental audits and incident and accident reporting. Staff work practices are supervised and a scheduled

maintenance program is in place to minimise risk. Work health and safety is discussed at meetings and education is provided to ensure staff understand regulatory requirements.

Observations confirmed safety signage on display and personal protective equipment is available for staff. Chemical substances are stored securely and managed correctly and safety data sheets are provided for all chemicals in use. Staff receive mandatory manual handling training during induction and on an ongoing basis. The home has an active quality and work, health and safety committee to assist management to minimise risks. Staff interviewed stated they are encouraged to report hazards within the home and repairs or replacement takes place 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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire and security and emergency risks. The home's systems include compulsory training, policies and procedures, emergency equipment and evacuation plans. Safe storage of chemicals, designated smoking areas and an electrical tagging program reduce the risk of fire. Staff training plans show staff undergo fire training when they are inducted and it is also scheduled on a twice yearly basis. Regular monitoring and testing of fire and other emergency equipment is carried out by an external fire contractor. External doors are locked after hours and a security check is conducted nightly. Care recipients interviewed stated they feel very safe within the home.

#### **4.7 Infection control**

*This expected outcome requires that there is "an effective infection control program".*

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

The home meets this expected outcome

The home has an effective infection control program. The program includes processes to prevent, minimise, monitor and manage staff and care recipients' infections. Infection data is collated and evaluated monthly and the results are discussed at staff meetings. Staff members receive education on commencement of employment and on an ongoing basis about infection control. We observed practices that reduce the risk of cross infection, including the use of personal protective equipment, hand washing and the use of colour coded equipment in all areas. We also observed adherence to food safety guidelines and cleaning, and an influenza vaccination programme is offered for staff and care recipients.

Staff interviewed demonstrated an understanding of the home's infection control 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

#### **Catering**

The hospitality services are provided in a manner that enhances the quality of life for the care recipients. All main meals are prepared on site and transported to each floor where the care staff plate and serve. There is a choice of two main meals at lunch time, a continental or hot breakfast and a light evening meal. Morning and afternoon tea and supper is served by activity or care staff. Visitors or care recipients can access the servery at any time to make themselves a drink. Fresh fruit was observed to be readily available. A daily menu is displayed in all wings. Food is served in a pleasant dining room on two floors. We observed food service and staff practices that reflect the appropriate food safety guidelines, including infection control requirements. There are many opportunities for care recipients to provide feedback on the quality and variety of meals and any issues raised are followed up by the home with the catering contractor.

#### **Cleaning**

Cleaning services are provided by a contractor according to a set schedule that covers all aspects of regular and ad hoc cleaning, but with flexibility to pick up prioritised cleaning tasks such as food or drink spills. Cleaning staff were observed using cleaning equipment such as coloured mops and cleaning cloths and using infection control principles. Wet floor signage was observed in use. The home presents as clean, fresh and well maintained and care recipients said the home is always very clean and odour free and that the cleaners do a very good job

#### **Laundry**

The laundering of personal and flat linen is done offsite Monday to Friday. The laundry has designated areas separating dirty laundry from clean laundry. Care recipients' clean clothing is returned daily to their rooms. Care recipients are able to do their own washing if they choose and a well equipped domestic laundry is located on the lower floor. There is a system for lost clothing, if needed and the home labels personal clothing on care recipients' behalf.

There are ample supplies of linen of good quality. Care recipients expressed a high level of satisfaction with the laundry services provided at the home.