



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Marco Polo Aged Care Facility**

RACS ID 0560  
70 Waples Road  
UNANDERRA NSW 2526

**Approved provider: Marco Polo Aged Care Services 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 31 October 2018.

We made our decision on 01 October 2015.

The audit was conducted on 18 August 2015 to 20 August 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**

**Marco Polo Aged Care Facility 0560**

**Approved provider: Marco Polo Aged Care Services Limited**

### **Introduction**

This is the report of a re-accreditation audit from 18 August 2015 to 20 August 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 18 August 2015 to 20 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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>	Veronica Hunter
<b>Team members:</b>	Fay Bushell Sandra Daly

## Approved provider details

<b>Approved provider:</b>	Marco Polo Aged Care Services Limited
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## Details of home

<b>Name of home:</b>	Marco Polo Aged Care Facility
<b>RACS ID:</b>	0560

<b>Total number of allocated places:</b>	185
<b>Number of care recipients during audit:</b>	161
<b>Number of care recipients receiving high care during audit:</b>	149
<b>Special needs catered for:</b>	Dementia and cultural clusters

<b>Street/PO Box:</b>	70 Waples Road
<b>City/Town:</b>	UNANDERRA
<b>State:</b>	NSW
<b>Postcode:</b>	2526
<b>Phone number:</b>	02 4272 7700
<b>Facsimile:</b>	02 4271 8360
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Manager	1
Facility manager	1
Care manager	2
Registered nurses	6
Care staff	16
Team leaders	6
Pharmacist	1
Administration assistant	1
Housekeeping manager	1
Food services staff	3
Learning and development educator	2
Care recipients/representatives	39
Quality consultant	1
Volunteers	1
Laundry staff	2
Cleaning staff	2
Maintenance supervisor	1
Medical officer	1
Recreational activities officer	4
Physiotherapy manager	1
Physiotherapist	1
Human resources officers	2

## Sampled documents

Category	Number
Care recipients' files	17
Summary/quick reference care plans	17
External contracts	12
Medication charts	12
Personnel files	11
Signed resident agreements	12

## Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Asset documentation, including register of new equipment
- Audits and audit schedule
- Care recipients and visitor sign in/out books
- Cleaning manuals, schedules, inspection records
- Clinical documentation: accident/incident reporting forms, assessments and reviews for palliation, behaviour monitoring and management, bowel and continence management, blood glucose level monitoring, dietary needs/preferences, meals and drinks, pain, weight monitoring, wound management/dressings, restraint authority, dietitian and speech therapist assessments and reviews, care plans, wound charts and manual handling guides, care evaluation schedules, documentation schedules
- Continuous improvement documentation, including computerised program for continuous improvement, continuous improvement progress reports, clinical indicator report and audits
- Education: education calendars, staff training needs survey, education records, including mandatory training, skill and competency assessments
- External services documentation, including contractor and suppliers service agreements and contracts, caterex folder
- Feedback system including, compliments, complaints, comments and other documentation
- Fire and emergency documentation, including annual supplementary fire safety statement, deployment flow chart, evacuation diagrams, emergency planning folder, disaster management plan, registered nurse lock-up procedure, fire system servicing documentation from fire company



- Human resource documentation including orientation program, orientation schedule position descriptions, recruitment program, new employee pack, staff handbook, code of conduct, duty lists, staff handbook, staff rosters, daily staff allocation sheets,
- Infection control documentation including vaccine fridge graph readings, self-directed learning package, questionnaires, orientation program, general education, infection prevention and control manual, information and procedures for staff, staff and care recipient vaccination kit, pest control records, audits and tracking of infections
- Information systems documentation, including electronic communication systems, policies, procedures, committee structure, memoranda, meeting schedule, phone lists, communication books, handover sheets, newsletters, care recipient documentation, ordering folder
- Inventory and equipment documentation, including register of new equipment
- Laundry manuals
- Leisure and lifestyle documentation, including life story albums, photographic records, monthly cultural days folder, monthly program, weekly program, recreational activities officer (RAO) evidence folder, care recipients' colouring folders, RAO catering folder, activities bulk list (electronic), assessments and care plans
- Maintenance documentation, including electronic system records of daily maintenance requests, calendar or preventative maintenance, preventative maintenance schedule 1 and 2, system for hazard reporting, electrical tagging folder, contractors site induction, calendar of external contractors, water testing programs, thermostatic mixing valve folder
- Medication management, including medication administration policy, medical officer's orders, medication charts, incident reports, clinical refrigerator monitoring records, pharmacy communications, schedule eight drugs of addiction registers and 'as needed' (PRN) medications, medication advisory committee meeting minutes
- Minutes of meetings and meeting calendar
- NSW Food Authority license and report, food safety plan, food and equipment temperature records, kitchen cleaning schedules, meal/drink preference lists, seasonal menus
- Occupational health and safety documentation including, safety data sheets, safe work practice documents, falls prevention manual, hazard reporting forms, accident/incident reporting forms
- Organisational charts
- Physiotherapy documentation, including detailed assessments, care plans, record of daily/weekly treatments for care recipients
- Policies, procedures, guidelines, flowcharts and forms
- Regulatory compliance documentation, including re-accreditation audit self-assessment, notification of re-accreditation audit for care recipients and representatives, reportable incidents folder, criminal record checks, professional staff registrations
- Satisfaction survey results – Care recipients, staff

- Work Health and Safety (WHS) notices, workplace incident records, return to work program, environmental inspection reports, electrical equipment risk assessments, WHS and injury management policies

## Observations

The team observed the following:

- Activities in progress, associated resources, photographs of past events
- Charter of care recipients' rights and responsibilities displayed
- Chemical storage, safety data sheets
- Cleaning in progress, colour coded cleaning equipment
- Comments, complaints and advocacy mechanisms available, including internal and external forms, posters and brochures, improvement forms, locked suggestion box
- Dining environments during midday meal service, morning and afternoon tea, including care recipient seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in the dining room and their rooms
- Displayed notices including, Australian Aged Care Quality Agency re-accreditation audit notices, menu, activities calendar
- Electric beds and pressure relieving mattresses in use
- Equipment and storage supply areas, secure storage of medications
- Fire safety instructions, fire safety equipment, emergency evacuation trolley
- Infection control items, including hand wash stations, hand sanitiser dispensers around the home, contaminated waste bin, colour coded cleaning equipment, sharps containers, personal protective equipment, outbreak kits, spills kits
- Information brochures on the internal and external complaints systems and advocacy services
- Living environment – internal and external
- Manual handling, such as lifters, hand rails, ramps, walk belts, pressure relieving devices, limb protectors, mobility equipment and safe oxygen storage
- Menu displayed
- Mission, vision, values statements displayed
- Noticeboards and information brochures for staff, care recipients and visitors brochures
- Noticeboards and posters, notices, brochures and forms displayed for care recipients, representatives and staff, including notices advising of the re-accreditation visit
- Secure storage of confidential information and medications

- Short group observation of care recipients in the Magnolia dining room
- Staff handover, staff work areas
- Staff practices and courteous interactions between care recipients, visitors and other staff
- Vision and values of the organisation and the Charter of care recipients' rights and responsibilities displayed
- Visitors' sign in/out register
- Waste disposal facilities

## 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 for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery.

Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Discussion combined with management and organisational initiatives contribute to the development of the continuous improvement plan to action improvements. Activities which support quality improvement include regular care recipients/representatives meetings, quality governance committee and staff meetings and internal and external audit programs. All stakeholders are provided with feedback on improvement actions taken as appropriate.

Examples of improvements in relation to Accreditation Standard 1 include:

- As part of Marco Polo Aged Care Services' commitment to provide their staff with ongoing professional development, the management approved an ongoing staff development initiative. Staff are encouraged to further develop their skills and knowledge by attaining training in all aspects covering the four Accreditation Standards. In the past 12 months, management offered the following placements for staff to complete: 24 staff completed Certificate IV in Dementia Care, one completed Certificate IV in Leisure and Lifestyle, four completed Certificate 4 in Aged Care and two completed the Diploma of Management. Staff responded well to the opportunity to extend their skills and knowledge and management allocated time and paid for staff to attend and complete the course requirements.
- The home implemented a new roster system with additional staffing commenced on the 26 January 2015. The new rosters promote improved resource efficiency, which in turn optimises person centred care approach. In Unanderra Care this has included an additional 16 hours for care staff. There is also a full-time physiotherapy aide to assist the full-time physiotherapist. In Cordeaux Lodge, there has been an allocation of an extra team leader and a full-time physiotherapy aide
- It was recognised that in moving forward with the Macro Polo's new model of care, registered nurses and team leaders needed more support so that they could be confident

in providing holistic care to care recipients and be effective role models for other staff. Management arranged for a professional development session for registered nurses and team leaders. Topics and activities covered during the session included teamwork - helping others, managing conflicts, effective communication, improving documentation for the Aged Care Funding Instrument (ACFI), medication management and person centred care. The professional development sessions are an important element that management commit to provide to key personnel and all staff in general on an ongoing basis. Staff and care recipients provided positive feedback on the commitment and support they have received from management.

## 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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Macro Polo’s Board of Directors, peak body and association memberships, legislative updates and Department of Social Services information ensures management receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual education sessions. Updated information is made available through memoranda, meetings and education sessions. Management ensure currency of policies, procedures and forms. Monitoring of compliance includes scheduled audits, staff skill assessments and observation of staff practices. Staff demonstrated awareness of current legislation.

Examples of compliance relating to Accreditation Standard 1 include:

- There is a system to ensure all staff, volunteers and contractors have current national criminal record checks.
- A review and update of policies in response to legislative changes, such as privacy and mandatory reporting, have been completed and are current.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Skill assessments are conducted at orientation and as necessary. Staff learning and development needs are established and the annual education calendar is planned to include compulsory topics. Staff feedback is collated for annual staff training needs analysis. In-service sessions are developed in response to care recipients’ care needs, legislative changes, audit results and analyses of clinical indicators. Staff development is supported through traineeships and

certificate program education. Training and education is offered on-site in small groups, one-on-one, and through audio-visual resources. Staff participation is monitored and recorded and programs are evaluated. Care recipients and representatives interviewed are satisfied that staff are providing appropriate care for care recipients' needs.

Examples of education and training attended over the last year in relation to Accreditation Standard 1 include: orientation, code of conduct, privacy policy, Certificates III and IV in Aged Care, dementia care, bullying and harassment, continuous improvement and document management system.

#### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home has internal and external feedback and complaint mechanisms available to all care recipients, representatives and staff. During the admission process, all new care recipients are made aware of feedback mechanisms and advocacy services outlined in the Cordeaux Lodge and Magnolia wing information booklet and the Unanderra Care information booklet, the agreement and brochures. Feedback forms and brochures for accessing external complaints and advocacy services are readily available and a suggestion box is centrally located. Satisfaction surveys are conducted and care recipients/representatives meetings provide forums for feedback and updates on actions taken in relation to care recipient initiated issues. Complaints reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Complaints are handled confidentially and are registered and analysed monthly. The information management system links all identified issues to the continuous improvement program. Staff demonstrated awareness of complaint procedures. Care recipients/representatives said if they have any concerns they do not hesitate to raise them with staff and are satisfied with the resolution.

#### **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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisational vision, mission and values statements are documented in the staff code of conduct, staff handbook and Cordeaux Lodge and Magnolia wing and Unanderra Care information booklets and values statements are displayed. The Charter of care recipients' rights and responsibilities is on display and is included in the resident agreement received on entry. The home's operations are supported by the Board of Directors and this support, combined with audit and quality management programs, ensures an ongoing commitment to quality care for care recipients.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has skilled and qualified staff sufficient to deliver appropriate levels of care to care recipients. Staff are recruited in consideration of care recipient needs and a minimum Certificate III qualification is preferred for care staff. The home is supported by the human resources department and appropriate certification is obtained prior to employment. The home conducts staff criminal record checks, monitoring and renewal using a computerised system linked to payroll. All new staff complete an orientation program and are supported by a work buddy. Staff sign to acknowledge confidentiality of information. Position descriptions, duty lists, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, skill assessments, performance and development reviews, informal feedback and audit results. Staff rosters are adjusted according to workloads and registered nurses are rostered on all shifts. An adequate number of casual staff are available to cover staff leave requirements. Staff said they enjoy working at the home, they work as a team and mostly have sufficient time to complete shift duties. Care recipients/representatives expressed satisfaction with care provided by staff and care recipients said they are assisted when necessary in a timely manner.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home has stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request reports are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

There are systems in place to provide access to current information for all stakeholders. Feedback, audits and survey results provide information to management about the home's

performance. Staff are informed by the handbook, position descriptions and duty lists and have access to current policies, procedures and forms. Updated information for staff is available through electronic mail, handover, care documentation, communication books, memoranda, noticeboards and meetings. All staff have access to the shared document portals. Key staff have access to management electronic databases. A resident agreement, enquiry pack and information booklets inform care recipients/representatives and updated information is provided through meetings, newsletters, noticeboards and verbal communication. Care recipients/representatives interviewed believe they are kept informed and up-to-date. There are policies and processes for confidential storage and appropriate management of all records in the home.

## **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's externally sourced services are arranged primarily by way of specified contract agreements. There is a designated organisational process whereby specific criteria must be met in relation to services to be supplied and references, insurance and criminal history checks are made. All major contracts are reviewed regularly through performance feedback by the organisation. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier, lists are maintained at the home and updated as required. Staff are informed of appropriate matters relating to the provision of externally sourced services.



## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home.

Staff suggestions, feedback from care recipients' incidents such as falls, skin tears, behaviours and medication contribute to improvements in relation to Accreditation Standard 2 Health and personal care.

Examples of improvements in relation to Accreditation Standard 2 include:

- There has been an identified issue relating to the home's three different nurse call systems. As a result, the home upgraded its nurse call system for the whole facility. The home has recently upgraded their current communication systems to a Digital Electronic Cordless Telephone System (DECT System). Once completed the system will provide the staff with more effective communication, enabling essential and urgent care needs and services to be attended to promptly. Positive feedback has been received from staff, management, care recipients and relatives.
- Through the recent roster review process, Macro Polo recognised there was a need to provide additional physiotherapy hours in order to support care needs in particular for pain management, falls prevention and increased mobility support for care recipients. As a result, the home has one full-time physiotherapist delivering treatment and another is to commence in their position in the near future. Both the physiotherapists will be assisted by physiotherapy aides. Care recipients are very satisfied with the extra physiotherapy hours to assist their mobility and independence.
- The home's auditing system identified a need for improvement in the system for warfarin administration. In consultation with the registered nurses and team leaders, a decision was made to ensure that only registered nurses are able to administer warfarin. The pharmacy now supplies all warfarin orders on a separate sheet. The outcome has been positive with the system working well for the home.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard 2 include:

- Medication storage and medication administration staff practices are monitored for safety and compliance.
- There is a system to manage unexplained absences of care recipients in accordance with regulatory requirements.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care.

Examples of education and training attended over the last year in relation to Accreditation Standard 2 include: annual medication and clinical competency and training, pain management, medication management, diabetes, dementia care, behaviour management, wound care, clinical skills, nutrition and hydration.

## 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 provides care recipients with appropriate clinical care through initial baseline and ongoing assessments, care planning and evaluation processes. There are systems that enable care recipients and representatives to exercise control over the care they receive and to provide input into care recipients' care planning. The registered nurses review and evaluate care recipients' individual care plans every third month or when required. Staff are informed through handovers, daily schedules, progress notes, case conferences, meetings, verbally and through communication diaries of any alterations/exceptions to the usual care required. Care

recipient weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for care recipient incidents, such as falls, skin tears and behaviours of concern. Staff demonstrate knowledge of care recipients' care needs. All care recipients/representatives interviewed are satisfied with the timely and appropriate assistance given to care recipients.

## **2.5 Specialised nursing care needs**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by qualified nursing staff, with medical officer input when required. The home has an adequate staffing skill mix of appropriately qualified and skilled personnel to ensure care recipients' specialised nursing care needs can be met. This includes registered nurse input into assessment, management and care planning for care recipients. The home currently provides specialised nursing care for care recipients requiring diabetic management, wound care, catheter care, percutaneous endoscopic gastrostomy feeding and pain management. Staff are provided with education in specialised nursing procedures and confirm they have access to adequate supplies of equipment for the provision of care recipients' specialised nursing care needs. Care recipients/representatives are satisfied with the level of specialised nursing care offered to care recipients by nursing, medical and/or other health professionals.

## **2.6 Other health and related services**

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

### **Team's findings**

The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information confirm that referrals for care recipients are arranged in a timely way with appropriate health specialists. Registered nurses have regular access to a physiotherapist, podiatrist, speech pathologist and dietitian. Care recipients' health and well-being is regularly reviewed and appropriate referrals are made by registered nurses in collaboration with care recipients' representatives, care staff and medical officers. Effective monitoring is achieved through the daily handover of key care recipient information to relevant staff. When required, care recipients' medical officers are alerted and consulted.

Care recipients/representatives stated care recipients are referred to the appropriate health specialists in accordance with their needs and preferences.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

There are policies and processes to ensure all care recipients’ medication is managed safely and correctly. These include regular pharmacy deliveries, the secure storage of medications and internal and external audits. Staff administer medication using a pre-packed medication sachet system and registered nurses oversee the home’s medication management system processes. All prescribed medications are recorded in the paper based medication charts.

Review of care recipients’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, photographic identification, care recipient allergies and medication allergy status. All staff administering medications are assessed according to the home’s medication policy through initial skills based assessments, then annually or as required. Care recipients/representatives confirmed they are satisfied with the home’s management of care recipients’ medication.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

All care recipients are initially assessed to identify their pain history and presence of any pain. Strategies to alleviate and/or to minimise and manage pain levels are documented in the care recipients’ care plan. Pain re-assessments are completed to determine the effectiveness of interventions and care plans are updated as required. A multidisciplinary approach involving the care recipients’ medical officer and nursing staff supports the care recipient’s pain management program. Staff are knowledgeable about the many ways of identifying care recipients who are experiencing pain. Pain management strategies include pharmacological reviews and various non-pharmacological interventions and treatment in liaison with care recipients’ medical officer. Care recipients are repositioned, assisted with movement and exercise, given gentle heat therapy and are involved in distraction therapy. Care recipients say the care provided at the home relieves their pain or it is managed so they are comfortable.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home has a suitable environment and culture to ensure terminally ill care recipients’ comfort and dignity is maintained. Where possible, care recipients’ end of life wishes are identified and documented on entry to the home or at an appropriate time thereafter, through ongoing assessment processes and case conferences. The home has specialised clinical and comfort devices to ensure and maintain care recipients’ palliation needs and preferences.

Local clergy visit regularly and are available to provide emotional and spiritual support. Staff receive ongoing education and described appropriate practices for the effective provision of palliative care. Staff provide a dignified farewell when care recipients pass away. Care recipients/ representatives said the home's practices maintain the comfort of terminally- ill care recipients.

## **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 processes to provide care recipients with adequate nourishment and hydration. Care recipients are assessed for swallowing deficits and other medical disorders, allergies, intolerances, food likes and dislikes, as well as identifying any cultural or religious aspects relating to diet. Provision is made for care recipients who require special diets, supplements, pureed and soft meals, thickened fluids or extra meals and snacks throughout the day. This information is recorded on a care recipient's nutrition and hydration form and sent to the kitchen. Care recipients are provided with assistance at meal times and assistive cutlery and crockery items are available. The home monitors care recipients' nutrition and hydration status through staff observations in progress notes and the recording of care recipients' weights with variations assessed, actioned and monitored. Care recipients are referred to a dietitian and/or speech pathologist when nutritional issues arise. Care recipients/representatives are satisfied they are able to have input into the menus and meal choices offered.

## **2.11 Skin care**

*This expected outcome requires that "care recipients' skin integrity is consistent with their general health".*

### **Team's findings**

The home meets this expected outcome

The home has a system to ensure care recipients' skin integrity is consistent with their general health. Initial assessment of the care recipients' skin condition is carried out along with other assessments relating to and influencing skin integrity. Care recipients are provided with access to nutritional support, podiatry, hairdressing and nail care according to their individual needs and choices. Management of skin breakdown and tears and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the home's clinical indicator data set. The home has a range of equipment staff use to maintain and optimise care recipients' skin integrity, including providing regular pressure care, applying skin guards and by using correct manual handling practices. Care recipients/representatives are satisfied with the skin care provided to care recipients and report that staff are careful when assisting care recipients with their personal hygiene and care activities.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating care recipients’ continence needs to ensure it is managed effectively. Processes are in place for the daily distribution of care recipients’ continence aids and for communicating care recipients’ continence aid needs between staff. Care recipients are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet care recipients’ needs and regular toileting programs are provided as identified. Bowel management programs include the daily monitoring and implementation of various bowel management strategies if required. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home’s continence supplier provides ongoing advice and education for staff and care recipients on product use. Feedback from care recipients/representatives shows their satisfaction with the continence care provided to care recipients.

## 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 needs of care recipients with challenging behaviours are managed through consultation between the care recipients and their representatives, staff, medical officers and allied health professionals. Care staff and the recreational activities officer implement a range of strategies to effectively manage care recipients with challenging behaviours. Care recipients’ behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff recognise the triggers and early warning signs exhibited by some care recipients and put in place appropriate strategies to manage behaviours. The home’s environment is calm and care recipients are well groomed. Care recipients’ representatives said staff throughout the home manage care recipients’ displaying challenging behaviour appropriately, including those in the Magnolia Unit.

## 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

Care recipients/representatives are satisfied with the way mobility, dexterity and rehabilitation are achieved at the home. Care recipients are assessed on entry by the physiotherapist for mobility and dexterity levels and falls risk. An individualised care plan and program is developed and the physiotherapy aides assist the physiotherapist in completing these programs. An exercise group is conducted by the physiotherapist to assist with general

mobility, balance and range of movement. Care recipients are encouraged and assisted to walk as much as possible and specific programs are run to assist with optimum mobility.

Interviews with staff and a review of documentation show assessments, care plans, and accidents/incidents, including falls are reviewed to ensure optimal levels of mobility and dexterity are achieved and appropriate referrals are made. Staff are educated in manual handling and the use of mobility and transfer equipment. Assistive devices, such as mobile walking frames, mechanical lifters and wheelchairs are available and maintained by maintenance staff.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients’ oral and dental health is maintained. Care recipients’ dental needs are identified through assessment and consultation with the care recipient and representative on entry to the home and as their needs change. Appropriate dental care is planned and the care recipient’s medical officer is consulted for referrals if there is a need for assessment or treatment by specialists, dentists or dental technicians.

Ongoing dental care needs are identified through care recipients’ feedback, staff observation of oral discomfort, or reluctance to eat with weight variances. Care recipients are encouraged to maintain their own oral and dental health with staff providing physical assistance and prompts where necessary. Care recipients/representatives said they are satisfied with the oral and dental care provided to care recipients.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

The home assesses care recipients’ eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing care recipients’ nutritional needs, dexterity and interest in activities. These are documented on care recipients’ care plans and summary care plans to prompt and instruct staff on how to engage care recipients appropriately. The activity program features activities to stimulate care recipients’ sensory functions and staff described the various strategies and types of group and individual activities which encourage active participation from care recipients with sensory deficits. These include positioning, utilising materials and equipment to enhance care recipients’ participation and adapting to the environment. Care recipients and representatives said they are satisfied with the home’s approach to managing care recipients’ sensory losses.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

The home assists care recipients to achieve natural sleep patterns through sleep assessments, care planning, offering a choice of time for going to bed and rising, and providing them with staff support at night. Staff demonstrate knowledge about the various strategies used to assist care recipients to sleep. For example, offering warm drinks or snacks, providing appropriate pain and continence management, a comfortable bed, and repositioning with night sedation if required and ordered by the medical officer. Care recipients can use the nurse call system to alert the night staff if they are experiencing difficulties sleeping. Care recipients state they sleep well at night. Care recipients/ representatives are satisfied with the home’s approach to care recipients’ sleep management.



## 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.

Care recipient/representative meetings, surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard 3 Care recipient lifestyle.

Examples of improvements in relation to Accreditation Standard 3 include:

- Following feedback from staff, management identified an opportunity to create a child friendly environment for all relatives and families visiting with young children. A new playground “Munchkins’ Corner” was installed outside the alfresco dining café for young children to enjoy. The area has play equipment with soft flooring for safety. Positive feedback has been received from families as they feel more comfortable bringing young children to visit care recipients and are able to stay longer as well. Care recipients provided positive feedback that this new playground has improved the social amenity and provided a gathering point for their families.
- There was an identified need following feedback from staff that the previous care recipients’ transport vehicle was too large, making it difficult to find parking in some locations. Management purchased a new care recipient transport vehicle which is more suited to the home’s need. The new vehicle has rear wheelchair access and can transport two care recipients and their wheelchairs. Care recipients/representatives provided positive feedback as this improvement assists them attend to care recipient appointments and maintain their external contacts.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard 3 include:

- All new care recipients receive an agreement and handbook which include information about security of tenure, residency rights and financial payment options.
- There is a system for mandatory reporting 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

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to resident lifestyle.

Examples of education and training attended over the last year in relation to Accreditation Standard 3 include: promoting health and wellness, dying and cultures, leisure and lifestyle, dementia care, privacy and dignity, care recipients’ rights, elder abuse and mandatory reporting and reportable incidents.

### 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 are carefully monitored and emotionally supported as they settle into life at the home. Individual programs are developed for each care recipient and families are encouraged to participate in care planning. Families are supported as they adjust to the changes and any concerns are addressed by management with timely feedback. Care recipients are encouraged and assisted to participate in lifestyle programs and maintain contact with family and friends. Management monitor staff practice to ensure staff are helpful and caring and are responsive to care recipients’ need for emotional support whenever it is needed. Staff and

management say they are dedicated to ensuring that each care recipient is as happy as possible and care recipients/representatives are very satisfied with the emotional support they receive at the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has systems to assist care recipients achieve maximum independence, maintain friendships and participation in the community. The home's environment provides opportunities for care recipients to exercise independence and choice on a daily basis.

Exercise and walking programs are held to assist with maintaining mobility. Leisure activities actively seek the involvement of care recipients and promote independence. Care recipients are encouraged to maintain independence and decision-making regarding personal hygiene, meal choice, voting in elections and attendance at activities. Families, friends, social and religious groups regularly visit the home. The home has a café which allows care recipients to entertain their visitors in a social setting. Bus trips enable care recipients to visit the local community and school children visit to entertain and chat. Care recipients/representatives are satisfied care recipients are encouraged and assisted to maintain their independence and friendships.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with care recipients' individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including the care recipient's preferred name.

Information about privacy, dignity and confidentiality is contained in the home's publications. Permission is sought from care recipients for the disclosure of personal or clinical information and the display of photographs. Staff sign a confidentiality agreement that outlines their responsibilities in maintaining care recipients' right to privacy. Staff handovers and confidential care recipient information is discussed in private and care recipient files are maintained securely. Staff assist and address care recipients in a manner that is both respectful and dignified. They maintain the individual's privacy, for example, by knocking on a room door prior to entry. Care recipients who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Care recipients/representatives are satisfied with how privacy, dignity and confidentiality are managed at the home.

### **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

Marco Polo Aged Care Facility provides a varied lifestyle program which is developed in consultation with care recipients/representatives. The individual interests and preferred activities of care recipients are identified on entry to the home and a care plan is developed. Information obtained from meetings and one-to-one discussions is also used to plan suitable group and individual activities. Lifestyle staff provide an activity program seven days a week. Monthly lifestyle calendars are on display in the home and are provided individually to care recipients. Programs include a wide range of activities based on individual assessed needs and capabilities of care recipients. These include physical exercise, bus trips, mental stimulation, general social interaction, cultural, spiritual and special events and one to one time. A specific program is held in Magnolia wing for care recipients living with dementia.

Care recipients' birthdays are celebrated and involvement from families and friends is encouraged. Staff maintain attendance records and evaluate activities to identify levels of interest in the program provided. Care recipients stated they enjoy the activities program and whilst they are encouraged to participate their decision not to participate 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

Care recipients' spiritual and cultural needs are fostered through the identification and communication of their individual interests, customs, religion, and ethnic backgrounds during the home's assessment processes. Cultural and spiritual needs are considered when planning clinical care and end of life wishes. The care recipients at the home are from many different backgrounds. Specific cultural celebrations, such as national days of countries, including Australia, Mothers and Father's day, Anzac day, Christmas and Easter are celebrated with appropriate festivities, including staff participation, food, music and entertainment. Varied church services are held on a regular basis. Church visitors are welcomed and visit regularly for communion services, bible readings and prayers. Care recipients/representatives appreciate the efforts made by staff to assist in meeting care recipients' cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home demonstrates each care recipient participates in decisions about the services the home provides. Care recipients/representatives are able to exercise choice and control over their lifestyle through consultation about their individual needs and preferences. Care recipients' personal preferences are identified through the assessment process on entering the home. There are mechanisms for care recipients/representatives to participate in decisions about services including access to management, care recipient/relative meetings and complaint mechanisms. Care recipients have choices available to them including waking and sleeping times, shower times, meals and activities. There is a small shop in the home where care recipients are able to purchase foodstuff, cards, toiletries and general items.

Care recipients are encouraged to personalise their rooms or bedspace with memorabilia and items of their choosing. Care recipients/representatives are satisfied with the support of the home with regard to care recipients' choice and decision making processes.

### **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

Information is provided by the home to explain care, services, fees and charges for new care recipients/representatives prior to entry. A resident and accommodation agreement is offered to each care recipient/representative to formalise occupancy arrangements. The resident agreement includes information about rights and responsibilities, fees and charges, care and services, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients/representatives are invited to obtain independent financial and legal advice prior to signing the agreement. Care recipients' rights and responsibilities and other relevant information are documented in information booklets and are on display in the home. Care recipients/representatives are satisfied with the information provided by the home regarding security of tenure and their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home.

In relation to Accreditation Standard 4 Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and care recipient/representative feedback.

Examples of improvements in relation to Accreditation Standard 4 include:

- As part of the home’s refurbishing project, the following areas have been refurbished.
- Refurbishing of Cordeaux Lodge included care recipients rooms and communal areas. As rooms become available, carpet and vinyl has been replaced as per the new extension décor refurbishing project plan. In addition to the internal refurbishment, outdoor gardens outside the Lodge have been improved to provide care recipients and families with a comfortable outdoor area. This includes an undercover patio with outdoor tables and chairs.
- Refurbishing of Unanderra Care aimed to provide care recipients with a fresh, comfortable and more homelike environment. Most common areas, such as the recreation room and the dining room have had new vinyl laid. The foyer and offices had been recarpeted.

Care recipients and their relatives, as well as all staff are very happy with the new changes which will not only give them more areas for leisure and lifestyle activities but will also improve the home’s living environment overall.

- In response to regulatory requirements, the home installed fire sprinkler systems throughout the facility. In addition, new fire panels have been installed in the recent extensions and the older parts of the facility. The new panels paved the way for an installation of a new emergency warning and intercommunication system (EWIS) throughout the home. The new upgraded system also improves intercommunication with back-up function during blackout. In addition, new break glass alarms have been installed to enable staff, care recipients and any visitor to activate the alarm promptly.
- Following an external building audit of Macro Polo’s fire systems, management identified numbers of fire engineered solutions. For example, a fire proof shutter was installed in the kitchen to prevent the spread of fire in an emergency situation. A gas shut off solenoid has been installed, which means that upon any fire panel alarm an automatic shut off of gas supply to the kitchen will be triggered. New evacuation diagrams were

created and placed appropriately. Staff have been trained and have familiarised themselves with the new fire and safety system. They provided positive feedback for the home's initiative in providing a safe living environment for the care recipients and staff.

## **4.2 Regulatory compliance**

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

### **Team's findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard 4 include:

- Annual compulsory education is provided for fire safety and a current fire safety statement meets regulatory requirements.
- A food safety program is in use and a current NSW Food Authority licence for vulnerable persons is current.

## **4.3 Education and staff development**

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

### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The home has recently completed a review of the food safety plan. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems.

Examples of education and training attended over the last year in relation to Accreditation Standard 4 include: manual handling, infection control, first aid, fire safety, safe food handling and chemical handling.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Environmental audits are used at Marco Polo Aged Care Facility to monitor safety and comfort. Care recipient accommodation is in two buildings with an enclosed link way. Cordeaux Lodge and Magnolia wing accommodation is in single rooms with ensuites. Accommodation in Unanderra Care is in single, two and four bedded rooms, some with ensuite and others with shared bathrooms. Magnolia is a secure area for care recipients living with severe dementia. Each community area has a spacious dining and lounge room and an area for activities. External courtyards and patio areas are furnished to be used for care recipients' recreation along with their visitors. Smaller private sitting areas are available throughout the home. There is a system of corrective and preventative maintenance. We observed the home to be well illuminated, clean, odour free, a comfortable temperature with well-maintained courtyards, gardens, equipment and furniture. Care recipients/representatives are satisfied with the safety and comfort of the living environment including care recipient rooms and communal areas.

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

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

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

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work, Health and Safety (WHS) training is given to all staff during orientation and annually. The WH&S system involves audits, inspections, accident and hazard reporting procedures and risk assessments are conducted. Policies, procedures and notices inform staff. An employee assistance program and a return to work program are available if required. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. An external supplier provides chemicals and chemical safety education is given. Safe work procedures and practices were observed and staff said they have attended relevant education and demonstrated awareness of WHS practices.

#### **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 processes to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home's fire safety system includes smoke and fire doors, emergency exit lights, fire alarms and a sprinkler system throughout the building. Fire equipment and systems are regularly checked and maintained and evacuation plans are



displayed at strategic locations throughout the home. A current care recipient list and emergency response trolley are maintained in case of evacuation. The home has a localised emergency disaster plan. Emergency flip charts are located next to each telephone. Security measures include key padded doors and external lighting. There is a sign in/out register for visitors and contractors and identification badges for staff. Staff are aware of their role in dealing with an emergency and receive mandatory education regularly. Care recipients/representatives stated they feel 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. This includes policies and procedures, including outbreak management procedures, audits, staff induction and education and the use of personal protective equipment. Spills kit, sharps disposal containers, hand sanitiser dispensers, hand-washing stations, contaminated waste disposal and adequate supplies of personal protective equipment were observed during the audit. Incidents of infection are documented and care recipients with infection propensity are monitored. There are outbreak boxes available for each house and processes for their use are in place. Staff are aware of infection control procedures. A food safety plan is used and the NSW food authority licence is current. Laundry and cleaning systems comply with infection control practice and colour coded equipment is in use. Care recipients and staff are offered vaccinations yearly. A pest control program is in place.

#### **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

Procedures, policies, and duty lists are in place for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by care recipients through surveys, meetings and verbally. Care recipients/representatives stated they are satisfied with hospitality services. Food provision is being managed by an external service provider. The catering staff team consists of both the home's catering staff and the service provider's staff. The team works well together and can effectively identify food preferences, allergies and special dietary needs of care recipients. Care recipients are consulted about menus and their preferred daily choices. Cleaning staff are in attendance seven days per week and follow schedules for care recipients' rooms and communal areas. All areas were observed to be clean. All personal items, flat sheets and linen are laundered on-site by laundry staff.

Appropriate storage and sufficient supplies of linen were observed. Care recipients/representatives interviewed are satisfied with the laundry services the home provides.