



Australian Government

Australian Aged Care Quality Agency

Moran Sylvania

RACS ID 0964
29 Sylvania Road
Sylvania NSW 2224

Approved provider: Moran Australia (Residential Aged 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 21 March 2018.

We made our decision on 15 January 2015.

The audit was conducted on 16 December 2014 to 18 December 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
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.

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Moran Sylvania 0964

Approved provider: Moran Australia (Residential Aged Care) Pty Limited

Introduction

This is the report of a re-accreditation audit from 16 December 2014 to 18 December 2014 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 December 2014 to 18 December 2014.

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

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

Assessment team

Team leader:	Catherine Shands
Team member/s:	Gabby Carpinato Kathryn Mulligan Nehad Saleh

Approved provider details

Approved provider:	Moran Australia (Residential Aged Care) Pty Limited
---------------------------	---

Details of home

Name of home:	Moran Sylvania
RACS ID:	0964

Total number of allocated places:	162
Number of care recipients during audit:	136
Number of care recipients receiving high care during audit:	122
Special needs catered for:	Dementia specific

Street/PO Box:	29 Sylvania Road
City/Town:	Sylvania
State:	NSW
Postcode:	2224
Phone number:	02 9532 6222
Facsimile:	[Home Fax]
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Director of nursing	1
Deputy director of nursing	1
Clinical care co-ordinator	1
Executive manager residential care services	1
Quality improvement coordinator	1
Registered nurses	4
Care staff	20
Administration assistant	1
General practitioner	1
Audiometrist	1
Exercise physiologists	2
Kitchen staff	3
Care recipients/representatives	25
Volunteers (pastoral carers)	2
Laundry staff	2
Cleaning staff	2
Maintenance supervisor	1
Maintenance staff	2
Physiotherapist	1
Physiotherapy aide	1
Lifestyle manager	1
Lifestyle officers	2
Chef	1

Sampled documents

Category	Number
Care recipients' files	22
Summary care plans	10
Bowel charts	10
Wound charts	9
Medication charts	11
Personnel files	7
Incidents	12

Other documents reviewed

The team also reviewed:

- Catering, cleaning, laundry records: food safety plan, NSW Food Authority licence, menu selection forms, fridge temperatures records, cleaning duties lists and records
- Clinical documentation:- blood glucose charts, weight charts, toileting charts and schedule, resident position change forms, documentation schedules, restraint assessment and authorisations, contradictions and precautions checklist, mini nutritional assessments, menu choices and dietary requirements forms, observation charts, urinalysis charts, pain monitoring charts, hearing aid check sheet, manual handling charts, wandering charts, pad allocation charts, catheter care management charts, case conference forms, advance care directives
- Comments and complaints: continuous improvement/complaints notification forms and register
- Communication diaries, home doctors visit fax forms, communication prompt sheet
- Continuous improvement: plan for continuous improvement and supporting documentation, continuous improvement register, internal and external audits and reports, benchmarking and trending, surveys, clinical indicator reports, feedback summary/analysis
- Disaster response plan, emergency procedures and contingency management plan
- Duties checklist, equipment cleaning task lists, mobility equipment washing schedules
- Education and staff development: education attendance records, education calendar, education evaluations, orientation program
- Fire, safety and security: fire certificate, work health and safety manual, material data safety sheets
- Human resource management: appraisals and appraisal schedule, confidentiality agreements, duty lists, employee, orientation pack and handbook, rosters including staff

replacement, staffing level/ hours monitoring document, skills audits, position descriptions

- Information systems: policies, procedures, meeting minutes, electronic memoranda and emails, meeting schedule, handover sheets, documentation schedule, care and services documentation handbook, newsletters
- Inventory and equipment and external services: approved service providers register and service agreements
- Lifestyle activities feedback survey, lifestyle activities program, lifestyle activities session plans, lifestyle activity evaluations
- Pharmacy agreement, schedule 8 drug register, medication fridge temperature recording charts, syringe driver management form, nurse initiated medication lists, medication review reports, pharmacy notification forms, patch application history forms, medication request and changes form, self-administration medication assessments, signature register
- Planning and leadership: organisational chart, vision, values and mission
- Regulatory compliance: reaccreditation self-assessment, register of alleged or suspected assaults, missing care recipient register, criminal record checks, professional registrations, letter notification of re-accreditation audit for care recipients and representatives
- Security of tenure: 'resident' information booklet, handbook, residency agreements.

Observations

The team observed the following:

- Activities in progress
- Archive storage
- Charter of Residents' Rights and Responsibilities
- Cleaning in progress, cleaning equipment colour coded, chemicals in use and storage
- Continuous improvement/complaints notification forms, poster and brochures external advocacy services in different languages
- Equipment and supply storage areas
- Feedback forms
- Fire safety equipment, fire panels and evacuation maps on display
- Hand washing facilities and infection control equipment, infection control resources, outbreak and spills kits
- Hydrotherapy pool, gym
- Interactions between staff and care recipients and representatives

- Lifestyle activities rooms and resources
- Living environment and staff work areas
- Manual handling and mobility equipment
- Medication administration rounds, medication and specimen fridges, storage of medications, hypoglycaemia kits,
- Menus on display
- Midday meal and staff assisting care recipients with meals
- Mission, vision and values statements on display
- Notice boards
- Online education program information on display
- Palliative care kit
- Re-accreditation notice on display
- Short group observation in dementia unit
- Staff handover
- Suggestions box
- Visitors and care recipients sign in/out books.

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 system that enables the pursuit of continuous improvement and the monitoring of the home's performance against the Accreditation Standards. Opportunities for improvement are identified through a number of avenues including: stakeholders' feedback, audits, observation, reporting of incidents and accidents and meetings. Initiatives are prioritised, planned, documented and implemented. Progress of implementation is monitored and outcomes are evaluated to ensure effectiveness. Feedback forms were observed at a number of locations within the home. Care recipients, representatives and staff reported that they are aware of how to provide feedback and are generally satisfied with management's response to their input.

Examples of improvement initiatives provided by management in relation to Accreditation Standards One - Management systems, staffing and organisational development include:

- Feedback from staff indicated the electronic document management system in place is hard to navigate and time consuming. Management investigated the issue and decided to replace it with an intranet based system where documents such as policies, procedures and forms are classified under clear tabs and can be easily accessed. Management advised that the evaluation of the new system indicated it is more user friendly, saves staff time and reduces the risk of staff using superseded documents.
- The educator and deputy director of nursing identified that staff utilisation of the specialised industry training channel is at a low rate. Management in consultation with staff identified that the main barrier is the need for staff to be available at certain times and locations. The home upgraded its subscription to an online service where staff are able to complete education sessions at their own pace and at a time that suits them through off-site access. Management advised that introduction of the new system resulted in a high level of compliance with mandatory training requirements and that staff reported the new system is more flexible and convenient.

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 all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation’s corporate management monitors and communicates with the home legislation, regulations and guidelines and updates and also issues policies in response to changes. The home’s management team monitors the implementation of regulatory changes and adherence to regulatory requirements through audit processes and observation of staff practice.

Communication to staff about changes in policy and procedure occurs through electronic notifications, meetings, memoranda and staff education programs.

Examples of compliance with regulatory requirements specific to Accreditation Standard One-Management systems, staffing and organisational development include:

- Systems and processes are in place to ensure all staff, allied health professionals, contractors and volunteers have current criminal history certificates.
- The provision of information to care recipients and stakeholders about internal and external complaint mechanisms.
- Notification of the re-accreditation audit to care recipients and their representatives occurred via notices displayed in the home and letters.

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 is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge and skills required for each position. The home has an orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. There is an education program which includes education via one to one training on duty, small group face to face teaching, electronic courses and access to external education and training courses. Records of attendance at training are maintained and the effectiveness of the training is monitored through observation of staff work practices. Care recipients said they are satisfied staff have the skills and knowledge to perform their roles.

Examples of recent education and staff development topics relevant to this Standard are listed below:

- aged care funding instrument
- bullying and harassment
- effective communication methods
- accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients and other stakeholders have access to internal and external avenues of comment and complaint. Information on the comments and complaints process is provided in the resident handbook and the residency agreement. Care recipients are encouraged, through an 'open door policy', to approach management with their complaints and concerns.

The home also has avenues for all stakeholders to lodge confidential complaints. Management maintains a register of complaints, actions taken, feedback provided to the complainant, and complaint outcomes. Care recipients and staff said they are able to raise concerns with management and are provided with feedback.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision and values statement is displayed within the home and included in the resident handbook which is given to all new care recipients. The statement is also documented in the staff handbook and discussed during the staff orientation.

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

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of care recipients. Staffing levels and rosters in the home are reviewed in line with current care recipients' numbers and their care needs. All roles have a position description which is reviewed regularly. The home's part-time and casual staff are used to fill any vacant shifts. Management also use staff from a preferred staffing agency to assist in filling vacant shifts. Human resource management is monitored through analysis of audits, clinical indicators and stakeholder feedback. Staff stated they are usually able to complete their duties on shift. Care recipients/representatives expressed general satisfaction with the care provided by staff and said staff are meeting their needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Staff and care recipients/representatives stated they have access to appropriate and adequate goods and equipment to ensure quality service delivery. Various staff are delegated in relation to requesting the ordering of stock and equipment. The director of nursing is responsible for the overall inventory and equipment management. Equipment needs are identified through audits and input from staff and care recipients/representatives. Staff are involved in the trial of new equipment and receive training in the use of new equipment. There is a corrective and preventative maintenance program to ensure equipment operates safely. Observation showed sufficient stocks of appropriate goods and equipment throughout the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems to manage, store, retrieve and communicate accurate and appropriate information to all relevant stakeholders. Staff receive information through the home's intranet, meetings, emails, handover sessions and notice boards. Care recipients/representatives receive information through meetings, newsletters, notices and in direct communication with staff and management. The home has policies and procedures that are accessible to all staff on the intranet and in hard copy. Care recipient information is stored securely and staff sign a confidentiality agreement as part of their conditions of employment. There are processes to manage the storage and destruction of archived records as appropriate. Staff are satisfied with the availability of information relevant to their roles.

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 corporate office has systems in place to ensure all externally sourced services are provided in a way that meets the home's needs and organisational values. The home's corporate purchasing manager maintains current information about external services and contractors. This includes appropriate registrations/licences, insurance and contact details. The director of nursing has a list of approved service providers and care recipients, management and staff said they are satisfied with the provision of external services to the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of improvement initiatives provided by management in relation to Accreditation Standards Two include:

- Feedback from staff identified room for improvement in how care recipients' toileting needs are met. Management reviewed the process and provided internal and external training to staff and reassessed care recipients' continence needs as required resulting in the development of more individualised toileting schedules to meet care recipients' specific needs. Management advised that initial assessment of the review indicated improvement in the management of care recipients' continence needs and a decrease in incontinence episodes. They reported that staff provided positive feedback on the initiative as it allowed for more time to respond to care recipients' healthcare needs.
- The home introduced a pain management clinic under the supervision of the physiotherapist assisted by a physiotherapy aide. Management advised that strategies include heat packs, TENS machine sessions and massage therapy. They reported that the clinic provides good use of non-pharmaceutical interventions to reduce care recipients' pain, improve their mobility and increase their sense of wellbeing. Management advised they received positive feedback from a number of participating care recipients and that evaluation of the impact of the clinic on other areas of care such as behaviour management will be conducted in the near future.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Two - Health and personal care include:

- There is a system to ensure that professional registrations for registered nurses and physiotherapists are monitored and maintained.
- Registered nurses initially assess and plan care and provide ongoing management and evaluation of residents as specified in the *Quality of Care Principles 2014*.
- Medications are stored and managed in line with NSW state legislation 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 an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- medication management
- clinical documentation
- dementia and pain
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to assess, identify, monitor and evaluate care recipients’ individual care needs to ensure they receive appropriate clinical care.

Individualised care plans are formulated, reviewed and monitored by a registered nurse every three months and more often if required. Care is planned in consultation with care recipients/representatives, the care recipient’s local medical officer and allied health professionals. Clinical reassessments are completed if a care recipients’ condition or care needs change. Clinical performance is monitored through regular audits and accidents and incidents are recorded and reviewed. Staff have a sound understanding of the clinical care process and care recipients/representatives expressed satisfaction with the care that care recipients receive stating it is appropriate and meets their needs and preferences.

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

There are systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. A registered nurse reviews and updates care plans which document care recipients’ specialised nursing care needs and guide staff in the provision of care. The specialised nursing care needs of care recipients are identified when they first enter the home through clinical assessments conducted by a registered nurse, review of their medical history and consultation. Staff said they have access to external specialised services using a referral system including wound care, palliative care, and pain management. Resource materials on specialised nursing care were observed and staff confirmed they have access to adequate supplies of equipment for the provision of care recipients’ specialised nursing care needs. Care recipients/representatives say they are satisfied with the nursing care provided for specialised 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 care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Clinical assessments, the care recipient’s medical history and consultation with care recipients/representatives provide information on the care recipient’s need to access specialists or other health related services. Examples of health specialists visiting the home include audiometry, podiatry, dietetics, speech pathology and a psycho-geriatrician. Referrals to external appointments are arranged and staff said care recipients are accompanied by family members or other transport arrangements are made if required. The care recipients’

care plans and progress notes are reflective of health specialists' recommendations and ongoing care interventions. Care recipients/representatives are satisfied with the access and availability of other health specialists and related services.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has policies and procedures for the safe and correct management of medication and all staff responsible for administering medications are appropriately trained. Staff complete medication rounds using a pre-packed system of medications supplied by the pharmacy. Observation identified staff store medications safely and correctly. Staff report medication incidents which are documented, investigated and followed up by management. A pharmacist conducts medication reviews and local medical officers review medication charts on a regular basis. Education and competency skills assessments are conducted for staff. Regular audits of the medication system are undertaken to ensure safe and correct administration. Care recipients/representatives said they are satisfied with the home's management of the residents' 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

There are systems to ensure all care recipients are as free as possible from pain. Initial assessments identify any pain a care recipient may have and individual pain management plans are developed. Staff use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows staff provide a range of strategies to prevent and manage care recipients' pain including clinical and emotional needs. Alternative approaches including treatment provided by the physiotherapy staff include electronic medical devices, massage, heat packs, regular repositioning and use of pressure relieving devices. Staff liaise regularly with local medical officers and allied health personnel to ensure the effectiveness of pain management interventions are followed up and referrals to other services are arranged as needed. Care recipients/representatives report that care recipients are as free as possible from pain.

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 provides end of life care for care recipients which respects their privacy and dignity and ensures their comfort. An assessment and care planning process supports care staff to identify the care recipients' needs and preferences for end of life care in consultation with care

recipients/representatives during family case conferences and when appropriate. Strategies and interventions vary depending on care recipient's wishes, diagnosis and condition and include pain management, spiritual support, nutrition and hydration, mouth care, pressure area care and the use of specialised equipment. Staff have access to a palliative care team for advice and have access to specialised equipment as required.

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

Care recipients' special dietary needs and preferences are identified when they first enter the home and include swallowing difficulties, special diets and individual preferences.

Information about care recipients' dietary needs including food allergies, special diets and food and drink preferences is recorded and staff can readily access this information. A four week rotating menu has been developed by a dietitian. Care recipients' weights are monitored and the registered nurse liaises with the care recipients' doctor, dietician or speech pathologist as needed. Care recipients were observed being served and assisted with meals and drinks. Staff could discuss the provision of nutritional supplements, special diets, modified food textures, fluid thicknesses and assistive devices used for care recipients with specific requirements. Care recipients/representatives interviewed are satisfied with the choices offered to care recipients and the quality of the meals provided.

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 through initial and ongoing assessments and care planning. Care staff observe and report changes such as redness, skin tears, or bruising to the registered nurse. The registered nurse has oversight of the provision of skin and wound care management.

Care staff confirmed they assist care recipients to maintain their skin integrity by using equipment such as pressure relieving mattresses, providing regular pressure care, use of emollients, repositioning and safe manual handling practices. Podiatry and hairdressing services are available at the home. Monitoring of accidents and incidents including wounds, skin tears, pressure areas and other skin related issues are captured through the incident reporting system. Care recipients/representatives say they are satisfied with the skin care provided at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of care recipients. Continence assessments provide information for care planning including toileting programs, dietary interventions and the use of continence aids and equipment as needed. The effectiveness of continence and bowel management programs is monitored and recorded on a daily basis by care staff who report any anomalies to the registered nurse for follow up. The home’s continence aid supplier provides advice and education to the staff.

Staff confirmed there are adequate supplies of continence aids available. Care recipients/representatives say they are satisfied with continence management provided by the home.

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

Clinical assessments, consultation with care recipients/representatives and monitoring of behaviour identifies triggers and interventions to ensure the needs of care recipients with challenging behaviours are managed effectively. Activities are provided to individual care recipients with challenging behaviours and to assist with their needs and interests. Episodes of aggression are reported and reviewed to identify causes and the effectiveness of ongoing treatment strategies. Documentation shows there are referrals made to specialist services to assist with managing challenging behaviours. Staff were observed to be interacting with care recipients in a calm and patient manner. Care recipients/representatives generally say the needs of care recipients with challenging behaviours are effectively 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 home has systems to ensure care recipients are assisted to maintain optimum mobility and dexterity for as long as possible. A physiotherapist conducts assessments, including falls risks, and therapy planning for new care recipients and the review of care recipients whose condition has changed. Falls risks are assessed and documentation shows falls incidents are reviewed, monitored and reported as part of the quality clinical indicator program. The home has a gym and equipment to assist care recipients to mobilise and is maintained in good working order. Care recipients/representatives are satisfied with the attention to the mobility and dexterity needs of care recipients.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients’ oral and dental health is maintained. Care recipients’ needs and preferences are assessed and care plans developed and evaluated on a regular basis and as required. Staff arrange appointments for care recipients to access the mobile dental services that visit the home every six weeks and arrange appointments and transport to attend dental services in the community as required. Swallowing difficulties and pain are referred to the local medical officer or allied health services for assessment and review. Oral care products are provided by the home and staff assist care recipients to maintain oral and dental care in accordance with their needs and preferences. Care recipients/representatives say they are satisfied with care recipients’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system to assess, monitor and evaluate care recipients’ senses to ensure they are managed effectively. Assessments identify sensory deficiencies and consultation with care recipients/representatives provides additional information for care planning to effectively manage any sensory losses. Staff are able to explain the necessary care provided for care recipients who have visual or hearing loss including the cleaning and fitting of glasses and hearing aids. The home supports care recipients with the use of resources such as talking books and large print books. Documentation shows care recipients have access to vision and hearing services. Care recipients/representatives say staff are supportive of care recipients with sensory loss and promote independence and choice as part of daily care.

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 has systems to assess, monitor and evaluate sleeping patterns to assist residents to achieve natural sleep. Clinical assessments identify individual sleep patterns and care recipients are encouraged to maintain their usual bed time and to rest through the day if they choose. The registered nurse reviews care recipients who experience sleep disturbances and liaises with their local medical officer about using different strategies. Care recipients who are unable to sleep are assessed for pain and offered interventions including, warm drinks, toileting, massage and a quiet environment to help them settle. The home-like environment supports care recipients to achieve natural sleep and care recipients/representatives say they are satisfied with the way sleep is managed.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of improvement initiatives provided by management in relation to Accreditation Standards Three include:

- A number of care recipients expressed interest in having access to less structured leisure and lifestyle activities, and to be able to conduct them at their own chosen times. The lifestyle manager discussed details of these activities with them and introduced a number of self-directed activities including board games, card games and crafts. Management advised that necessary materials and tools for these activities were provided and made accessible to care recipients as well as to representatives of care recipients in the dementia care section of the home. They reported that care recipients expressed satisfaction with the initiative and that observation indicated high participation in these activities.
- To foster care recipients access to activities of interest to them, especially those at risk of withdrawal or social isolation, the home introduced the ‘House of the day’ initiative. This includes one to one visits being arranged by recreational activity staff to care for recipients who do not wish to attend group activities or those who do not attend regularly. Management advised that these visits usually involve conversations about care recipients’ favourite topics, sharing information relating to care recipients’ life histories, newspaper reading, beauty care, or just sharing a cup of tea. They reported that initial evaluation indicated a positive impact on some care recipients and increase in their willingness to participate in group 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

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Three – Care recipient lifestyle include:

- Care recipients and staff information is stored in a manner that meets privacy legislation requirements.
- There is a policy, procedure and staff training for the reporting of alleged or suspected resident assault.
- Resident agreements are offered to care recipients.

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 an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- protecting older people from abuse
- privacy and dignity
- new activities.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

The home’s system and processes provide care recipients with both initial and ongoing emotional support. Social and emotional assessments profile and identify individual needs relating to emotional support. Assessments are reviewed monthly by lifestyle staff. New care recipients and their representatives are provided with a welcome pack and letter in their rooms, a tour of the home and introductions to staff and other care recipients close to their

rooms. This process is undertaken over the care recipient's first week at the home. The effectiveness of this process is monitored at the end of the first 28 days at the home and care recipients are invited to provide written feedback in relation to how they are settling in to the new environment. The home has pastoral care volunteers who provide one to one emotional support for care recipients as required. Care recipients and representatives confirmed the home provides appropriate emotional support.

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 homes systems and processes encourage care recipients' independence and participation in community life both in and outside of the home. Care recipients' level of independence in relation to both care and lifestyle needs and preferences are assessed on entry to the home and reviewed as needed. Care recipients are supported to make and maintain friendships through the wellbeing program activities including daily exercises, walking groups and at 'fine dining' lunches where families and friends are welcome to attend. The home assists care recipients to maintain links with the community through bi-weekly bus trips and supports care recipients who choose to maintain friendships in the local community.

Care recipients and representatives said they are satisfied with the home's processes that support community involvement and independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' rights to privacy, dignity and confidentiality is recognised and respected by staff at the home. Information on residents' rights and responsibilities are displayed in the home and included in the resident handbooks provided to all care recipients/representatives. The computerised information system is password protected and provides access to authorised staff only ensuring care recipients' personal information is stored securely. Staff and volunteers are required to sign confidentiality agreements upon commencement at the home. In addition to their individual rooms, care recipients have access to private spaces that can be booked for small functions with family and friends. Staff demonstrated an awareness of practices which promote the privacy and dignity of care recipients. These include knocking before entering care recipients' rooms, closing doors, drawing window curtains and seeking care recipients' permission to provide assistance with personal care if required. Care recipients said they feel respected and treated well by staff and are satisfied with the way their privacy, dignity and confidentiality is maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems and processes to support and encourage care recipients to participate in and pursue their individual interests and activities. The lifestyle team in conjunction with care recipients and their representatives complete the leisure and recreation assessments, profiling an individual, social and leisure history. This information informs lifestyle care plans. A monthly activity program is planned and copies are delivered to care recipients and displayed around the home. We observed a range of activities with strong care recipient participation that promote and support physical exercise, mental and sensory stimulation, social interaction and celebration of significant cultural events. The home has recently implemented an A La Carte activity trolley, a range of self-directed activities available at any time and for use to support one on one social and emotional support. The lifestyle team has developed a range of 'how to' activities cards to support nursing staff running activities when lifestyle staff are not on duty. Care recipients said they enjoy the range of options available to them and feel supported to make choices in relation to participating or not and to try new things from time to time.

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

The home has processes that recognise and value care recipients' interests, customs, beliefs and cultural backgrounds which are identified during the cultural and spiritual assessment process. Days of cultural significance are celebrated and each month the home includes a culturally themed activity or celebration linked with care recipients' cultural backgrounds. This may include armchair travel, information and pictures or food related to their culture or customs. The home has established connections with different cultural networks/support groups to facilitate volunteers or visitors from the same cultural background for care recipients who are identified as being socially isolated. Care recipients are encouraged and supported to maintain affiliation with their own place of worship and three different denominational services are offered at the home. Care recipients have access to pastoral care volunteers who visit the home regularly. Care recipients and representatives confirmed they are satisfied with the support provided to meet care recipients' cultural and spiritual needs and preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that each care recipient/representative participates in decisions about care recipients' care and services. These processes uphold the care recipients' right to exercise choice and control in their life at the home. Care recipients are kept informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, comments and complaints, surveys and meetings. Care recipients who are unable to make choices for themselves have an identified authorised decision maker. Care recipients are provided with choices concerning personalisation of their rooms, personal care preferences, cultural and spiritual choices, waking and sleeping times, meals, drinks and snacks, participation in activities both inside and outside the home and choice of local medical officer. We observed staff practices offering care recipients choices and care recipients communicating their choices to staff.

Care recipients and representatives confirmed they are satisfied with staff responses to their choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. The director of nursing discusses relevant information about security of tenure, fees, care, services and residents' rights with care recipients' and their representatives prior to and/or on entering the home. Prospective care recipients and/or their representatives are provided with a tour to select a suitable room. On entry care recipients receive an information booklet and resident handbook which outline care and services, residents' rights and complaints resolution processes. Management advised, if a need arises care recipients and their representatives are consulted and consent is gained prior to care recipients moving rooms.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of improvement initiatives provided by management in relation to Accreditation Standards Four- Physical environment and safe systems include:

- Audits identified that the emergency evacuation plan needed review to reflect changes in key personnel and facility procedures. The home reviewed the plan and sent it to an external emergency management service provider who assisted with the development of a disaster response plan including emergency procedures and contingency management plan. Management advised that relevant staff including fire wardens were provided with education on the plan which was communicated to all staff. They reported that the initiative increases the home’s preparedness in case of an emergency.
- To ensure that catering services are provided in a way that enhances the quality of life for care recipients who are in their end of life stage, the home implemented a process whereby the chef meets with these care recipients and their representatives to identify any special requests for meals outside what is being offered from the menu. Management advised that they have received positive feedback on the initiative including it had improved the comfort and general wellbeing of care recipients.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this outcome. Examples of regulatory compliance with regulations specific to Accreditation Standard Four - Physical environment and safe systems include:

- A current annual fire safety statement is on display.
- NSW Food Authority for Food Preparation and Service licence.
- There is a system to consult with staff regarding work health and safety. A workplace health and safety committee has representation across work groups.

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 an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- manual handling
- infection control
- fire 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 consistent with care recipients’ care needs. There are seven houses/wings named after each of the capital cities in Australia, all contain communal areas including large and small lounges, dining rooms and external courtyards/balconies/gardens. All care recipients are accommodated in individual rooms with ensuites and have personalised their own rooms. There is adequate and

appropriate furniture, ventilation and natural lighting, the internal temperatures are kept at a comfortable level and care recipients can control the temperature in their rooms. The buildings and grounds are well maintained with a program of preventative and routine maintenance in place. The safety and comfort of the living environment is monitored through care recipient and representative feedback, environmental audits, incident/accident reports, hazard reports and regular observations by staff. Care recipients' and representatives expressed satisfaction with the living environment and said the home is well maintained, comfortable, kept clean and free of clutter.

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 that meets regulatory requirements. The work health and safety committee has regular meetings to oversee work health and safety within the home. Equipment and supplies are available for use by staff so they can carry out their duties safely. There is a routine and preventative maintenance program to ensure the working environment and all equipment is safe and well maintained.

Management monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations where results of these monitoring processes are shared with staff. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and annual mandatory training. Staff demonstrated they have knowledge and understanding of safe work practices and were observed carrying them out safely.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment, fire alarm system and fire training. The home has documented disaster and contingency management plans and is fitted with appropriate fire fighting equipment and warning systems. Inspection of the external contractor records and equipment tagging confirms the fire fighting and other electrical equipment is regularly checked. Emergency evacuation plans are located throughout the home and the annual fire compliance statement is on display. Staff advised fire safety is included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Staff members were able to provide a consistent response about the procedures to be followed in the event of a fire. Access into and around the home is managed with coded swipe cards. Care recipients are assessed before being issued with swipes cards which provides access to the lifts. Care recipients confirmed they feel safe and secure at 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 with a system for identifying, managing and minimising infections. This includes staff education, audits, monitoring of refrigerator temperatures, freezers and washing machines, using colour coded equipment for cleaning and laundry processes, wearing protective clothing and providing sufficient hand washing/sanitising facilities. The infection control program includes outbreak management, a food safety program, cleaning schedules, a vaccination program for care recipients and staff, pest control and waste management. We observed sufficient supplies of personal protective equipment, spill and outbreak kits. External service providers are monitored to ensure they comply with the home's infection control standards. Staff attend mandatory training in infection control and could explain the protocols to be followed if an outbreak was to occur.

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

The home has systems to manage the hospitality services provided to care recipients'. Dietary needs and preferences are obtained on entry to the home and referred to the chef. There is a four week rotating menu that provides a variety of choices and all meals are cooked fresh on site. The menu has been assessed by a dietitian and caters for special diets and for the individual needs and preferences of care recipients. The chef has sourced a range of gluten and dairy free ingredients which are incorporated into the menu. A food safety program is in place, monitoring food quality through the delivery, storage, cooking and serving processes. The home has a cleaning program for routine as well as 'spring cleaning'. We observed the home to be clean and well maintained and observed staff practices using colour coded equipment.

An on-site laundry manages the laundering of care recipients' clothing and linen and has a system to ensure there is no cross contamination between clean and dirty items. Personal clothing and linen is laundered daily and returned within 24 hours. Clothing is labelled and there is a system in place for the management of misplaced clothing.

The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Care recipients' and representatives stated they are generally satisfied with the hospitality services provided.