



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Mount Carmel Village**

RACS ID 0334  
9 Dwyer Street  
MAITLAND NSW 2320

**Approved provider: Calvary Retirement Communities Hunter- Manning Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 18 March 2018.

We made our decision on 06 February 2015.

The audit was conducted on 07 January 2015 to 08 January 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

<b>Expected outcome</b>	<b>Quality Agency decision</b>
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

## Standard 2: Health and personal care

### Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



**Australian Government**

---

**Australian Aged Care Quality Agency**

# **Audit Report**

**Mount Carmel Village 0334**

**Approved provider: Calvary Retirement Communities Hunter-Manning Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 07 January 2015 to 08 January 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 07 January 2015 to 08 January 2015.

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

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

## Assessment team

<b>Team leader:</b>	Mary Butcher
<b>Team member/s:</b>	Ruth Graham

## Approved provider details

<b>Approved provider:</b>	Calvary Retirement Communities Hunter-Manning Ltd
---------------------------	---

## Details of home

<b>Name of home:</b>	Mount Carmel Village
<b>RACS ID:</b>	0334

<b>Total number of allocated places:</b>	41
<b>Number of care recipients during audit:</b>	40
<b>Number of care recipients receiving high care during audit:</b>	38
<b>Special needs catered for:</b>	Secure unit

<b>Street/PO Box:</b>	9 Dwyer Street
<b>City/Town:</b>	MAITLAND
<b>State:</b>	NSW
<b>Postcode:</b>	2320
<b>Phone number:</b>	02 4932 0350
<b>Facsimile:</b>	02 4932 0343
<b>E-mail address:</b>	<a href="mailto:maree.gibbs@calvarycare.org.au">maree.gibbs@calvarycare.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Manager	1
Clinical manager	1
Clinical services manager (Organisational)	1
Registered nurses	2
Care staff	2
Administration assistant	1
Organisational educator	1
Care recipients/representatives	13
Residential care support coordinator (Organisational)	1
Organisational work health and safety team	2
Continuous improvement and systems coordinator	1
Activities officer	1
Cleaning staff	1
Catering staff	2

### Sampled documents

Category	Number
Care recipients' files	9
Summary/quick reference care plans	9
Medication charts	8
Personnel files	5
Resident agreements	4

### Other documents reviewed

The team also reviewed:

- Accident and incident reports including critical incident reporting
- Care recipients' lifestyle documentation – care recipients' social profiles and care plans, activity calendars; participation records, activity evaluations, and photographs of care recipients' participation in activities

- Clinical care assessments – specialised nursing care, continence, dietary needs/preferences, nutrition and hydration, pain, communication, skin integrity, mobility and transfers, behaviours, risk assessments, sensory, sleep, and oral and dental care
- Clinical care observations, monitoring and treatment charts including bowels, specialised care check charts, blood pressure, temperature, weight, pressure area care, wound charts urinary catheter care, behaviours, pain, and summary care plans
- Clinical policies, procedures, manuals
- Comments, complaints and feedback documentation including logs of action, responses and evaluations
- Communication systems – notices, memorandums, handover sheets, emails, staff and care recipient mail boxes
- Education documentation- records of attendance, evaluations, calendar for 2015, training register, competency assessments, orientation handbook
- Food authority audit and action plan
- Induction checklists
- Infection control documentation- cleaning records, pest maintenance records, laundry and cleaning manuals and records, food safety program, outbreak plan
- Information systems including computerised care system, computerised risk management system, intranet, “Calvary connect” computer hub
- Maintenance logs, preventative maintenance documentation, asset records
- Minutes of meetings – management, work health and safety committee, care recipients, care staff and case conferencing
- Mount Carmel Village admission information pack
- Medication records – medication identification charts, medication charts, pathology reports, medication incident forms and medication refrigerator temperature records, medication reviews, S8 register, self-medicating records
- Organisational information including vision, values and mission statement, staff handbook, declarations of confidentiality
- Police clearance register
- Quality and improvement documentation- audits, quality data and monitoring, benchmarking reports, satisfaction surveys; staff and resident, organisational quality improvement register, quality improvement forms, work health and safety action plan
- Resident meal preferences, diet requirements and menu
- Service agreements
- Staff documentation – annual appraisals, job descriptions, individual training records



- Staff rosters

## **Observations**

The team observed the following:

- Activities in progress and activity program on display
- Care recipients call system
- Chapel
- Dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipients seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals
- Displayed notices including re-accreditation notices; activity programs; Charter of care recipients' rights and responsibilities, education calendars and menus
- Equipment and supply storage rooms including clinical, medication, oxygen and linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, ramps, walk belts, and mobile walkers
- Hand washing stations and hand sanitisers
- Infection control resources including personal protective clothing, outbreak kits and supplies, spills kits, sharps containers, hand sanitiser dispensers, contaminated waste disposal
- Information notice boards and information folders in staff room
- Interactions between staff and residents
- Living environment internal and external including private sitting, balcony, garden areas and care recipients rooms, secure unit
- Medication round, storage and administration
- Mission and values statements displayed
- Nurse call system in operation
- Secure storage of care recipients information
- Staff work areas and practices
- Structured observation in dementia specific dining room
- Visitor and contractor sign in and out books in entrance foyer

## 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 continuous improvement system to identify continuous improvement and monitor performance across the Accreditation Standards. Improvement systems use internal and external audits, resident and staff surveys, feedback mechanisms and incident analysis to identify opportunities for improvement. Identified improvements are actioned and monitored. Feedback and information about improvements is provided to stakeholders verbally and in writing, through reports and discussions at meetings. The home has organisational committees to monitor and encourage continuous improvement activities.

Care recipients/representatives generally understand improvement systems and report satisfaction with improvement activities in the home. Examples of recent improvements include the following:

- The organisation is working towards the completion of the integration of Calvary Connect, a computerised intranet/hub of information to support improved quality, information and communication systems. Policies, procedures, work method statements, document templates, incident management and care recipient information are available through the intranet to delegated users. This system facilitates information management and quality systems. For example the organisation's management team are able to review the home's information such as incident and clinical management and provide expertise in a timely and efficient manner.
- To improve staff induction processes and ensure staff understand the home's expectations, the staff orientation process has been reviewed. Orientation documentation has been updated. All staff underwent the new orientation program including the updated mission and values statements.
- A new educator commenced within the organisation. Management are pleased the educator will be available in the home one day per month to support training on areas identified by management and staff. A skills audit has been attended to identify improvement opportunities in staff training.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant requirements. Information is provided to management by an industry peak body and directly from regulatory agencies. Legislation and guidelines are reviewed for their relevance and policies are amended, if necessary, by the home’s management team. Staff are informed of regulatory matters relevant to them through memorandum, meetings and education. Care recipients/representatives are informed of regulatory matters relevant to them through notices, meetings and correspondence sent to the individual. Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Standard one, management systems, staffing and organisational development include:

- The home provides information to care recipients/representatives and staff about internal and external complaints mechanisms.
- All staff and external service providers undergo criminal record checks and a register is in place to monitor ongoing compliance.
- Management advised care recipients/representatives of the Reaccreditation audit in a timely manner.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The home provides opportunities to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Education is delivered through orientation, competency assessment, on the job discussion and training held at the home or externally. Competency assessments and observations of staff by management are used to evaluate knowledge and skills. All staff interviewed state they participate in and are supported to attend education within the home and externally. Examples of education that has occurred relevant to Standard one, management systems, staffing and organisational development include:

- Senior staff have attended training in bullying and harassment, code of conduct, customer service and quality management
- Aged care funding instrument training has been undertaken
- Workplace mentor training has been provided to management

## 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 systems in place which offers care recipients, their representatives and other interested parties access to internal and external complaints processes. Information on raising concerns is contained in the resident handbook and raised through meetings and discussion with staff. A review of meeting minutes showed concerns are able to be raised. Documented concerns were observed to be minimal. Care recipients/representatives said they have access to the complaints processes available and able to speak to management if there is any problem.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home has systems in place to promote the home's philosophy of care, mission and vision. The organisation has a vision and philosophy statement which is included in documents such as handbooks, orientation material and care recipient agreements. The vision, mission and philosophy statement is also displayed in the home. The home has a Catholic mission and provides a strong pastoral program to residents of all faiths. Care recipients/representatives and staff interviewed were aware of the home's objectives and mission and value the service provided by the home.

## 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 appropriately skilled staff to ensure quality services delivery for care recipients. Staff performance is monitored through ongoing competency assessments and annual position appraisals. The registered nurse oversees clinical care in the home. The home has access to a pool of part time staff to fill vacant shifts. A buddy system for new staff is used to promote knowledge and familiarity care needs and the home's philosophy of care. Care recipients/representatives express satisfaction with staff and the home's service.

Management staff and volunteers interact with care recipients/representatives in a caring comfortable 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

Documentation and interviews confirm the home has systems to order and have available stocks of goods and equipment appropriate for service delivery. Designated staff order stock and monitor usage to maintain adequate supply. Management maintain impress systems.

Preferred suppliers are used and services are regularly evaluated. The preventative maintenance program ensures equipment is monitored and replacement needs are identified. Equipment purchases are decided following consultation with staff and management. Storage areas observed show adequate supplies and items are stored appropriately and in secure storage areas when necessary. Staff and care recipients/representatives said there are adequate supplies of goods and equipment available for use.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home has effective information management systems to provide management and staff with information to deliver care. Documentation used for effective management systems including policies, procedures, resident care documents, duty lists, standardised forms and computerised networked systems. Staff are provided with information through systems including: the staff handbook, notices, memos, handover and meetings. Confidential information stored, archived and disposed of securely. Information is provided to residents through the resident handbook, meetings, and notices. Care recipients/representatives and staff interviewed by the team are satisfied with the information they receive and systems used 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

External services are sourced to meet the home's needs and service goals. The home has a system in place to identify preferred suppliers of goods, equipment and services.

Contracts/service agreements are in place with external service providers. The organisation regularly reviews the services provided by external providers and action is taken, including sourcing alternate providers if required. Care recipients, representatives and staff interviewed are satisfied with the services offered by external contractors.

## 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 homes continuous improvement systems and processes. Recent examples of improvements related to health and personal care in the home include:

- Management introduced the computerised medication management system, supported by their computerised care document system in 2014. Management said this improvement has resulted in reduced staff signage omissions and improved incident management. Some medication processes have been streamlined as the pharmacy is able to provide updates in a timely manner. Staff had training on the new system and report they are pleased with this improvement.
- A pain management program commenced in 2014, with a registered nurse allocated one day per week to support this improvement. Assessment and evaluation; massage, heat therapy and one to one time comprise the program. Management plan on increasing the registered nurse to two days per week as they report it has been most successful and care recipients value the program.
- Management recently commenced the trial of a new barrier cream following the identification of increased care recipient excoriations.

## 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 relating to Accreditation Standard Two. Examples of Regulatory compliance relevant to Accreditation Standard Two include:

- There is a system to monitor professional registrations to ensure registered nurses and allied health professionals have a current authority to practice.
- Management has procedures to ensure notification of unexplained absences of residents is reported according to legislation.
- Staff are kept current with changes to medication management obligations. In October 2014 a restricted drugs register commenced to increase staff accountability.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the Expected outcome 1.3 Education and staff development. Recent examples of education topics relating to Accreditation standard two includes:

- Registered nurses are supported in their professional development with an annual conference. Training was provided in resident assessment, wound management, legal requirements and changes in the aged care funding instrument.
- Medication management training was provided to staff to support the introduction of the computerised medication system. Other training relating to medication management has been provided including competency assessment and restricted drug management.
- A wide range of training has been provided to support care recipient health and personal care particularly relating to individual needs. Training provided includes: continence, diabetes and nutrition, pain management, dementia, palliative care and behaviour management amongst others.

## 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 to ensure care recipients receive appropriate clinical care. A summary care plan is developed when a care recipient moves into the home to guide staff during the initial period. An assessment process follows to determine care recipients’ physical and social needs. Information collected from the assessment process together with information gained from the care recipients and/or representatives and other health providers is used to generate individualised care plans. Registered nurses and endorsed enrolled nurse supervise and provide clinical care to care recipients. Case conferences with the family occur to ensure the care is meeting the needs and preferences of residents. Care plans are reviewed by the registered nurses on a three monthly basis or as required. The provision of care at the home is monitored via audits, surveys, collection of key performance indicators, the comments and complaints mechanisms and observation of staff practices. Staff receive training relating to care recipients care and where appropriate consultants are accessed to support staff and provide advice regarding specific care issues. Care staff demonstrated a sound understanding of the care recipients’ individual needs as well as home’s care policy and procedures. Care recipients/representatives expressed satisfaction with the clinical care that the care recipients receive.

## 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 appropriately qualified staff. Registered nurses in liaison with the care manager and in consultation with medical officers and other relevant health specialists manage care. Management strategies and treatment regimes are in place to address care recipients’ specialised nursing care needs. Specialised nursing needs currently provided at the home include catheter care, complex wound and pain management. Registered nurses who manage and supervise specialised care are trained to deliver relevant care and are provided with education and training as required. The home has sufficient clinical equipment to support specialised nursing on site. Care recipients/ representatives are satisfied with the specialised nursing care provided.

## 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 recipients’ needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists according to their needs and preferences. Care recipients requiring referral to other health services are identified through assessments which are completed during entry processes and also during ongoing



observation, monitoring and reviewing of care recipients' needs. Wherever possible, the services of other health professionals such as a physiotherapist, dietician, speech pathologist, mental health specialists, and dentists are arranged for consultation on site or accessed from the community. Recommendations from health specialists and services are incorporated into the care recipients' care plans. Care recipients/ representatives are satisfied with the referrals made to other health and related services and the care provided to support their needs.

## **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 processes and systems to ensure care recipients' medications are managed safely and correctly. The home uses blister packed medications and a computerised system. Liaison with the supplying pharmacy ensures medications, including new or changed medications, are supplied in a timely manner. Medications are appropriately stored in locked rooms in locked medication cupboards, trolleys or refrigerators as required. Medication is checked prior to administration and is over seen and administered by appropriately qualified staff. An external consultant pharmacist reviews each care recipients' medications annually and as required. The doctors at the home also review the medications three monthly and as required. The home uses internal audits and incident reporting to monitor the various aspects of the medication system. Observation showed staff administering medications according to the correct procedures. Care recipients/representatives interviewed said care recipients receive medication correctly and in a timely manner.

## **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

The home has systems to ensure care recipients are as free as possible from pain. Care recipients are assessed for pain during the entry process and on an ongoing basis and assessment tools used for care recipients who are unable to verbalise their pain. Information gathered from assessments is used to develop a pain management plan and is reviewed three monthly by a registered nurse. A registered nurse who specialises in pain management is employed one day a week to manage the pain clinic. Strategies used in the management of care recipients' pain include a range of prescribed medications and physical therapies such as heat packs, massage, repositioning and gentle exercise. Specialised mattresses and chairs are also available to assist in the relief of pain and discomfort. The effectiveness of pain management is monitored through feedback from care recipients, staff and the use of a pain monitoring chart. Care staff described their role in pain management, including ongoing identification and reporting of care recipients' pain or discomfort. Care recipients/ representatives said they are satisfied with the care recipients' pain management treatment and with staff responses to care recipients' needs.

## 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 processes to ensure the comfort and dignity of terminally ill care recipients is maintained and there is support for their families. Consultation is undertaken with the care recipients and/or representative regarding care recipients’ end of life needs and preferences. Staff have knowledge and understanding of the special needs of care recipients receiving end of life care to ensure care recipients’ pain is managed and their comfort and dignity are maintained. Organisational care support coordinator provides support, resources and education to the palliative care champion at the home. Ongoing review of the effectiveness of care strategies occurs throughout the palliative care stage. The local palliative care team is contacted if additional clinical advice is required. The home has sufficient equipment to enable effective end of life care. Members of the clergy are contacted for spiritual care and additional emotional support to the care recipient or family as needed. Life style staff are also involved in providing emotional support for the care recipient and their representatives.

Currently the home does not have a care recipient receiving palliative care.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

There are processes to ensure care recipients receive appropriate nourishment and hydration including assessment of care recipients’ needs and ongoing observation of intake and weight variations. Care plans and feedback from care recipients provide staff with details of care recipients’ preferred or required meals and drinks. Supplements are provided to those care recipients who require them. Texture modified foods and fluids are served in accordance with the assessed needs of the care recipient. Care plans are reviewed three monthly by the registered nurse and the medical officer is notified of weight loss. Care recipients identified as having changes in swallowing, intake or weight are monitored closely and referred to relevant health professionals as needed. Staff assist care recipients with meals as needed and there are sufficient supplies of modified cutlery and equipment for care recipients to use as required. Care recipients/representatives are satisfied with the home’s management of care recipients’ nutritional requirements and are satisfied with the provided meals.

## 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 processes to ensure care recipients’ skin integrity is consistent with their general health. The condition of a care recipient’s skin is assessed on entry to the home and individual care plans are developed to meet their needs. The home has a range of pressure relieving devices and products to assist in maintaining and promoting skin integrity. The home uses the incident reporting system to report any breaches in skin integrity. Wound charts and photographs are used to document progress towards wound healing. Wound care is provided by registered staff and wound charts reviewed show evidence of regular treatments and reassessment. A podiatrist visits the home regularly for assessments and care. The foot care nurse at the home also provides regular review of the care recipients’ feet. Care staff described the process of identifying changes in skin integrity and procedures for maintaining good skin integrity. Care recipients/representatives are satisfied with the care recipients skin treatment provided.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients’ continence needs are managed effectively. Continence management strategies are developed for each care recipients following an initial assessment of urinary and bowel patterns. Strategies include scheduled toileting or assistance with toileting, prompting, continence aids, appropriate fluids and sufficient dietary fibre and juices are provided. Care recipients’ bowel patterns are monitored daily and prompt action is taken to address irregularities. A continence advisor is available for consultation as needed and provides education. Urinary tract infections are monitored and where indicated preventive strategies are implemented. Staff confirmed there are always sufficient supplies of continence aids to meet care recipients’ needs. Care recipient/representatives stated they are satisfied with the continence care provided to the 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 home has processes to effectively manage the needs of care recipients with challenging behaviours. Care recipients’ behaviour management needs are assessed on entry to the home and on an ongoing basis. The assessments include information obtained from care recipient’s representatives. Care staff record all behaviour of concern using behaviour charts which aim to identify the triggers for the behaviours. Home has access to advisory services to assist with

management of behaviour of concern. The home has a restraint policy and care recipients requiring restraints are referred to the general practitioner for a review.

Alternative measures of managing behaviours are trialled prior to a restraint being considered. Care and lifestyle staff are aware of care recipient's individual needs and management strategies. Care recipients/representatives interviewed expressed satisfaction with the home's management of care recipients who have behaviours of concern. Staff interviewed explained how they managed care recipients with behaviours as per the care recipient's care plans.

## **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's mobility program is tailored to individual care recipient's needs and preferences. Assessment information is used to formulate individualised care plans with strategies to achieve optimal levels of mobility and dexterity. All new care recipients are assessed by registered staff or referred to a physiotherapist if required. A care plan is developed which is reviewed three monthly. Home has access to appropriate mobility aids and specialised equipment. Activity staff conduct gentle exercise classes daily which include physical games and walks. Passive exercises are undertaken by care staff for those care recipients unable to walk or participate in gentle exercises. Care recipients are assisted to walk to maintain their mobility. Falls risk assessments are undertaken and action plans created as required. An incident reporting system includes analysis and trending of falls and assists in implementing strategies to reduce falls. Care recipients said they are satisfied that care recipients are encouraged to achieve optimal levels of mobility.

## **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 needs are maintained. This includes an assessment and the formulation of a care plan with strategies to meet dental care needs that is regularly reviewed. Care recipients are encouraged and assisted as required to clean their own teeth at preferred times. Care recipients have access to dental services in the community. Care staff have a good understanding of care recipients' dental care needs. Care recipients said they are supported by staff to maintain their dental care independently or are assisted by care staff as required.

## **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 processes to identify and effectively manage care recipients sensory losses. Assessment is undertaken when the care recipients move into the home and an individualised care plan is developed and regularly reviewed. Staff members assist care recipients to manage aids and equipment such as hearing aids and glasses. The home supports the care recipients with sensory impairment through the use of large print books, white boards and activities equipment, DVDs and music players. Activities are planned to stimulate the five senses and are designed to ensure participation of care recipients with identified sensory loss. A safe, uncluttered environment is provided for all care recipients with good lighting and hand rails on walls. Staff were observed to be aware of care recipients who have impaired senses. Care recipients confirmed they are satisfied with the home’s approach to assisting them with their 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 ensures care recipients are able to achieve natural sleep patterns. Initial and ongoing assessments include identification of night care requirements and preferences, and sleep patterns. A care plan is developed and evaluated three monthly. Sleep disturbances are documented and reported and the cause of the disturbance identified. Strategies to promote sleep include a quiet environment, offering of a warm drink or snacks, change of position, pain management, appropriate continence management and night sedation if ordered by a medical practitioner. Care recipients said having their own room is very conducive to a good night’s sleep and the home is usually quiet at night. Care recipients also said they are given individual attention when they are unable to sleep.

## 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 homes continuous improvement systems and processes. Examples of improvements related to Accreditation standard three, Care recipient in the home over the last 12 months include:

- Care recipient lifestyle opportunities have been reviewed. Care recipients identified they would like increased variety. A care recipient choir commenced in 2014, with the support of staff and volunteers. Care recipients practice regularly and have entertained other residents/representatives during the festive season. A bus has been arranged to take residents swimming and for hydrotherapy. Care recipients said how much they enjoy the new activities.
- An improved pre-admission process has been introduced for respite residents following the identification of gaps in the respite process. A pre admission appointment occurs where staff are able to interview and induct the respite resident in a leisurely manner and gather information to support their entry to the home. Management said this is now working well.
- Following care recipient feedback coloured plates have been sourced and are used for residents with visual impairment. A resident said this has improved their enjoyment of meals and increased their independence in managing meals.

### 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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system refer to expected outcome 1.2 Regulatory Compliance. Examples of regulatory compliance relevant to Accreditation standard three include:

- Management has a system for the compulsory reporting of alleged and suspected reportable assault and/or abuse as required under amendments to the Aged Care Act

1997. Management and staff have received information and education on elder abuse policies and procedures.

- All care recipients/representatives receive a copy of a resident agreement when they enter the home on respite or as a permanent resident. These documents provide information about residents'.
- The updated charter of residents' rights and responsibilities is displayed throughout the home.

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

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

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

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure all staff have the appropriate skills and knowledge to perform their roles effectively. Examples of education and training related to accreditation standard three includes:

- Staff have attended annual compulsory education on elder abuse. Elder abuse is part of the organisation's compulsory staff training.
- The home has a large number of volunteers who support lifestyle and pastoral care programs. All volunteers undertake an induction program to the home and are trained in the roles they perform.
- Leisure and lifestyle staff attend quarterly forums to network and undertake further education.

### **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

Staff at the home assist new care recipients and their representatives to familiarise themselves with the home. Care recipients and representatives are introduced to other care recipients and staff and oriented to their physical environment. Management ensures they understand the care and services provided. Interviews, assessments and a social profile identify any specific needs relating to emotional support for individual care recipients. Staff monitor care recipients and ensure they receive individualised attention during the settling stage. Staff provide continuing support to care recipients by facilitating their participation in activities and events while also respecting their independence. Additional support is provided by the visiting pastoral care and volunteer services. Care recipients are encouraged to bring their furniture and personal items into the home and representatives and visitors are encouraged to visit and made welcome. Care recipients are very satisfied with the support provided by 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 processes which encourage care recipients' independence and participation in community life. Care recipients level of independence and their need for assistance are assessed on entry to the home and reviewed three monthly. Care recipients are encouraged to achieve optimal independence in activities of daily living, health choices and lifestyle. The home provides an environment in which representatives, family, and community groups are encouraged and welcomed. The involvement of community visitors and volunteers encourages care recipients to make new friends and maintain their independence. Care recipients said they are satisfied with the way in which the home encourages care recipients to maintain their independence and their involvement with life both in the home and the community.

### **3.6 Privacy and dignity**

*This expected outcome requires that "each care recipients 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 are recognised and respected by staff at the home. On entry to the home, care recipients are provided with information on privacy and confidentiality which is also included in the care recipient's handbook. Consent forms relating to the disclosure of health and other personal information are also provided.

Staff are required to sign a confidentiality agreement at the time of their appointment and staff practices promote the privacy and dignity of care recipients. Staff address care recipients in a courteous and polite manner, call care recipients by their preferred names, only enter care recipients rooms with permission and ensure the privacy of care recipients who require assistance with personal care and toileting. Care recipients' notes are stored securely. Care recipients and their representatives have access to a confidential process for reporting comments and complaints. Care recipients reported staff treat care recipients very well and respect their privacy, dignity and confidentiality.

### **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 care recipients are encouraged and supported to participate in a wide range of interests and activities both within the home and the wider community. Care recipients' specific needs, preferences, leisure interests and activities are assessed on entry to the home. A social profile care plan is formulated and is reviewed three monthly. Leisure and lifestyle staff develop a



weekly activities program using knowledge of care recipients' preferences from the social histories, care recipients feedback, general discussions, analysis of attendance records and annual care recipients' survey. The activities program which respects care recipients' cultural and spiritual needs covers a wide variety of group, one on one and community activities. Activities include exercise sessions, concerts, bus outings, games, swimming, movies, cooking and a calendar of special events. The program is evaluated monthly to ensure the program continues to meet care recipients' needs and preferences.

Care recipients express satisfaction with the type and range of recreational activities provided to care recipients.

### **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 systems to promote care recipient's individual interests, customs, beliefs and cultural needs. Care recipients' language and specific religious and cultural practices are identified on entry to the home and care plans are created to meet these needs. The home has provisions for care recipients who do not speak English to help staff to communicate with them. All religious and other significant dates are celebrated including standard Easter and Christmas, Anzac day, Mother's day and Father's day. Church services for a variety of denominations are held in the home and a range of clergy also available to visit care recipients. Care recipients birthdays are acknowledged and celebrate. Care recipients are satisfied with the support provided for 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 has processes to acquire and record care recipients' preferences in relation to their care, activities, and daily routine. Care recipients and their representatives are consulted regarding care recipients' needs and preferences on entry to the home and on an ongoing basis. Mechanisms to support this include activities planning meetings, feedback forms and through direct feedback to staff and management. Care recipients are provided with choices concerning their personal care regimes, waking and sleeping times, and choice of medical officer. Choices are also available regarding meals, personalisation of rooms and participation in activities. Care recipients are satisfied with their involvement in decision making processes and stated all staff at the home is approachable and helpful.

### **3.10 Care recipients 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 systems to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and care recipient's rights and responsibilities is provided and discussed with prospective care recipient/representatives prior to and on entering the home by management. The care recipient's agreement accompanied by the care recipients handbook outlines care and services, care recipients' rights and feedback mechanisms. Any changes in room and/or location within the home are done in consultation with care recipients and/or their representatives. Ongoing communication with care recipients/representatives is through meetings and correspondence. Care recipients interviewed by the team feel secure of residency within the home and confirm awareness of 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 on the homes continuous improvement systems and processes. Recent improvement relating to Accreditation standard four, Physical environment and safe systems includes:

- In 2014 a risk audit was undertaken to identify key areas for improvement. An action plan was developed to improve safety and minimise risk in the home. Following a recommendation from the home’s fire safety provider smoke control doors have been installed on both floors of the home. A sprinkler system is scheduled to be installed in the near future.
- Following the identification of a frayed electrical cord, electrical safety training was undertaken by all staff. Management said staff are most mindful of safety including electrical safety.
- Following staff consultation a work health and safety committee has commenced. Committee member training has been provided. The first committee meeting has resulted in the allocation of duties and reporting guidelines. Audits have been allocated. Management are supportive of this improvement which they believe will result in increased surveillance of safety in the home.
- Lockable chemical storage cleaning trolleys have been provided and are in use in the home. This improvement is a result of a chemical incident at another service within the organisation. The cleaner said the new trolley is working well and risk has been reduced.

## 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’s systems for ensuring regulatory compliance, outlined in Expected outcome 1.2 Regulatory compliance, encompass all four accreditation standards, including this standard.

- Current safety data sheets are available for all chemicals on site.
- An annual fire safety statement is maintained.
- Staff and contractors test and calibrate equipment including fire-fighting and electrical equipment.
- The home has a food safety plan and licence with NSW Food Authority.
- The home has infection control procedures to manage gastroenteritis and influenza outbreaks. The home subscribes to an infection control update service.
- The home displays a notice relating to the planned installation of a sprinkler system in a portion of the home.

## 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 all staff have the appropriate skills and knowledge to effectively perform their roles. Examples of education and training related to Accreditation Four include:

- Catering and service staff have undertaken annual food safety training.
- Annual fire safety training is undertaken. All staff completed this training in 2014.
- Emergency preparedness training has been undertaken by management staff.
- All staff have undertaken training in the home’s risk management system which includes hazard and incident reporting.
- Infection control training is undertaken annually. Additional training was provided in 2014 to support infection control practices when a care recipient has a multi resistant infection.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipient needs. The home and outdoor areas are well maintained and attractive. Care recipients report they enjoy the gardens, balconies, outlook and the space, comfort and privacy the home provides. Document review and discussion with management demonstrates they actively work to provide a safe and comfortable environment. Regular environmental audits, surveys plus accident/incidents and maintenance reporting are carried out and the results are discussed at staff and management meetings for inclusion in future planning. Management demonstrate that maintenance is completed in a timely manner.

#### **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 and staff work to provide a safe environment that meets regulatory requirements. A review of the home's safety plans, policies and discussions with staff show the home undertakes continuous improvement to provide a safe working environment. Staff meetings regularly occur to monitor progress. A review of audits and surveys show the maintenance officer and external providers provide regular preventative and routine maintenance on equipment and staff are trained in the appropriate use of equipment. Staff report they are supported and encouraged by management to report potential and actual risks within the home and these are addressed appropriately in a timely manner.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

The home's fire and safety systems are maintained and monitored to provide an environment that minimises fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and staff training. Emergency procedures and equipment is easily accessible to staff throughout the home. We observed exit signs and clear egress routes and evacuation plans appropriately positioned throughout the home. Staff demonstrate they have a sound knowledge of the location of emergency equipment and emergency procedures as well as the evening lock up process. Interviews with care recipients/representatives confirmed that they feel safe and have an appropriate understanding of the home's emergency procedures.

#### **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 systems and processes to demonstrate that there is an effective infection control program in place. The home has key staff responsible for the monthly collection, monitoring and identification of trends. Management provides a staff and resident vaccination program to minimise risk of infection. Observations and interviews show staff are knowledgeable about infection control requirements including the use of personal protective equipment and the use of colour coded equipment in all areas. The home's kitchen has an A rating from the NSW food authority. There are designated procedures in place to manage an infectious outbreak and regular environmental inspections are carried out.

#### **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 in place to deliver hospitality services in a way that enhances care recipient quality of life and the staff's working environment. The home provides an onsite fresh cook catering service. The home has an effective food safety system in place and staff confirm they undertake training in food safety practices. The home has cleaning schedules in place to ensure cleaning and detailing is carried out on a regular systematic basis. Care recipient's personal laundry is provided onsite. The home has a process for receiving feedback on catering, cleaning and laundry services and care recipients/representatives confirm they are able to provide feedback to the home. Care recipients/representatives and staff interview indicates that they are satisfied with the home's hospitality services.