



Australian Government

Australian Aged Care Quality Agency

Northaven Retirement Village

RACS ID 0425
1322 Pacific Highway
TURRAMURRA NSW 2074

Approved provider: The Uniting Church in Australia Property Trust (NSW)

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 29 June 2018.

We made our decision on 30 April 2015.

The audit was conducted on 24 March 2015 to 26 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

| 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

Northaven Retirement Village 0425

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 24 March 2015 to 26 March 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 March 2015 to 26 March 2015.

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

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

Assessment team

| | |
|---------------------|--------------------|
| Team leader: | Margaret McCartney |
| Team member: | Helen Hill |

Approved provider details

| | |
|---------------------------|--|
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
|---------------------------|--|

Details of home

| | |
|----------------------|------------------------------|
| Name of home: | Northaven Retirement Village |
| RACS ID: | 0425 |

| | |
|--|----------------|
| Total number of allocated places: | 49 |
| Number of care recipients during audit: | 47 |
| Number of care recipients receiving high care during audit: | 28 |
| Special needs catered for: | Not applicable |

| | |
|------------------------|--|
| Street/PO Box: | 1322 Pacific Highway |
| City/Town: | TURRAMURRA |
| State: | NSW |
| Postcode: | 2074 |
| Phone number: | 02 9449 5644 |
| Facsimile: | 02 9988 4496 |
| E-mail address: | margarete@nsr.unitingcare.org.au |

Audit trail

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

Interviews

| Category | Number |
|---|--------|
| Residential operations manager | 1 |
| Director of nursing | 1 |
| Deputy director of nursing | 1 |
| Hostel coordinator | 1 |
| Residential support manager | 1 |
| Registered nurse | 1 |
| Care staff | 2 |
| Continuous quality improvement coordinator | 1 |
| Roster coordinator/nurse team leader | 1 |
| Office manager | 1 |
| Admissions officer | 1 |
| Human resource consultant | 1 |
| Contracts procurement coordinator | 1 |
| Maintenance manager | 1 |
| Maintenance staff | 2 |
| Care recipients/representatives | 10 |
| Chaplain | 1 |
| Pastoral care worker | 1 |
| Leisure and lifestyle coordinator Sydney Central and Sydney North | 1 |
| Recreation activity officer | 1 |
| Physiotherapists | 2 |
| Pharmacist | 1 |
| Learning and development manager | 1 |
| Clinical nurse educator | 1 |
| Hotel services manager | 1 |
| Laundry staff | 1 |
| Cleaning managers | 2 |
| Cleaning staff | 1 |

| Category | Number |
|-----------------------------|--------|
| Catering operations manager | 1 |
| Catering staff | 2 |

Sampled documents

| Category | Number |
|--|--------|
| Care recipients' files (including assessments, care plans, medical officers notes, progress notes and various reports) | 5 |
| Care recipient blood glucose levels | 4 |
| Bowel charts | 9 |
| Wound work sheets/photographs | 4 |
| Care conference reports | 4 |
| Hot pack application records | 5 |
| Personnel files | 3 |
| Medication charts | 5 |
| Electronic medication signing records | 5 |
| Medication instructions charts | 3 |
| Self-medication assessments | 4 |
| Anticoagulant monitoring checking records | 4 |
| Pain ongoing pain assessment charts | 2 |
| Letter from care recipient/representative | 1 |

Other documents reviewed

The team also reviewed:

- Accident and incident reports and data
- Care communication – daily handover sheets, communication diary
- Cleaning – audits, infection control procedures, schedules for general, kitchen and laundry cleaning
- Clinical care – weight monitoring records, documentation for aged care funding instrument assessment re-appraisal, medical officers communication folder, nursing admission work sheets, baseline health ranges charts, care plan review dates, other health services contact list, residents outside appointments chart (blank), fluid balance chart
- Comments, compliments and complaints – 'Have your say' forms and external complaints forms on display

- Contenance care – continence aid list
- Continuous quality improvement – audits and surveys, plan for continuous improvement, annual audit schedule, inspired safety sessions, care performance auditing schedule, achievements
- Cultural and spiritual life – pastoral care and chaplaincy accreditation report, worship attendance, pastoral care list, catholic visiting, communion and mass list, a life story, thank you letters, projects folder, poem for sending to representatives, end of life planning information
- Education – summary training calendar, inspired care mandatory education, learning campus online, orientation program, matrix and training records, training attendance reports, mandatory training records, staff competencies
- Emergency procedures manual, emergency flip charts, evacuation plans, evacuation kit and resident evacuation list
- Food safety program – cleaning schedules, dietary preference sheets, Food Authority audit results, menu, ordering processes, food and equipment temperature records
- Human resource management – policies and procedures, orientation program, criminal record checks, professional registrations records, job specifications, staff handbook, staff rosters, code of conduct and ethical behaviour, specimen signatures and initials
- Identification records for residents with the potential to wander/abscond, behavioural monitoring tool
- Infection control – infection control audits, infection control policy and procedures, meeting minutes, infection data, immunisation records, pest control records
- Information systems – vision, purpose and values, policies and procedures, meeting minutes, staff handbooks, staff information package, resident handbook
- Leisure and lifestyle documentation – resident social profiles, leisure and lifestyle participation register, themed event calendar, photographs, leisure and lifestyle activity/program evaluation form, activity programs
- Maintenance and external services – maintenance planned and daily log via computer, external service agreements, approved provider list, service records
- Medication management – medication refrigerator temperature records, schedule eight register, PRN (as required) medication tracking report, missed medication report, anticoagulant monitoring, medication administration histories, medication profiles, medication chart audits, medication incident reports, medication competency matrix, medication tests, medication competency assessment packages, competency for administration of insulin, medication theory package, antipsychotic side effects monitoring form, psychotropic drug use review, pharmacy newsletters, pharmacist's medication management reviews, list of residents who self-medicate
- Minutes of meetings – resident and relative, medication advisory committee, pain and falls monitoring, infection control, quality committee meeting, staff, registered nurses, residential managers, work health and safety meetings
- Northaven Retirement Village self-assessment for re-accreditation

- Oral and dental care flowchart
- Pain management – heat pack list, brief pain inventories, pain program tracking sheets, complex health care directives (pain)
- Palliative care – end of life instructions end of life restlessness/agitation flowchart, end of life care chart (blank), advanced care plans folder, funeral arrangements form
- Physiotherapy – physiotherapy assessments, physiotherapy assessment forms, mobility screens, physiotherapy communication sheets, falls register, summary of falls
- Regulatory compliance – annual fire safety statement, compulsory reporting file, criminal record checks, New South Wales (NSW) Food Authority licence, residents' privacy consents, professional registrations, resident agreements, staff privacy and confidentiality agreements
- Sign in and out books - visitors, care recipients, volunteers and contractors
- Skin care – skin care flowchart, skin care folder
- Specialised nursing care – catheter and line management chart, complex health care directives, wound care clinic reports
- Work health and safety policies and procedures, audits, meeting minutes, accident and incident reports, hazard reports, safety data sheets
- Wound care – chronic wound flowchart

Observations

The team observed the following:

- Activities in progress
- Care recipient laundry
- Chapel
- Charter of Care recipients' rights and responsibilities on display
- Chemical storage, cleaner's room, cleaners information folder, colour coded mops and cloths, personal protective equipment, spills kits
- Continence aid supplies and storage
- Dining rooms during lunchtimes, morning and afternoon tea, staff serving/supervising/assisting residents with meals, and assistive devices for meals
- Equipment and supply storage areas
- Evacuation egresses, assembly areas, emergency flip charts, emergency evacuation pack including residents' information
- Fire board, firefighting equipment checked and tagged, exit and emergency lighting, designated smoking areas, fire safety sprinklers installed

- Food service area – colour coded equipment, preparation and wash up areas, labelling and rotation of stock, dry stores
- Hand washing stations and hand sanitiser dispensers
- Individual resident's letter boxes
- Interactions between care recipients, representatives, volunteers and staff
- Internal and external comments/complaints forms, brochures on display
- Laundry – separate washing, drying and folding areas
- Lift between floors
- Living environment – internal and external
- Maintenance areas
- Medication storage, staff completing medication rounds
- Menu on display
- Notice boards – care recipient and staff areas
- Recreational activity program on display
- Resident library
- Security system including key padded arrangements, nurses call bells
- Short group observation in dining area
- Staff clinical areas and work stations
- Waste management

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 organisation actively pursues continuous improvement as demonstrated by examples provided of improvements across the four Accreditation Standards. Information for improvement relating to Accreditation Standards One, Two, Three and Four is gathered through various activities and meetings and then discussed at quality committee meetings. Feedback on continuous improvement activities is provided through the meetings, verbally and on notice boards. Staff and residents/representatives stated that management are responsive to their comments and suggestions for improvement.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard One include:

- Due to a restructure it was identified by the organisation that the code of conduct and ethical behaviour policy and guidelines should be updated and standardised across the state. A new booklet was developed and discussed with and given to staff when performance appraisals were being done. The code provides a good framework of acceptable work conduct for staff and has been well received by new and existing staff.
- Work will commence in April 2015 to install a new nurse call system after it was recently identified that a failing in the system in some rooms is unable to be repaired for the long term. The new system will also include the availability of pendants and mattress alarms to provide safety for those residents at risk of falls.
- A gastro-enteritis outbreak during 2014 identified that it was difficult to make contact with all representatives to advise that entry to the home was restricted during that time. Representatives were arriving to visit and found they could not enter. The home invited representatives to provide their email addresses and an email data base has been established. This email communication availability has also been useful for other information such as information about Christmas party invitations. Management reported that representatives often comment on how good the email communication is.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify changes to legislation and regulations. These are provided corporately through the organisation and through information updates from industry bodies and government departments. The home’s policies and procedures are reviewed and updated if required. Changes are communicated to staff via the meetings, memoranda and noticeboards. Information is disseminated to residents as required.

Examples of regulatory compliance relating to Accreditation Standard One include:

- Criminal history checks for staff, volunteers and contractors are monitored.
- Information is provided to residents/representatives and staff about internal and external complaints mechanisms.
- Notices advising residents/representatives and staff of the re-accreditation audit were displayed prominently throughout the home.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure staff members have access to appropriate education and staff development opportunities to enable them to have the knowledge and skills to perform their roles effectively. Education is facilitated from an organisational and a site specific perspective. Education ideas are sourced through surveys, evaluation of other education sessions, audit results and feedback through staff appraisals. Education sessions are held either in a face to face environment or via the online campus where staff can complete their mandatory education at their own pace. This is monitored to ensure timely completion is attended as required by the organisation. External providers are also used and staff are offered to attend external education.

Education sessions conducted relevant to Accreditation Standard One include:

- Code of conduct
- Bullying and harassment
- Complaints management
- Aged care funding instrument

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

Residents/representatives are informed of internal and external complaint avenues through the resident handbook, during orientation to the home, and resident/representative meetings. 'Have your say' forms are readily available, are on display in the home and there is provision for complaints to be lodged anonymously. Staff were aware of the home's procedure for reporting complaints made by residents. Residents/representatives advised they were aware of the process to take if they had a complaint and felt comfortable raising any issues with management. They confirmed that management and staff are very responsive to any needs they have.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, purpose and values statement is on display throughout the home and is also documented in the resident and the staff handbook. The management team said their primary focus is to provide quality care to residents and to provide support to their representatives. Staff also confirmed a commitment to quality is fundamental to the way the home is managed.

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's system of recruitment, training, performance appraisal and roster development ensures there are appropriately skilled and qualified staff sufficient to ensure quality services are delivered. Staffing levels and rostering is adjusted to meet the demands of the home, taking into consideration occupancy levels, resident classifications and the changing environment in which the home operates. Management confirmed there is the ability to increase staff in a short term situation if necessary. Review of the roster indicated there are sufficient numbers of staff types rostered across different shifts to ensure residents' care needs can be met. The home has an electronic system of recruitment and all staff attend an orientation program upon commencement of employment. Management advised of their system for dealing with staff performance issues such as through the use of counselling, performance reviews and disciplinary processes. Residents/representatives said how wonderful the staff are and indicated staff respond promptly to requests for assistance.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure appropriate stocks of goods and equipment are available at all times. Observations, interviews and documentation reviews demonstrate appropriate stocks of goods, equipment, food, furniture, medical stores, continence supplies and linen are achieved. Stock rotation processes, budgeting and purchasing through preferred suppliers ensures this ongoing program is effective. All maintenance requirements are carried out in an appropriate time frame by maintenance staff at the home. Staff and residents/representatives confirmed there are sufficient and suitable equipment for their 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

Information is disseminated to staff through a variety of avenues including information displayed on notice boards, discussions at the regular staff meetings and education sessions. Information is relayed to residents and/or their representatives through information on various noticeboards, emails and resident/representative meetings. Documentation is archived appropriately initially on-site and then transferred for destruction when appropriate. The system enables files to be retrieved as needed. Information retained on the computer system is routinely backed-up on an external server which is maintained by the organisation. Access to data retained on the home's computers is password protected.

Residents/representatives and staff expressed satisfaction with the communication processes 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

All externally sourced services are provided in a way which meets the home's needs and quality goals. Documents reviewed show the organisation has a system to identify preferred suppliers of goods, equipment and services and to review major or regular suppliers' performance. Contracts and/or service agreements are in place with suppliers of services such as cleaning services, food services and electrical services. There are systems which ensure maintenance requests are completed and contractor requirements are monitored by the maintenance staff and organisationally by the manager of maintenance.

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 details of the home's system for continuous improvement. Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Two include:

- It was identified by the managers at a management meeting that the beds in use were not able to be lowered to the floor to provide safety for residents who may fall out of bed. The beds that were available for purchase were unattractive and much bigger than an ordinary bed which reduced the space available in the residents' rooms. Senior management arranged for a bed to be designed to meet the needs of the organisation and a new bed became available that was attractive, able to take a pressure relieving mattress and provided a safe alternative for residents. Staff, residents and representatives have reported they are pleased with the new beds.
- Management realised they needed to better co-ordinate the monitoring of the many factors of care indicators and that the infection control committee was not sufficient for achieving this. A clinical committee of managers and staff from the home and co-located home was established and now meets two monthly. Clinical indicators such as infection rates, medication issues, falls and skin tears are monitored. This has resulted in strategies to minimise these being developed in a timely way and these indicators are now better managed.
- After completing research, an opportunity to introduce an electronic system of medication administration which linked with the current systems in use was identified. The system has been introduced and management reported this has resulted in a reduction in omitted signatures and more accurate dispensing of medications. Pharmacy and staff report the system is working well.
- To enable residents to stay in their room when requiring palliative care, the organisation sent the hostel coordinator, the registered nurse and team leader to a palliative care education session. These staff set up new systems and passed their knowledge on to other staff to enable residents to remain at the home. Representatives have expressed that they are grateful for the level of care able to be provided.

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 information regarding the system to ensure the home complies with legislation and regulations relevant to residents’ health and personal care.

Examples of regulatory compliance in relation to Accreditation Standard Two include:

- The home maintains records of current professional registrations of the relevant staff and visiting allied health practitioners.
- The home’s storage and administration of medication is in accordance with the relevant legislation.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions and activities provided relating to Accreditation Standard Two include:

- Continence management
- Skin care
- Oral and dental care
- Falls prevention
- Dementia care essentials
- Training for the new electronic medication management system

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 processes to support residents to receive appropriate clinical care. This includes assessment and care planning processes and medical officers attending the home regularly and on request. Verbal and written communication processes are used to inform nursing staff of residents’ care needs and to inform medical officers of residents’ health issues in need of review. Residents have a range of observations completed each month to monitor their clinical condition including residents’ weights. Residents and/or their representatives have opportunities for input into the residents’ care delivery through case conferences held and ongoing verbal requests. Resident incidents are recorded, acted upon and incident data is collated and reviewed. Residents/representatives expressed satisfaction with the care provided and residents’ access to medical officers.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents’ specialised nursing care needs to be met including providing a registered nurse 36 hours per fortnight. Registered nurses can also be accessed through the co-located home at other times. Examples of residents’ specialised nursing care needs currently supported include urinary catheter care, wound care and diabetic medication management. Various records for residents’ specialised nursing care are maintained. Observations and registered nurse interviews demonstrated they have access to sufficient supplies of equipment for residents’ specialised nursing care needs. The home has access to clinical nurse consultants through local hospitals for advice when required and the services of a wound clinic have been utilised. Management also advised of access to local hospital’s teams with registered nurses available to provide support such as intravenous injections and reviewing residents post falls when necessary. Residents/representatives expressed satisfaction with the knowledge and skills of the staff working in the home.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents to be referred to appropriate health specialists in accordance with their needs and preferences. Processes include assessing residents’ needs and referring them to their medical officers or relevant health services for review.

Documentation reviews and interviews demonstrate residents have been seen by a range of health services which visit the home such as physiotherapy, podiatry, speech pathology,

wound care, pharmacy and pathology services. Management advised an audiology service, optometrists and dentists will also visit the home on request although most residents currently prefer to access these services externally. Management said residents are transported to external appointments by family members or a volunteer service which can be organised when required. Residents/representatives expressed satisfaction with residents' access to health specialists and services in accordance with their needs and preferences.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has processes to support residents' medication to be managed safely and correctly including using an electronic medication administration recording program and a pre-packed medication administration system. Care staff who administer residents' medications are required to complete comprehensive medication competency assessment packages. Registered nurses are consulted about the administration of residents' PRN (as required) medications. Documentation is maintained to guide staff on residents' medication allergies, instructions for administration and photographic identification. Residents who choose to self-administer their medications have assessments for their suitability completed.

Schedule eight medications which cannot be pre-packed are monitored through the schedule eight register maintained in the co-located home. Eye drop containers are labelled when opened and the temperatures of the medication refrigerator are recorded. The home has access to a medication advisory committee and a pharmacist completes medication reviews for residents. The organisation's incident reporting system includes medication incidents.

Medication chart audits have recently been implemented. Residents/representatives expressed satisfaction with the support for residents' medication management.

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 processes to support residents to be as free as possible from pain. This includes assessment and care planning processes, treatments provide by a physiotherapist and reviews by medical officers when indicated. Verbal and non-verbal pain assessments are available for staff to use. Care staff complete pain charts for residents whose medications are under review and the physiotherapist maintains pain charts for the residents undergoing pain management treatments. Examples of strategies currently provided for residents' pain management include the administration of pain relieving medications, narcotic patch applications, heat pack applications and gentle massage. Care staff interviews demonstrated they would report residents identified to be experiencing pain to a registered nurse for review. Residents/representatives expressed satisfaction with the pain management provided.

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 maintain the comfort and dignity of residents who are terminally ill. This includes processes to identify residents’ ‘end of life’ wishes including discussions with the chaplain relating to end of life planning. Many residents have also completed advanced care plans. The home has various documents to guide staff for residents’ end of life care as needed. Medical officers are requested to order the appropriate medications to support residents’ needs when receiving palliative care. Staff advised of ways they provide care for residents who are terminally ill through supporting the residents’ physical and emotional needs. This includes the home providing extra staff when needed to support residents’ increased care needs. All residents have single rooms to support the privacy and dignity of residents receiving palliative care. Management reported the representatives of residents who are terminally ill can stay in the home overnight if desired. The home’s chaplain and pastoral care worker are available to provide support for residents and their families when required. The home has access to local palliative care specialists for advice if required.

Residents/representatives expressed satisfaction with the care and support provided for residents.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents to receive nourishment and hydration. This includes the assessment and care planning of residents’ dietary needs and the communication of these needs to the catering staff. Provision is made to support residents who require dietary assistive devices, blended meals, special diets and meals cut up. The four week rotating menu has been reviewed by a dietician and fresh fruit is readily available each day. Residents are provided with drinks at regular intervals to support their hydration to be maintained. Residents can also have refrigerators in their rooms in which to store snacks and drinks to take at their leisure. Residents’ weights are recorded each month. Management reported dietary supplements would be provided for residents when necessary for weight and nutritional management. Care staff reported they monitor residents’ dietary intake. A speech pathologist is also available to assess residents when required. The home has processes through which resident satisfaction with meals can be reviewed and changes made as necessary. Residents/representatives generally expressed satisfaction with the food and drink the home provides.

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 for maintaining residents’ skin integrity consistent with their general health including assessment and care planning processes. A podiatrist and a hairdresser visit the home regularly to attend to residents. Staff and residents/representatives also reported a manicurist attends the home. Residents’ skin integrity is also maintained through emollient creams applications and use of pressure relieving equipment when needed. The accident and incident reporting system includes recording incidents of residents’ skin tears.

Care staff attend to residents’ wound care which is reviewed regularly by the registered nurse and residents are referred to a wound clinic when indicated. Residents/representatives expressed satisfaction with residents’ skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed through assessment and care planning processes and resident/representative feedback. There are processes for the supply and distribution of residents’ continence aids. Management reported the representative from the supplier of continence aids provides staff education and is available to advice on residents’ continence aid needs when requested. Care staff said they have access to sufficient supplies of continence aids and support residents with toileting as necessary. The home has strategies for residents’ bowel management such as maintaining bowel charts, fibre in diets, prunes available for breakfast and the administration of medications for bowel management regularly or as required. All residents have en-suite bathrooms for their convenience for toileting and management reported commodes are also provided at night when needed. Residents/representatives did not identify any issues with the continence management provided.

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 support the needs of residents with behaviours of concern. This includes assessment and care planning processes and referring residents with changed behaviours to medical officers for review when the need is identified. The home is not locked during the day and management reported residents are screened prior to entry to ensure they do not have wandering behaviours. Staff advised an alarm which alerts staff when residents approach the front entrance is used when needed. No residents currently have chemical or

physical restraint in use. Staff described behavioural management strategies they use to support residents and specific activity programs for residents with dementia are currently not identified to be required. A pharmacist completes reviews of the psychotropic medication use in the home. Residents/representatives expressed satisfaction with the staff support provided in the home.

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 processes to assist residents with their mobility and dexterity needs including assessment and care planning processes. A physiotherapist attends the home to support residents’ mobility and pain management needs. Assessments completed include the identification of residents’ mobility needs and falls risk. Residents are encouraged to mobilise to the dining room for lunch and evening meals. A number of residents were observed mobilising with mobility aids. The recreational activity programs include regular exercise groups and various activities through which residents can achieve exercise. Strategies for residents’ falls prevention and management include providing mobility aids and reviews by the physiotherapist such as foot wear reviews. The home’s accident and incident reporting system includes the reporting and monitoring of residents’ falls. Resident/representative interviews generally indicated satisfaction with the support provided for residents’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has processes through which residents’ oral and dental health is maintained including assessment and care planning processes. A staff member is appointed to check and review residents’ oral and dental health each three months. Residents’ oral and dental care needs are also monitored through ongoing resident/representative feedback.

Management reported the home will supply residents’ toothbrushes and tooth paste. However, they said most residents currently prefer to purchase their own brands.

Management advised that two dentists are available to visit residents in the home when needed. Care staff reported they provide residents with assistance with denture care and teeth cleaning when required. Residents/representatives expressed satisfaction with the support available for residents’ 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 processes to identify and manage residents’ sensory loss needs including assessment and care planning processes. Assessments tools available for staff to complete include the identification of residents’ hearing, vision, taste, touch and smell sensory loss needs. Management advised that an audiology service and an optometrist are available to attend the home on request. Care staff advised of strategies they use to assist residents with vision and hearing loss such as explaining the location of things to residents with vision loss and providing hearing aid care. We observed the home has supplies of large print books and staff advised of auditory books in use by residents when needed. Management reported that large print books can also be accessed from the local library for residents. The living environment is free of clutter and well lit. Resident/representative interviews did not identify any issues with the support for residents’ sensory loss needs.

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 processes to support residents to achieve natural sleep patterns through the assessment and care planning processes and the support available during the night by one care staff. Residents have call bells in their rooms to call for staff assistance at night if required. Strategies available to support residents to achieve natural sleep patterns include suppers in the evenings, continence management, staff assistance to go to bed and night sedation as per medical officers’ orders. Management and staff said supplies of snacks and drinks are readily available for residents during the night if required. This includes items residents can store in the refrigerators in their rooms. Residents reported the home is quiet at night and they sleep well. Residents’ representatives did not identify any problems with residents achieving natural sleep patterns.

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 details of the home’s system for continuous improvement. Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Three include:

- A resident suggested that the home have a choir and donated money for a keyboard. Staff advised that music books were also donated. Management then engaged a choir leader and advertised the start of the choir to the residents. More than 16 residents attend the sessions now and staff said their pleasure is evident. Many people comment to staff on the wonderful music coming from the choir sessions and the choir entertained residents in the home and the co-located home at Christmas time.
- After the appointment of the leisure and lifestyle co-ordinator it was identified that there was an opportunity for leisure and lifestyle staff to benefit from workshops where they can share ideas with other leisure and lifestyle staff within the organisation. The workshops have been introduced and are scheduled quarterly. This includes education sessions held in conjunction with these workshops. This provides leisure and lifestyle staff with an opportunity to benefit from learning about different programs and ideas from each other.

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 information regarding the home’s system to ensure compliance with legislation and regulations relevant to residents’ lifestyle.

Examples of regulatory compliance in relation to Accreditation Standard Three include:

- Providing a system for the compulsory reporting and recording of alleged or suspected resident assaults in accordance with regulatory requirements.
- The Charter of Care recipients’ rights and responsibilities is on display and is included within the resident handbook that is provided to each resident on entry to the home.
- Systems are in place to protect each resident’s privacy in accordance with the regulatory requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions offered relating to Accreditation Standard Three include:

- Resident rights
- Palliative care and decision making
- Reportable assault
- Privacy and dignity
- Residents’ security of tenure and responsibilities
- Leisure and lifestyle staff education has been introduced quarterly

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 has processes through which each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Processes include providing prospective and new residents and/or their representatives with information on the care and services available in the home. Various assessments and care plans are completed for residents on entry to the home through which their support needs are identified. Staff advised they support new residents through welcoming and orientating them to the home as well as providing ongoing support. The home's chaplain and pastoral care worker provide a range of group and one-to-one services to support residents. Several staff advised they have received grief and loss training through the learning and development programs.

Residents/representatives expressed satisfaction with the initial and ongoing emotional support provided. Resident comments included that they enjoy living in 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

Residents are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home as their health condition allows. The home provides an environment in which representatives, friends, entertainers, school groups and volunteers are welcome to visit. Residents' independence is fostered through regular shopping outings and staff advised of residents attending various activities outside the home.

Residents can have telephones, refrigerators, kettles, radios and televisions in their rooms. Support is provided for residents to vote during elections as needed. Care staff advised they encourage residents to do as much as they can to maintain their independence. Equipment is available to support resident independence such as mobility aids. A resident laundry is also available for individual resident use. Resident/representative interviews demonstrated residents are supported to maintain their independence and friendships.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. The home's assessment processes include identifying each

resident's preferred name. Residents and/or their representatives are provided with information relating to the home's privacy policy and are requested to complete a consent form relating to the use of personal information such as residents' photographs, dates of birth and the display of names. Staff described strategies for maintaining respect for residents' privacy and dignity such as closing doors when providing treatments in residents' rooms.

Staff confirmed they agreed to maintain the confidentiality of resident information when they commenced employment. Resident information is stored securely. Residents/representatives were complementary of the way in which staff show respect for residents and support residents' privacy and dignity.

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

Various assessments and care plans are completed to identify residents' interests and activities of interest to them. A recreational activity officer, volunteers and entertainers support activity programs to be held five days a week. Movies are also provided on weekends. Residents are informed of activities available through activity programs given out, activity programs on display and verbal reminders. The activity programs include a range of activities available such as musical entertainments, word games, hand massage, ice cream rounds and poetry reading. The chaplain also holds a men's morning tea each month and leads a singing group which is popular with residents. Photographs demonstrate residents have enjoyed the activities held. Resident participation at activities is recorded and the leisure and lifestyle coordinator monitors and reviews the programs.

Residents/representatives generally expressed satisfaction with the activities available.

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 to value and foster residents' individual interests, customs, beliefs and cultural backgrounds. This includes assessment and care planning processes. Special celebrations are held for cultural and religious days such as Australia Day, ANZAC Day, St Patrick's Day, Easter and Christmas. Staff advised that monthly birthday celebrations are held with a celebratory cake. The home employs a chaplain and a pastoral care worker and a chapel is available for church services. Through the pastoral care team, students who are completing various research projects relating to resident lifestyle have attended the home.

Non-denominational church services are held regularly in the home and a Bible study is provided each week. Mass is also held each month and staff reported Roman Catholic Church representatives attend the home to provide Holy Communion for residents. Prior to each Christmas the chaplain sends a letter with a poem to the representatives of residents who have died during the year, and memorial services are held periodically. A notice board has pins placed in a map of the world to show each resident's place of origin. Staff reported that no

residents are currently identified to require cultural diets and English is spoken and understood by all residents. Residents/representatives expressed satisfaction with the support provided for residents' 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 supports residents and/or their representatives to participate in decisions about the services provided and to exercise choice and control over their lifestyle.

Residents/representatives are informed of choices available and their rights through information provided such as the resident agreement and the resident handbook. Information on advocacy services is also available and the Charter of Care Recipients' Rights and Responsibilities is on display. Examples of residents' choices for care and services include choice of participation in activities and choices of meals. The home provides mechanisms through which residents and/or their representatives can have input into services provided.

Examples include: resident and relative meetings, verbal discussions and comments and complaints mechanisms. Management also provides an 'open door' policy.

Residents/representatives expressed satisfaction with the choices available and the control over the care and services provided for residents within the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Information is provided to explain care and services for new residents and/or their representative prior to entry to the home. A resident agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents and/or representatives are advised to seek independent legal and/or financial advice prior to signing. The resident information pack provided contains relevant information. Residents/representatives are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for details of the home’s system for continuous improvement. Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Four include:

- A new fire panel was installed and staff discussed how good the mimic panels were, which complimented the fire board on levels two and three. Staff then suggested it would be better if these were installed on levels one and four also and these were installed. The added mimic panels provide easier and improved access to identification of where the fire is located from each level. Staff can access them without going through fire doors and can be at the alarmed point more quickly. Staff now feel more confident about coping with the fire alarm.
- Management identified with all beds in the home now being electrically operated, when a power outage occurs the height of the beds is not able to be altered. Power packs were purchased to enable the beds to continue being operated.
- With the introduction of lo-lo beds for residents the home has also introduced fall out mattresses. Staff identified that these could present a trip hazard and fall out mats with a florescent edge were sourced. There have been no incidents of tripping on the mats since April 2014 and staff said they are happy with these.

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 information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems.

Examples of regulatory compliance in relation to Accreditation Standard Four include:

- The routine checking and testing of fire-fighting equipment and fire alarm systems.
- Undertaking annual food safety audits in compliance with the NSW Food Safety Act.
- Displaying safety data sheets in areas where chemicals are used and stored.
- The home has recently had a fire sprinkler system installed to meet legislative requirements.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions offered in relation to Accreditation Standard Four include:

- Fire evacuation procedures training
- Manual handling
- Infection control

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 management of the home provides a safe and comfortable environment consistent with residents' care needs. The home has two levels of resident accommodation, a library/sitting room, dining room and lounge room. There are safe external areas and access to a courtyard. Audits which include environmental aspects are conducted monthly. Maintenance staff are alerted to any daily needs of the home via an electronic system of requests.

Maintenance staff advised they regularly check this throughout the day and prioritise any repair work. Qualified tradespersons are contacted for any necessary repairs of the building or equipment such as electrical or plumbing needs. There is a program of planned preventative maintenance to ensure the building is well maintained and equipment is routinely serviced. Feedback from residents/representatives indicates they feel comfortable in their living environment.

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. A workplace health and safety committee assists to educate staff and monitor the day to day safety systems in the work place. Staff could identify the procedures in place for reporting hazards. They were also aware of issues which may affect their area of work in relation to workplace health and safety. The committee staff confirmed there are various ways the home identifies hazards. These include observation, discussions at meetings, informal discussion with staff and other stakeholders, audits and incident and accident reports. All results are discussed at the workplace health and safety meetings and actions are planned. The onsite committee is assisted via an organisational manager available for workplace health and safety. Lifting and transferring equipment and tagging of electrical equipment were observed to be present in the home.

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 and internal fire alarm system. Observations of fire-fighting equipment

around the site, confirms they are inspected on a regular basis. Staff said fire safety is included as part of the orientation sessions for new staff members as well as part of the routine annual education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire. Key information on a range of other emergency situations such as bomb threat and natural disaster is available.

Evacuation lists are maintained identifying all residents accommodated. Evacuation plans are displayed strategically around the home and a disaster management plan is readily accessible and located at the main fireboard.

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 organisation provides policies, procedures and training for management to guide them in implementing and monitoring infection control at the home. Vaccination to prevent influenza is offered annually to residents and staff. Residents are monitored for signs and symptoms of infection and timely follow-up action is taken to diagnose and treat infections in liaison with medical officers. Infection data is collated and analysed to assist with identifying trends and the need for improvement. Equipment and supplies are available to staff to minimise cross infection and they are provided with ongoing training on infection control and related topics. Cleaning programs are implemented for general cleaning. A food safety program is implemented. Staff are knowledgeable about infection control principles and practices.

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 a system in place to ensure hospitality services are provided in a way which enhances residents' quality of life and the staff's working environment. Management of the food services is contracted out to an external provider. Food is cooked fresh on site following a four-week rotational menu with a seasonal change. The menu has been developed, reviewed and approved by a dietitian and residents have had the opportunity to provide feedback whilst the menu was being developed regarding their likes and dislikes. Residents also have the opportunity to say they do not want what is on the menu for a specific day and the meal is adjusted to suit them at the time. Resident/representative feedback relating to food is via surveys and meetings. Residents' likes, dislikes and allergies are recorded in the kitchen. Temperature checking is carried out at each point of the meal preparation including delivery, storage, dishwasher, cooking and serving. Residents/representatives generally said they are satisfied with the food provided and are enjoying the menu. Cleaning services are provided by an external provider. The living environment was observed to be clean and cleaning programs are in place. The cleaning staff interviewed demonstrated a working knowledge of the home's cleaning schedules, practices and safe chemical use. The cleaning roster requires all rooms to be cleaned according to a set schedule. The home provides an onsite laundry service for personal clothes and linen is laundered externally.

Residents/representatives stated they are satisfied with the laundry service.