



**Australian Government**

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**Australian Aged Care Quality Agency**

**Pacifica**

RACS ID 0972  
15 Short Street  
Nambucca Heads NSW 2448

**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 18 October 2018.

We made our decision on 17 September 2015.

The audit was conducted on 11 August 2015 to 13 August 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Pacifica 0972**

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

## **Introduction**

This is the report of a re-accreditation audit from 11 August 2015 to 13 August 2015 submitted to the Quality Agency.

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

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

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

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

## **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 August 2015 to 13 August 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>	Sandra Heathcote
<b>Team member:</b>	Annette Barrett

## Approved provider details

<b>Approved provider:</b>	The Uniting Church in Australia Property Trust (NSW)
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## Details of home

<b>Name of home:</b>	Pacifica
<b>RACS ID:</b>	0972

<b>Total number of allocated places:</b>	86
<b>Number of care recipients during audit:</b>	84
<b>Number of care recipients receiving high care during audit:</b>	54
<b>Special needs catered for:</b>	Dementia specific unit

<b>Street/PO Box:</b>	15 Short Street
<b>City/Town:</b>	Nambucca Heads
<b>State:</b>	NSW
<b>Postcode:</b>	2448
<b>Phone number:</b>	02 6598 5200
<b>Facsimile:</b>	02 6598 5201
<b>E-mail address:</b>	<a href="mailto:mbills@unitingcarenswact.org.au">mbills@unitingcarenswact.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Service manager	1
Residential operations manager	1
Clinical nurse consultant	1
Registered nurses	3
Care coordinator	1
Care staff	8
Chaplaincy coordinator/ Chaplain	2
Occupational therapist coordinator/occupationaltherapist	2
Leisure and lifestyle staff	3
Continence facilitator	1
Care recipients	14
Representatives	5
Finance manager	1
Hotel service manager/procurement specialist	1
Laundry staff	1
Catering staff	2
Maintenance staff	3
Administration assistant	1
Cleaning staff	2

### Sampled documents

Category	Number
Care recipients' files	20
Summary/quick reference care plans	20
Medication charts	40
Personnel files	5

## Other documents reviewed

The team also reviewed:

- Activity program includes: weekly program, survey results, 'resident' meeting minutes, bus trip outing folder, session plans, attendance records, 'resident' social profiles, 'pet therapy' information and care plans, newsletters.
- Care folders and charts, including telephone directory, 'restraint' folder, doctors communication folder, wound folder, dietician folder, staff communication book, clinical resource folder, 'resident of the day' folder, memo book, change of shift handover sheets, and computerised care system.
- Chaplaincy service includes: palliative support, 'memory loss' chapel service, general chapel services, bible reading, psalms singing, pastoral care courses for staff, grief education, and prayer group.
- Comments, complaints, compliments
- Communication systems - notices, memoranda, diaries and communication book, change of shift handover sheets, newsletter, meeting minutes, intranet site
- Continence program records include: continence management folder, order, usage, sizing and individual continence assessments
- Continuous improvement: continuous improvement plan, audit schedule and audits
- Current annual fire safety compliance statement, fire safety maintenance contractor records, emergency evacuation site plans, evacuation lists, emergency colour coded flip charts
- Education documentation, including staff attendance records, session evaluation, annual calendar, electronic education resources
- Four week cycle menu, care recipients' likes and dislike and special dietary needs information
- Human resources documentation, including staff handbook, letters of appointment, performance appraisals, register of staff, volunteer, contractor police record checks, professional registration records, duty lists, position descriptions and staff rosters
- Incident/accident electronic system, including mandatory reporting log
- Infection control material, including infection control manual, clinical indicators, snapshot reports, vaccination records, medication fridge temperature records, temperature records for food, fridge/freezers/cool rooms and medication fridge, kitchen equipment, New South Wales Food Authority Licence and audit, and food safety plan
- Maintenance records planned, preventative and reactive maintenance request logs, and service records
- Medication system includes: pharmacy folder, medication charts, computerised medication sign forms, doctor's orders, incident reports, controlled drugs register, medication audits and medication incident reports.



- Occupational therapy/physiotherapy program includes: assessment and physiotherapy care plans.
- Policies, procedures, manuals and flowcharts
- Privacy agreements showing consultation and agreement on use of care recipient's information including photographs.
- Security of tenure information includes: 'Charter of Care Recipients' Rights and Responsibilities', resident agreement, admissions pack, and resident handbook.
- Visitors/contractors and care recipients sign in and out books
- Work health and safety, inspection/audits reports, risk assessments, safe operating procedures

## Observations

The team observed the following:

- Activities in progress
- Archive storage
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Care recipient lifestyle resources and equipment – various
- Shift handover report
- Chapel
- Charter of Care Recipients' Rights and Responsibilities on display
- Cleaning in progress (including equipment, trolleys and wet floor signage)
- Dining rooms at meal times (the serving and transport of meals, staff assisting care recipients with meals and beverages, seating, assistive devices for meals and nutritional supplements).
- Equipment and supply storage areas
- Fire safety and security systems equipment, including fire panel, sprinkler system, extinguishers, fire blankets, emergency exits, fire egresses, emergency evacuation area, nurse call system
- Indoor and outdoor living environment with courtyards, seating areas and dining rooms and lounge rooms
- Infection control resources - hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, outbreak kit, waste management, including clinical waste, sharps containers, spill kits
- Interactions between staff and care recipients/representatives

- Internal feedback complaints and suggestions forms, suggestion box, external complaints body information
- Keypad security
- Lifting equipment, manual handling and mobility aids in use and storage, pressure relieving equipment
- Medication management, including medication round, storage of medications and dressings, contents of medication fridge and trolleys, and oxygen cylinder storage.
- Noticeboards- care recipients/representatives, staff
- Nurse call bell system, including response by staff
- Secure storage of care recipient and staff files
- Short group observation in 'Meadow' lounge area
- Staff clinical and work areas, including nurses' stations and storage of care recipients' files, treatment/utility rooms, staff room
- Staff work area, including nurses stations, laundry, kitchen, reception and offices.
- Storage of chemicals
- Supply storage rooms, including clinical stock, continence aids, medication and linen stock in sufficient quantities
- Vision and values displayed

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home has a system which enables the pursuit of continuous improvement and the monitoring of the home's performance. The planned quality improvement program uses a series of audits and surveys to monitor the quality of care and services being provided. Areas for improvement are also identified through staff, management and care recipient/representative meetings, the complaints process, reporting of incidents and accidents, clinical data, observation and verbal feedback. Strategies are developed and documented in a plan for continuous improvement. Management inform care recipients and representatives of changes made at the home through the resident meetings. Staff are familiar with the systems for managing continuous improvement and are encouraged to communicate their suggestions for improvement. Results of improvements are communicated through staff meetings, memoranda or information displayed on notice boards.

Recent improvements relating to Accreditation Standard 1 Management systems, staffing and organisational development include:

- The organisation has implemented a shared web application which combines various functions, such as intranet and document management systems. Staff can access information, such as policy and procedures, the health, safety and wellbeing portal, the lesbian, gay, bisexual, transgender, intersex (LGBTI) share point, the internal auditing system and the electronic calendar. The service manager said this provides transparency of information and reports, ensures information is current and accessible to staff.
- A registered nurse (RN) calendar has been developed to record RN specialised tasks for the day, new respite admissions, care recipient's appointments and doctor's clinics or appointments. The service manager said this provides consistency and currency in information and ensures RNs are aware of tasks required.
- A complete roster review was undertaken in April 2015. The union and staff were consulted about proposed changes. Staff were consulted about preferences for which household they would enjoy working in and preferred shift times. Additional staffing hours have been provided where needed, such as the introduction of a six hour float shift on night duty. The home is currently recruiting for an approved allied health

assistant position. The change in the roster has allowed the home to provide consistency in staffing.

- The occupational therapist suggested purchasing parallel bars and a stationary exercise bike for care recipient use. The equipment has been purchased and is now utilised as part of the home's exercise program and individual care recipient programs. The service manager said they have observed one care recipient enjoying exercising on the bike daily.

## 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 and processes which assist them to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives circulars from government and non-government agencies. Communication to staff about changes in policies and procedures occurs through meetings, noticeboards, memoranda and training sessions where necessary. Management monitors the home's adherence to regulatory requirements through audit processes and observation of staff practice.

Examples of compliance with regulatory requirements specific to Accreditation Standard 1 Management systems, staffing and organisational development include:

- The display and dissemination of information about the home's re-accreditation audit for staff, care recipients and their representatives.
- The home provides information to care recipients/representatives and staff about internal and external complaints mechanisms.
- All staff and volunteers require police certificates and a register is in place to monitor ongoing compliance.

## 1.3 Education and staff development:

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

### **Team's findings**

The home meets this expected outcome

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an orientation program for all new staff and a buddy system is used to support the new staff. Mandatory education is completed by staff relevant to their role on commencement at the home and annually. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Staff stated they are provided regular mandatory and other training sessions as per

their needs. Care recipients and representatives interviewed are satisfied the staff have the skills and knowledge to perform their roles effectively.

Examples of education sessions and activities relating to Accreditation Standard 1 Management systems, staffing and organisational development include:

- Orientation
- Computer training
- Conflict resolution
- Mentor training
- Registered nurse professional day

#### **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

Information about internal and external complaint mechanisms is provided to care recipients and/or their representatives on entry to the home through the resident handbook, in the resident agreement and as part of care recipients' orientation to the home. Information is also communicated on a regular basis through care recipient meetings and information displayed throughout the home. There is a system for making confidential complaints. Care recipients, representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions may be made.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation's vision, mission and values statement is underpinned by 'inspired care principles' and is displayed within the home and included in the resident handbook which is given to all new care recipients. The material is also discussed during the staff orientation program and at meetings.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes in place to ensure the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the home's philosophy and objectives. Policies and procedures which guide human resource practices are accessible to staff. Recruitment processes include professional registrations, police certificates and reference checks. Orientation training and buddy shifts are conducted and performance reviews are in place. Rosters are developed fortnightly in advance and a review of rosters confirmed the replacement of absent staff. Relief arrangements include the use of permanent part-time and casual staff. Staffing levels are flexible and are monitored in-line with care recipients' specific care needs and related dependencies. Care recipients and representatives report satisfaction with the skills and professional approach of all staff.

## 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 sufficient and appropriate stocks of goods and equipment to support quality service delivery. The organisational hotel services and procurement specialist and designated managers are responsible for maintaining adequate stock levels and ensuring such stock meets required quality standards. Assets and equipment are maintained according to preventative program maintenance schedules and external contractors are used for specialised equipment service and repair. There is an electronic reporting system for hazard notification, as well as regular inspections and environmental audits. We observed storerooms, staff areas, clinical areas, the kitchen, laundry and other work areas to be well equipped, well stocked and well maintained. Staff advised there are adequate supplies of inventory and equipment for them to perform their job roles effectively.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home has processes to govern the collection, processing, reporting, storage, archiving and destruction of information and records. Information for care recipients is provided on entry to the home in a comprehensive information pack that includes a handbook and other information about life in the home. Noticeboards, resident meetings and newsletters provide ongoing information. A schedule of committee and other meetings at senior management and local levels ensures relevant information is available to stakeholders. The electronic medication management system is protected with a secure password for each staff member.

External and internal audits, surveys and the collection of clinical data relating to care and services provide information which support processes of assessment and continuous improvement.

## **1.9 External services**

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

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

The home meets this expected outcome

The home has a contract management system to ensure externally sourced services are provided in a way that meets the home's needs and service quality goals. A range of contractors and external service providers operate within contracts and formalised agreements covering care recipient and care related services, fire systems and various building maintenance and services. Service agreements encompass the home's requirements/expectations for quality service provision, relevant insurances and police checks (where appropriate). The management and staff of the home monitor the performance of external service providers and take appropriate action in order to ensure that services are provided at the desired level of quality. The home also relies on feedback from care recipients/representatives to assess the quality of service providers such as podiatry, hairdressing and other similar care recipient-related services. It was reported there are good working relationships with the range of external service providers and services are being provided at desired levels.

## 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 system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard 2 Health and personal care include:

- A pain management program which commenced in July 2015 has proved a success. Management said care recipients have reported a decrease in their pain levels resulting in a better sleep and improved mobilisation. An occupational therapist and physiotherapist assess care recipients for pain and document an individualised pain management program for care recipients who require it. Treatments provided include heat therapy, massage, exercise, Transcutaneous electrical nerve stimulation (TENS) and ultra sound. Care recipients said their pain is being well managed.
- Two staff have attended a two day palliative care program run by the University of Queensland. The program provided resources which may be used in the home to provide education to staff and information to aid in discussions about end of life decisions and wishes. The service manager said they have held case conferences with care recipients and their families and provided brochures and information from the toolkit to aid in the discussions. A comfort box which may be utilised by staff and care recipients to provide comfort at the end of a care recipient's life is currently being developed and will include items, such as literature, aromatherapy, candles and music.
- It was identified there was inconsistency in the manner in which thickened fluids were mixed. The service manager said they now purchase premade thickened drinks which come in a number of different textures. There is now a greater variety of flavours and consistency in the thickness of the fluids served.



## **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 home’s systems.

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard 2 Health and personal care include:

- The home monitors registrations and authority to practice for registered nurses working within the home and other health and related service personnel.
- Appropriate arrangements are in operation to ensure the correct management and administration of medications.

## **2.3 Education and staff development**

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

### ***Team’s findings***

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Examples of education and training in relation to Standard 2 Health and personal care include:

- Continence management
- Palliative care
- Nutrition and hydration
- Pain management
- Medication management
- Falls prevention and management.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. At entry to the home a clinical record is completed by the registered nurses and team leaders which include preferred name, allergies, medical history and health history.

Assessments are then conducted by a multi-disciplinary team, including registered nurses and the occupational therapist covering all aspects of care to ascertain each care recipient’s personal care needs. The information is used to develop individual care plans, which include interventions and strategies for staff to follow to deliver the identified care requirements. The registered nurses and team leaders monitor care plans through case conferences, internal audits, care reviews, special care days and reporting processes. Results show that care recipient’s needs are documented and reviewed, and care staff provide care consistent with documented care plans. Staff practices are monitored for compliance with the home’s processes and procedures. Care recipients and representatives said they are satisfied with the level of consultation and with the personal care provided.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive specialised nursing care that is identified and met by appropriately qualified nursing staff. Specialised care needs are identified prior to entry, at entry and via the assessment process. The registered nurses monitor the care each care recipient receives and ensures specialised needs, for example, oxygen therapy, urinary catheterisations, palliative care treatment and complex wound care are delivered by appropriately qualified nursing staff. Results show that care recipients receive specialised nursing care consistent with identified special care requirements. Staff qualifications are maintained or upgraded through education and competency programs and monitored through the home’s internal procedures. Care recipients and representatives said they 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 recipient’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their needs and preferences. The need for referral to appropriate health specialists is identified at entry, through the assessment process and when care needs change. The registered nurses organise referrals to other services, for example, speech pathology and podiatrist. Diaries and

change of shift handover reports inform oncoming staff of appointments to health specialists. Care recipient's families provide transport or the home organises it.

Documentation review confirmed referrals are made to an array of health specialists, including speech pathologist, podiatrist, eye specialist, dietician, psycho-geriatrician and dentist. Staff interviewed were knowledgeable about the referral procedure. Care recipients and representatives said they are satisfied with the arrangements for referral to appropriate health specialists.

## **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

Care recipients' medication is managed safely and correctly. Medication is delivered using an individual clear package system. Monitoring of the medication system is the role of the pharmacist, registered nurses and team leaders and includes checking expiry dates, storage, 'as required' usage, pharmacy errors, poly-pharmacy and prescription errors. Care staff who administer medication are required to have completed medication education and a medication competency before delivering medication and annually. Staff were observed administering medication to care recipients safely and correctly. All medications sighted were within the specified expiry date. Care recipients and representatives said they are satisfied with the manner in which medication is managed.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

All care recipients are as free as possible from pain. The medical officer, occupational therapist, physiotherapist and registered nurses assess all care recipients during the assessment period and when needs change to ascertain the most effective pain management treatment, for example, massages, exercise programs, pressure relieving mattresses, medication or a combination of treatments. Results show that pain management is tailored to each care recipient's needs. The registered nurses and occupational therapist monitor the effectiveness of pain management treatments through the homes' internal processes. Results show that all care recipients are as free from pain as possible. Staff interviewed were knowledgeable about individual care recipients' tailored pain management plans. Care recipients and representatives said they are satisfied with the pain treatments used to ease pain.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients comfort and dignity during palliation is maintained. Care needs are assessed on a regular basis and care decisions made in consultation with the care recipient and or their representative when the care recipient is assessed as requiring palliation. A chaplain is available to give spiritual and emotional support to care recipients, families and staff.

Registered nurses oversee all palliative care requirements and treatments. The home has access to the hospitals’ palliative care team for guidance and instruction. Gentle massage, soft comforting music, pain relieving medication, pressure relieving mattresses and cushions, chaplaincy visits, aromatherapy and regular repositioning are examples of the comfort offered. An advanced directive is completed in consultation with the care recipient and/or their representative to ensure their wishes are met and dignity is maintained. Feedback from representatives has been very positive and appreciative.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Each care recipient’s dietary and hydration needs are assessed during the assessment period and on an ongoing basis. The home has access to a dietitian and a speech pathologist when requested by the medical officer or registered nurses. The registered nurses monitor nutrition, hydration and weight loss, and where indicated, give specific instructions to staff which includes meal supplements, thickened fluids, soft diets and closer monitoring. Results show that care recipients receive adequate nourishment and hydration. Staff interviewed were knowledgeable about the dietary and hydration processes used at the home. Care recipients and representatives said they are satisfied with the choice of meals and beverages offered.

## 2.11 Skin care

*This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Skin integrity is assessed during the assessment period after entry and when care needs change. Incidents, accidents, wound infections, and skin tears are monitored and trends identified and appropriately actioned. Medical officer’s notes, care plans and wound charts show that skin care is managed effectively. Care recipients have access to a podiatrist for nail care needs and an occupational therapist and physiotherapist for mobility aids and specific strengthening exercises. The home

has a large supply and range of wound care products to use for different types of wounds. Results show that skin integrity is consistent with each care recipient's general health. Care recipients and representatives said they are satisfied with the way skin integrity is managed

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' continence is managed effectively. Continence requirements are assessed during the assessment period after entry and when care needs change. A continence facilitator and the service manager manage the continence pad program which includes measuring care recipients for the correct pad and issuing, ordering and monitoring the usage of continence pads. The registered nurses recommend and monitor individual toileting programs, fluids, fibre, aperients and exercise. Bowel care is monitored each shift to ensure bowels open regularly. Data on infections that affect continence are collected, analysed and actioned. Continence products were observed to be plentiful and varied. Results show that continence is managed effectively. Care recipients' and representatives said they are satisfied with the way the home manages continence.

## **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

Care recipients with challenging behaviours are managed effectively. A behaviour assessment is completed for wandering, physical, verbal and intrusive behaviour during the assessment period following entry and when care needs in relation to behaviours change. All care recipients are monitored very closely to ensure factors that can produce a change in behaviour are identified and actioned quickly, for example, urinary tract infections and reduced oral intake. The activity program provides appropriate activities for care recipients with behavioural issues. Referrals to specialist services, for example, a psycho-geriatrician are made by the registered nurses in consultation with the medical officer and care recipient representative. Staff were observed interacting with care recipients with ease and respect and demonstrated knowledge of care recipient's individual requirements. Results show that challenging behaviours are managed effectively. Care recipients and representatives said they are satisfied with the way the home manages challenging behaviours.

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

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

### **Team's findings**

The home meets this expected outcome

Care recipients receive optimum levels of mobility and dexterity. The occupational therapist and registered nurses assesses all care recipients during the assessment period and when

needs change to ascertain the most effective treatment to achieve and maintain mobility and dexterity. Examples of treatments include gentle massages, exercise programs, medication, mobility aids, or a combination of treatments. The occupational therapist and registered nurses monitor the effectiveness of the programs. Referrals are made to the appropriate allied health service when required. A physiotherapist visits the home weekly to review complex mobility requirements. Results show that each care recipient's mobility and dexterity needs are achieved. Staff interviewed were knowledgeable about the programs. Care recipients and representatives said they are satisfied that optimum levels of mobility and dexterity are achieved.

### **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

Care recipients' oral and dental care is maintained. An oral and dental assessment is completed during the assessment period following entry and when care needs change. Staff encourage care recipients to brush their own teeth and maintain denture care. The registered nurses manage and monitor oral and dental care. Referrals to dental specialist services are made after consultation with the medical officer and care recipient or their representative.

Results show that oral and dental care is maintained. Staff interviewed were knowledgeable about the dental programs. Care recipients and representatives said they are satisfied with the dental care received.

### **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

Care recipients' sensory losses are identified and managed effectively. The five senses are assessed during the assessment process after entry to the home and form part of each care recipient's care plan. The leisure program includes ice creams and sensory plants to stimulate taste, massage and pet therapy for touch, barbeques for smell, craft and television for sight, and entertainers for hearing. Care staff ensure glasses and hearing aids are properly fitted and maintained. The registered nurses monitor sensory loss and refer to specialist services when indicated. Results show that sensory losses are identified and managed effectively. Care recipients and representatives said they are satisfied with the support provided to assist care recipients manage sensory loss.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Sleep patterns are assessed during the assessment process after entry to the home and when needs change. Examples of strategies used to ensure natural sleep patterns include a warm milk drink, night light, massage, pain management, pressure relieving mattresses and continence management.

Results show that care recipients are able to achieve natural sleep patterns. Care recipients and representatives said they are satisfied with the strategies in place to enable care recipients achieve 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 information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard 3 Care recipient lifestyle include:

- The home identified care recipients living with dementia often became agitated or would leave during a religious service. A pastoral care worker suggested changing the service to better meet their needs. As a result a special service has been designed which is shorter with the language simpler and easier to understand. Religious clergy providing services in the home have also chosen to use the newly designed service. The service manager said the care recipients are more engaged in the service.
- The home is now celebrating different cultures by holding cultural days which include meals from the chosen culture and demonstration or presentations. Some of the cultural days held so far have been Italian, Aboriginal, Scottish, English and Lebanese. Photographs show care recipients enjoying these events and feedback from care recipients has been positive about the cultural days.
- A staff member suggested at a care recipient meeting that it would be beneficial if the home had a pet dog. Care recipients were in agreement with the idea and chose the dog they would like. The service manager said the dog “Georgia” was fostered for a six week trial. The majority of the care recipients were very satisfied with Georgia and enjoyed spending time with her. The service manager said some care recipients do not enjoy Georgia’s company and Georgia is kept away from those care recipients. Georgia is not allowed in the dining room at meal times. We observed care recipients spending time with Georgia and their feedback was very positive.
- A staff member suggested that care recipients may enjoy an aquatic program. Care recipients were consulted and an aqua program was commenced for those care recipients who wished to participate. The aqua program is held at a local swim centre which has a heated pool and good access. The service manager said about two to five care recipients attend the program and have reported they enjoy it.



### **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 systems.

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard 3 Care recipient lifestyle include:

- Management demonstrated the home has a reportable incident register in place.
- The Charter of Care Recipients’ Rights and Responsibilities is on display in 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 staff have appropriate skills and knowledge to effectively perform their roles.

Examples of education and training in relation to Accreditation Standard 3 Care recipient lifestyle include:

- Elder abuse
- LGBTI diversity in aged care
- Code of conduct
- Dementia language guidelines.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. On arrival each care recipient is orientated to the home and introduced to other care recipients and staff. A social history is completed when the care recipient enters the home and the information used to provide ongoing emotional support. A chaplain is available for spiritual and emotional support to all care recipients both at entry and on an ongoing basis.

Care recipients are encouraged to bring personal items to the home to personalise their room. Leisure and lifestyle staff spend time with each care recipient when they arrive at the facility to assist with the settling in process. Staff interviewed were knowledgeable about emotional support interventions. Results show that care recipients receive emotional support at entry and on an ongoing basis. Care recipients and representatives said they are satisfied with the emotional support given to care recipients.

### **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

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.

Interests and activities outside the home are encouraged and form part of the individual activity care plan. Staff were observed assisting care recipients with a range of activities that encourage and support the care recipients to maintain their independence. Results show that maximum independence, participating in life in the community both inside and outside the home and maintaining friendships are achieved. Care recipients and representatives said they are satisfied with the encouragement and support given to care recipients to maintain independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Each care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care recipients have the option to consent or refuse the use of their photographs or personal details being on display or in print. Care information is kept in lockable cupboards and pass worded computers. Staff interviewed were able to describe their work practices in relation to

privacy and dignity. Staff were observed talking to care recipients with dignity and respect while maintaining confidentiality. Results show that privacy, dignity and confidentiality is recognised and respected. Care recipients and representatives said they are satisfied with the level of privacy and dignity given to care recipients.

### **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

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. The home runs a comprehensive leisure program which is based on care recipient wants, needs and input. Group activities include bus trips, entertainers, men's group, art group, exercise program, theme days, aqua fun, movie afternoons and barbeques. Care recipient meetings and surveys ensure input into the activity program. Leisure and lifestyle staff monitor care recipient's participation at activities and offer alternative activities to those who choose not to join the group activities or are unable to do so, which includes library books, hand massages, pet therapy, jigsaws and reminiscence.

Results show that care recipients are encouraged and supported to participate in a wide range of interests and activities. Care recipients and representatives said they are satisfied with the range of activities offered.

### **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

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Regular events and theme days celebrate important national and religious days for Australia and other countries around the world, for example, Italian, Aboriginal, Scottish, Easter and Anzac day, world animal day and Christmas. A Chaplain is on staff and available at any time to provide spiritual support and guidance. An interactive engaging 'memory loss' service is conducted weekly for care recipients suffering dementia. Bible reading, psalms singing and a prayer group are conducted each week by the Chaplaincy team volunteers. A variety of church services are held in the home and ministers are accessed on a regular basis and as required. Care recipients with different cultural backgrounds are able to access a range of services to meet their individual wants and needs, including interpreters and specific dietary requirements. Care recipients and representatives said they are satisfied with the way the home values and fosters the interests, cultural and spiritual needs of care recipients.

### **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

Care recipients participate in decisions about the services they receive and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care recipients and/or their representatives are included in discussions and decisions relating to care interventions. Care recipient meetings include the leisure program. All care recipients are able to choose, for example, their doctor, pharmacy, dentist, daily menu, clothes, shower time, wake up time and bedtime. Care staff were able to describe how they provide choice to care recipients each day. The home monitors care recipient choice and decision making through surveys, audits, case conferencing, complaints procedures, an open door policy and meetings. Care recipients and representatives said they are satisfied with their participation in choice and decision making.

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

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

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

The home meets this expected outcome

All care recipients and/or representatives are provided with information packs prior to and at entry to the home which outlines the rights and responsibilities of the care recipient. This includes a resident handbook which gives detailed information about all aspects of life at the home. All care recipients or their representatives are offered an agreement on entry to the home. The resident agreement includes information for care recipients about their rights and responsibilities, complaints handling, fees and charges, care and services provided, their security of tenure and the process for the termination of the agreement. The Charter of Care Recipients' Rights and Responsibilities is clearly displayed in the home. Care recipients and representatives said they are aware of care recipients' rights and feel they have secure tenure within the home.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard 4 Physical environment and safe systems include:

- As a result of care recipients’ feedback, the home has introduced a snack station in each wing of the home. A range of snacks, such as, cheese and biscuits, soups, sweet biscuits and fruit is available 24 hours a day. The snack station is accessible and is changed according to care recipients’ requests. Care recipients and representatives have provided positive feedback about this new initiative.
- The home is moving towards implementing a “Household” model of care to improve quality of life in a home like environment. Strategies introduced include maintaining consistency of staffing in each household and the introduction of snack stations to offer more choice and accessibility to food. Each “house” will run their own meetings to ensure input from both care recipients and staff. Georgia (a greyhound dog) has been adopted by the home. Kick boards have been painted a darker shade to provide definition between the wall and the floor. Coloured plates have been purchased to provide greater definition of plated food.
- It was identified the spring clean program had not been formally documented. To ensure the cleaning is attended, a spring clean schedule has been developed to ensure regular cleaning of items, such as, lounge chairs, curtains and walls. Prior to the schedule commencing, the service manager organised a full clean of the home to ensure all areas were clean. Care recipients said they are happy with the cleanliness of the home.
- Care recipients commented at a resident meeting the level four outdoor area was barren and as a result not used. To improve the environment a Bali styled hut was built to provide shelter, a garden designed and furniture provided. The service manager said she has observed care recipients and families enjoying the outdoor area.

## 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 systems.

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines.

Examples of regulatory compliance in relation to Accreditation Standard 4 Physical environment and safe systems include:

- A current annual fire safety statement is on display.
- The home has a licence from the New South Wales Food Authority for Food Preparation and Service for Vulnerable Persons.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Examples of education and training in relation to Accreditation Standard 4 Physical environment and safe systems include:

- Manual handling
- Fire training
- Food handling
- Infection control
- Work health and safety training.

#### **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 has systems to provide a safe and comfortable environment consistent with care recipients' care needs. Care recipients are accommodated in single rooms with ensuite. Care recipients personalise their rooms and all care recipients have access to nurse call alarms.

The communal environment includes dining rooms and lounge areas. Outside courtyards are available for use with family and friends. Maintenance requests are actioned and preventative maintenance schedules assist in maintaining the safety of the internal environment, outside areas and equipment. Regular audits and environmental inspections monitor the internal and external environments. For care recipient safety and ease of mobility, there are hand rails in corridors and grab rails in bathrooms. Care recipients and representatives stated they are satisfied with the maintenance and comfort of the environment provided at the home.

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

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

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

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work Health and Safety (WHS) training is given to all staff during orientation and annually. The system involves risk assessments, audits and inspections. Policies, procedures and notices inform staff and WHS is a standing agenda item at staff meetings. Reactive and preventative maintenance programs ensure equipment is in good working order and the environment is kept safe. Safe work practices were observed and staff said they have attended relevant education and demonstrated awareness of WHS practices.

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

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

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

The home meets this expected outcome

The home has systems to promote the safety and security of care recipients, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire safety panel and other fire safety equipment by an authorised contractor. All staff attend annual mandatory fire awareness, equipment and evacuation procedure training. Fire safety and emergency flip charts are situated in close proximity to telephones. Evacuation signs and plans are displayed. Staff are aware of how to respond in an emergency situation or in the event of the fire alarm sounding. Preventative processes include environmental audits,

appropriate electrical appliance testing and designated smoking areas. Security measures for the home include lock-up procedures, sign in and out registers and a nurse call system.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually. Staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for care recipients and staff.

#### **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 in place policies, processes and practises to ensure that hospitality services are provided to enhance care recipients' quality of life and staff working environments. Care recipients' dietary needs, hydration and nutritional preferences are identified and documented when care recipients move into the home. The home has a seasonal menu that rotates over a four-week cycle with all meals prepared fresh in the kitchen each day.

Catering staff are trained in, and implement safe food handling practices. The living environment was observed to be clean and fresh. Cleaning staff demonstrate knowledge of infection control, safe chemical use and the home's cleaning schedule. The cleaning cupboards contain appropriately stored chemicals and colour coded equipment. The laundry is divided into 'clean' and 'dirty' areas to prevent cross contamination. Laundry staff advised they receive training in infection control, chemical use and manual handling. Care recipients and representatives said they are satisfied with the hospitality services provided.