



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Parkwood Hostel**

RACS ID 0337  
74 Prince Street  
ORANGE NSW 2800

**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 11 August 2018.

We made our decision on 15 June 2015.

The audit was conducted on 05 May 2015 to 06 May 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**

**Parkwood Hostel 0337**

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

### **Introduction**

This is the report of a re-accreditation audit from 05 May 2015 to 06 May 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 05 May 2015 to 06 May 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>	Rosemary Chaplin
<b>Team member/s:</b>	Fay Bushell

## 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>	Parkwood Hostel
<b>RACS ID:</b>	0337

<b>Total number of allocated places:</b>	20
<b>Number of care recipients during audit:</b>	15
<b>Number of care recipients receiving high care during audit:</b>	6
<b>Special needs catered for:</b>	N/A

<b>Street/PO Box:</b>	74 Prince Street
<b>City/Town:</b>	ORANGE
<b>State:</b>	NSW
<b>Postcode:</b>	2800
<b>Phone number:</b>	02 6361 3757
<b>Facsimile:</b>	02 6361 4610
<b>E-mail address:</b>	<a href="mailto:cparker@unitingcarenswact.org.au">cparker@unitingcarenswact.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Service manager	1
Supervisor	1
Hotel services and procurement specialist for Western area	1
Property manager	1
Maintenance manager	1
Registered nurse	1
Physiotherapist	1
Pharmacist (via teleconference)	1
Pharmacy store manager	1
Care recipients/representatives	10
Care staff	2
Recreational activity staff	2
Chaplain	1
Maintenance staff	1
Laundry staff	1
Cleaning staff	1
Food services staff	2

## Sampled documents

Category	Number
Residents' files including assessments, care plans, progress notes, referrals, pathology results, hospital transfer information, medical and allied health documentation	5
Self-administration of medication assessments	4
Residents' food preferences assessments	7
Personal preference: nutrition and hydration summary care plans	3
Medication charts	10
Staff files (including confidentiality agreements)	5
Resident agreements	3
Service agreements	2

## Other documents reviewed

The team also reviewed:

- Accident/incident reports, electronic incident management register
- Approved supplier program
- Audit schedules, audit results, clinical indicators
- Cleaning and laundry manuals, schedules, inspection records
- Clinical monitoring records including monthly bowel chart, individual bowel charts, incidents of infection list, blood glucose charts, brief pain inventory and short term pain charts, wound charts, weight charts, care conference records
- Continuous improvement document: computerised program for continuous improvement, continuous improvement progress reports
- Desk calendar in nurses' office
- Emergency procedures manual, disaster contingency plan
- Facsimiles sent to medical officers and pharmacy
- Handover sheet
- Infection control policies, procedures, infection surveillance data, outbreak management plans
- Medication signing sheets on electronic medication management system, schedule eight patch recording book, schedule eight patch application history charts, monthly pharmacist drug use reports, medication advisory committee minutes, medication refrigerator temperature monitoring records



- Meeting schedule, meeting minutes
- New employee pack, staff handbook, code of conduct
- NSW Food Authority report, food safety plan, food and equipment temperature records, kitchen cleaning schedules, meal/drink preference lists, seasonal menus
- On call management roster
- Organisational charts
- Orientation program, orientation schedule position descriptions, duty lists, task lists
- Parkwood Hostel Facility self-assessment documentation for re-accreditation
- Photographic records of residents activities, 'Our photos' folder, activity records, activity evaluations, recreational staff diary, activity audits
- Physiotherapist' folder including falls prevention exercise group attendances and evaluations, manual handling plans, individual exercise programs, mobility assessments, progress notes and falls prevention strategies
- Planned preventative maintenance schedule, records, maintenance requests
- Police certification list, professional staff registrations
- Policies, flowcharts, procedure manuals
- Reportable incidents folder
- Resident annual care conference and advanced care directive 2014/2015 list
- Resident handbook
- Residents' sensory check lists
- Satisfaction survey results - residents, staff
- Service reports - pest control, electrical equipment risk assessment, fire safety inspection
- Signed resident media consent forms
- Staff and residents vaccination consent and records
- Staff health and wellbeing program
- Staff learning and development program document: education calendars, staff training needs analysis, education records including mandatory training, skill and competency assessments
- Staff mentoring program
- Staff rosters, leave planner

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

## Observations

The team observed the following:

- Activities in progress and activity program displayed
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of residents' rights and responsibilities displayed
- Chemical storage, safety data sheets
- Church service in progress
- Clinical instruction and guidelines available to staff
- Comments, complaints and advocacy mechanisms available including internal and external forms, posters and brochures, improvement forms, locked suggestion box
- Equipment and supply storage areas
- Feedback/improvement forms, suggestion box
- Fire safety instructions, equipment, evacuation plans, emergency evacuation bag, annual fire safety statement, emergency procedures flipcharts
- Infection control resources - hand washing stations, hand sanitisers, personal protective equipment, colour coded equipment, outbreak kit, sharps containers, spill kits, contaminated waste bins, colour coded door pictures indicating infection and cytotoxic medication use
- Interactions between staff, residents and visitors
- Internal and external living environment
- Lunchtime, morning and afternoon tea meal service and daily distribution of water jugs and glasses to resident rooms
- Manual handling and mobility equipment in use and in storage
- Manual handling instruction cards, evacuation instruction, meal times, laundry and cleaning days displayed on the back of residents' doors
- Residents' advanced care directives information in treatment room
- Medication round and staff using electronic medication management system
- Menu displayed
- Mission, vision, values statements displayed
- Notice boards for residents, visitors and staff

- NSW Food Authority licence
- On call management roster available in office
- Outgoing mail box for residents
- Policies and procedures available to staff
- Residents being assisted to attend external appointments and day care centre
- Secure storage of resident information, security systems
- Sign in books in foyer for visitors, residents, contractors and cleaners
- Staff work areas including treatment room, office, staff room
- Storage of medications including locked trolley, packed and non-packed medications, pharmacy return box, dated opened eye drops, expiry dates on medications, medication refrigerator
- Storage of supplies, including clinical
- Volunteers singers' performance

## **Assessment information**

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

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

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

## 1.1 Continuous improvement

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

### **Team’s findings**

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The continuous improvement program includes activities to monitor, assess, action, review and evaluate the home’s processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Management and quality meetings contribute to the development of the continuous improvement plan to action improvements. Activities which support continuous improvement include regular resident/representative, committee and staff meetings, internal and external audit programs and trend analyses of clinical indicators. All stakeholders are provided with feedback on improvement actions taken as appropriate.

Examples of improvements in relation to Accreditation Standard One, Management systems, staffing and organisational development include:

- Residents’ care needs have been noted to have increased for overnight care. Management has reviewed the care staff roster in consultation with staff to change the current ‘sleep over’ shift at night to a ‘stand up’ shift. The submitted business case has been approved by head office and recruitment for this position is underway. It is expected this initiative will improve clinical outcomes for residents with increased needs and enable them to remain at the home for longer.
- The home has adopted a new quality auditing system aligning with Uniting Care state-wide. This new system is in addition to the existing internal auditing program. By implementing this system, any identified issues will be automatically added to the home’s continuous improvement program, allowing the results to be recorded, tracked, discussed or rectified in a timely manner.
- The home has adopted a new Electronic Medication Management (EMM) system which Uniting Care has rolled out state-wide. The EMM system is linked directly to the electronic care documentation management system, and it helps to simplify recording of medication related processes. The new system also helps to reduce medication signage errors.
- The home has recently introduced an online staff performance and development management system aligning with Uniting Care state-wide. This system allows staff to commence their appraisal process online with follow up meetings with their line manager to review and discuss goals, objectives and other related matters of staff performance. It is a new initiative that will enhance staff involvement in the appraisal process. Training on how to conduct this online appraisal process has been delivered to management and staff.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have current national criminal history certification.
- A review and update of policies in response to legislative changes, such as for privacy and for reportable incidents, have been completed and are current.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Skill assessments are conducted at orientation and as necessary. Staff learning and development needs are established and the annual education calendar is planned to include compulsory topics. Staff feedback is collated for annual staff training needs analysis. In-service sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Staff development is supported through traineeships and certificate program education. Training and education is offered on site in small groups, one-on-one, and through audio-visual resources. Staff participation is monitored and recorded and programs are evaluated. Residents and representatives interviewed are satisfied staff are providing appropriate care for residents' needs.

Examples of education and training attended over the last year in relation to Accreditation Standard One include:

- Orientation
- Code of conduct
- Aged care funding instrument (ACFI)
- Privacy policy, understanding accreditation
- Documentation
- Teamwork and Certificates III and IV in Aged Care Work
- New computerised care management system
- Bullying and harassment, continuous improvement and the document management system.

### 1.4 Comments and complaints

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

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

The home meets this expected outcome

The home has internal and external feedback and complaint mechanisms available to all residents and representatives. During the admission process, all new residents are made aware of feedback mechanisms and advocacy services outlined in the resident handbook, the agreement and brochures. Feedback forms and brochures for accessing external complaints

and advocacy services are readily available, and a suggestion box is centrally located. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Complaints are handled confidentially and are registered and analysed monthly. The information management system links all identified issues to the continuous improvement program. Staff demonstrated awareness of complaint procedures. Residents and representatives said if they have any concerns they do not hesitate to raise them with staff and are generally satisfied with the resolution.

## **1.5 Planning and leadership**

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

### **Team's findings**

The home meets this expected outcome

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisational vision, mission and values statements are documented in the staff code of conduct, staff and resident handbooks and values statements are displayed. The Charter of residents' rights and responsibilities is on display and is included in the resident agreement received on entry. The home's operations are supported by regional and head office staff and this support, combined with audit and quality management programs, ensures an ongoing commitment to quality care for residents.

## **1.6 Human resource management**

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

### **Team's findings**

The home meets this expected outcome

The home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs and a minimum certificate III qualification is preferred for care staff. The home is supported by the human resources department and criminal history certification is obtained prior to employment and is monitored for renewal. All new staff complete a comprehensive orientation program supported by a mentor and work buddy shifts. Staff sign to acknowledge confidentiality of information.

Position descriptions, duty lists, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, skill assessments, annual performance and development reviews, feedback and audit results. Staff rosters are adjusted according to workloads and registered nurses work two days per week and there are supports on call at all other times. Casual staff are available to cover staff leave requirements. Staff said they enjoy working at the home, they work as a team and mostly have sufficient time to complete shift duties. Residents and representatives expressed satisfaction with care provided by staff and residents said they are generally assisted when necessary in a timely manner.



## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. The home in line with the organisation state-wide has a comprehensive inventory and maintenance management system. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and identifying replacement needs. Staff training is conducted in the use of any new equipment. Staff and residents interviewed said there are adequate supplies of goods and equipment available for use.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, position descriptions and duty lists and have access to current policies, flowcharts, procedures and forms. Updated information for staff is available through verbal handover, care documentation, communication books, emails, memos, noticeboards and meetings. All staff have access to electronic and hard copy policies and flowcharts. Key staff have access to electronic management systems. A resident agreement, information pack and handbook inform residents and representatives and updated information is provided through meetings, noticeboards and verbal communication. Residents and representatives informed us they are kept informed and up to date. There are policies and procedures for confidential storage, electronic back up and appropriate management of all records in the home.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. The approved suppliers program is managed by the organisation and the home through service agreements or contracts. Service agreements/contracts include specifications of service delivery, qualifications, insurance, criminal history certificates and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of

services. Staff are satisfied with the quality of services provided by external suppliers and the processes in place to ensure services meet both the home and residents' needs.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- The home identified the increasing care needs of residents increased the potential infection control risks. The facility did not have a specific dirty utility room/ area. A proposal and business case to modify a suitable area in the facility into a purposed built dirty utility room with a pan sanitiser was approved. The room construction was observed to be in progress during the re-accreditation visit. It is expected to be completed in May 2015 and will assist staff to minimise the risks of infections for residents.
- Management identified an increase in the incidence of urinary tract infections during the summer months. Review of residents' fluid intake indicated they were not drinking enough fluids despite extra water being encouraged and available. In consultation with the residents lemon cordial was added to the drinks menu at meal times. Residents enjoy the lemon cordial and have been observed to drink more fluids. This initiative resulted in a decrease in urinary tract infections and improved residents' hydration.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Two include:

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

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care. Some of the topics include: catheter care, pain management, medication management, oral care, continence management, antibiotics use, diabetes, dementia care, behaviour management, wound care, clinical skills, nutrition and hydration and stress management.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. A comprehensive program of assessment is undertaken when a resident moves into the home and a care plan is developed. Residents and/or their representatives are consulted in the assessment and care planning process including through care conferences. Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of residents’ clinical care. The registered nurse develops and reviews individual care plans every three months and when residents’ identified needs and preferences change. Medical officers review residents regularly and as requested and residents are referred to specialist medical and allied health services as required. The quality of care is monitored through resident/representative

feedback and a range of clinical audits and clinical data analysis. Care staff are provided with current resident clinical care information through handovers, calendars, clinical information in residents' rooms, care schedules and progress notes. Staff report they have appropriate equipment, resources, education and supervision to ensure residents receive appropriate clinical care. Staff interviews demonstrate staff are knowledgeable about the care requirements and preferences of individual residents.

Residents and representatives are satisfied with the clinical care the residents receive.

## **2.5 Specialised nursing care needs**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on individual care plans when residents move into the home. Changes are documented in the progress notes, clinical charts, specialist forms and charts and in the care plans. Care plans are regularly reviewed and evaluated in consultation with residents and/or their representatives. The registered nurse and community nursing services attend and provide supervision for care staff who attend residents' specialised nursing care. Clinical nurse specialists are available through the local health service and within the organisation if required. Staff informed us they have appropriate training, resources, equipment and support to provide specialised nursing care for residents. Residents 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

The home has systems to assist staff to identify, assess and refer residents to appropriate health specialists in accordance with the resident's needs and preferences. Review of documentation including residents' files demonstrates that residents are referred to medical specialists and other allied health professionals such as dietician, speech pathologist, podiatrist, behaviour management specialists, physiotherapist and audiology and optometry services as required. Information from health specialists is made available to staff and incorporated into plans of care. External providers of specialist services visit residents in the home or residents are assisted to attend appointments outside the home. Residents and representatives informed us they are satisfied with the referral process and are consulted when referral to health specialists is required.

## 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 systems to ensure residents medication is managed safely and correctly. Medication needs and preferences are assessed on entry to the home and as residents’ needs and preferences change. Competency tested certificate III and IV nurses administer medication which is prescribed by medical officers and dispensed by a pharmacist using a blister package system. Staff have access to registered nurses who are consulted if residents require PRN (as required) medication. Residents’ medications are regularly reviewed by a medical officers and the pharmacist. Review of medication charts confirms residents’ identifying information is documented clearly including photographs, name, date of birth and allergies. Observation and staff interview demonstrates medication is stored safely in locked areas and dispensed in accordance with the home’s policy. The home has a system for the recording, analysing and following up of medication incidents. Residents who wish to manage their own medications are able to if assessed as safe to do so. Residents informed us they are satisfied with their 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 systems to ensure all residents are as free as possible from pain. A range of pain assessments are undertaken by care staff and the physiotherapist to identify residents’ pain. Care plans are developed for each resident including individualised interventions. The physiotherapy program includes a pain management plan for residents experiencing chronic pain. Interventions used to assist residents to manage their pain include application of heat packs, gentle exercise, massage, and analgesic medication. Pain management measures are evaluated for effectiveness and residents are referred to their medical officers or pain management specialists if required. Residents and representatives informed us they are satisfied with the way residents’ pain is managed.

## 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

Residents who are terminally ill are regularly assessed in consultation with their representatives and medical officer to ensure their comfort and dignity is maintained. Residents and/or their representatives are offered an opportunity to provide information regarding end of life wishes and advanced care directives if they wish. Interviews demonstrate staff are aware of maintaining the respect and dignity of residents who are terminally ill, and of supporting their families. Residents’ emotional and spiritual needs and preferences are

included in the care planning for all residents. Staff advised us residents are supported by the home where ever possible however if they require higher care needs than can be provided, accommodation is arranged in another suitable care facility in consultation with the residents and/ or their representatives.

## **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 systems to ensure residents receive adequate nourishment and hydration including initial and ongoing assessments of residents’ needs and preferences. Nutrition and hydration plans are developed and reviewed regularly and as required. Staff identify residents at risk of weight loss, weight gain, dehydration and malnutrition by the use of fluid and food monitoring charts (if required) and recording weights regularly. A dietitian and speech pathologist are available if required. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided if needed. Staff are aware of residents’ special dietary requirements, residents’ preferences and special requirements such as any modified textured meals through dietary information sheets, handovers and the residents’ care plans. Residents have input into menu planning through resident meetings, comments and complaints mechanisms and informal discussions with staff. Residents and their representatives are complimentary regarding catering services provided.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure that each resident’s skin integrity is consistent with their general health. Residents’ skin integrity is assessed when they move into the home through the initial assessment process. Ongoing assessment occurs regularly and as residents’ needs and preferences change. Care staff confirm they monitor residents’ skin integrity as part of daily care and report any changes to the registered nurse for review and referral as appropriate. Complex wound management is carried out by the registered nurse. Wounds are assessed regularly using comprehensive wound assessment charts. Skin tears and infections are recorded and data is analysed by the management team. A podiatrist and hairdresser attend the home on a regular basis. A range of skin protective devices are available, if needed, including pressure relieving mattresses, hip and limb protectors, skin emollients and protective bandaging. Residents informed us they are satisfied with the management of their skin integrity.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents’ continence is managed effectively. Clinical documentation review and interviews with staff confirms continence management strategies are developed for each resident, following initial and ongoing assessment. Staff said they assist residents with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids if necessary. The home has sufficient stock of continence aids in appropriate sizes to meet resident needs. A designated staff member is responsible for the management of the system including the ordering and distributing of incontinence aids. Residents informed us they are satisfied with their continence management. Staff were observed being considerate of residents’ privacy and dignity at all times.

## 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 systems to effectively manage residents who exhibit challenging behaviours. In consultation with residents and their representatives assessment and monitoring is undertaken on entry to the home and on an ongoing basis as residents’ needs and preferences change. Challenging behaviours, triggers that lead to challenging behaviours and successful interventions are identified and documented on residents’ behaviour care plans. Care plans are regularly reviewed and evaluated for effectiveness. Residents are referred to their medical officer and behaviour management specialists for clinical review and assessment when necessary. Staff receive ongoing training and we observed their interactions with residents who exhibit challenging behaviours to be consistent with interventions documented in the residents’ care plans. The home employs a minimal restraint policy. Residents and representatives are satisfied with the management of residents with 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

The home has systems to ensure that optimum levels of mobility and dexterity are achieved for all residents. Residents’ mobility and dexterity needs and preferences are assessed on entry to the home on a regular basis or as needs change. The physiotherapist develops individual exercise and mobility programs for residents with identified needs. Documentation review and interviews with staff confirms all residents are assessed on moving into the home for mobility, dexterity and transfers, falls risk and pain management. The mobility and exercise programs are implemented by the physiotherapist, care staff and recreational activity staff.



Programs are regularly reviewed and evaluated by the physiotherapist and registered nurse. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as mobility frames, slide sheets, walking belts and wheelchairs are available if required. All falls incidents are documented and the data is analysed. Any resident who falls is referred to the physiotherapist for review and any follow up required. Residents informed us they are satisfied with the exercise programs and assistance offered to help them maintain mobility.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents’ oral and dental health is maintained. A review of documentation shows that residents’ oral and dental health is assessed when they move to the home and individual oral and dental plans are regularly reviewed and evaluated to meet changing needs. Diet and fluids are provided in line with the resident’s oral and dental health needs and preferences and specialist advice for residents with swallowing problems is sought if needed. Dental appointments and transport are arranged in accordance with residents’ needs and preferences, if required. Staff have received education in oral and dental care. Residents informed us staff provide assistance with their oral and dental care if they require or request it.

## **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

Initial assessment of residents’ sensory loss is completed when they move into the home. Management strategies are implemented, regularly reviewed and evaluated in consultation with the resident and referral to specialist services is arranged as needed. External optometry and hearing services are accessed as needed. The team observed the environment to have good lighting, including natural light, and rooms and corridors are spacious and uncluttered to facilitate resident safety. Staff informed us they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence. Residents informed us staff are attentive to their individual needs, including the care of glasses, hearing devices and if needed, assistance to move around the home.

## **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

Residents’ preferred sleep patterns and known strategies to assist sleep are assessed when they move into the home and their sleep plans are regularly reviewed and evaluated by the

registered nurse. Residents' preferences for rising and retiring are respected and accommodated by staff. A sleep over care staff member is available if required during the night. Disturbances in sleep patterns are referred to the medical officer as needed. Lighting and noise levels are subdued at night. Residents informed us they are satisfied with the management of their sleep and the night time environment.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. Resident/representative meetings, surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Care recipient lifestyle. Some examples of recent improvements include:

- Recent residents and staff meetings identified residents would like to do scrap booking as an activity. Recreational activities officers have included scrap booking sessions on the residents’ activities calendar. Residents and relatives have joined the sessions and have provided positive feedback on the activity.
- The home introduced a new activity program for residents to have one on one resident visit with the recreational activities officer on a monthly basis. This enables more personal communication and allows residents to feel special.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Three include:

- All new residents receive a resident agreement and handbook which include information about security of tenure, residency rights and financial payment options.
- There is a system for compulsory reporting in accordance with regulatory requirements.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to resident lifestyle. Some of the topics include: privacy and dignity, residents' rights, elder abuse and mandatory reporting and reportable incidents.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home has systems to ensure each resident is supported adjusting to life when they enter the home and on an ongoing basis. Care staff, the chaplain and recreational activity staff spend one to one time with residents during their settling in period and thereafter according to the resident's needs. The entry process includes gathering information from residents and their representatives to identify residents' existing care and lifestyle preferences. The chaplain and trained volunteers provide services and individual support as needed.

Feedback about residents' levels of satisfaction with the provision of emotional support is gained through meetings, audits and care conferencing. Residents and family members expressed satisfaction with the level of emotional support and assistance staff provide to them on entry to the home and on an ongoing basis.

### **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 encouraged to entertain at the home and visitors and relatives are made to feel welcome when they visit. Staff facilitate resident participation in the local community, for example, through the arrangement of regular bus trips. Staff informed us residents are facilitated to attend groups and community centres they previously enjoyed and community groups also visit the home. Regular exercise programs and mobility plans assist residents to maintain their mobility levels and independence. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. Observations and interviews confirm staff promote residents' independence when assisting with their activities of daily living. Residents informed us they feel supported to participate in

the community at the home and outside the home and enjoy participating in everyday chores such as setting the meal tables.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents' care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Residents' individual preferences are documented and known by staff. Resident records are securely stored and each member of staff has a unique password to access the computers. Observations confirm staff address residents in a respectful manner by their preferred names. Staff were observed to knock on resident room doors before entering. Residents informed us they are satisfied with the way in which their privacy and dignity needs are met.

### **3.7 Leisure interests and activities**

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

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

The home meets this expected outcome

The home has systems to ensure residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle history and activity assessments are undertaken when residents move into the home. Care plans are developed and evaluated regularly. Recreational activity staff plan monthly activity calendars which include a variety of events and activities in consultation with residents. One on one activity is included in the calendar to cater for those who prefer not to attend group activities. The recreational activity staff document resident participation in the activity program on attendance sheets. Residents are consulted through resident meetings, informal discussion and the activity program is flexible and altered to suit residents' wishes on the day. Activities are evaluated to make improvements to the program on an individual and group basis.

Residents informed us they enjoyed the activities and particularly enjoyed the concerts, bus trips, craft and daily newspaper readings.

### **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

Residents are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. The chaplain visits every fortnight providing Christian services and spiritual support for residents. If residents wish to attend outside places of worship they are

assisted to do so. Specific cultural days such as ANZAC day, Australia day, Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are celebrated individually. Interviews confirm the chaplain, recreational activity staff and care staff have knowledge of and respect for the residents' individual backgrounds and beliefs. Residents informed us they are satisfied with the cultural and spiritual life offered at the home.

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

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

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

The home meets this expected outcome

The home has systems to ensure residents participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include initial and annual care conferences, discussions with staff, residents' meetings and through the comments and complaints processes. Residents informed us they are involved in decisions about their care routines and their participation in the activity program. Residents' choice of medical officer and allied health services is respected. Residents have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture.

Residents and representatives informed us they are enabled to participate in choices and decisions regarding their care and lifestyle.

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

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

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

The home meets this expected outcome

The home is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided in the residents' agreement and the handbook. This is discussed with prospective residents and their representatives prior to and on entering the home. The Charter of Residents' Rights and Responsibilities is displayed and included in publications. Residents and representatives interviewed state they are kept informed about matters of importance to them, they feel secure of residency within the home and they confirmed an awareness of their rights and responsibilities.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident/representative feedback. Some examples of recent improvements include:

- Sunshades were added to the western side of the building to minimise heat in summer time. The shades also give more outdoor space for some residents and relatives who like to spend more time being outdoors.
- The home has recently upgraded new kitchen equipment including a freezer, stainless steel trolleys, hot water urn, food preparation aids and a food processor.
- The home put new carpet in communal and public areas. This change has refreshed the living atmosphere. Residents and relatives are happy with the change.
- Food services staff, in preparation for a potential new resident who has a gluten free special diet need, purchased ingredients required for gluten free meals. In order to reduce meal preparation time, the cook trailed new gravy, custard and cake recipes using gluten free flour so the food can be enjoyed by all. Residents and staff like the new recipes. The cook will continue to explore new recipes suitable for normal and special diets.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

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

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The home is currently in the process of reviewing the food safety plan. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems. Some of the topics include: manual handling, infection control, first aid, fire safety, safe food handling, Certificate III in Hospitality and chemical handling.

## 4.4 Living environment

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to provide a safe and comfortable environment consistent with residents’ care needs. Residents are accommodated in single rooms with ensuites.

Residents have access to outdoor areas and can go outside from their own room. All residents have access to nurse call alarms. There is a central dining room and lounge room in another area of the home. Various sitting and lounge areas are available for use with family and friends. Preventative maintenance schedules ensure the safety of the internal and external



environment and equipment. Daily maintenance requests are actioned. Audits and environmental inspections monitor the internal and external environments and staff monitor residents' rooms for clutter. Corridors are fitted with handrails and outside paved and garden areas were observed to be well maintained. Residents 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 WH&S system involves audits, inspections, accident and hazard reporting procedures and risk assessments are conducted. Policies, procedures and notices inform staff. An employee assistance program and a return to work program are available if required. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. An external supplier provides chemicals and chemical safety education is given. Safe work procedures and practices were observed and staff said they have attended relevant education and demonstrated awareness of WHS practices.

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

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

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

The home meets this expected outcome

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company and weekly internal audits. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. An emergency procedure manual including a disaster contingency plan is available. Recently, the emergency evacuation plan has been modified and localised to the facility. Annual training to reflect this plan is scheduled to be provided in May 2015. Resident identification data, an emergency evacuation bag, evacuation plans, notices, signage and emergency exits free from obstruction were observed. Fire-fighting equipment inspection and testing is current and an annual fire safety statement is held. Implementation of a fire sprinkler system is planned. Staff are aware of procedures and have attended compulsory fire training. Preventative processes include environmental audits, appropriate electrical appliance testing and designated smoking areas. Security measures for the home include lock up procedures, security lighting, and alarm systems.

#### **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, and 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 residents and staff are encouraged to be vaccinated.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".*

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

The home meets this expected outcome

Procedures, policies, and duty lists are in place for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by residents through surveys, meetings and verbally. Residents and representatives stated they are satisfied with hospitality services available for residents. Meals are freshly cooked on site. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Residents are consulted about menus and their preferred daily choices. There is a food safety program and the home was recently awarded an 'A' rating by the NSW Food Authority. Contract cleaning staff are in attendance five days a week and follow schedules for residents' rooms and communal areas. All areas were observed to be clean. All personal items are laundered on site by care staff. Flat sheets and linen are laundered off site by a contracted service provider. Appropriate storage and sufficient supplies of linen were observed.