



Australian Government

Australian Aged Care Quality Agency

Peninsula Village Retirement Centre

RACS ID 0428
91 Pozieres Avenue
UMINA NSW 2267

Approved provider: Peninsula Village Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 04 June 2018.

We made our decision on 24 April 2015.

The audit was conducted on 09 March 2015 to 13 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Peninsula Village Retirement Centre 0428

Approved provider: Peninsula Village Ltd

Introduction

This is the report of a re-accreditation audit from 09 March 2015 to 13 March 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 09 March 2015 to 13 March 2015.

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

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

Assessment team

Team leader:	Helen Ledwidge
Team members:	Colleen Fox Kay Louise Greentree Richard Scott

Approved provider details

Approved provider:	Peninsula Village Ltd
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Details of home

Name of home:	Peninsula Village Retirement Centre
RACS ID:	0428

Total number of allocated places:	283
Number of care recipients during audit:	261
Number of care recipients receiving high care during audit:	226
Special needs catered for:	Residents with cognitive impairment (three special care units)

Street/PO Box:	91 Pozieres Avenue
City/Town:	UMINA
State:	NSW
Postcode:	2267
Phone number:	02 4344 9199
Facsimile:	02 4341 9771
E-mail address:	melindad@penvil.com.au

Audit trail

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

Interviews

Category	Number
Executive care manager	1
Chief executive officer	1
Operations manager	1
Risk and compliance manager	1
Executive and personal assistants, administrative staff	5
Learning and development manager and officer	2
Care co-ordinators	3
Nurse practitioner	1
Registered nurses/enrolled nurses, infection control officer	12
Team leaders/care staff	20
Educator (manual handling), and mobility assistants	3
Physiotherapists, massage therapist	3
Residents	40
Representatives	13
Accommodation placement and admission officers	2
Roster clerk, payroll officer	2
Lifestyle manager, recreational activities staff	6
Social support worker	1
Volunteer	1
Domestic services manager	1
Catering supervisor, catering staff	6
Cleaning staff	4
Laundry staff	4
Maintenance coordinator, maintenance staff	5

Sampled documents

Category	Number
Residents' files	33
Medication charts and associated documentation including blood glucose levels	31
External service provider files	3
Personnel files (including performance appraisals, confidentiality agreements)	8
Resident agreements	5
Wound care documentation	9

Other documents reviewed

The team also reviewed:

- Annual fire safety statement, and fire safety checking and testing records
- Audit schedules, clinical indicators, audit results including maintenance and hazards, infection control, workplace environmental review, call bell testing audits; weekly reports to risk and compliance manager
- Capital expenditure plans and requests, order forms and imprest lists
- Cleaning records and pest control records
- Clinical monitoring records including charts for shower, weight, bowel, wound, sleep; behaviour; residents' individualised continence aid documentation; quality activities record: pain management program, medication management, anticoagulant medication and variable dose, behaviour management system review, resident diet/fluid consistency audit; incident reports; restraint documentation and risk assessments; list of sensors and pressure relieving equipment/devices allocated to residents; allied health records including physiotherapy treatment summary
- Communication books, handover sheets, daily schedule and shower lists
- Compliments, complaints and suggestion register, records
- Continuous improvement plan, quality activity records, action plans
- Emergency evacuation kits – including resident lists, tags, resident mobility status
- Emergency management data – including emergency management plans, emergency procedure flip charts, emergency evacuation evaluations and feedback meetings
- External provider records – including induction booklet, contact lists, police record check/registrations/certificates/insurances/workers compensation/work health and safety, tracking sheets, and sign in book

- Infection control documentation – including quick guide to infection control processes, infection control manual, resident vaccine register, staff vaccination program, audits
- Kitchen records – including six week rotating menu, dietician's review, food preference forms, tray cards, individual preferences/allergies/requirements spreadsheets, pink slips informing residents dietary changes
- Learning and development calendars, summary, education records, including for mandatory education, skills assessments, mandatory training roster
- Leisure and lifestyle documentation including residents' daily participation records and documentation of resident participation in planning and evaluating the activities program
- Maintenance records – including maintenance requests, preventative maintenance schedule, preventative maintenance allocation lists and completed task lists, testing results for legionella and warm water temperature checks, and equipment servicing
- Meeting schedules, meeting minutes including staff, catering, housekeeping, maintenance, operations/quality, health safety representatives/work health and safety inspections, and residents
- New employee pack, employee handbook, code of conduct
- Newsletters
- NSW Food Authority licence and report
- Organisational chart, annual report
- Orientation program and checklists, enterprise agreement, role descriptions, employment agency orientation
- Palliative care at Peninsula Village – program outline and audit results, advance care planning forms
- Police certificate register, professional staff registrations
- Policies and procedures
- Privacy collection statements
- Reportable incident register, records
- Resident consent and restraint authorisation forms
- Resident information packs, resident handbook
- Risk register, risk management strategy, policy
- Safety data sheets, and register
- Satisfaction surveys – residents
- Schedule eight as required (PRN) and non-packed medication – tracking audit; medication refrigerator temperature monitoring forms

- Self-assessment report for re-accreditation
- Staff rosters, daily staff shifts
- Standardised lists for stock control and ordering
- Work, health and safety records – including staff, volunteer and visitor incident report, hazard reports and register, risk register, workplace inspections, and return to work program

Observations

The team observed the following:

- Activities in progress and activity programs on display; activities resources, pet therapy, pool (heated indoor)
- Australian Aged Care Quality Agency Accreditation Site Audit notice displayed
- Brochures - external complaints and advocacy services, various others
- Charter of residents' rights and responsibilities displayed
- Chemical storage and waste disposal areas
- Display showing staff and volunteer uniforms
- Education room and resource material
- Equipment and storage of supplies including clinical; archive room
- Feedback forms, suggestion boxes
- Fire alert and suppression systems, equipment, signage, emergency evacuation kits; and testing of system; instructions inside resident doors
- Hairdressing salon
- Infection control resources
- Information on noticeboards – staff, residents
- Laundries for resident use
- Manual handling and mobility equipment in use and in storage; residents' individualised manual handling instructions inside resident rooms
- Meal service - including staff assisting residents as required; menu on display
- Medication administration; oxygen and medication storage; self-medicating residents' medication storage; emergency medicines box
- Mission, focus and values displayed
- Nursing staff handover

- Palliative care rooms
- Public phone
- Resident, visitor and contractor sign in/out books
- Residents using pressure relieving mattresses, pressure relieving chairs, hip and limb protection equipment
- Residents using the 'Wellness Centres'
- Secure storage of resident and staff information
- Security systems
- Short structured observation in resident lounge/activity area
- Staff rooms and staff work areas
- Staff work practices and interactions with residents, visitors and other staff

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 quality system 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. Quality activity record data contributes to the development of plans to action improvements identified at the home.

Activities which support continuous improvement include scheduled resident, committee and staff meetings, case conferences, internal and external auditing 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:

- The quality improvement system has been revised and a designated risk and compliance manager appointed. The manager ensures the audit program is complete and data flows through to required actions. The gathering of data has been streamlined and actions are centralised. This results in improved processes through the completion of actions in a timely manner.
- The board of directors are attending a 12 month program on board governance to increase knowledge of their roles. This ensures the board are able to provide ongoing support, risk management and strategic direction in accordance with the strategic plan of the organisation in providing quality care for residents.
- The performance management system has been reviewed and a consistent and fair system with bonus capability introduced. Following the introduction of the system all permanent staff have had an appraisal and received a bonus. This was greatly appreciated by staff and management report for the current year there has been an improvement in staff retention.
- Management identified the need for the development of language and literacy skills for some staff. Six staff have completed language, literacy and numeracy units to support

Certificate IV in Training and Assessment. This has increased the knowledge of key staff who are now able to assist other staff as necessary.

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. Executive 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 employee handbook, at orientation and through annual mandatory education sessions. Updated information is available through staff messaging systems, memos, education sessions, meetings, noticeboards and communication at handover. Senior staff ensures compliance and currency of policies, procedures and forms. Monitoring of compliance includes scheduled audits, staff skills 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 police 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

The home's learning and development team 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 such as for hand washing, medication administration and manual handling are conducted at orientation, annually and as required. Staff feedback, skill requirements, training needs and mandatory education contribute to the development of the annual education plan. Other in-service and toolbox 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 groups, one-on-one, and through self-directed packages and resource packs. Staff participation is monitored and programs are evaluated. Residents/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: professional development pathway for the board of directors, orientation and buddy shift programs, privacy reform, bullying and harassment, documentation and aged care funding instrument (ACFI). Certificate programs completed include Certificates III and IV in Aged Care, Certificate IV in Frontline Management, and Certificate IV Training and Assessment, language, literacy and numeracy.

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 mechanisms for feedback and complaints available to all residents/representatives. On entry all new residents/representatives are made aware of feedback mechanisms outlined in the resident handbook, the agreement and brochures.

Feedback forms, suggestion boxes and brochures for accessing external complaints and advocacy services are readily available. The executive manager and care co-ordinators have an open door policy and are available to assist with resident/representative enquiries.

Feedback is gained through satisfaction surveys, case conferences, verbally and resident/representative 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. If appropriate, issues are transferred to the continuous improvement program. Staff demonstrated awareness of complaint procedures. Residents/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 mission, focus and values statements have been reviewed and updated and are on display and are included in employee and resident handbooks. The Charter of residents' rights and responsibilities is displayed and is included in resident documentation received on entry. The home's operations are supported by the Board of Directors, executive and management staff. This support, combined with the quality system, 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 for care staff a certificate three qualification is preferred. Police certification is obtained prior to employment and is monitored for renewal and professional staff registrations are monitored. All new staff complete a comprehensive orientation program prior to commencement and work buddy shifts. Staff sign to acknowledge confidentiality of information. Role descriptions, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, skill assessments, feedback, surveys and audit results. Staff rosters are adjusted according to workloads and registered nurses are rostered on all shifts. Casual staff and employment agency staff 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/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 is a system to ensure stocks of appropriate goods and equipment are available for quality service delivery. A capital expenditure program assists the organisation to plan for replacement of major items and purchase of new items. The majority of goods in regular use are ordered with established preferred suppliers. Stock levels are managed and maintained by designated staff. If goods are received in poor condition, they are returned to the supplier for

replacement or refund. The home uses an electronic maintenance management system for reactive and preventative programs. Approved external contractors are used for specialised equipment service and repair. Residents/representatives and staff stated, and observation confirmed, there are plentiful supplies of goods and equipment for use in the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

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, role descriptions and have access to current policies, procedures and forms. Updated information for staff is available through verbal handover, electronic messaging system, care documentation, communication books, memos, noticeboards, newsletter and meetings. All staff have access to policies and procedures in the electronic care management system. Key staff have access to management electronic systems. A resident agreement, information pack and handbook inform residents and representatives and updated information is provided through meetings, noticeboards, newsletters and verbal communication. Residents/representatives interviewed believe 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

Externally sourced services are provided at a standard which meets the organisation's needs and goals. Agreements are entered into with providers and include expectations about quality service delivery. Checks are undertaken to ensure providers have the relevant qualifications, clearances, licences/registration and insurances on an ongoing basis. When a provider first spends time at the home they are given a handbook and orientation. If a provider is noted to be performing poorly there is follow-up with them. If this is an ongoing issue the agreement may be terminated and a new provider found. Management support and contact lists are available so staff can access providers after hours if needed. Management and staff say they are satisfied with the performance of external service providers.

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:

- With increasing resident clinical needs management identified the need to employ a nurse practitioner. The scope of practice has been determined and the nurse practitioner has established collaborative agreements with general practitioners. Resident transfers and admissions to hospital have been reduced following the introduction of the nurse practitioner role. The practitioner provides clinical mentorship to clinical staff on the floor and is an additional resource for complex clinical cases to optimize resident outcomes with changing health needs.
- To improve palliative care for residents, strategies have been introduced. Care guidelines have been reviewed and procedures revised. Additional training has been attended by managers and in-service training sessions developed and delivered to staff. These sessions have been included in mandatory training and included in the professional development portfolio as part of orientation. Expertise of the nurse practitioner in palliative care provides clinical staff with onsite reference to enable best practice interventions and strategies for end of life care for residents.
- Nutritional supplements have been introduced for residents unable to eat or who are poor eaters. These replace drink supplements and in some cases meals. Residents with cognitive impairment and decreased food intake accept the desserts and biscuits increasing their food intake outside meal times. The supplements are providing residents with identified weight loss or at risk of malnutrition with increased variety and they are enjoying the choice. Residents' weight loss is now managed within their disease process.
- Wound care has been improved following the introduction of a system to guide staff in the use of appropriate products. The nurse practitioner collaborates with general practitioners and external consultants and resident wound reviews consider predisposing health conditions. Staff information sheets and in-service education and self-directed learning packages have increased staff knowledge and improved work practices. Statistics to date show a gradual decrease in the number of wounds. Wound care practices continue to be evaluated to ensure best outcomes for residents.

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: pain management, oral care, continence management, clinical leadership, depression, dementia, and behaviour management, falls prevention, percutaneous endoscopic gastrostomy (PEG) feeds and wound care. Staff complete annual medication management competency assessments.

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 provide residents with appropriate clinical care. Residents are assessed for their clinical care needs on entering the home and care plans developed from this information. Registered nurses, enrolled nurses and care staff provide clinical care to residents under the supervision of the care coordinators. Review of the assessments and care plans occurs third monthly. The provision of care is monitored through the use of audits, surveys, investigation of clinical incidents and the comments and complaints mechanisms.

Residents/representatives expressed satisfaction with the clinical care that 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 processes for ensuring that residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses oversee the assessment process, deliver complex clinical nursing care and monitor the effectiveness of the clinical care provided. The assessment is completed during the initial phase after entry to the home, and care plans include complex care directives that contain strategies to meet the residents’ needs. There is regular and ongoing review of the specialised nursing care needs in consultation with the resident’s medical officer and/or the nurse practitioner. There is sufficient clinical equipment to support specialised nursing on site. Residents/representatives are satisfied with the specialised nursing care provided to residents.

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

Residents are referred to appropriate health specialists according to their needs and preferences. Assessments are completed during the entry processes and, as part of the ongoing review of residents’ needs, identify referral requirements. Allied health professionals regularly attend the home and include a podiatrist, physiotherapist, dietician, speech pathologist and specialist geriatrician. Recommendations from other health services are incorporated into the residents’ care plans and registered staff and allied health professionals monitor the effectiveness of the care strategies on a regular basis. Residents/representatives are satisfied that referral to other health and related services is timely and in accordance with residents’ needs and preferences.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to provide a safe and effective medication management system. Medication administration is via blister packs and administered by registered nurses and suitably qualified care staff. Medication is stored within locked trolleys in secured treatment rooms as well as drugs of addiction stored at an additional secure storage cupboard. A medication incident reporting and auditing program forms part of the home’s system of monitoring the safety of medication management. Each resident’s medication regimes are reviewed by their medical officers on a regular basis.

Residents/representatives say medication is administered to the resident in a timely manner and they have confidence in the knowledge and skills of the staff.

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 for assessing, monitoring, evaluating and treating residents’ pain. Assessment is conducted on residents who cannot communicate their pain as well as discussion with residents. On entry a history is taken of the residents’ previous experiences of pain and strategies are put in place to alleviate pain. Care plans are formulated with pain management strategies. The home offers a combination of treatment options through the wellness centres, staffed by physiotherapists, to manage residents’ pain, which includes heat, massage and exercise. Residents/representatives express satisfaction with pain management and staff response to residents’ needs.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the comfort and dignity of terminally ill residents is maintained. Advance care plans are discussed during the entry phase and as required. The nurse practitioner advises and supports the home to meet residents’ needs. Care planning includes strategies to meet residents’ physical, emotional, cultural and spiritual needs and preferences. Residents have single rooms with en-suites or can be moved to a single room if needed to support the home to provide end of life care in a peaceful and private environment. Residents remain at the home if their palliative care needs are able to be met by staff. Visiting hours are unrestricted and resident representatives may stay overnight. The review of residents’ files provides evidence of a range of interventions employed when caring for terminally ill residents to ensure their pain is managed and their comfort and dignity are

maintained. Representatives of residents currently receiving palliative care and those of residents who recently received palliative care spoke highly of the care and services provided by staff to the resident.

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. Assessment is undertaken on entry to the home and as needed. Relevant information regarding nutrition and hydration is provided to the kitchen and updated as required. Staff are aware of residents’ individual special diets and fluid requirements and preferences.

Residents’ weights are recorded monthly or, more frequently, and in line with the individual resident’s assessed need. The advice of a dietician is sought when significant or ongoing weight loss occurs. Nutritional supplements are available for residents who require extra nutritional support. Specialised eating equipment is used on an individual basis to help promote independence. Residents/representatives said they are generally satisfied with the meals and the support the resident is given to eat and drink.

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

Residents are provided with care to ensure their skin integrity is consistent with their general health. Residents’ skin is assessed initially during the entry process and on an ongoing basis during assistance with personal care. Care plans are developed to guide staff and wound management charts are commenced to manage wounds or other skin care needs. Care staff report changes in skin integrity to the registered nurses for assessment and referral to the medical officer and/or nurse practitioner as needed. Care staff have access to sufficient supplies of appropriate equipment, protective devices and moisturising creams. Residents receive regular nail care and the podiatrist visits regularly. Residents/representatives are satisfied with the skin care residents receive.

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 needs are managed effectively. Continence management strategies are developed for each resident following an initial assessment of urinary and bowel patterns. Continence aids are matched to the individual needs of residents. Care staff assist residents with their continence programs as required and

residents' bowel management programs are monitored daily. Observations identified there is a sufficient supply of continence aids to meet residents' needs. Residents/ representatives said they are generally satisfied with the continence management support provided to residents.

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 address the needs of residents with challenging behaviours are managed. All residents are assessed on their entry to the home, behaviour of concern identified and strategies are developed to manage the behaviour of concern. Episodes of behaviour of concern are logged using the computer based care system. The home has access to advisory services to assist with the management of behaviour of concern and staff have been provided with training to manage residents living with dementia. Staff are generally aware of residents' individual needs and management strategies.

Resident/representatives state they are generally not impacted by residents displaying behaviours of concern.

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

All residents are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate residents' mobility on entry to the home and on an ongoing basis to achieve optimum levels of mobility and dexterity. A physiotherapist and/or a registered nurse assess each resident's mobility status and falls risk following entry and changes in mobility. Falls are followed up by the resident's medical officer, physiotherapists and registered nurses. The resident's manual handling needs, mobility and dexterity aids, falls risk and prevention strategies are identified, documented and reviewed regularly as part of the care planning process. The physiotherapists develop exercise directives for individual residents which are implemented by mobility assistants and recreational activity staff conduct exercise groups regularly. The home has falls prevention strategies in place such as the use of sensor mats for residents. Residents/representatives are satisfied with the efforts made by staff to maintain the resident's 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

Residents' oral and dental health is maintained. The home has a system for the initial and ongoing assessment, management and evaluation of residents to maintain their oral and

dental health. This includes making arrangements for referral to a specialist, dentist or dental technician for further assessment and treatment if needed. A mobile dental service provides on-site dental assessment and treatment in accordance with resident wishes. Staff assess residents' oral hygiene needs and document in care plans which are reviewed regularly. Staff assist residents to maintain oral hygiene and residents are provided with oral and dental care supplies as needed. Residents/representatives are satisfied the resident's oral and dental health is maintained.

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

Residents' sensory losses are identified and managed effectively. The home has systems to assess, monitor and evaluate management of residents' sensory losses to ensure they are identified and managed effectively. Staff assess residents' sense of taste, touch, smell, sight and hearing and document residents' sensory abilities and management in their clinical records and care plans. The resident's medical officer is consulted regarding sensory needs and referrals are made to a relevant specialist or other health practitioner for further assessment or treatment as needed. Residents visit optometrists, ophthalmologists and audiologists as needed and some services are also available to residents on site. Staff provide residents with support and assistance to adjust to life with sensory loss and assist residents in the care and maintenance of visual and auditory aids. Residents/representatives are satisfied the resident's sensory losses are identified and managed effectively.

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 are supported to achieve their natural sleep patterns. Residents' sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the resident's preferred sleeping times and routines. The resident's sleep needs and difficulties, preferences and strategies to assist residents with sleep are documented and regularly reviewed by staff. Staff identify and address barriers to natural sleep including pain, continence needs, hunger and lack of activity during the day when planning care. Care staff provide medication to promote sleep as prescribed and alternatives to medication such as a regular retiring routine, assistance with toileting, re-positioning, aromatherapy, massage and offering supper to assist residents to sleep. Reduced noise, low lighting, comfortable room temperature and other environmental factors are also considered to assist residents achieve natural sleep. Residents/representatives are satisfied with the support provided by staff to facilitate the resident's sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information 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:

- Following observation it was recognised a dedicated lifestyle officer was required for the special care units in Don Leggett House. An additional staff member has been rostered on eight hours seven days a week. This provides staff with increased time to provide activities and focus on one-on-one time for residents to improve their quality of life.
- In a resident audit a request was made for a couples outing. This has resulted in a monthly lunch for residents and their partners. This promotes emotional support and independence for residents and is creating a stronger Peninsula Village community.
- Residents enjoy participating in the development of mosaic items. To enhance the environment and to further involve residents, mosaics for outdoor display have been completed. Residents enjoy and find great satisfaction in participating in this activity. In addition to an improved outdoor environment participation has increased resident socialisation. Another outlet for resident creativity has been through the development of a calendar. Residents were invited to participate and those interested gave consent for images to be reproduced. Costumes were sourced and residents were photographed. The completed calendar was printed and available for sale. This activity created much enjoyment for those participating.
- Following a government grant local high school students have been visiting and providing residents with electronic tablets. The students show residents how to use various applications on the tablets. Residents are enjoying the interaction with the students and the learning of new skills for reminiscing and personal enjoyment.

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: mandatory reporting, volunteer workplace code of conduct, person centred care, grief and loss, elder abuse, resident rights, leisure and health skill set.

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

Residents receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure each resident receives initial and ongoing emotional support through the entry processes. These include a pre-admission tour, interview with the resident and their representative on the day of entry, orientating the resident to the home on entry and by staff providing close contact during the settling-in period. Residents are also provided with a residents’ handbook, their individual needs are assessed (including linguistic, cultural and spiritual) and care is planned and evaluated in close consultation with the resident and/or their representative. Staff welcome visiting families and friends, and residents are encouraged to go on outings. Residents are encouraged to bring in personal items and photographs to help create a homelike atmosphere. Staff provide residents with emotional support, such as the provision of one-to-one interaction by the home’s social support worker, recreational activities

officers and care staff. Residents and representatives are satisfied with the ways in which staff provide information prior to entry, assist the resident to adjust to life within the home and for their ongoing emotional support.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Strategies to enable residents' independence to be maximised are identified and documented in the individual resident's record. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon and activities programs are displayed in communal areas and announced on the day to facilitate independence. The home welcomes visits from resident representatives, volunteers and community groups and residents are free and encouraged to participate in life outside the home. Staff encourage and assist residents to achieve maximum independence through the physiotherapy and activities programs, by including residents in decision-making in relation to personal care and health care choices through family conferences and generally through the various consultative mechanisms. Telephone connections are available to allow independent communication; arrangements are made to enable residents to vote at elections on site and for residents to visit medical and allied health professionals off site if desired. Residents/representatives are satisfied the resident is assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

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

Staff recognise and respect each resident's privacy, dignity and confidentiality. Staff demonstrated an awareness of privacy and dignity issues in their daily practices, such as knocking before entering resident rooms and by their demeanour in day to day interactions with residents. Residents' end of life wishes are documented and supported. Staff respect residents' privacy and sign confidentiality agreements. Confidential resident records and belongings are stored securely. There are areas of the home where residents can be with their friends and relatives in private. Residents/representatives are satisfied the resident's right to privacy, dignity and confidentiality is recognised and respected.

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 encourage and support residents to participate in a range of activities of interest to them. Soon after entry to the home, residents/representatives are consulted in relation to the resident's past and current leisure interests and activities and this information is recorded by the recreational activities staff. Residents' communication, functional and cognitive abilities are assessed and documented on entry to the home and on an ongoing basis. Recreational activities staff develop and display a weekly activities program which is evaluated in consultation with residents and modified in response to ongoing resident feedback and changing resident needs and preferences. The recreational activities staff provide a program of group and individual activities. Popular activities include musical events and sing-a-longs, bingo, bus outings, seated exercise classes, celebration of special events, and individual visits for residents who do not wish to join group sessions.

Residents/representatives are satisfied resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Management and staff ensure residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Residents' needs and preferences are identified on entry and reviewed regularly. Residents are assisted and supported to maintain contact with their spiritual and cultural groups. Anglican, Roman Catholic, Celebration of Mass, Uniting Church and Village Fellowship services are held regularly. Residents/representatives confirmed the cultural and spiritual needs of the resident are recognised and supported.

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 resident 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

Each resident or their representative participates in decisions about the services the resident receives, and is enabled to exercise choice and control over the resident's lifestyle while not infringing on the rights of other residents. Residents' personal preferences, needs and choices are identified on entry to the home, and reviewed regularly using a comprehensive range of assessments and consultation with health care professionals, residents and/or their

representatives. The resident information handbook outlines the care and services provided; residents' rights and responsibilities, complaints mechanisms and advocacy services.

Information on residents' rights and responsibilities is also included in the resident agreement and is displayed in the home. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, resident meetings, regular family conferences and other feedback mechanisms. Residents and resident representatives are satisfied with their participation in decisions about the services the resident receives and the effectiveness of the home's processes in enabling the resident to exercise choice regarding 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

There are processes to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. The admission officer and care co-ordinators discuss relevant information about security of tenure, fees, care, services and residents' rights with residents and/or their representative prior to and on entering the home. If able, prospective residents are given a tour of the home and receive the information pack. On entry residents receive a residential agreement, handbook and brochures which outline care and services, residents' rights and complaints resolution processes. New residents are orientated by staff to the services provided by the home and ongoing communication with residents/representatives is encouraged through scheduled and individual meetings.

Residents/representatives said residents feel secure in the home and residents' rights are supported through staff practices.

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:

- A review of residents’ beds identified the need for additional beds that can be lowered to near floor level to provide for residents with higher care needs. Managers and mobility staff trialled beds and the Work Health and Safety committee endorsed the recommendations made. A new bed replacement program has commenced. The beds are aesthetically pleasing, have increased flexibility and provide greater comfort for residents.
- In response to staff and resident suggestions the medical officer’s clinic in Pam Palmer House has been refurbished. This has resulted in a pleasant space for residents to wait inside to see the doctor and increased space and improved work environment for staff. The residents are happy with this improvement.
- To ensure Work Health and Safety is monitored and maintained for staff, training has been offered to staff interested in becoming representatives. Staff have completed appropriate training and each department has a health and safety representative now available.

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:

- A fire sprinkler system has been installed and annual compulsory education is provided for fire safety to meet 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. 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, food safety, fire training and emergency evacuation, infection control, chemical training, work health and safety training. Staff complete annual hand hygiene skill assessments.

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

Peninsula Village Retirement Centre is a large aged care complex with three resident accommodation buildings and many indoor and outdoor common areas. Residents are accommodated in mostly single rooms with en-suite bathrooms, as well as some double and multi-bed rooms with shared bathrooms. There are pathways and passenger lifts for residents to move safely around Peninsula Village, and call bells so residents can summon assistance when needed. Communal dining rooms, activity areas, private lounges, and a kiosk are also available for resident use. For resident safety and ease of mobility, there are hand rails in

corridors, and grab rails in bathrooms. Environmental inspections and audits, reactive and preventative maintenance programs, and a regular cleaning schedule, ensure the home's environment is well maintained. The safety and comfort of the living environment is monitored through feedback from meetings, audits, incident and hazard reporting, surveys and observations by staff. Residents/representatives are satisfied with the home's environment and comfort, and state any repairs required are attended promptly.

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 systems to provide a safe working environment consistent with policy and regulatory requirements. There is an electronic system to record, analyse and review resident, visitor and staff incidents and identified hazards. The home has nominated health and safety representatives, and they meet regularly as a committee to discuss work, health and safety issues, and to plan and evaluate workplace inspections. Management monitors the WH&S system through audits, regular inspections and feedback. New equipment is risk assessed for safety considerations, and staff training is provided if required. The home has a return to work program if the need arises for staff returning after an injury. Safe work practices were observed on site and staff state they receive relevant education.

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

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Staff are required to attend mandatory training in fire safety and evacuation each year and mock fire and evacuation drills are held regularly for each building. A fire alert system and firefighting equipment are available at the home and are regularly serviced by an external contractor. A comprehensive and up-to-date emergency procedures manual is in place, and readily available to management and staff. Emergency exits are marked and kept free of obstruction, and evacuation maps provide directions to the nearest exit and assembly point. The home has an emergency generator installed to deal with power outages, and stores of emergency supplies have been set aside. There is external fencing, an evening lock-up procedure, and nightly patrols of the grounds for security. Management and staff know what to do in the event of the fire alarm sounding, an emergency occurring, and/or an evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control policy and program with infection control clinical indicators monitored for trends on an ongoing basis. A food safety program operates in the kitchen and an "A" rating has been obtained from the NSW Food Authority. Disinfection in the laundry is through ozone technology and use of chemicals, and cleaning is undertaken regularly and as needed in all areas of the home. Appointed outbreak management coordinators have been trained and supplies set aside to assist in containing an infectious outbreak. Staff have access to personal protective clothing and colour coded equipment and are aware of infection control measures relevant to their work area.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems for all aspects of hospitality services that ensure they are provided in a way that enhances residents' quality of life and the staff's working environment. Meals are fresh cooked on site, then chilled three days in advance; according to a six week seasonal menu developed in consultation with residents and a dietician. The menu offers variety and choice, and caters for residents' special dietary needs. Special events are catered for, including regular 'residents choice' days. Cleaning staff utilise a special one-use micro-fibre cleaning system and ensure all areas of the home, resident furniture, and equipment are on schedules for regular cleaning. A full laundry service is provided on site with a labelling machine utilised to minimise incidents of missing clothing. Several personal laundries are also available to residents to enable independence to launder their own clothes if preferred. Residents and representatives interviewed, stated they were generally satisfied with the catering and laundry services, while many expressed they were very pleased with the cleaning services provided by the home.